



Schedule 5 – Service Specification

Reference: Schedule 5
Team: Herefordshire Legal Services
Protective Marking: Public



Children and Families Directorate

Keeping children and young people safe and giving them a great start in life

Service Specification

For the purchase of:

Early help: Family Mentoring and Befriending services

Dated: November 2020

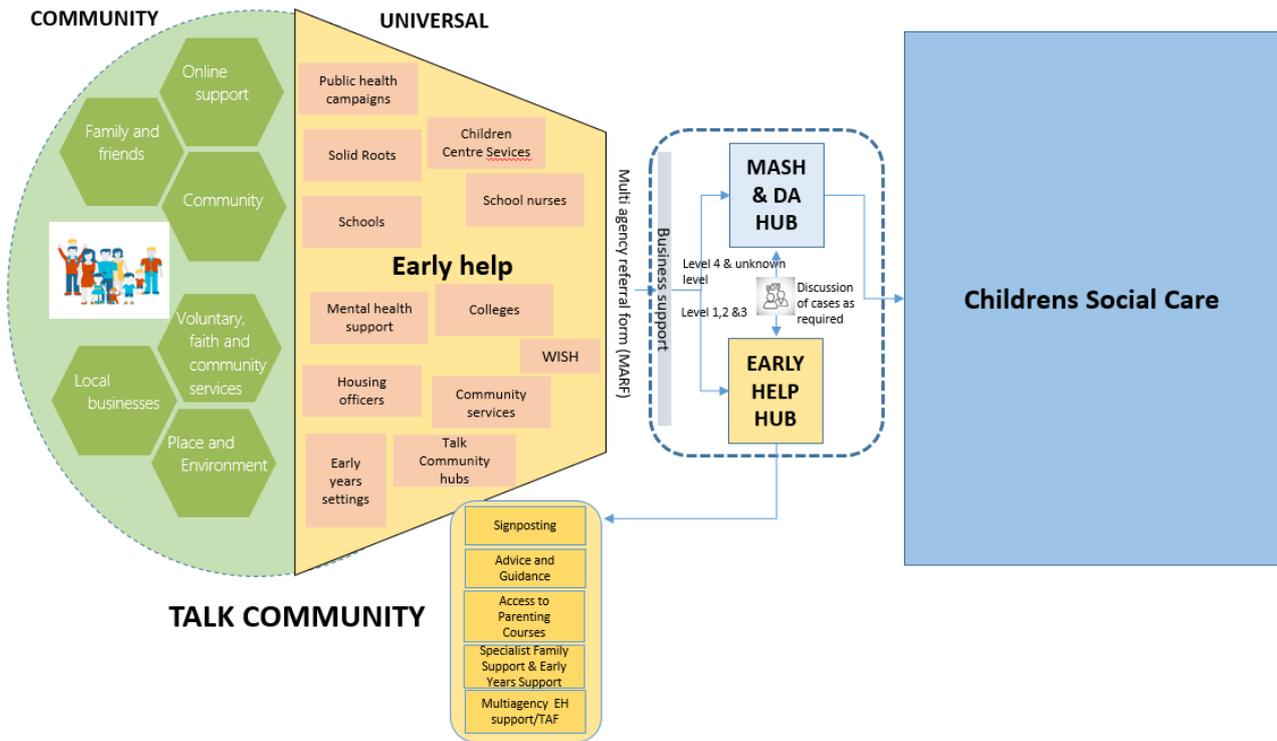
1. Introduction

- 1.1 This is a tender specification for Family Mentoring and Befriending services in Herefordshire. This specification describes the services that are required, sets the outcomes that need to be achieved and how they will be measured.
- 1.2 The context and principles for service delivery for both elements are aligned. However due to key differences in complexity of the target cohort there are two distinct lots:

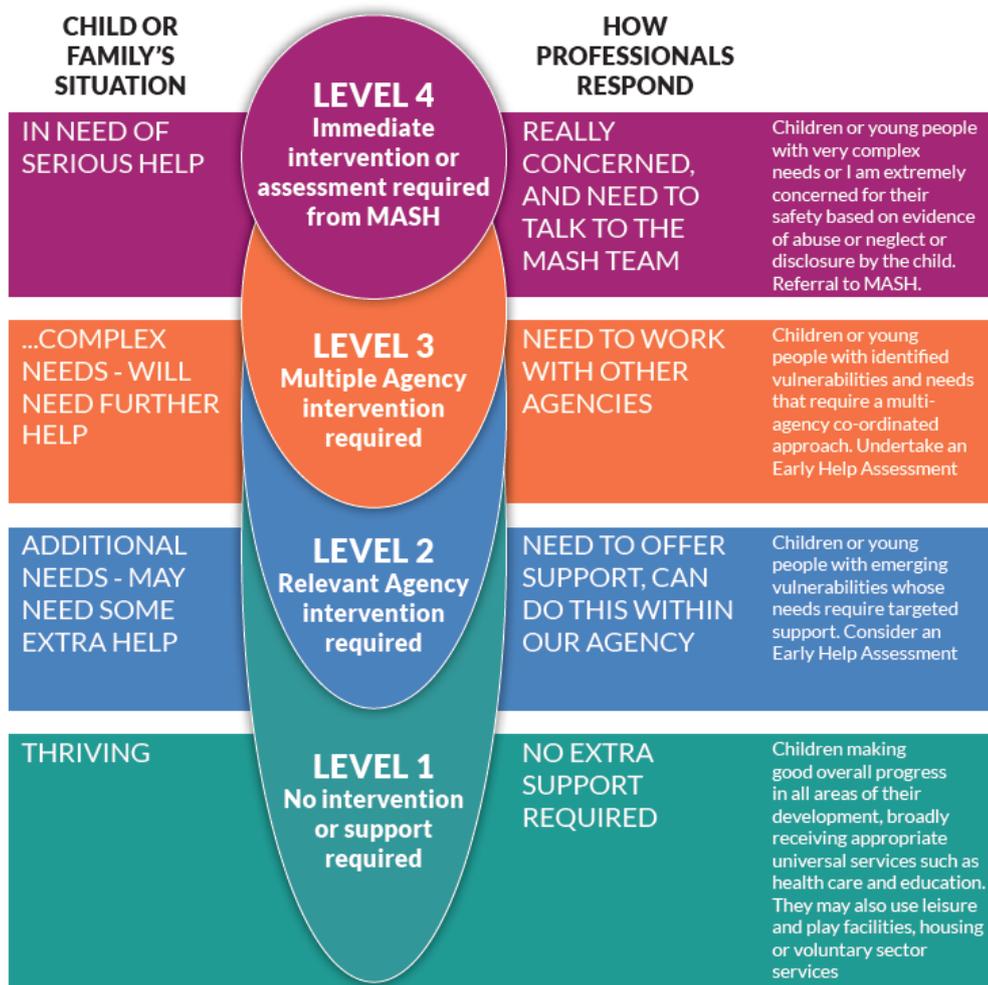
 Lot 1: Family Mentoring Service (Appendix 2)
 Lot 2: Befriending service (Appendix 3)
- 1.3 These services are aligned to both the Herefordshire's Early Help approach, and the current National Troubled families Programme. Both services will therefore be required to align with the latest government guidance relating to this or a similar replacement programme, the details of which are not yet available.
- 1.4 Upon receipt of the appropriate guidance from central government, the provider will be required to work alongside the commissioner to ensure alignment to the principles and priorities of the new programme.

