

## **Purchasing**

### **Example of Service Level Agreement**

#### **1. Title /description of grant**

#### **2. Principles of care**

The organisation shall abide by the following care principles when providing the service:

- Service users shall have the right to dignity, privacy and independence.
- Respect for the service user and his/her way of life
- Involving service users in decisions relating to service delivery
- Maintaining a confidential service
- Build links and be responsive to local communities whilst being sensitive to community diversity

#### **3. Quality Statement**

In providing services, the organisation shall ensure its staff maintain high standards of professional behaviour and job performance when carrying out their work. This will be in accordance with QuADS and other relevant legislation.

#### **4. The Service**

The aim of this funding is to develop and to provide an accessible service to local young people who have issues related to stimulant use. The service will aim to be accessible to anyone experiencing issues around stimulants.

The service will be open to service users Monday to Friday. Open Access will run on a daily basis. The hours will vary on a daily basis including evening sessions. This will be a session where young people can gain informal support and a place of safety for a few hours. Young people will be able to access the service by appointment for one to one sessions outside drop in hours.

##### **4.1 Referral Sources**

Young people will be able to self refer to the service during drop in hours; agencies can also refer through faxing a completed referral form or by telephoning and booking an appointment. The service will actively encourage young people to self

refer where possible and work in partnership with other local service providers to ensure a holistic approach to care and encourage access through many sources. The service guarantee to offer an initial assessment within 3 working days of referral and a full assessment within one week of first contact.

## **4.2 Assessment**

During a young person's first visit to the project an initial assessment will be conducted. At the initial assessment stage service users will be provided with both written and verbal information on the services available and how to access them. 'House rules' and health and safety information will be discussed with the young person and given in writing. The confidentiality policy will be discussed with the young person and a copy will be given to take away. The young person will also be given the opportunity to make comments or suggestions and ask any questions they may have.

As part of the full assessment an extended drug history will be noted along with the impact of substance misuse on other aspects of the young person's life (housing, mental health, criminality, relationships etc). This information will be used to outline the young person's care plan. During full assessment service users will be asked to sign a disclosure form in order that staff can liaise with other related professionals where necessary. At this stage service users will be asked to complete a self-evaluation questionnaire. This will allow young people to 'score' themselves on key indicators such as health, drug use, engagement and motivation. Young people will also be given a copy of the Service Handbook, which includes information about how to access services and what provisions will be offered.

## **4.3 Care planning and Key working**

After full assessment, service users will be allocated a key worker based on their needs and the specialist skills of the worker. During the first one to one session a care plan will be agreed between the service user and the worker based on the key issues for the young person. This will be outlined in writing and will detail tasks for no more than 6 sessions. The care plan will be reviewed and evaluated every six sessions. At the point of discharge service users will be asked to complete a self-evaluation questionnaire so outcomes can be monitored. All young people will

receive a Service Evaluation Questionnaire once every three months as a means of identifying gaps in provision. The sessions will be within a cognitive behavioural/ motivational interviewing framework. The standard six-session package will be extended where necessary. All service users will be given information on the effects of stimulants, triggers and cravings, motivation and empowerment and relapse prevention. Other needs (such as housing etc. will be addressed within one to one sessions). Referrals to external agencies will be made where necessary.

#### **4.4 Group sessions.**

Each session will be 'stand alone' which means that service user will not need to have any prerequisite knowledge to access the session. The sessions will form a 'rolling programme' of 6 weeks; young people can start group work at any point during the cycle and can access as many groups as and when they want. The group work will cover: relapse prevention, harm reduction, life skills, gender issues and open process groups (here and now/ check in) groups. The programme will be flexible enough to allow changes to be made as the service develops and in response to the changing needs of the transient client group. At the end of each six week cycle, service users will be offered the opportunity to feedback on the sessions they have attended and staff will evaluate the programme making changes where necessary.

#### **4.5 Complementary therapies.**

Complementary therapies will be offered on a daily basis by appointment only. Sessional workers or volunteers will offer a range of complementary therapies. The provision will be reviewed on a quarterly basis.

#### **4.6 Satellite services**

These will be offered to service users at the premises of other young people's services. Agreed protocols will be signed between the partner agencies prior to any service being offered. Satellite services will be regularly reviewed and will continue to be delivered as staffing allows and if it continues to fit in the vision of service delivery.

*This funding will enable drug users in the borough to receive an improved and more comprehensive service, augmenting other drug services in the area and ensuring a wider spectrum of care is available to drug users in the specified areas.*

It will also contribute to the National Drug Strategy by:

- Improving access to services
- Supporting substance users in overcoming their problems and helping them lead healthier, crime free lives
- Reducing waiting times for admission to services
- Providing a community based, structured, therapeutic programme
- Providing a co-ordinated and flexible service based upon extensive cross agency joint planning and commissioning

Other objectives include:

- To increase access to drug services in general
- To promote the services to other professionals
- To increase options available to drug users in The borough
- To avoid the use of waiting lists

*One of the key roles of the service will be to accurately assess the level of need in the borough and feedback these details to the relevant bodies.*

## **5. Service location**

The services shall be available at different locations across the borough. The main base will be at xxxx, with satellites being held at various other providers' sites. These are to include a drop in service at XXXX, group work and one to one sessions at XXXX and group work at XXXX.

