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| Exceptional Delivery Model (EDM) 16  YCS - Custody Support Plan CuSP  Agreed Version 1.0 |
|  |
| **3 July 2020** |

# 1. Introduction

## Exceptional Delivery Models (EDMs)

A suite of EDMs are being published as part of the guidance for secure settings to guide them through construction of local RRMPs. This EDM is a brief guide on the high-level principles that must be incorporated into a local plan for each element of regime delivery. It is essential that the plan for reinstating an element of the regime does more than simply reintroduce the local procedures that pre-dated COVID measures. Each local plan must incorporate social distancing and cohorting measures, medical considerations, PPE and hygiene requirements (including regular hand-washing), as well as security and safety considerations. Each EDM will also guide secure settings on the most procedurally just way to stand up each regime element under continuing COVID restrictions.

Each secure setting must create a plan for every element of regime that is relevant to their category and function based on the guidance in its respective EDM. Mirroring the approach taken during the development of ERMPs, secure settings have local autonomy to determine the formal and contents of each plan or procedure they produce from the EDMs but the RRP they complete summarising their local recovery proposal will be based on a template provided.

This EDM has been developed jointly by policy and operational colleagues in conjunction with specific stakeholders relevant to each area. Each EDM breaks each regime element into a series of processes or areas. Under each one there are a set of baseline requirements which must be met by each secure setting. Every baseline requirement has an importance weighting from one (lowest) to three (highest) attributed to it, to assist secure settings in planning and sequencing activity required. Baselines are split into those that are mandatory and those that are desirable. Each baseline also has a “level of autonomy” attached. This describes the level of freedom a secure setting has over the design of the product/output required to satisfy each baseline.

**1.1 Regime Recovery Management Plans- RRMP**

YCS Children and Young People Secure Estate are required to develop local Regime Recovery Management Plans (RRMP) based on a suite of national guidance documents called Exceptional Delivery Models (EDM). Secure settings are being provided with high level guidance outlining the parameters they must work within but have autonomy to build their own bespoke plans based on what works locally. Secure settings will submit their RRMP together with a readiness assessment to their respective Prison Group Director (PGD). Further details are contained within the published National Framework on Regimes & Services.

# 2. Exceptional Delivery Regime Model: Custody Support Plan

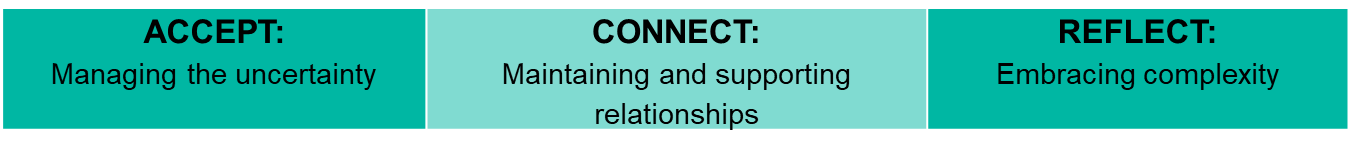
This EDM sets a framework of principles within which the children and young people’s secure estate must operate. STCs may not be required to comply with mandatory actions where the legislative framework or operating model is substantially different.

The reality of the COVID-19 situation is unprecedented and challenging in many ways. Custodial regimes have been severely impacted due to the requirements of physical distancing and shielding. Measures have been implemented to prevent spread of the disease and protect people who are at very high risk of severe illness from COVID-19. Red regimes are being operated in nearly all secure settings. Much activity was understandably suspended on 24 March 2020 as we managed the impact of COVID-19COVID-19 on custodial regimes and the impact on available staffing.

Of utmost importance is maintaining the physical safety and personal wellbeing of the children and young people in our care and the staff looking after them. To ensure risk of causing unintentional harm is minimised, further implementation of the Custody Support Plan (CuSP), as per the CuSP Integrity Assurance Framework (IAF) (YCS, 2018) has been paused, to support HMPPS in adhering to Government guidance regarding physical distancing (HMPPS Prison Exceptional Regime & Service Delivery, 2020). Consideration of further rollout of the CuSP Model will be considered as part of the recovery planning. As the situation progresses, ways in which we can meaningfully engage with children and young people in our care, whilst meeting presenting needs and vulnerabilities remains under constant consideration. In response, Psychology Services have developed the Covid Support Plan (CoSP), an adapted version of the original CuSP which is responsive to the current circumstances in which children and young people in custody are residing.