Background

- 1.5 Early Help means providing help for children and families as soon as problems start to emerge or when there is a strong likelihood that problems will emerge in the future. Herefordshire's Early Help is therefore about providing services at the right time to meet family's needs and to keep them in control of resolving their issues and problems, to reinforce and develop the families' own skills to determine their future, reducing poor outcomes and inequalities.
- 1.6 Although research shows that the most impact can be made during a child's early years, Early Help is not just for very young children and we understand that problems may emerge at any point throughout childhood and adolescence.
- 1.7 Early help is just one part of a large number of services provided by various organisations to safeguard children within Herefordshire :



1.8 Herefordshire’s Early Help offer is based on levels of need thresholds, which consists of 4 levels, and is linked to the current National Troubled Families programme. The ‘offer’ includes support from partner agencies such as school, health services, children centre services, voluntary organisations and family support services via the local authority team, and commissioned services. Key partners include; Primary and Secondary Schools, Health Visitors, School Nurses, Midwives, General practitioners and other health practitioners, Mental Health partners CAMHS and Adult Services, Early Years providers, Police, Department of Work & Pensions, Housing Associations, Voluntary and Charitable organisations, HVOSS, Youth Offending Service and Probation. Herefordshire’s levels of need document is currently under review, with a revised model expected to be in place by December 2020.



1.9 Feedback from the peer review process which took place in early 2018 and the Ofsted report resulting from the inspection in June 2018 both indicate that a greater number of children, young people and families could be benefitting from Early Help.

Evidence of Local Need

1.10 Data shows that families, children and young people face a number of challenges in living and growing up in some communities in Herefordshire:

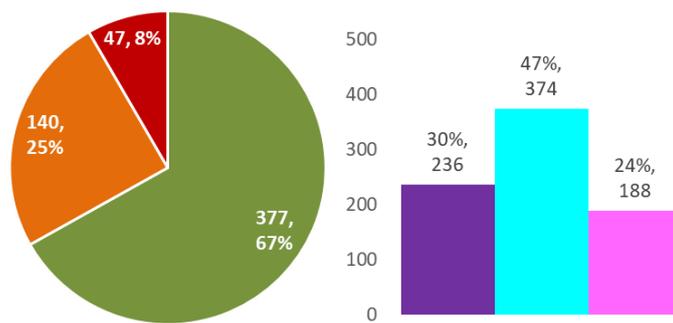
- a) Herefordshire has a population of 192,800 of which 1/3rd are based in Hereford City, 1/5th in one of the three largest towns and around 2/5ths classed as rural village and dispersed. The Provider will be expected to deliver across all these areas.
- b) 4,300 children under the age of 16 live in income-deprived households in Herefordshire.
- c) March 2019 rates of looked after children (LAC) in Herefordshire are higher than the national average, along with our closet statistical neighbours. The national average LAC rate per 10,000 was 65 in comparison to that of Herefordshire, which stood at 92. The average rate of other West Midlands authorities was 89 per 10,000, while the average rate of Herefordshire's statistical neighbours was 54 per 10,000.
- d) In 2018/19, 24% of reception year children in the county were obese or overweight.

1.11 In August 2020, 1,003 children were identified in Herefordshire as Children in Need (CIN), and there were 1,349 open Early Help Assessments.

1.12 Detailed analysis conducted at the end of September 2019, identified that the council held open records for 845 children (in 564 family groups) where ‘toxic trio’ risks had been identified but that the level of need had not met the threshold for the involvement of children’s social care (below). Effective Early Help support is likely to be needed in such cases to prevent needs escalating beyond the threshold for social care interventions.

- 1 Factor
- 2 Factors
- 3 Factors
- Mental Health
- Domestic Abuse/Violence
- Substance Misuse

Have risks but did not meet threshold 564 family groups (845 children)



1.13 With the introduction of Early Help Assessment (EHA) in January 2018, the number of EHA’s have almost tripled 1349 in comparison to March 2018 (553) highlighting that more families are being identified at an earlier stage.

1.14 The recorded outcomes of Early Help cases are reported in line with the national Troubled Families outcomes categories, namely; Crime, School attendance, Children who need help, Worklessness, Domestic violence and Health.

- 1.15 The 3 most common identified needs are:
- a) A child identified as needing Early Help / Family Support.
 - b) Adult / Child with mental health difficulties.
 - c) Adult / Child with one or more other health concerns.