## **6. Outcomes & Outputs to be achieved in 200X/200X**

See appendix X – Performance Assessment Framework

## **7. Service User Profiles**

Information regarding clients:

See appendix X – Performance Assessment Framework

## **8. Milestones for 200X/200X**

### **Quarter one**

- To have developed a comprehensive plan of action for providing interim satellite services.
- To have visited other statutory & voluntary sector stimulant day services.
- To have developed relationships with the relevant local referring agencies.
- To develop the satellites protocol and other relevant paperwork
- To attend joint commissioning group meetings to present service development information.

### **Quarter two**

- To begin satellite services
- To have publicised the service within the borough
- To attend joint commissioning group meetings to present service development information.
- To develop a questionnaire to be sent to service users who have been accepted as a referral to the service.

### **Quarter three**

- To attend joint commissioning group meetings to present service development information.
- To have closely monitored referrals and outcomes from the satellites over the last two quarters, drawing conclusions about service development.
- To have the service up and running from the designated permanent site.

### **Quarter Four**

- To have closely monitored referrals and outcomes over the last quarters, drawing conclusions about service development.
- Negotiate future year's targets and milestones.

## **9. Monitoring**

*The borough Young People's Commissioning Treatment Group will conduct the monitoring quarterly. The project manager or someone of equal or higher seniority will be invited to attend a pre-arranged monitoring meeting. Quarterly data returns will be expected to be submitted to the DAT Co-ordinator and Young People's Commissioning Manager a minimum of 10 days prior to the monitoring meeting. Any changes to these arrangements will be communicated at the earliest possible time.*

*Yearly reviews will be conducted after completion of the last quarter's report and new targets and milestones will be set with agreement from all parties and in line with The borough service users' needs.*

*An annual performance report will be submitted to the DAT Co-ordinator and Young People's Commissioning Manager no later than three months after the end of the financial year.*

## **10. Staffing/Organisational Issues**

The organisation shall employ staff that are appropriately qualified, competent, skilled and experienced, and it shall ensure that all staff are properly instructed and supervised. In addition:

- The organisation shall attempt to ensure that at all times there is sufficient staff to deliver the service. Cover for holidays, sickness or other absence will be planned for as best as possible.
- The organisation shall ensure that staff are properly supervised at least once a month.
- The organisation shall ensure that the service manager is sufficiently competent financially and with regards to supervision, support, networking and service promotion.

- The organisation shall encourage staff to attend training courses that are relevant to the provisions of the service.
- If the organisation uses volunteers within the project, they must be properly vetted, trained, supervised and supported.
- The organisation shall require from applicants a declaration of convictions that would otherwise be spent under the Rehabilitation of Offenders Act 1975.
- The organisation shall have a properly constituted management committee.
- The organisation shall demonstrate its ability to comply with relevant legislation. This shall include the Health and Safety at Work Act 1974, the Children's Act 1989, the Disability Rights Commission Act 1999 and the Mental Health Act 1983. The organisation shall have policies relating to health and safety at work, safety of staff and service users etc.

## **11. Quality Assurance**

The organisation shall apply the QuADS standards to this project, and ensure that:

- All service users will be assessed within 3 working days of referral. They will be given a copy of the programme, timetable and Equal Opportunities/ Valuing Diversity Policy
- All service users will be given a copy of the organisations complaints procedure
- All service users will be informed of dates and times and nature of user consultation meetings
- All service users will be given an service evaluation questionnaire after 6 weeks of access or at discharge (whichever is soonest)
- All information relating to service users shall be kept in a secure environment

In addition,

- The organisation must abide by Section 64 of the Health Service and Public Health Act 1968 grant conditions
- The organisation must be able to demonstrate that it is on a sound financial footing. The Commissioning manager may check annual audited accounts. Project budgets should be submitted to the Commissioning manager as and when requested.