Delivering and implementing CuSP as per Reform Planning and the IAF whilst maintaining physical distancing and safe systems of work (SSOW) is challenging and likely to undermine CuSP integrity. Whilst no YCS site had fully implemented CuSP, it is present in some frequency and total removal would be an unnecessary step backwards. Hence the need for an Exceptional Delivery Model (EDM). This EDM Guidance aims to ensure CoSP delivery is safe, effective and proportionate and makes best use of the valuable opportunity to use positive relationships to support children and young people through COVID-19COVID-19) i.e. whilst we must ‘physically distance’ ourselves from others we must **not** disconnect from others. Small ‘family groups’ of children and young people must comply with physical distancing, with numbers in line with national guidance.

Further, the need to keep staff and children and young people safe from infection and supported will inevitably be at the forefront of minds during this period. The ACCEPT, CONNECT, REFLECT framework assists in guiding the response to manage the uncertainty around the disease, while supporting colleagues and meeting the needs of children and young people through the vital role of social interaction, at a physical distance.



This EDM Guidance has been developed by the CuSP Central Management Team (CMT) including HMPPS Psychology Services, with support from the Youth Custody Assurance Board (YCAB) and NHS England and NHS Improvement.

# 3. Scope

## 3.1 In Scope: Custody Support Plan (CuSP)

The language of CoSP (Covid Support Plan) rather than CuSP is being used to;

* Ensure a considered and evidence-based approach to identifying and meeting children and young people’s needs in custody, with due deference to regime restrictions and physical distancing requirements;
* Given the CuSP process is not possible due to physical distancing e.g. restricted goal setting and JENGA use, CoSP is being used to avoid confusion between CuSP related activity during COVID-19, and the more sophisticated and comprehensive approach of the YCS CuSP Model.
* Provide sites with a simple way to monitor, assure, record and report CoSP interactions.
* Protect the integrity of the CuSP Model during and beyond COVID-19recovery.

Interaction is only classified as CoSP where this is between the child and their allocated CuSP or Buddy Officer.

## 3.2 Out of Scope

It is more vital than ever that we make sure that children, young people and staff are safe. Staff should be briefed to use all the interactions possible to check on wellbeing, provide support and identify any risk of self-harm or suicide or vulnerability. As such, good practice wellbeing checks by all staff regardless of whether they are the CuSP or Buddy Officer i.e. checks or interactions that would be promoted on associated Officer training or staff inductions are outside the scope of the EDM and should be encouraged and managed as per standard practice.

Once regime restrictions are lifted to such an extent that the CuSP can be delivered in accordance with the IAF, the CoSP and EDM, will cease to apply, i.e. Level 2 for some children and young people and Level 1 for all children and young people (see section 8).

Further implementation of the CuSP Model in accordance with YCS Reform should be considered in conjunction with YCS PMO and the CuSP CMT and therefore falls out of scope of this EDM.

# 4. Purpose

This guidance sets out the EDM for CuSP by supporting decision making to determine delivery mode to children and young people within YCS.

This guidance aims to:

* Recognise the challenges of delivering a meaningful regime during restrictions, i.e. one which has a positive impact on the development and rehabilitation of children and young people and therefore support sites in providing positive interaction between children and young people and their CuSP or Buddy Officer whilst allowing for local flexibility.
* Consider how best to provide CoSP to children and young people during COVID-19 in a way which best meets their individual needs, risks and vulnerabilities.
* Understand when CoSP should be used, with whom and how, with due consideration of prioritisation of need.
* Determine the required delivery criteria for staff facilitating CoSP.
* Understand how CoSP links with formulation based care planning, Enhanced Support Services and the Critical Case Pathway.

# 5. Delivery Model

When developing the CoSP delivery model, due consideration has been given to evidence based practice with children and young people in custody, to ensure effective and ethical practice. Where practice deviates from the CuSP model, due consideration has been given to mitigations.

Of importance is ensuring sufficient flexibility of the model to balance the need for meaningful positive interaction between children and young people and their CuSP or Buddy Officer, whilst ensuring sites have flexibility in determining delivery mode.

Ideally, the CuSP or Buddy Officer should support the child completing the CoSP Workbook using the CuSP Approach i.e. motivational interviewing (Miller & Rollnick, 2012), with due consideration to COVID-19 regime restrictions. However, it is recognised this may not be possible for all children and young people due to resource and regime restrictions. As such, the CoSP workbook has been designed to be completed autonomously by children and young people who are able, with facilitated sessions prioritised for those with the most need and vulnerability. The various delivery mode options are presented in Section 5.2.

The information contained in the CoSP takes a building blocks approach whereby it complements and dovetails with the psycho-educational information provided in the Inside Weekly magazine should it continue. The presentation and delivery style will also be familiar to any children and young people and staff who have engaged in CuSP.