- 1.16 The 3 most common outcomes are:
- a) Family members engaging with a support service or mental health service to improve their mental health and wellbeing,
 - b) Children are making good progress at school or a good/expected level of development in Early Years and,
 - c) Attendance at a Parenting course or engaging with 1-2-1 support around parenting strategies.

1.17 Research undertaken illustrates that between the period April 2020 and September 2020 91% of the children and young people who were in contact with Early Help described themselves as White (English, Welsh, Scottish, Northern Irish, or British Irish).

1.18 Further information relating to children and young people in Herefordshire can be found on the 'Understanding Herefordshire' Website.

2. Service Principles and Outcomes

2.1 Herefordshire's approach to Early Help promotes a whole family and strengths based approach. The service will therefore consider the needs of the child's immediate family and other significant family members where that can provide strength and resilience, in both the assessment and the resultant agreed support plan. There is an emphasis on supporting families to ensure there is an improvement in outcomes for the whole family.

2.2 The following set of principles will apply to this service:

- a. Whole family approach; "doing with" rather than "doing for" or "doing to"
- b. The Right Help at the Right Time by people with the right skills
- c. 'strengths based' approach to support – Signs of Safety Model¹
- d. Locality approach, drawing on and developing assets in the local community to support positive outcomes
- e. Using evidence based practice to achieve sustainable change
- f. Prevention of future need and promoting resilience.
- g. Working in partnership to support achievement of outcomes

2.3 All families who receive a service will have

- a) a Specific Measurable Achievable Realistic Target (SMART) support plan that will link to the Herefordshire's Family Outcomes Framework
- b) an agreed exit strategy and wellbeing support plan (see 2.5) before leaving the service.

2.4 The primary outcomes for the service are to:

- a) Reduce crime and antisocial behaviour
- b) Improve school attendance and reduce exclusions
- c) Support families where children and young people need help
- d) Support adults back into work and young people into education, employment and training
- e) Support families affected by domestic violence and abuse
- f) Support parents and children with a range of health problems including mental health

2.5 The service will ensure that it works to enhance the emotional resilience of families and, prior to closure, develop a wellbeing support plan. In developing the wellbeing support plans, providers will draw on wider family support networks and utilise community assets to increase family resilience.

¹ Signs of Safety is an integrated framework for child intervention work and is currently being implemented in Herefordshire – it includes principles for practice; disciplines for practitioners' application of the approach; a range of tools for assessment and planning, decision making and engaging children and families; and processes through which the work is undertaken with families and children, including partner agencies.

3. Service Targeting and Prioritisation

- 3.1 Herefordshire Levels of need model is set out in the context of a child's needs. As the needs of the child increase, entitlements to assessments and services change. The model is based on four identified levels of need:

Level 1 - Children making good overall progress in all areas of development, receiving appropriate universal services such as health and education;

Level 2 - Children, young people and families experiencing emerging problems, whose needs require some targeted support. They are likely to require Early Help/intervention for a time limited period, to help to move back to level 1;

Level 3 - Children, young people and families with identified vulnerabilities who are experiencing significant additional complex needs and are likely to require a more targeted, multi-agency coordinated approach with possible longer term intervention; and

Level 4 - Children, young people and families who are experiencing very serious or complex needs that are having a major impact on their expected outcomes or there is extreme concern for their safety

- 3.2 The emphasis on early intervention and prevention aims to meet children, young people's and family's needs at an earlier stage before they become more complex and the Early Help service will play a key role in supporting this preventative approach.
- 3.3 The Family Mentoring service will primarily receive referrals for families assessed as level 3. Please refer to appendix 2 for further information regarding targeting and prioritisation.
- 3.4 The Befriending Service will primarily receive referrals for families assessed as high level 2/low level 3. Please refer to appendix 3 for further information regarding targeting and prioritisation.

4. Referral Pathway

- 4.1 Referrals to the service will be through the Early Help Team.
- 4.2 All Early Help assessments will be completed prior to the referral being received by the provider, therefore no additional family assessment is required. However, if the family discloses further information after intervention has begun, the original Early Help Assessment may require review to incorporate further disclosures.
- 4.3 The service's will work alongside partners including statutory services to ensure a network of availability is evident across the relevant locality and families can access appropriate resources to meet their individual needs.
- 4.4 The Early Help Team will make referrals to the Family Mentoring Service (Lot 1) or to the Befriending Service (Lot 2) according to level of need and type of intervention deemed necessary to support the child or young person to 'step down' to lower levels of need, or to prevent 'Step up' to higher levels of need.
- 4.5 The provider will accept all referrals made to them by the Early Help Team.

- 4.6 The provider will work with the Early Help Team to ensure all families referred to them can be effectively and safely supported in accordance with national government and local authority guidance.
- 4.7 If however further information is disclosed by the family and the provider can evidence that a case is not suitable for their service, they must consult with the Early Help Team at the earliest opportunity. This will be considered and if agreed, the referral will be withdrawn.
- 4.8 The provider will share current capacity with the Early Help Team on a weekly basis to ensure appropriate and timely referrals to the service.
- 4.9 The Early Help Team will monitor any unallocated cases centrally, therefore the services will not hold a waiting list.

5. Service Availability

- 5.1 The service will be delivered using an effective combination of face to face (at home and in the community) and virtual/ telephone support in line with the needs of the family, with a strong focus on delivering successful outcomes within the set timeframes.
- 5.2 National government and local authority guidance relating to face to face delivery must be adhered to at all times to ensure the safety of families, staff and volunteers.
- 5.3 The service will be delivered in flexible ways that meet needs of the family. This will be weekday and may require some evening delivery.
- 5.4 The Provider will ensure that the service can be delivered across Herefordshire and will be able to respond to the Council's prioritisation of areas/families that require the greatest intervention.
- 5.5 The Provider must ensure that locations to be used for delivering the service are accessible for customers and respect privacy/ confidentiality where necessary.
- 5.6 The Provider will be responsible for meeting any charges for use of premises, and must ensure appropriate risk assessments are in place prior to use.
- 5.7 The service must be contactable by telephone and email Monday to Friday, 9am – 5pm with the exception of bank holidays.