**12. Funding**

The borough DAT will provide

£plus agreed rental costs

for year 1

**14. Contact details**

Authorised representative of the service:

The borough Joint Commissioning Treatment Group:

## **EXAMPLE SERVICE SPECIFICATION FROM LEICESTER DRUG & ALCOHOL ACTION TEAM**

### **OVERARCHING SERVICE PRINCIPLES**

#### **Values and Principles**

1. The Providers services should be accessible, acceptable and appropriate to the needs of all service users, including members of ethnic minority communities and hard to reach groups.
2. The Provider will ensure that the services it offers are in line with nationally recognised best practice, locally agreed policies, protocols, guidelines and current evidence of effectiveness, including child protection and vulnerable adult procedures.
3. Services should be co-ordinated and targeted and work within the policies of the DAATs and relevant national requirements.
4. The Provider will work effectively and efficiently with other relevant services and agencies to deliver strategic and service aims and objectives. This will include systems agreed with other providers for referral, needs assessment and shared care/treatment and outcome monitoring.
5. The Provider will recognise both the rights and responsibilities of service users as set out in the SCODA Drug Service User's Charter of Rights and Responsibilities.
6. The Provider will take account of the needs and views of service users and their carers in order to offer an appropriate and acceptable service.
7. The Provider will have in place appropriate local management structures that ensure effective service delivery, appropriate support and supervision of staff, and to promote strategic planning and effective inter-agency collaboration.
8. The Provider will ensure that staff will be appropriately trained to undertake their work. This includes both generic (e.g. confidentiality, health and safety, risk assessment, equal opportunities, etc.) and specific skills required for their area of work.

9. The Provider must comply with the requirements of Quality in Alcohol and Drugs Services Standards (QuADS) and to ensure that it employs a workforce that meets the professional competencies required by QuADS.
10. The Provider will demonstrate the effectiveness and cost effectiveness of its services in meeting the service aims and objectives.

## **SERVICE SPECIFICATION**

**between**

**Leicester Drug and Alcohol Action Team**

### **MENTORING PROJECT**

#### **1.0 NATIONAL STRATEGIC OBJECTIVE**

- 1.1 All young people identified as being vulnerable will receive appropriate support within looked after care.

#### **2.0 AIMS AND OBJECTIVES**

- 2.1 To provide a mentoring scheme to looked after young people and care leavers aged between 12 and 19 years of age who are identified as being most at risk of substance use.
- 2.2 To prevent early substance use by young people developing into problematic substance use by supporting young people to access specialist drug treatment or advice that will promote a reduction in substance use.
- 2.3 To increase the young persons self-understanding and awareness of their motivation to misuse substances.
- 2.4 To provide support and encouragement for young people to access opportunities that focus on and enhance their educational and employment prospects.
- 2.5 To promote opportunities for young people to receive information and support in respect of drugs and health information.

#### **3.0 OUTCOMES / PERFORMANCE INDICATORS**

- 3.1 The aims of the project are to secure sustained improvement in looked after young peoples:-
  - a) substance use problem in 100 per cent of all cases.
  - b) physical and psychological health in 75 per cent of all cases.
  - c) attitude towards education and training in 50 per cent of all cases.

- d) accommodation arrangements in collaboration with other service providers.
- e) social skills, confidence and self esteem in 70 per cent of all cases.
- f) relationships with friends and family in 70 per cent of all cases.
- g) offending behaviour in 40 per cent of all cases.

#### **4.0 ELIGIBILITY CRITERIA**

- 4.1 Services will be provided to young 12 to 19 year old people residing in Leicester, who are currently in care or classified as a child in need, moving towards independent living and who have been identified as being most at risk of substance use.

#### **5.0 CASE ASSESSMENT AND REVIEW**

- 5.1 All referrals will be from the Social Services Department as part of a detailed Care Plan for each young person. There will be regular progress reports to the Project Manager to outline the action plan between the mentor and the mentee, the frequency and timing of meetings and outcome of reviews.

#### **6.0 SERVICE AVAILABILITY**

- 6.1 The service will be provided from the project base at the Leicester YMCA, 7 East Street, Leicester and mentoring programmes will be accessible through various locations in the community in consultation with young people.
- 6.2 The service will be contactable at its administrative base 5 days a week, Monday to Friday 8.30 to 5.00 for 52 weeks per annum except bank holidays. A telephone answering service will be available on those occasions when the base is not staffed. Telephone messages will be recorded and responded within two next working days.

#### **7.0 SERVICE OUTPUTS - OPERATIONAL**

The project will aim to provide:

- 7.1 A one-to-one volunteer mentoring scheme that is available throughout the duration of the young persons involvement with the project. Mentors will offer young people, positive, non-judgemental and supportive coaching and encouragement to raise their aspirations, build self-esteem and self-confidence. Young people will be encouraged to reach their individual identified goals through guidance, problem solving and constructive criticism. The scheme:-
  - a) will aim to be available on a flexible basis over five days a week to meet individual mentors needs and in consultation with the mentor, mentees and referrer.

b) will attempt to match mentors with mentees giving due regard to gender and cultural factors, after initial training, selection and police checks.

7.2 Access to structured, skills based group programme and health information services for up to 16 young people per annum utilising:-

- a) brief motivational interviewing and counselling.
- b) reintegration programmes for young people e.g. anger management
- c) providing relevant and accessible materials promoting drug education.
- d) community based activities.

There will be opportunities for mentors and mentees to participate in joint activities and issue based workshops such as anger management. Additional training for mentors and young people will be accessed via the Drug and Alcohol Response Team network (such as Health Promotion Agency).