CoSP is a psycho-educational workbook based on the CuSP Process. The workbook adopts the following process, all of which is communicated in an age-appropriate manner:

1. **Chapter 1: Introduction**: An overview of CoSP and associated aims
2. **Chapter 2: Maslow**: Introduction to the theory underpinning CuSP i.e. Maslow’s Hierarchy of Needs.
3. **Chapter 3: Expected Standards of Behaviour**: The Expected Standards of Behaviour are introduced and an exercise supports the child or young person in linking these to Maslow’s Hierarchy of Needs.
4. **Chapter 4: Our Needs**: A series of exercises support the child or young person to identify how well their needs are being met during COVID-19 against each of Maslow’s levels. There is an exercise for each level to support identifying positive examples of where needs are met.
5. **Chapter 5: Setting Goals**: Information is given about how to set goals which are SMART under the circumstances.
6. **Chapter 6: My Needs:** Each Need is present from Physical to Self-Actualisation, and the child or young person rates how well each need is being met and sets relevant goals. Hints and tips are given throughout. Chapter 6 can be completed as many times as possible at a frequency suitable to that child or young person, dependent on need.
7. **Chapter 7:** **Summing Up:** This section will help consolidate learning; it will include a quiz and an exercise to summarise learning.

## 5.1 Delivery Principles

To support defensible decision making and integrity, the following principles should underpin CoSP delivery:

* Delivery must work alongside the ERMP, RRMP and RMP (including COVID-19 regime restrictions)
* Any delivery plans must be responsive to local risk assessments and adhere to the subsequent Safe Systems Of Work (SSOW) as agreed with the Unions.
* Decisions and delivery must be overseen by the CuSP LMT (or equivalent where this is not in place)
* Clinical oversight for case prioritisation and selection must be provided by local Enhanced Support Services
* As per the CuSP model (see CuSP IAF), no Officer should be allocated more than six children or young people, including as Buddy Officer.Selection of delivery mode for each child must be informed by current needs, risks, vulnerabilities and responsivity factors.
* HMPPS Psychology Services must provide clinical guidance to staff throughout delivery where required, as identified by the CuSP LMT.
* Throughout delivery of CoSP, there should be appropriate recording, reporting and sharing of information which is monitored by the LMT.
* Where staff are engaging with children and young people for CoSP, as per all meaningful interaction, Motivational Interviewing skills should be applied i.e. the CuSP Approach.
* Interaction is only classified as CoSP where this is between the child and their CuSP or Buddy Officer.
* Where relevant, CuSP Officers should be aware of/take into account individual differences and cultural identities, considering CoSP should be adapted to meet needs drawing advice from appropriate parties where relevant e.g. Equalities, Chaplaincy etc.

Further detail is provided below to support sites in upholding these principles.

## 5.2 Staff skills and competence

It is recognised operational staff have a range of values, skills and competence which support every day meaningful interactions with children and young people in custody. The CuSP EDM is not designed to replace these interactions and these should continue as part of everyday good practice.

However, to facilitate CuSP and therefore CoSP, certain skills and knowledge are beneficial to ensure adherence to the CuSP Approach and Process and therefore, model of integrity.

As such the ***Gold Standard Staffing Model*** is where all CoSP activity is delivered by staff who have completed the following training opportunities

* Two day Motivational Interviewing with Young People training
* One day CuSP Specific Training

Both have been widely available across HMPPS YCS pre-COVID-19 and are integral to the CuSP implementation and ongoing delivery.

It is recognised that the COVID-19 situation and associated necessary regime restrictions have impacted on secure setting training delivery plans. As such, not all YCS sites have a large cohort of staff who have completed this training, and specifically not enough to allocate each child and young person both a CuSP and Buddy Officer, as per the CuSP IAF (YCS, 2018). As such, where this is not possible, the ***Silver Standard Delivery Model*** should be applied whereby CoSP activity is facilitated by staff who have completed the following training:

* Two day Motivational Interviewing with Young People training

Where limited training activity has taken place, the ***Bronze Standard Delivery Model*** is applicable whereby CoSP is delivered by staff who have received neither MI, nor CuSP specific training.

Preferably, all children and young people will receive CoSP from staff trained in both MI and CuSP i.e. Gold Standard Delivery Model. However, this may not be achievable across all sites. As such, the Silver and Bronze models may be applied where necessary. Whilst it is considered the Gold Standard will yield more positive results and therefore the Silver and Bronze less so, it is not clinically considered the latter two will be of detriment to the child or young person or stability of sites. Indeed, to mitigate risk of drift and to maintain standards, , HMPPS Psychology Services will provide clinical oversight, guidance and support via the LMT. This is particularly important for the Silver and Bronze Delivery Models and those staff delivering CoSP with particularly complex cases. This may take various means i.e. Group or individual Guided Reflective Practice. The method should be determined in accordance with need and safety by the CuSP LMT. The CMT will also monitor the training needs of sites and consider appropriate action where necessary.