6. Information Technology Requirements

- 6.1 IT hardware and relevant software used by the service must adhere to relevant legislation and standards.
- 6.2 The service will work alongside the Council to ensure data is transferred securely.
- 6.3 The service will supply appropriate ICT licenses, connectivity and systems that are required for the delivery of this service.
- 6.4 Herefordshire Council is currently implementing a provider portal linked to the Mosaic system. Providers will be expected to access appropriate training and ensure the relevant IT requirements are met to enable updating of records via the portal on a monthly basis, at a

minimum. The provider will be expected to use the Mosaic system as their case management system.

7. Key Partnerships

7.1 The Service will be part of an integrated response and will be involved in regular meetings with multi-disciplinary groups (team around the family) to ensure that services continually develop client led processes. This service will develop strong partnerships/ alignment with a number of organisations and local services. Partnership working with the key partners is essential for the effective delivery of service objectives. Key partners include, but are not limited to:

- a. Local authority Early Help teams
- b. Primary & Secondary schools
- c. Health visitors & School Nurses
- d. Early Years Providers and childminders
- e. Police
- f. Housing association
- g. DWP
- h. CAMHS
- i. Adult mental health
- j. Drug and alcohol services
- k. Social Care

8. Joint Working Protocols

8.1 Joint working protocols will be required in order to support effective delivery of the service and include (but are not limited to):

- a. Information sharing protocols
- b. Relevant policies and procedures as identified within this specification

9. Service Review

9.1 The service Provider must have in place methods by which it can effectively measure, evaluate and review the service they are providing. This must be carried out in consultation with the service users.

10. Social Value

10.1 The service is expected to deliver social value for example through supporting staff wellbeing, engaging with the community and service users to create work experience and apprenticeship opportunities or reducing the environmental impact of delivering the service.

11. Special Delivery Requirements

- 11.1 The provider will ensure that all government guidance and/ or local policies are adopted in relation to infection prevention and control, and ensure necessary measures are undertaken to manage potential risks related to service delivery. This will include the supply and appropriate use of personal protective equipment (PPE) for staff and volunteers, where applicable.
- 11.2 The Provider will, in partnership with the Council, ensure where appropriate that literature (i.e. letters, forms, etc.) or other products related to the delivery of the service incorporate the Herefordshire Council logo.

12. Inclusion and Involvement

- 12.1 The service Provider will maintain comprehensive policies and procedures to ensure Fair Access, Diversity and Inclusion. This will include a co-production methodology, through which the views of service users will be sought, to determine how provision can be developed and improved.

13. Workforce

- 13.1 The provider must ensure that staff are appropriately trained in accordance with the requirements below:
- 13.1.1 All staff will understand the clarity of purpose, depth of understanding of the target area needs and an alignment of practice in delivery.
 - 13.1.2 All staff meet safeguarding requirements and services are delivered in line with the Herefordshire Safeguarding Board (HSCB) policies and procedures.
 - 13.1.3 All staff/ volunteers should be respectful, good listeners, enablers and be persistent in offering 'team around the family' intervention
 - 13.1.4 All job descriptions reflect integrated ways of working. All staff/volunteers are suitably qualified and receive induction and monthly support with their line manager
 - 13.1.5 All staff/volunteers should have access to a clear pathway of progression and continuous professional development (CPD) supported by submission of case studies.
 - 13.1.6 All staff/volunteers receive professional case monitoring supervision monthly.
 - 13.1.7 The Provider Service Manager must:
 - a) Hold a recognised professional qualification relevant to the service area (e.g. Social work, early years development, teaching, youth work), and further relevant CPD qualifications.
 - b) Have knowledge, training and understanding of the needs and complexities of the children they are supporting.
 - c) Ensure Staff and volunteers have 1-1 support and monitoring
 - d) Ensure staff and volunteers are suitably skilled and experienced

- e) Are aware of and actively use Herefordshire Public Services policies on Levels of need, Early Help Assessment (EHA), Child Sexual Exploitation and Criminal Exploitation and the Graded Care Profile 2
 - f) Are Competent in first aid, moving and handling
 - g) Understand the Signs of Safety model, and ensure services are delivered in line with this approach.
- 13.2 Volunteers will be expected to hold or be working towards a level 2 qualification or accredited training and are provided with a DBS enhanced disclosure.
- 13.3 If the families referred to the Providers have not got an EHA (Early Help Assessment) then the provider must carry out an EHA. The staff of the provider carrying out the assessment must be appropriately trained. EHA information is found at:
- https://www.herefordshire.gov.uk/info/200227/support_for_schools_and_settings/615/behaviour_and_support/2
- 13.4 The provider will ensure that every paid staff and volunteer is properly and sufficiently instructed and supervised with regard to the Service and is familiar with all relevant rules, procedures and statutory requirements concerning health and safety at work.
- 13.5 The Provider will ensure that suitable risk assessments have been completed and that appropriate staffing levels are adhered to.
- 13.6 The Provider must comply with vetting and barring legislation, recruitment standards and enhanced DBS and provide DBS numbers to the Commissioner upon request.
- 13.7 The Commissioner reserves the right to obtain information on DBS checks on any staff member or volunteer employed by the Provider where engaged in the Service.
- 13.8 The Provider will be required to have a person responsible for Safeguarding procedures and ensuring that appropriate measures are in place to safeguard the young person and to ensure the safety of others, who may be vulnerable to harm. The service must have an appropriately qualified named Safeguarding Officer and all staff and contractors must understand and follow the Herefordshire Safeguarding Children's Board procedures and levels of need guidance.
- 13.9 Should there be a change of named Service Lead or named Safeguarding Officer, this information must be provided to the contract monitoring team at childrenscontracts@herefordshire.gov.uk.
- 13.10 With respect to the Police Act 1997, the Service Provider shall ensure that all new employees working with children have an enhanced 'Disclosure' under Part V of the Act, as available and managed by the Disclosure and Barring Service (DBS). These will be managed, recorded and shared with the Council in line with the Core Terms and Conditions of this contract.
- 13.11 The Provider is required to ensure that all staff and volunteers DBS certificates are up to date and current. If the DBS is more than three years old and therefore in need for renewal, the Provider is liable to pay the application charge.