7.3 An ongoing structured training and support programme for up to 15 volunteer mentors in order to equip them with appropriate knowledge and skills to enable them to perform their role competently. Up to three training sessions will be organised each year for mentors. Individual mentors will be required to give a 12 month commitment to:-

- a) maintain contact with the young person at least once a week.
- b) keeping up to date records of meetings with young people.
- c) attend mentor training sessions.
- d) attend mentor support sessions.
- e) participate in developmental training sessions.

7.4 Tier One and Tier Two Drug Awareness training to enable mentors to identify substance related issues and deal with them appropriately using evidence based practices leading up to appropriate interventions. This training will also lead to an understanding of the level of competence and roles of different agencies when dealing with child protection issues. Training courses will also address confidentiality, motivational interviewing and boundary setting.

7.5 Support sessions for mentors every six weeks.

7.6 Support, advice and information to up to 15 parents and carers per annum where appropriate and in consultation with the young person and the mentor. Effective links will be made with the New Directions Parents and Carers worker in order to make available resources to parents and carers.

7.7 Information and training sessions for those agencies who may refer to the project in liaison with the Social Services Department.

7.8 Facilitate referrals to organisations within the Drug and Alcohol Response Team and to ensure the needs of young people are addressed comprehensively.

## **8.0 SERVICE OUTPUTS - STRATEGIC ROLE**

- 8.1 The project will organise a multi-agency steering group to discuss the progress of the project and to address and respond to both concerns and achievements. In order to secure improvements in health, living situation and education, the Project Manager will seek the engagement of statutory and voluntary generic and specialist drugs services (such as Social Services, Housing, Education, Youth Offending Teams, Connexions, New Directions etc).
- 8.2 The Project Manager will need to co-ordinate their work programme and activities on an on-going basis in order to meet the priorities of the following strategies and structures:-
- a) DAAT Young Persons Substance Misuse Plan and Treatment Plan
  - b) Local Healthy Schools Programme
  - c) Health Improvement Plans
- 8.3 An important aspect of the workers remit will be to liaise and work with other agencies within the Drug and Alcohol Response Team through regular attendance at meetings e.g. DART Operational Group, DAAT Drug Reference Groups etc.

## **9.0 QUALITY STANDARDS**

- 9.1 The organisation must comply with the requirements of Quality in Alcohol and Drugs Services standards (QuADs).
- a) The organisation ensures that staff and volunteers demonstrate competence in the support skills they offer to service users including:-
    - i. communication and engagement with the service user
    - ii. counselling and motivational techniques
    - iii. knowledge of law relating to principles of confidentiality
    - iv. risk assessment and management
    - v. legislation in relation to drug misuse
    - vi. the effects and uses of prescribed drugs
  - b) The organisation will ensure there are adequate means of communication and formal supervision to staff and volunteers.
  - c) There is a satisfaction audit of other professionals and agencies carried out on an annual basis.
  - d) The organisation will have appropriate systems and procedures in place to support the case management and review process.

## **10.0 PERFORMANCE INDICATORS**

- 10.1 The organisation will establish procedures for service monitoring and review to enable the following statistics to be produced.

10.2 The organisation may be required to participate in the submission of returns required by the DAAT, National Drug Treatment Misuse System (NDTMS) and the revised datasets required by the National Treatment Agency.

10.3 For the purpose of this specification the organisation is required to provide the following information on a quarterly basis (unless stipulated otherwise) and should be categorised (by age group, gender and ethnicity)

(A) Service Details (QUARTERLY)

- (i) Total number of referrals received by source.
- (ii) Total number of those assessed.
- (iii) Number of mentor sessions offered.
- (iv) Total number of service users commencing programme each month.
- (v) Number of training sessions attended by mentors.
- (vi) Total number of service users in scheme by duration.
- (vii) Number of service users discontinuing scheme each month with reasons.
- (viii) Number of complaints
- (ix) Number of advice sessions to parents and carers.

(B) Mentors (QUARTERLY)

- (i) Total number of volunteers recruited and trained (by gender/ethnicity)
- (ii) Number of volunteer recruitment drives.
- (iii) Number of volunteer training sessions/courses provided.
- (iv) Number of volunteer review and support sessions delivered.
- (v) Number of volunteers discontinuing with reasons.

(C) Service User Perspective (ANNUALLY)

Drug Taking

- (i) Reduction in the number of young people reporting drugs as primary issue
- (ii) Reduction in the quantity and frequency of drug taking
- (iii) Increase in number of people reaching controlled or non-dependent stage

Physical

- (i) Number of young people registered with GP.
- (ii) Percentage of young people reporting improvements physical health
- (iii) Percentage of young people reporting improvements psychological health

Living Circumstances

- (i) Number of young people reporting improvement in social functioning (family and other relationships).
- (ii) Number of young people accessing educational and training opportunities.
- (iii) Number of young people reporting improvements in offending behaviour.
- (iv) Number of young people entering tenancies.