## 5.3 Clinical Oversight

To maintain integrity and to support quality assurance (YCS, 2019), HMPPS Psychology Services must be involved in decision making regarding delivery mode for each child or young person. HMPPS YCS Psychology Services must also provide Treatment Management support as required e.g. training up-skill, Guided Reflective Practice, support with quality assurance.

## 5.4 Decisions regarding delivery mode

**Step One:** Each CuSP LMT (or equivalent) should determine feasible delivery models based on COVID-19regime restrictions, and staffing availability i.e. consideration of numbers of staff that fall into the Gold, Silver and Bronze Delivery Model categories, and how to make most effective use of the resource.

**Step Two:** Once this has been determined, decisions should be made about the delivery mode for each child. During COVID-19, as part of Enhanced Support Services, a triage including Health, HMPPS Psychology Services & Residential/Safeguarding at each site has identified children and young people considered to be at elevated risk and vulnerability. Each child has been zoned either Red, Amber or Green according to vulnerability. This information should be used to consider and prioritise delivery mode with priority given to those children and young people identified as at increased vulnerability. Table 1 below sets out the minimum provision for children and young people based on individual RAG rating to ensure those with the highest need are prioritised during staff shortages.

To ensure the delivery mode meets the needs of the child, including safety considerations, decisions should be made by the multi-agency LMT or equivalent where the LMT is not in place. Decisions should be recorded by the LMT on the **Defensible Decisions Log** supplied by the CMT. This should be submitted to the YCS CuSP functional mailbox monthly, along with LMT minutes and CuSP Risk Register.

Table 1 below intends to support clinical decision making about the prioritisation and delivery mode of CoSP.

**Table one: Decision making considerations to assist in prioritising CoSP staff support**

|  |  |  |
| --- | --- | --- |
| Prioritisation of children and young people (per zoning colour) | Modality Considerations | Clincal Support Consideartions |
| Red | Triage inc. Healthcare Psych Services & Residential/Safeguarding at sites have identified children and young people considered elevated risk of vulnerability during COVID-19 regime (red cohort). These cases are monitored via the Critical Case Panel (CCP). Such cases are likely to present with a level of complexity. It is likely that these children and young people will have an existing Short Term Assessment of Risk and Need (STARN) and/or an Enhanced Support Team (EST).  Collaborative discussions should happen with professionals who form part of the child’s existing support network to provide the CuSP and Buddy Officer with advice and guidance to support safe and effective CoSP delivery.  These children and young people should receive the CoSP Workbook with support from staff facilitating the CoSP Process, using the CoSP Approach and maintaining physical distancing and all other relevant measures.  These children and young people should have one hour of CoSP per week. This may be in one go, or in smaller chunks e.g. 3 x 20 minutes, 2 x 30 minutes, or one longer session and one shorter check in. Duration should be determined by the LMT or EST in accordance with need, balanced with regime restrictions.  Staff encouraging the child to complete the Daily Check in each day.  Where the child is particularly complex, an option should be made available for the CuSP or Buddy Officer to co-facilitate the CoSP Session with a Specialist e.g. Psych Services or NHS whilst maintaining physical distancing and all other relevant measures.  Given complexity of need, risk and vulnerability, it may that additional needs arise which cannot be met through CoSP. As per the CoSP Principles, relevant information should be shared with local Enhanced Support Services. | Children and young people in the red cohort must have CoSP facilitated by staff who are trained in both MI and CuSP (Gold Standard). This member of staff must be their Allocated CuSP or Buddy Officer.  Based on staff training figures, each site has sufficient staff to meet this requirement. Where this is not possible or sustainable, MI & CuSP training should be co-ordinated. As an interim, the CuSP Treatment Manager should consult with the LMT to consider an appropriate alternative e.g. staff up skill, CuSP Officer from a different unit etc.  The CuSP Treatment Manager should consult with CuSP Officers prior to delivery of CoSP. Regular check ins should be provided to support adherence to the CoSP Approach and Process, and identify any emerging child or staff needs. Guided Reflective Practice should be provided/co-ordinated by the CuSP TM in accordance with need and depending of access to other Staff Support via the Covid Staff Support Strategy.  Discussions should continue to happen throughout the work with the child’s existing professional support network e.g. EST. |
| Amber | Those children and young people identified as ‘amber’ are likely to be known to the Health & Wellbeing Team, Psychology Services and other professionals in the establishment. Consideration should be given to the complexity of the individual risks, needs and vulnerabilities through discussion with the ESS.  Depending upon the presenting needs, clinical judgement should be applied to determine CoSP modality.  Where the child has sufficient ability, the CoSP workbook can be completed autonomously, with a minimum weekly check in from their CuSP or Buddy Officer. This check in should include a review of the autonomous work completed in the CoSP workbook and should be for a minimum of 20 minutes. The check in should also maintain physical distancing and all other relevant measures.  Where the needs and abilities of the child mean autonomous completion would be challenging (e.g. literacy difficulties), the CuSP or Buddy Officer should meet with the child weekly to support completion, as per the Red Cohort. They should ensure that physical distancing and all other relevant measures are maintained. | Children and young people in the amber cohort should ideally have the Gold Standard Delivery Model, however Silver Delivery Model is sufficient where Gold is not possible.  Where the Silver Delivery Model is in place, the CuSP Treatment Manager to ascertain what additional support may be required by way of up skill, as per section 5.2.  Group or individual Guided Reflective Practice should be provided/co-ordinated by the CuSP Treatment Manager in accordance with need and depending of access to other Staff Support via the Staff Support Strategy. |
| Green | The CoSP Workbook should be provided to all these children and young people for autonomous completion in their room. As staffing and regime abilities increase, this should be progressed to a weekly check in to review the workbook, with the CuSP officer. This check in should be for a minimum of 20 minutes. The check in should also maintain physical distancing and all other relevant measures. | Children and young people in the green cohort should ideally have the Gold Standard Delivery Model, however Silver and Bronze Delivery Models are sufficient where Gold is not possible.  Where Silver or Bronze Delivery Models are in place, the CuSP Treatment Manager to ascertain what additional support may be required by way of up skill, as per section 5.2.  Check ins should be provided by the CuSP Treatment manager with CuSP and Buddy Officers, in accordance with need. |