14. Recruitment, Training and Development

- 14.1 All staff must have job descriptions, formal supervision, annual appraisals, be suitably qualified and receive induction.
- 14.2 All staff must be sufficiently instructed and supervised with regard to the Service and will be familiar with all relevant policies, procedures and statutory requirements related to the service, including data protection, safeguarding and health and safety at work.
- 14.3 The quality, practice and capacity of the workforce must be supported in order to close the achievement gap of children at age 5 and ensure all children have access to high quality interventions.
- 14.4 The Provider must be able to demonstrate that staff are supported with continuous professional development with access to ongoing training relevant to the service. Equality, inclusion and safeguarding training (including Prevent) must be part of staff induction processes and continuous professional development. Additional training will include, but not be limited to:
- a) Child Sexual Exploitation and Criminal Exploitation
 - b) Reducing Parental Conflict
 - c) Graded Care Profile 2
- 14.5 The service Provider will need to fully detail the make-up of the staff and how it will ensure they are competent and capable of delivering the service over the course of the contract.

15. Record keeping and data processing

- 15.1 The Provider will ensure that appropriate and comprehensive records are kept, in line with Data Protection requirements, regarding:
- a. Accident/Injury
 - b. Complaints and compliments
 - c. DBS checks
 - d. Income, expenditure and accounting for the contract value within overall resources of the Provider
 - e. Induction
 - f. Insurance certificate/schedules
 - g. Notifiable incidents
 - h. Recruitment
 - i. Referrals
 - j. Risk assessments
 - k. Safeguarding incidents and investigations
 - l. Service users
 - m. Supervision
 - n. Training
- 15.2 The Provider will keep accurate records of each customer in relation to all aspects of the service they receive. These records may be inspected at any time by designated officers of the Council.
- 15.3 The provider must support the implementation of the Mosaic Provider Portal and ensure information specified by the commissioner, including case updates are provided via the portal

on a minimum monthly basis. The provider will be expected to use the Mosaic system as their case management system.

- 15.4 The Provider will have appropriate technology and a computerised database where records can be kept and maintained safely and effectively.
- 15.5 The Provider will have policies and procedures for making, maintaining and securing client records. The policies and procedures will detail the standards for recording customer information, internal audit and quality monitoring, storage, archiving and destruction.
- 15.6 The Provider, acting as data processor shall comply with the below and any further written instructions with respect to processing by the Council.

Description	Details
Identity of the Controller and Processor	The Parties acknowledge that for the purposes of the Data Protection Legislation, the Commissioner is the Controller and the Provider is the Processor
Subject matter of the processing	The subject matter of the Personal Data being processed will include Personal Data relating to Data Subjects who are Service Users or recipients of the Services or in respect of any matter on which the Services are being sought by the Commissioner or which is otherwise relevant to the provision of the Services.
Duration of the processing	The processing of Personal Data by the Provider will be carried out for the period during which the Services are required and any period during which the Provider is required to maintain records in accordance with this Agreement and any regulatory and legal requirements.
Nature and purposes of the processing	<p>The processing of Personal Data will include the transmission of Personal Data relating to Data Subjects required in order for the Provider to effectively provide the Services. It may involve being processed on systems of the Provider for the purposes of delivering the Services.</p> <p>The nature of the processing means any operation such as collection, recording, organisation, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction, erasure or destruction of data (whether or not by automated means) etc.</p>
Type of Personal Data being Processed	Personal Data may include Sensitive Personal Data dependent on the Services being provided and the nature of the Personal Data required to be processed in order for the Services to be provided, including but not limited to, name, address, date of birth, contacts details, telephone number and email address, health or biometric data, etc. of the Data Subject

Categories of Data Subject	Any Service User who is the recipient of the Services, or their personal representatives, any employee or representative of the Commissioner (including volunteers, agents, and temporary workers).
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16. Key Information and Reporting Significant Events

16.1 In the event of:

- a. Inability of the Provider to perform any aspects of the service
- b. Service closure
- c. A temporary move
- d. Safeguarding incident
- e. Health & Safety incident
- f. Data breach

The Provider will take immediate and appropriate action (abiding by relevant legislation and local policy/ guidance as appropriate) and report the situation the children's contracts team at:

childrenscontracts@herefordshire.gov.uk

17. Complaints and Compliments

17.1 The Provider is required to keep a complaint's and compliments log which details complaints and compliments made in respect of service delivery. Complaints, investigations and supporting documentation will be located with the complaints and compliments log. The outcome of complaints investigations must be clearly logged.

17.2 The Provider must maintain records of complaints including:

- a. Nature of the complaint
- b. Name and address of the customer
- c. Name and address of the complainant, where different
- d. Date and time the complaint was received
- e. Details of the process taken to investigate the complaint
- f. Details of the outcome including the time and date of resolution of the complaint
- g. Details of any action taken on the basis of the complaint to prevent future occurrence or improve service delivery
- h. Details of escalation of concerns to external parties including the Council and regulator/s as appropriate.
- i. The names of employees and their supervisors involved in the action complained about, as appropriate, and any associated outcomes.

17.3 The Provider is also required to note on their complaints and compliments log any organisational learning arising. The log must be kept up to date, and be made available to the Council upon request.