- (v) Number of young people reporting improvements in financial situation.

#### Services Received

- (i) Modifications to services following consultation meetings with users
- (ii) Annual audit of service user satisfaction dealing with:-
  - response times
  - service availability
  - attitude of volunteers
  - how their case was handled
  - usefulness of support

#### (D) Inter-Agency Work

- (i) Protocols with DART members
- (ii) Number of consultancy events
- (iii) Referrals to other agencies

### **11.0 Policies and Procedures**

11.1 The organisation will be expected to adhere to the policies and procedures that are enshrined within QuADs and these will be implemented and regularly reviewed in the light of operational requirements. The following are highlighted as being of particular significance to meeting the requirements of this specification:-

- a) Locally agreed risk assessment policy
- b) Confidentiality
- c) Complaints
- d) Service users Rights and Responsibilities
- e) Professional Conduct
- f) Violence at Work
- g) Staff Supervision

### **12.0 DAAT Contribution:**

## Managing Contracts Appendix 6

### EXAMPLE SERVICE SPECIFICATION FROM LEICESTER DRUG & ALCOHOL ACTION TEAM

#### PROJECT OFFICER YOUNG PEOPLE AND SUBSTANCE MISUSE

##### Values and Principles

1. The Providers services should be accessible, acceptable and appropriate to the needs of all service users, including members of ethnic minority communities and hard to reach groups.
2. The Provider will ensure that the services it offers are in line with nationally recognised best practice, locally agreed policies, protocols, guidelines and current evidence of effectiveness, including child protection and vulnerable adult procedures.
7. Services should be co-ordinated and targeted and work within the policies of the DAATs and relevant national requirements.
8. The Provider will work effectively and efficiently with other relevant services and agencies to deliver strategic and service aims and objectives. This will include systems agreed with other providers for referral, needs assessment and shared care/treatment and outcome monitoring.
9. The Provider will recognise both the rights and responsibilities of service users as set out in the SCODA Drug Service User's Charter of Rights and Responsibilities.
10. The Provider will take account of the needs and views of service users and their carers in order to offer an appropriate and acceptable service.
7. The Provider will have in place appropriate local management structures that ensure effective service delivery, appropriate support and supervision of staff, and to promote strategic planning and effective inter-agency collaboration.
8. The Provider will ensure that staff will be appropriately trained to undertake their work. This includes both generic (e.g. confidentiality, health and safety, risk assessment, equal opportunities, etc.) and specific skills required for their area of work.

9. The Provider will demonstrate the effectiveness and cost effectiveness of its services in meeting the service aims and objectives.

## **PROJECT OFFICER YOUNG PEOPLE AND SUBSTANCE MISUSE**

### **1.0 STRATEGIC OBJECTIVE**

- 1.1 To reduce the level of problematic substance misuse amongst young people, children in need, looked after children and substance misusing parents and to improve awareness and knowledge of drugs issues within the Social Services Department.

### **2.0 OVERALL AIMS AND OBJECTIVES**

- 2.1 To produce and help implement a departmental policy on substance use with the support of the Departmental Substance Misuse Group.
- 2.2 To assess the level and nature of the needs of the target group.
- 2.3 To examine Social Services Departments processes in order to develop skills that promote the identification and assessment of substance misuse within the principles of the Framework for Assessment, particularly in relation to children at risk or in the care of the local authority.
- 2.4 To establish, maintain and promote referral pathways and protocols within the department and with other specialist drug and alcohol services.
- 2.5 To act as the referral point for staff seeking to refer a young person for specialist services and to provide advice, information and consultation on substance use issues.
- 2.6 To provide tier two interventions in individual cases (if there is no other provision available) and to contribute towards the development of appropriate interventions and care packages.
- 2.7 To liaise and network with other workers and agencies involved with children and young people in the Drug & Alcohol Response Team and to promote the needs of this target group.
- 2.8 To develop a resource library for staff working with young people to increase their level of expertise and for use during direct work.
- 2.9 To prepare, consult, organise and support the delivery of training on substance use to staff providing services to young people and their families.

### **3.0 OUTCOMES / PERFORMANCE INDICATORS**

- 3.1 To reduce the level of problematic substance use within the target group of 500 looked after children initially with a view to extending the remit to include Children in Need.
- 3.2 To increase the awareness of departmental staff and carers of substance misuse issues and their ability to respond appropriately to its presentation by developing and providing early interventions that address the early stage drug use amongst children and young people.
- 3.3 To improve the access and use of other appropriate generic and specialist services by the target group to ensure that their substance misuse needs are addressed comprehensively.