# 6. Integrity Assurance

**6.1 Strategic Oversight**

To ensure local and central strategic oversight, LMT meetings should continue to take place monthly as per the LMT Terms of Reference, with recording and reporting as per the CuSP IAF (YCS, 2018).

**6.2 Prior to delivery**

The LMT should ensure all staff delivering CoSP, regardless of Gold, Silver or Bronze Delivery Model, have had access to the **Staff CoSP Guidance Sheet** provided by the CMT.

The CuSP Treatment Manager should provide, or co-ordinate provision of, Guided Reflective Practice to staff as necessary and where deemed appropriate by the LMT e.g. staff working with children and young people in the red cohort and/or staff applying the Amber of Bronze Delivery Model. This can be facilitated using an appropriate and available means in accordance with a risk assessment and subsequent SSOW (i.e. guidance sheets, in person, via video, conference call or telephone call). Factors to include are detailed below:

1. **CuSP Approach:**

Recap/introduction of basic MI skills to support with facilitation style

Understanding of importance/how to develop therapeutic alliance

1. **CoSP Process:**

Maslow’s Hierarchy of Need

Expected Standards of Behaviour

Goal Setting & the CuSP Multi Agency Plan (MAP)

1. **Responsivity factors:**

Presenting problems and protective factors of the child or young person

Any individual needs which may mean CoSP requires adaptation

1. **Agreeing ongoing support:**

The TM should provide the staff member with ways to raise concerns, receive support etc.

# 6.3 During delivery

As per the CuSP model, children and young people should remain in possession of their CoSP Workbook.

Staff should ensure any immediate concerns regarding self-injurious behaviour are managed via the ACCT process. All concerns re increasing vulnerability/risk should be communicated to the Enhanced Support Services, as well as usual reporting protocol e.g. Duty Governor, Observation Book etc.

Once a CoSP session has taken place, staff should complete NOMIS entries following each interaction, using the CuSP Case Management entry. The session should also be recorded on the CuSP database. Information from the CoSP session should also feed into the child’s formulation and formulation review meetings, where these are taking place during COVID-19 and assist in the collaborative approach to formulation based care.

The CuSP LMT should conduct regular quality assurance, in accordance with need e.g. 10% check of documents, NOMIS management checks using the reporting process, check ins with staff, reminders at briefings etc. It is recommended the LMT retain a log of quality assurance.

Where quality assurance highlights issues, the LMT should take appropriate action.