17.4 The Provider's complaints promotional material must reference that customers have the right to lodge complaints with Herefordshire Council, once the Provider's own processes are exhausted, and in the event that the complaint is not resolved by the Council, the relevant Local Government Ombudsman, in addition to the Provider's regulator where relevant.

17.5 The Provider will maintain evidence that demonstrates that they have promoted complaints and compliments processes to customers, families and advocates, in an appropriate format.

18. Legal & Policy Framework

18.1 In addition to complying with all relevant legislation, including that described by Appendix 1, the Provider must have relevant operational policies, procedures, practices and pathways in place. This will include, as appropriate, but not be limited to:

- a. Acceptance of gifts and bequests
- b. Behaviour Management (including restraint)
- c. Child Protection Policy
- d. Complaints, Comments and Compliments Procedures
- e. Confidentiality Policy/ Data Protection Policy
- f. Customer care/support planning procedures
- g. Customer needs and risk assessment procedures
- h. Disciplinary procedures
- i. Disclosure and Barring Service (DBS) procedures
- j. Emergency/Contingency planning/ Business Continuity Plan
- k. Environmental Policy
- l. Equality and Diversity Policy
- m. Food Hygiene (if applicable)
- n. Health & Safety (staff and customer) and Lone Working Policy
- o. Induction, supervision, staff training and personal development
- p. Information Sharing Policy and procedure on, for example, with health practitioners, in an emergency situation
- q. Lone Working Policy
- r. Management of infection and disease
- s. Managing Finance Policy and procedures
- t. Quality assurance framework/internal audit processes
- u. Recruitment, Selection and Employment Policy
- v. Safeguarding Policy (that is aligned to the Councils policy)
- w. Staff Code of Conduct
- x. User Consultation and Involvement Policy
- y. Whistle Blowing Policy

18.2 Policies and procedures must be dated, meet best practice and legislative requirements. They must have clearly stated objectives and stipulate where responsibility for implementation, monitoring, review and development is held. The Provider must be able to evidence active management and implementation of policies and procedures including dissemination to staff.

18.3 The Provider will comply with all Council policies appropriate to the provision of this service.

19. Performance Management

19.1 The Commissioner will provide a performance reporting template in line with the requirements and targets of the specification and the detail of the Provider’s tender response, including the Provider’s delivery plan and key milestones.

Quarter	Report due 2 nd week of:	Information required
April – June	July	<ul style="list-style-type: none"> • Financial expenditure information • Performance monitoring information
July - September	October	
October - December	January	
January to - March	April	<ul style="list-style-type: none"> • Financial expenditure information • Performance monitoring information • Provider Annual Report

19.2 The Provider will report service performance against key indicators and milestones quarterly as follows:

19.3 The commissioner will utilise reporting tools via the provider portal to contribute to performance assessment.

19.4 A contract management meeting concerning the general discharge and performance of the Service will be held on a 3 monthly basis.

19.5 Contract management will be carried out in the following ways:

- a. Quarterly performance reporting
- b. Evaluation of Provider compliance with the contract, service specification and supplementary schedules/appendices
- c. Site visits
- d. Case studies
- e. Customer feedback
- f. Continuous review by the Service Provider that the individual outcomes of service users as agreed in the service delivery plan are being met and reported.

19.6 Contract Monitoring visits will focus on customer and staff files, and any other relevant documents, to ensure the requirements of this contract and specification are being met. Visits may also involve direct discussions with staff and customers. The Provider will ensure Council officers are given access to necessary premises and records to facilitate this and facilitate involvement of staff and customers upon request of the Council.

19.7 Typical records that will be assessed as part of periodic contract monitoring visits by the Council includes, but is not limited to:

Staff Information:

- Weekly staff Rota / timesheets
- Staff attendance
- Qualifications/Accreditation or License to practice
- Safe recruitment & selection
- Relevant Training
- Compliance with the Provider’s and Commissioners mandatory training expectations
- Management Oversight

- Evidence of routine supervision
- CPD days
- Complaints/Compliments records

19.8 An Annual Report will be submitted by the Provider to detail activity delivered, impact achieved, income and expenditure information, and plans for the year ahead. It will include a summary of customer feedback obtained throughout the year with an explanation of how feedback has been used to support service development. It will specifically include key issues, concerns, areas of good practice and plans for ongoing improvement.

19.9 Information supplied by the Provider may be audited to ensure its accuracy and reliability. This may be done through site visits, spot checks or other forms of audit.

19.10 If it is deemed the Provider is not meeting the requirements of the service specification or contract, or there are concerns regarding service delivery, the Council will work with the Provider to determine appropriate remedial actions which will be documented in an improvement plan. If improvements are not made notice will be served on the Provider for non-compliance with contract requirements.

19.11 In addition to the arrangements above the Provider must have its own quality assurance and performance management processes in place.

Appendix 1

This following list of legislation and guidance is not exhaustive or restrictive:

Legislation:

Childcare Act 2006

Children and Families Act 2014

Autism Act 2009

The Mental Health Act 1983 & 2007

The NHS & Community Care Act 1990

The Disability Discrimination Act 2005

The Human Rights Act 1998

General Data Protection Regulations 2018

The Equality Act 2010

Safeguarding Vulnerable Groups Act 2006

Employment Rights Act 1996

Health & Safety at Work Act 1974

Management of Health and Safety at Work Regulations 1999

Guidance:

Sure Start children's centres statutory guidance, April 2013

Working Together to Safeguard Children 2018

Appendix 2

Lot 1: Countywide Family Mentoring Service

- 1.1 Research carried out for the Early Help Strategy identified that there are large numbers of children living in families that have no extended family support and are isolated within their community. These families make up a large percentage of those children going into level 4 specialist services. The local authority would like the provider to deliver a service that provides these links through whole family mentoring.
- 1.2 The Family Mentoring service will primarily receive referrals for families assessed as:
Level 3 – Children, young people and families with identified vulnerabilities who are experiencing significant additional complex needs and are likely to require a more targeted, multi-agency coordinated approach with possible longer-term intervention.
- 1.3 The service may also receive referrals for children or young people 'stepping down' from Level 4 services, or receive referrals for those who are deemed to require more intensive support to prevent 'step up' to Level 3.
- 1.4 Referrals will meet two or more of the family's first eligibility criteria (subject to review in line with National Guidance):
 - a. Parents & children involved in crime or anti-social behaviour
 - b. Children who have not been attending school regularly
 - c. Children who need help
 - d. Adults out of work or at risk of financial exclusion and young people at risk of worklessness
 - e. Families affected by domestic abuse and/or substance misuse
 - f. Parents and children with a range of health problems
- 1.5 Contact should be made with the family within 5 working days of receiving a referral
- 1.6 The provider who will be expected to manage the number of families and their requirements for support within the contract limit to provide the greatest level of efficiency and flexibility. It is expected that support will be for no more than 26 weeks, however in exceptional cases this can be extended on approval of the Early Help Team.
- 1.7 Plans must be reviewed approximately every six weeks and programmes of support adjusted accordingly.
- 1.8 A minimum of 70 families will be worked with in any 12 month period within this contract
- 1.9 It is expected that at least 50% of families will have achieved sustainable change within the year against those Families First outcomes identified in their support plan.
- 1.10 A minimum of 5,000 hrs must be provided of which 75% must be direct intervention work
- 1.11 The Provider will need to provide a qualified and experienced Service Lead who can demonstrate experience in the field of mentoring provision. There will be an expectation that

this person will provide leadership to the service and a link into the Early Help Team as well as strategic support and advice to Children's Wellbeing Team Managers. The service provider will be responsible for all administrative aspects of the service including reporting through national, regional and local systems.

- 1.12 The service provider will recruit and train mentors who are capable of providing longer term support to parents identified as requiring a preventative service. This approach will focus on and enhance the role of family support in communities. As part of the same volunteer based approach Herefordshire would expect the service to include mentoring support for grandparents who have become main carers for their grandchildren which is a rising trend experienced locally. In some cases without regular low level support situations can escalate, putting great stress on all family members.
- 1.13 The Service will liaise closely with the family and partner organisations to ensure their involvement in any support plan.
- 1.14 The Service will use the Early Help Assessment and other relevant documentation to share information about young people and their families with consent. The provider must support the implementation of the Mosaic Provider Portal and ensure information specified by the commissioner, including case updates are provided via the portal on a minimum monthly basis. The provider will be expected to use the Mosaic system as their case management system.
- 1.15 The Service will take the role of Key Worker in cases that are appropriate after discussion with the relevant referring agency.
- 1.16 Each support plan will link to the Families First outcome framework and include a clear exit plan with a clear and realistic pathway in place in the form of a Family Wellbeing Plan. As this service is linked to the prevention agenda the expectation is that the core aim will be a return to universal services.

Outcomes Matrix: Family mentoring service

Outcomes	How much did you do?	Target (where relevant)	How well did you do it?	Target (where relevant)	How did you make a difference
<p>Aim: To ensure families who require support receive a timely, holistic service that meets their needs, increases future resilience and delivers the required outcomes as listed in this service specification.</p> <p>Reach: A county-wide service that will work with a minimum of 70 families aged 0-18 who meet this should say a minimum of 2 of the criteria for support as outlined in the Herefordshire Families First Outcomes Framework.</p> <p>Desired Outcomes</p> <p>A: Families are able to stay safe from harm</p> <p>B: Parents/carers can meet the needs of their children and are fully engaged in their development and wellbeing</p> <p>C: Families can maximise their income through engaging in employment, training and further education</p> <p>D: The health of all family members is improved</p> <p>E: Families can join in community activities and increase their networks of support</p> <p>Evaluation and monitoring</p> <ul style="list-style-type: none"> To deliver to consistent indicators and measurement of performance. To gather and respond to families' feedback. To participate in the evaluation of the intervention process, outcomes and impact. 	Proportion of interventions completed within an average of 26 weeks	90%	Number of extension requested		<p>% of families achieving a sustainable change against the relevant Families First outcomes:</p> <p>At least 50%</p>
	Number of referrals		% of referrals responded to within timescale	100%	
	Number of accepted referrals	70	% of families completing the intervention	90%	
	Number of hours delivered	5,000	% of families starting intervention but disengaged, at what stage & reasons	>10%	
	Proportion of hours delivered for direct intervention work	75%	% of families showing progress towards agreed goals	90%	
	Number of families receiving information, advice & guidance	70	% of fathers/ significant males engaging in the children's plan	100%	
	Number of families receiving income maximisation service		% of parents rating service satisfactory or better		
	Number of families undertaking pathway to employment activities		Number of complaints resolved	90%	
	Number of families registered with GP / dentist		% cases closed within maximum timescales	100%	
	Number of families supported, (specify no. of children)		% of families with agreed exit strategy in place prior to ending intervention	90%	
	Number of fathers/ significant males engaged on visits or other family meetings		% of families completing intervention that have an wellbeing support plan in place	100%	
	Number of young carers identified.			100%	

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Appendix 3: Befriending Service