### **4.0 INTER-AGENCY LINKS**

- 4.1 In dealing with the needs of vulnerable and looked after children and young people, the worker will need to liaise with the:-
  - a) Looked After Children Team
  - b) Children's Homes
  - c) Leaving Care Team
  - d) Intensive Support Team
  - e) Foster Carers
  - f) Child Care Operations, Duty and Assessment Teams
  - g) Education Department
  - h) DART network (includes Community Drugs Young Peoples Team, Leicestershire Community Projects Trust, Health Promotion Agency, Cut Loose Project, Addaction).
  - i) Area Child Protection Committee
  - j) Youth Offending Teams
  - k) Child Protection Independent Review Services

### **5.0 SERVICE INPUTS & OUTPUTS**

- 5.1 One f.t.e. Project Officer for Young People and Substance Misuse to be based within the Social Services Departments Children's Services Planning Unit who will be responsible for:-

#### Interagency Liaison

- i. establishing protocols, systems and procedures for managing referrals (external to Social Services), case assessments and reviews and sharing information across statutory agencies, and the voluntary sector.
- ii. devising data collection systems on a multi-agency level that provides accurate and detailed population needs analysis to assist in identifying gaps and overlaps in service provision.

- iii. ensuring that this project has effective operational links with staff and workers in operating in the DART network so that the needs of drug misusers are addressed comprehensively.

#### Policy Development

- i. Contributing to the production and review of an overarching policy statement regarding substance misuse under the guidance of the Departmental Substance Misuse Group.
- ii. developing practice guidance for staff working with children looked after by the local authority with a target implementation date of September 2003.
- iii. contribute towards the shaping of practice guidance regarding parental substance use by the Area Child Protection Committee.
- iv. attending and supporting the departmental Substance Misuse Group.
- v. ensuring that substance misuse considerations are taken into account within the Young Peoples Vulnerable Children's Service Plan and the Preventative Strategy.
- vi. assisting the Drug & Alcohol Action Teams in developing strategic priorities.

#### Consultancy, Support and Advice

- i. ensuring substance misuse issues are adequately addressed in planning meetings involving children and young people.
- ii. supporting specialist assessments.
- iii. providing one to one advice and support to departmental staff.
- iv. distributing drugs awareness literature at team meetings.

#### Resources

- i. gathering and distributing relevant and appropriate information.
- ii. reviewing the accuracy and appropriateness of substance misuse resources.
- iii. delivering substance misuse awareness raising sessions.

#### Training

- i. identifying the core training needs of the following staffing groups and negotiating with providers such as Health Promotion Agency to ensure that these needs are addressed:-
  - (a) staff working in residential units working with young people.
  - (b) childcare social workers and assessment workers
  - (c) foster carers and contract carers

- (d) implementation of Practice Guidance and Area Child Protection Committee guidance.
- li participating in the HPA's 'Training the Trainers' course in order to acquire accredited status for delivering internal drug awareness courses.

Assessments for Children of Substance Using Parents

- (i) supporting social work staff in assessing level of parental substance misuse as part of the initial or core assessments. This support will entail:-
  - provision of information on substances, forms of use etc.
  - advising on impact of substance use on childcare.
  - outlining the most appropriate support for parents where substance use has become problematic.
  - ensuring substance misuse issues are adequately addressed in planning meetings involving children and young people.

**6.0 QUALITY STANDARDS**

- e) The organisation ensures that the Project Officer demonstrates competence in the support skills they offer to service users including:-
  - vii. communication and engagement with young people
  - viii. knowledge of law relating to principles of confidentiality
  - ix. risk assessment and management relating to children's services
  - x. legislation in relation to drug misuse
  - xi. the effects and uses of prescribed drugs

**7.0 PERFORMANCE INDICATORS**

- (a) The organisation will establish procedures for service monitoring and review to enable the following statistics to be produced.
- (b) The organisation may be required to participate in the submission of returns required by the DAAT, National Drug Treatment Misuse System (NDTMS) and the revised datasets required by the National Treatment Agency.
- (c) For the purpose of this specification the organisation is required to provide the following information on a quarterly basis (unless stipulated otherwise).

**7.1 STRATEGIC OUTCOMES**

Interagency Liaison

- Needs analysis – identify extent of substance misuse problems/service gaps (**Ongoing**)
- Establishment of data collection systems (**November 2003**)
- Develop pilot screening and assessment tools (**November 2003**)
- Identify referral pathways with named agencies (**August 2003**)

- Increase awareness of generic and specialist services in DART.
- Attendance at DART and Drugs Reference Group meetings.

#### Policy Development

- Develop departmental statement on substance misuse (**September 2003**)
- Develop plan to implement policy to ensure effective dissemination.
- Develop practice guidance in relation to departmental settings
- Attendance at DAAT and Drug Reference Group meetings.

#### Consultancy

- Number of team meetings attended.
- Number of consultations provided

#### Resources

- Review and advise on appropriateness of literature in the department.

#### Training

- Develop training programme for department identifying specific requirements of the different staff groups e.g. residential care workers, foster carers etc.
- Number of departmental staff attending training courses (tier 1-2).