# 7. Exceptional Delivery Regime Model

**Guide to weightings/prioritisation (mandatory tasks only)**

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| Value | Description |  |
| 3 | Highest– action required as a precursor to other tasks | |
| 2 | Medium – action required as part of wider work | |
| 1 | Lowest – action required once others have been completed | |

**Guide to autonomy levels (mandatory tasks only)**

|  |  |  |
| --- | --- | --- |
| Value | Description |  |
| Total | Secure setting has total autonomy to determine the design of the product that satisfies the baseline | |
| Partial | Secure Setting has partial autonomy – the ability to choose from pre-determined delivery options (which are specified) | |
| Limited | Secure setting has limited autonomy and must deliver the product as stipulated | |

**Exceptional Delivery Regime model: CuSP**

**NB this table applies at Level 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area/Process | Baseline | Weighting (1,2,3) | Autonomy Level  (total, partial, limited) | Comments/Sources of information |
| Preparation: staff availability and support | Mandatory Actions | | | |
| 1. LMT to ensure every child or young person has an allocated CuSP and Buddy Officer and this is communicated to all parties, effectively.   NB: As per the CuSP model (see CuSP IAF), no officer should be allocated more than six children or young people, including as Buddy Officer. | 3 | Partial |  |
| 1. Each CuSP LMT (or equivalent) should determine feasible delivery models based on COVID-19 regime restrictions, and staffing availability i.e. consideration of numbers of staff that fall into the Gold, Silver and Bronze Delivery Model categories, and how to make most effective use of the resource. This should be done in agreement with the local POA committee and which should form part of both RMP and RRMP. | 3 | Total |  |
| 1. LMT to engage with local triage including Healthcare, HMPPS Psychology Services & Residential/Safeguarding who have identified children and young people considered elevated risk and vulnerability during COVID-19. Each child or young person has been zoned either Red, Amber or Green according to vulnerability. This information should be used to consider and prioritise delivery mode with priority given to those children and young people identified as at increased vulnerability.   Decisions should be recorded by the LMT on the Defensible Decisions Log supplied by the CMT. This should be submitted to the YCS CuSP functional mailbox monthly, along with LMT minutes and CuSP Risk Register. | 3 | Total |  |
| 1. CMT to ensure site is provided with necessary resource to up skill CuSP Officers in CoSP delivery | 3 | Partial |  |
| 1. LMT to co-ordinate local CoSP up skill, in liaison with the CMT and HMPPS Psych Services | 3 | Partial |  |

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| **Preparation: Resources** | **Mandatory Actions** | | | |
| 1. Conduct a review of available accommodation that can be used to deliver face to face CoSP sessions whilst maintaining physical distancing. This should include the POA Health & Safety representative. | **3** | **Total** |  |
| 1. Conduct a local review of existing room Risk Assessments including access and egress for staff and children and young people in and around the area.   Consider if one-way systems or staggered movement could assist or be appropriate.  Particular attention should be given to access for participants who are cohorting/shielded (as detailed in the latest shielding guidance) to maintain the integrity of the Reverse Cohorting procedures. | **3** | **Total** | The LMT should access the site based risk assessment to inform decisions around SSOW. |
| 1. Conduct a local review of the layout of each room to factor in the need for physical distancing for the participants and staff.   Particular attention should be given to the:  - Space between seats  - Requirement for cleaning of room between use by different staff and children and young people  - Use of floor markings if appropriate  - Signage regarding health and safety  - Arrangements/ instructions for handwashing and/or application of hand gels  - Arrangements/instructions for access to toilets, considering cleaning after each use. | **3** | **Total** | As above |
| 1. Conduct a local review on the need for and availability of PPE and ensure there are adequate provisions where required. | **3** | **Total** |  |
| 1. CMT to provide each site with sufficient CoSP Booklets | **3** | **Limited** |  |

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| **CoSP Delivery Model** | **Mandatory Actions** | | | |
| 1. Based on each child’s RAG, CuSP Officer to communicate the delivery mode and provide each child with the CoSP Booklet | **3** | **Total** |  |
| 1. CuSP/Buddy Officer to facilitate face to face sessions in accordance with LMT decisions | **3** | **Total** |  |
| 1. CuSP/Buddy Officer to record session on Nomis and CuSP Admin to record on CoSP Database | **3** | **Total** |  |
| **CoSP: Quality Assurance** | **Mandatory Actions** | | | |
| 1. LMT to maintain monthly meetings, or more frequent as required during implementation of CoSP and transition back to CuSP | **3** | **Total** |  |
| 1. LMT to conduct CoSP quality assurance e.g. NOMIS management checks, guided reflective practice with staff, in accordance with need. | **2** | **Total** |  |
| **Recovery Planning** | **Mandatory Actions** | | | |
| 1. Decisions about the reinstatement of CuSP must be made in accordance with the alert levels and with consultation and agreement between the PGD, CMT and LMT. | **3** | **Partial** |  |
| **Stakeholder Management** | **Mandatory Actions** | | | |
| 1. CoSP will besubject to consultation with recognised Trades Unions as part of the Establishment Regime Management Plan, a local internal stakeholder engagement plan must be developed to assist in communicating any revised working arrangements with staff, children, SMT, CMT and local POA via the relevant LMT link. | **3** | **Total** | LMT minuted meetings and case allocation meeting minutes. |

# 8. Recovery Planning

Decision making

The delivery CoSP and the eventual reinstatement of CuSP, as per the CuSP Integrity Assurance Framework will be determined by the stage the establishment is operating at.