Lot 2: Countywide Befriending Service

- 2.1 The Befriending Service will provide '**team around the family**' interventions for families. It will be part of a multi-agency approach, working to offer support, early intervention and targeted work, improving outcomes for Herefordshire children and young people. It will provide an outreach service to families referred by the early help team.
- 2.2 The Befriending service will primarily receive referrals for families assessed at level 2 or very low level 3 on the Herefordshire levels of need.
- 2.3 The service may also receive referrals for children or young people 'stepping down' from Level 3 services, or receive referrals for those who are deemed to require more intensive support to prevent 'step up' to Level 3.
- 2.4 All referrals will meet at least 2 of the families first criteria (subject to review in line with National Guidance):
 - a. Parents & children involved in crime or anti-social behaviour
 - b. Children who have not been attending school regularly
 - c. Children who need help
 - d. Adults out of work or at risk of financial exclusion and young people at risk of worklessness
 - e. Families affected by domestic violence and abuse
 - f. Parents and children with a range of health problems
- 2.5 Contact should be made with the family within 5 working days of receiving a referral
- 2.6 The provider who will be expected to manage the number of families and their requirements for support within the contract limit to provide the greatest level of efficiency and flexibility. It is expected that support will be for no more than 26 weeks, however in exceptional cases this can be extended on approval from the Early Help Team.
- 2.7 Plans must be reviewed within six weeks and programmes of support adjusted accordingly.
- 2.8 A minimum of 70 families will be worked with in any 12 month period within this contract and all will meet at least 2 of the Families First criteria.
- 2.9 Of the 70 families, 50% will be expected to have achieved sustainable change within the year against those Families First outcomes identified in their support plan.
- 2.10 A minimum of 3,500 hrs must be provided of which 75% must be direct intervention work
- 2.11 The Provider will need to provide a qualified and experienced Service Lead who can demonstrate experience in the field of befriending provision. There will be an expectation that this person will provide leadership to the service and a link into the Early Help Team as well

as strategic support and advice to Children's Wellbeing Team Managers. The service provider will be responsible for all administrative aspects of the service including reporting through national, regional and local systems.

- 2.12 The service provider will recruit and train befrienders who are capable of providing short term support to parents identified as requiring a preventative service.
- 2.12 The Service will liaise closely with the family and partner organisations to ensure their involvement in any support plan.
- 2.13 The Service will use the Early Help Assessment and other relevant documentation to share information about young people and their families with consent. The provider must support the implementation of the Mosaic Provider Portal and ensure information specified by the commissioner, including case updates are provided via the portal on a minimum monthly basis. The provider will be expected to use the Mosaic system as their case management system.
- 2.14 The Service will take the role of Lead Practitioner in cases that are appropriate after discussion with the relevant referring agency.
- 2.15 Each support plan will link to the Families First outcome framework and include a clear plan for exiting the service, Family Wellbeing Plan. As this service is linked to the prevention agenda the expectation is that the core aim will be a return to universal services

Outcomes Matrix: Befriending Service

Outcomes	How much did you do?	Target (where relevant)	How well did you do it?	Target (where relevant)	How did you make a difference
<p>Aim: To ensure families who require support receive a timely, holistic service that meets their needs, increases future resilience and delivers the required outcomes as listed in this service specification.</p> <p>Reach: A countywide service that will work with a minimum of 70 families aged 0-18 who meet at least 2 of the criteria for support as outlined in the Herefordshire Families First Outcomes Framework.</p> <p>Desired Outcomes</p> <p>A: Families are able to stay safe from harm</p> <p>B: Parents/carers can meet the needs of their children and are fully engaged in their development and wellbeing</p> <p>C: Families can maximise their income through engaging in employment, training and further education</p> <p>D: The health of all family members is improved</p> <p>E: Families can join in community activities and increase their networks of support</p> <p>Evaluation and monitoring</p> <ul style="list-style-type: none"> To deliver to consistent indicators and measurement of performance. To gather and respond to families' feedback. To participate in the evaluation of the intervention process, outcomes and impact. 	Proportion of intervention completed within an average of 26 weeks	90%	Number of extensions requested		<p>% of families achieving a sustainable change against the relevant Families First outcomes (see appendix 4):</p> <p>At least 50%</p>
	Number of referrals		% of referrals responded to within timescale	100%	
	Number of accepted referrals	70	% of families completing the intervention	90%	
	Number of hours delivered	3,500	% of families starting intervention but disengaged, at what stage & reasons	>10%	
	proportion of hours delivered for direct intervention work	75%	% of families showing progress towards agreed goals	90%	
	Number of families receiving information, advice & guidance	70	% of fathers/ significant males engaging in the children's plan		
	Number of families receiving income maximisation service		% of parents rating service satisfactory or better	90%	
	Number of families undertaking pathway to employment activities		Number of complaints resolved	100%	
	Number of families registered with GP / dentist		% cases closed within maximum timescales	90%	
	Number of families supported, (specify no. of children)		% of families with agreed exit strategy in place prior to ending intervention	100%	
	Number of fathers/ significant males engaged on visits or other family meetings		% of families completing intervention that have an wellbeing support plan in place	100%	
	Number of young carers identified.				

Appendix 4: Families First outcomes (subject to review):

Safety

- Reduction of domestic violence and violence against the person
- Reduction in anti-social behaviour or violence perpetrated by family members
- Reduced offending and repeat offending of family members
- Referrals to Children's Social Care are appropriate and timely and inappropriate referrals are reduced
- Adults within the family have the practical skills to keep the home safe and clean

Parenting

- Improved behaviour of child/ young person within the home
- Improved behaviour of child/ young person at school/college
- % of parents reporting increased satisfaction derived from their relationship with their children and being a parent
- % of families in which relationships between family members improved
- % of children whose attendance at children's centre or school improved
- % of children whose educational achievements are at expected level

Home and money

- Families live in secure and settled accommodation - reduced evictions or risk of eviction; numbers of homeless families that secured suitable accommodation
- Numbers of families who have maximised their income and are in receipt of the correct benefits
- % of parents progressing toward job-readiness/ employment
- % of parents entering paid employment
- % of parents sustaining paid employment after six months Health
- Number of families better managing their physical health and wellbeing
- Number of families managing or reducing their substance misuse
- % of parents reporting reduced stress and anxiety
- Children's emotional wellbeing is improved

Increased networks of support

- Parents and young people having increased social contact in the community
- % of young carers who have access to the same opportunities as their peers
- % of families with specialist needs (e.g. substance misuse, caring for disabled child) gaining access to services that can meet their specific needs.

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