7.2

#### **OPERATIONAL OUTPUT 3**

- a) Number of children in the care of local authority
- b) Number of children screened
- c) Number of children receiving targeted prevention

7.3

#### **OPERATIONAL OUTPUT 4/5**

- d) Number of children in need but not in the care of the local authority
- e) Number of children receiving drug specific intervention

8.0

#### **LOCAL POLICIES AND PROCEDURES**

Assessment Framework for Children and Families  
Area Child Protection Guidelines

9.0

#### **FUNDING**

Leicester DAAT Prevention Funding      £

## Managing Contracts Appendix 7

### **EXAMPLE SERVICE SPECIFICATION FROM LEICESTER DRUG & ALCOHOL ACTION TEAM**

#### **OVERARCHING SERVICE PRINCIPLES**

##### **Values and Principles**

1. The Provider's services should be accessible, acceptable and appropriate to the needs of all service users, including members of ethnic minority communities and hard to reach groups.
2. The Provider will ensure that the services it offers are in line with nationally recognised best practice, locally agreed policies, protocols, guidelines and current evidence of effectiveness, including child protection and vulnerable adult procedures.
11. Services should be co-ordinated and targeted and work within the policies of the DAATs and relevant national requirements.
12. The Provider will work effectively and efficiently with other relevant services and agencies to deliver strategic and service aims and objectives. This will include systems agreed with other providers for referral, needs assessment and shared care/treatment and outcome monitoring.
13. The Provider will recognise both the rights and responsibilities of service users as set out in the SCODA Drug Service User's Charter of Rights and Responsibilities.
14. The Provider will take account of the needs and views of service users and their carers in order to offer an appropriate and acceptable service.
7. The Provider will have in place appropriate local management structures that ensure effective service delivery, appropriate support and supervision of staff, and to promote strategic planning and effective inter-agency collaboration.
8. The Provider will ensure that staff will be appropriately trained to undertake their work. This includes both generic (e.g. confidentiality, health and safety,

risk assessment, equal opportunities, etc.) and specific skills required for their area of work.

9. The Provider will demonstrate the effectiveness and cost effectiveness of its services in meeting the service aims and objectives.

## **SERVICE SPECIFICATION**

**between**

**Council Education Department**

**and**

**Drug and Alcohol Action Team**

### **SENIOR SUPPORT WORKER (DRUG SUPPORT & ADVICE)**

#### **Excluded Pupils**

#### **1.0 NATIONAL STRATEGIC OBJECTIVE**

- 1.2 To work with disaffected young people and to provide guidance and support within a range of settings that addresses problems arising out of drug misuse in order to place greater emphasis on reducing exclusions.

#### **2.0 AIMS AND OBJECTIVES**

- 2.1 To prevent early substance misuse by young people developing into problematic substance misuse.
- 2.2 Where problematic misuse is occurring to work to quickly re-integrate the young person into the mainstream of school and family or other supportive relationships.

#### **3.0 OUTCOMES**

- 3.1 A fundamental requirement of this post is to support young people within education services to reduce the risk of permanent exclusion from school and to improve their life chances.

#### **4.0 ELIGIBILITY CRITERIA**

- 4.1 Effective early intervention can prevent emerging issues from substance misuse turning into problematic ones. The Senior Support Worker will work with those pupils at Key Stages who have been excluded or are 'at risk' as a result of substance misuse factors.

#### **5.0 SERVICE INPUTS**

- 5.1 One full time worker will be located within the Pupil and Student Support Branch (PSSB) of the Council Education Department. There will be joint line management responsibility exercised by the Head of Student Support Service and the Schools Drugs Advisor.

#### **6.0 SERVICE OUTPUTS - OPERATIONAL**

- 6.1 To be the first point of contact for all issues relating to drugs advice and guidance for young people and the staff working with them and on their behalf. The Senior Support Worker will offer advice and information about dealing with drug related incidents, resources and training.
- 6.2 Design a system/tool for screening and assessing the drug use of all students engaged with the PSSB and onward referral to other services via the DART team where appropriate and to assume responsibility for the development and ongoing maintenance of the PSSB's Substance Misuse Assessment programme.
- 6.3 Develop and maintain records on the number of students assessed, outcomes and drug related incidents for termly reporting. Other agencies will be involved in a multi-disciplinary assessment as appropriate e.g. Social Services Department.
- 6.4 The Senior Support Worker will be closely involved in co-ordinating services for excluded or at-risk young people and will offer support and work directly with students at all Key Stages on a one-to-one or group basis. Possible practical support can include:-
- e) brief motivational interviewing and counselling.
  - f) reintegration programmes for excludees either at their existing or new school.
  - g) providing relevant and accessible materials promoting drug education.
  - h) Intensive and family focused services.
- 6.5 The worker will assist schools in setting up appropriate Pastoral Support Plans for those students that become involved with the misuse of drugs or are involved in a drugs incident and meetings to discuss implementation. The worker will be instrumental in suggesting strategies to combat difficult behaviour and to agree this with parents and carers. Monitoring arrangements will be clarified to ensure that the PSP's are meeting the designated targets.