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| **Stage** | | **Conditions to operate at this Stage** | **CoSP/CuSP Delivery** |
| 5 | Complete Lockdown | **Custody** – as ‘Lockdown’, but with an active outbreak ongoing that is not being contained by level 4 lockdown.  Staffing levels below minimum for the ERMP. | No delivery of CuSP.  Children and young people provided with CoSP workbook in room, unless specialist services deem this inappropriate due to the child’s ability, risks, need, vulnerabilities etc.  Full risk assessment to be carried out and measures and discussed and agreed by the Outbreak Control Team (OCT). |
| 4 | Lockdown | **Custody** – Significant number of infections within establishment or site unable to implement compartmentalisation strategy.  **National** – Significant number of establishments with new infections, which indicates that systemic risks are not sufficiently controlled.  **Community** - High levels of community infection and transmission (Alert Level 4/5).  Staffing levels able to deliver ERMP. | No delivery of CuSP.  CoSP delivered as per EDM with priority given to children and young people in the Red and approaching Red cohorts, as a minimum.  All 1:1 sessions to follow strict adherence to all infection control measures and PPE table (see Annex A – PPE Table). To be agreed by Outbreak Control Team (OCT) if in place. |
| 3 | Restrict | **Custody** - All foundations set out above can be met. Assessment is that infection levels in the establishment are under control.  **National** – Small number of establishments with outbreak control teams in place.   * **Community** – At or transitioning to Alert Level 3 (epidemic in circulation) or below.   Staffing levels sufficient to deliver activities set out in EDMs for this Stage, including partner services e.g. healthcare. | No delivery of CuSP.  CoSP delivered as per EDM across all RAG |
| 2 | Reduce | **Custody** - All foundations set out above can be met. No infection present in the prison, or very low levels where spread is contained.    **National** – Infection present only in small number of prisons.  **Community** – At or transitioning to Alert Level 2 (COVID-19 present, but transmission is low) or below.  Staffing levels sufficient to deliver activities set out in EDMs for this Stage, including partner services e.g. healthcare. | Reintroduction of CuSP for cohorts prioritised through LMT and ESS.  Where CuSP takes place, system set up to ensure cleaning on JENGA tower and physical distancing arrangements as per SSOW. PPE to be provided in accordance with local risk assessment.  CoSP delivery to continue for cohorts not receiving CuSP. |
| 1 | Prepare | **Custody** – No infection within establishment.  **National** – No known infections in prisons.  **Community** – At or transitioning to Alert Level 1 (COVID-19 not known to be present)  Staffing levels near target and sufficient for normal regime delivery, including partner services e.g. healthcare. | CuSP delivered as per CuSP IAF and local CuSP implementation plan, in agreement with the CMT. CoSP ceases. |

# 9. Summary

This document provides an overview of adaptations HMPPS Psychology Services and the CuSP CMT have made to the YCS CuSP Model (YCS, 2019) to enable identification of children and young people’s needs and meaningful and goal orientated interaction between staff and children and young people, during COVID-19restrictions i.e. the COVID Support Plan (CoSP). Decisions about delivery should be made by the LMT, with support from the CMT where required. For further information, advice and guidance, please contact HMPPS Psychology Services functional mailbox: [YCS.Psychology@justice.gov.uk](mailto:YCS.Psychology@justice.gov.uk)