## **7.0 SERVICE OUTPUTS - STRATEGIC ROLE**

- 7.1 The worker will be instrumental for reviewing and updating the Service's Drugs Policy in line with the Local Education Authority and national guidelines on an annual basis and contribute towards the development of appropriate drug education and advice.
- 7.2 The worker will need to co-ordinate their work programme and activities on an on-going basis in order to meet the priorities of the following strategies and structures:-
- d) Local Education Authority Education Development Plan
  - e) DAAT Young Persons Substance Misuse Plan and Treatment Plan
  - f) Local Healthy Schools Programme
  - g) Health Improvement Plans
- 7.3 An important aspect of the workers remit will be to liaise and work with other agencies within the Drug and Alcohol Response Team through regular attendance at meetings e.g. DART Operational Group, DAAT Drug Reference Groups, and Youth Offending Teams etc. In addition there will be links with Child Behaviour Intervention Teams and Child and Mental Health Services.
- 7.4 To carry out localised needs assessment in areas that have pockets of high social exclusion and to gather evidence to demonstrate the value of a progressive policy on exclusion to mainstream schools.

## **8.0 DIVERSITY**

- 8.1 The Excluded Pupils Project will seek to make positive links with the diverse communities served by the Local Education Authority in order to build into Pastoral Support Plans and other activities additional support from/and for appropriate other projects. This will include working with projects targeted to support pupils from minority ethnic communities and parent/community groups themselves as they seek to support their own young people in addressing the problems of substance misuse and possible exclusion issues. Consideration to including such groups in any planned intervention with individual pupils will always be given and followed through where appropriate and agreed by the individual pupil and their carers. The project will also seek to publicise its services to all groups across the city, as intervention at an early stage can mean that work can start before the prospect of exclusion from school has arisen. The project will seek to publicise its confidential help line so that it can be accessed by head teachers, school staff, pupils, parents/carers and community members as widely as possible.

## **9.0 TRAINING**

- 9.1 The postholder will contribute towards the design and delivery of training programmes aimed at teachers, pupils, parents and governors with specific reference to drug related issues.

## **10.0 QUALITY STANDARDS**

- 10.1 Planned, developed, delivered and evaluated within context of National Healthy School Standard.
- 10.2 Project will be informed and will feed into local plans, planning mechanisms and priorities promoted by the DAATs.
- 10.3 Project will promote and support community involvement in the planning, development, delivery and evaluation of the services, including young people, parents and carers.
- 10.4 Project will develop effective mechanisms for monitoring and evaluating project outcomes.

## **11.0 MONITORING**

- 11.1 For the purpose of this specification, the organisation is required to provide the following information at the end of each academic term according to age group, drug use, gender and ethnicity.
  - a) Implementation of a common screening assessment tool in PRUs
  - b) Number of new referrals
  - c) Number of new and existing cases
  - d) Numbers screened
  - e) Numbers assessed as needing intervention + care.
  - f) Numbers receiving targeted prevention
  - g) Numbers using more than one substance
  - h) Number of Pastoral Support Plans set up.
  - i) Number of pupils subsequently excluded.
  - j) Number of Fixed Term Exclusions reintroduced into mainstream education.
  - k) Number of Excluded Pupils in PRUs receiving drug awareness education.
  - l) Number of permanent exclusions that are drug related.

## **12.0 POLICIES AND PROCEDURES**

- 12.1 The service will operate in compliance with the requirements of the following procedures and protocols:-

### Department for Education and Skills Circulars

- 9/94 The Education of Children with Emotional and Behavioural Difficulties
- 4/95 Drug Prevention and Schools
- 10/99 Social Inclusion: Pupil Support
- 1/98 Behaviour Support Plan
- DfES Drugs: Guidance for Schools (Circular 0205)

## **13.0 FUNDING LEVELS**



**EXAMPLE OF MONITORING RETURN FROM  
Leicester Drug & Alcohol Action Team**

**Appendix 8**

**Leicestershire Drug & Alcohol Action Team**

**(a) Rutland Drug & Alcohol Action Team**

**Sub-Regional DAAT Strategic Partnership**

**(b) This form should only be completed if you are explicitly requested to do so by the DAAT**

**Section 1.02 YOUNG PEOPLES SUBSTANCE MISUSE PLAN MONITORING RETURN FOR THE PERIOD.....TO  
.....2002/3**

**Section 1.03 Service..... Service  
Group: .....**

**Form completed by ..... Telephone  
number.....**

**This form consists of three numbered pages**

**One full form should be completed for each of Leicester, Leicestershire and Rutland.**

**This form is for**

**LEICESTERSHIRE**

**LEICESTER**

**RUTLAND**

**PLEASE REFER TO GUIDANCE NOTES.**