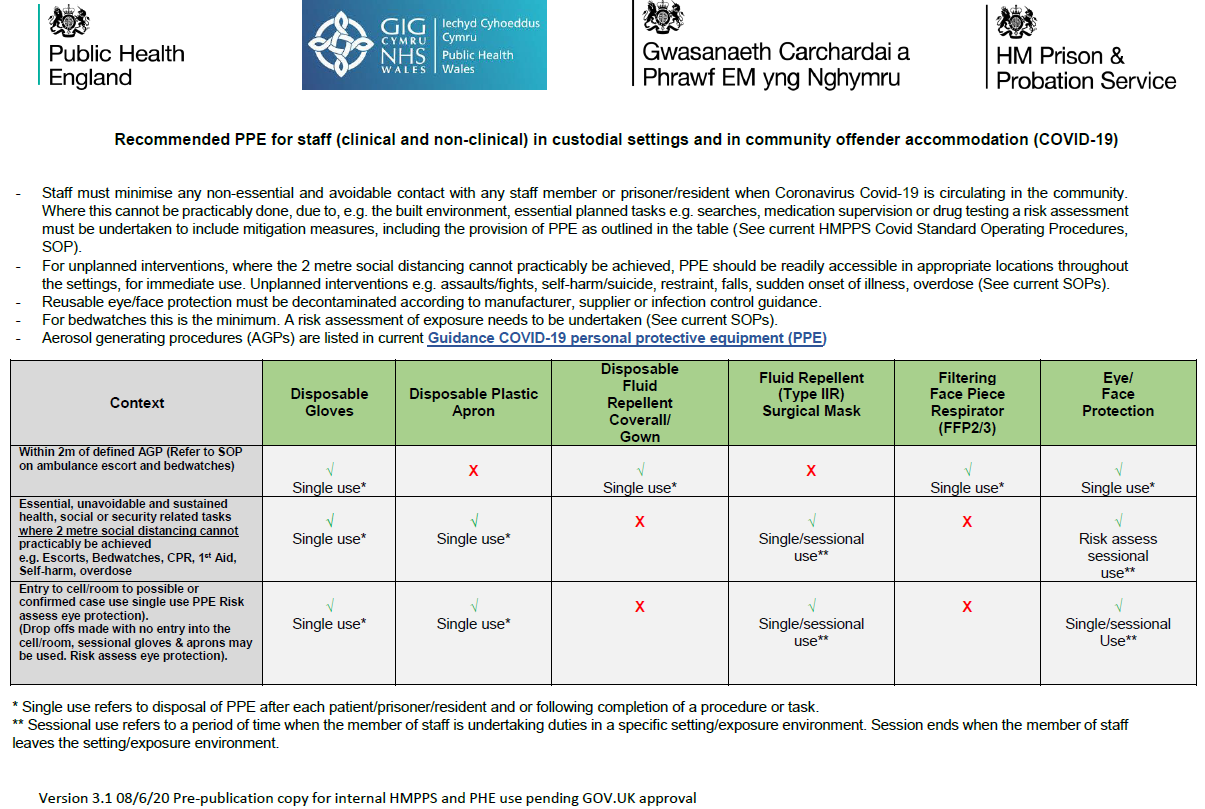
# 10. References

Her Majesty’s Prison and Probation Service. Prisons Exceptional Regime & Service Delivery. Retrieved from: <https://hmppsintranet.org.uk/prison-ersd/purpose/>

Miller, W. R., & Rollnick, S. (2012). *Motivational interviewing: Helping people change*. Guilford press.

Youth Custody Service. (2018). CuSP Integrity Assurance Framework.

**Annex A – PPE Table**



**Annex B: Standard Lines**

*When delivering and risk assessing this EDM please consider the following:*

* *The required provision of PPE, the application of social distancing and maintenance of infection control measures in accordance with PHE advice.*
* *the cumulative impact on movements of people into and out from the premises when implementing this EMD alongside others*
* *Any risk posed to vulnerable groups*
* *The application of NHS England core principles:*
* ***CONNECT:*** *The single biggest risk to mental well-being is isolation and disconnection from others. In the Secure Estate, given the increased risks of social isolation at this time, it is essential we maximise opportunities for relational connection, whilst maintaining physical distance.*
* ***Maintain Relevant Contacts:*** *Priority should be given to ensuring children and young people can maintain contact with family and Youth Offending Team worker.*
* ***Promote Physical Health:*** *Maximise personal and hand hygiene.*
* ***Provide as much fresh air as possible:*** *Maintain good physical and mental health by maximising physical activity and access to fresh air (in line with physical distancing guidance).*
* ***Structure the day & create routine:*** *Structure can be helpful especially when living with others, as it allows a sense of predictability and control. Establishing (or maintaining) a sense of routine is essential. Ensure regular timing for access to medication, including those who may have received a diagnosis of ADHD.*
* ***Ensuring there are activities to do:*** *The need for meaningful activity is paramount in protecting well-being and preventing challenging behaviour.*
* ***Allocate or maintain meaningful roles:*** *Where possible, allow young people to maintain or develop particular roles and responsibilities, either as individuals or groups. This may be as helpers, mentors, entertainers etc. Developing a respected role is important in maintaining purpose and belonging with others.*
* ***Promote openness:*** *Normalise anxiety and encourage children and young people to access support when they need it be particularly watchful over those that are withdrawn, quiet or find it difficult to ask for help.*
* ***Crisis plan:*** *Be pro-active in planning for those children and young people that you suspect may find periods of isolation or high stress particularly difficult. At each site the SECURE STAIRS multi-disciplinary team should be in place to identify and support those children who are most vulnerable. A Formulation and support plan will be critical in providing support.*
* ***Coordinated YCS and NHSE&I Response:*** *The Critical Case Panel has been extended to ensure support and advice is coordinated across the CYPSE via daily, weekly and monthly review processes in addition to the central Enhanced SECURE STAIRS team that has been mobilised across YCS, psychology and health.*