**Service Specification**

**Children and Family Wellbeing Service Emotional Health & Wellbeing**



**DRAFT SERVICE SPECIFICATION**

1. **PURPOSE**

**1.1 Service** **Aims**

Lancashire County Council (LCC) intends to appoint a Service Provider who will ensure the delivery of a preventative and early intervention emotional health and wellbeing service to children, young people and their families who are at level 2, level 3 or level 4 of the Lancashire Continuum of Need [wwwcf-part-1-and-2-final.pdf (lancashiresafeguarding.org.uk)](https://www.lancashiresafeguarding.org.uk/media/19299/wwwcf-part-1-and-2-final.pdf) to address a range of mild to moderate emotional health and wellbeing needs.

**1.2 Evidence Base**

Key legislative and policy documents in relation to Emotional Health & Wellbeing:

* Children's Acts 1989, 2004, 2007, 2014, 2017
* Young Minds Strategy (2020-23)
* Surviving or Thriving: The state of the UK's Mental Health (2017)
* Children's Mental Health Care in England (2017)
* The Mental Health of Children and Young People in England (2017)
* Missed Opportunities. Centre for Mental Health (2016)
* Future in Mind Department of Health (2015)
* Working Together to Safeguard Children (2018)
* The UN Convention on the Rights of the Child
* Delivering Race Equality in Mental Health Care/Honouring Difference: Cultural Competence in Child and Adolescent Mental Health Services (CSIP March 2008)
* Hear by Rights/Investing in Children/You’re Welcome
* Valuing People/Person Centred Planning
* NICE guidance
* CQC core standards (including safeguarding)
* New Ways of Working in Mental Health
* 0-19 Healthy Child Programme
* CAPA (The Choice and Partnership Approach)
* Effective User and Carer Participation “No Decisions About Me, Without Me”
* The Five Ways to Wellbeing (New Economics Foundation)
* No Child Left Behind ... PH ... improving outcomes for vulnerable children 2020
* State of The Nation 2020: Children and Young People's Wellbeing report
* NHS Long Term Plan (January 2019) - Children & Young People’s Mental Health

Lancashire Guidance:

* Lancashire JSNA
* Lancashire & South Cumbria Children and Young People's Emotional Wellbeing and Mental Health Plan 2015 -2021
* Lancashire CAMHS strategy
* Working Well with Children and Families in Lancashire 2021

This guidance is not an exhaustive list - the service will be expected to work to new and emerging policy guidance which relates to the emotional health and well-being of children, young people and their families.

**1.3 General Overview/ Context**

Good mental wellbeing is associated with a range of positive health outcomes such as lower incidence of mental illness, reduced physical illness and premature mortality, fewer health-compromising behaviours, as well as desirable non-health related outcomes such as improved educational achievement and social participation.

Research suggests that around three children in every classroom have a diagnosable mental health disorder, rising to one in five young adults. Almost half of mental health issues arise by the age of 14 and mental disorders in childhood and adolescence have a wide range of impacts and inequalities - in both childhood and adulthood. Poor mental health can affect all aspects of a child's development, including cognitive abilities, social skills and emotional wellbeing. Research has also shown that some young people turn to risk taking behaviours as a way of coping with life pressures and adversities, which in turn can increase the risk of poor mental health. On average, children and young people with mental health difficulties go ten years between first becoming unwell and getting any help.

Early emotional health and wellbeing interventions are critical to prevent needs escalating to require the involvement of more specialist services. However, there is a persistent gap between children's needs and their access to help and support, especially early on when difficulties with mental health first emerge.

There is a clear national recognition that mental health and mental health services need to be improved. The national strategy "*No Health without Mental Health"* supports the promotion of good mental health and early intervention to prevent mental disorders from developing and mitigating its effects as it does. Public Health England (PHE, 2020) reinforces the ambitions outlined in Future in Mind (DH, 2015) to transform the design and delivery of a local offer of services for children and young people with mental health needs, to provide more visible and easily accessible mental health support for children and young people through increased use of evidence-based interventions, delivered through an asset based approach with services rigorously focused on outcomes.

Lancashire's Children, Young People and Families Board hold 5 key priorities for our children and young people, which are to;

* Improve the environment in which children and young people live, learn and work.
* Support children, young people and their parents to make healthy lifestyle choices and to build strong families, friendships and healthy relationships.
* Provide children and young people with a good quality education and learning opportunity which matches their talents, ambitions and aims and enables a positive transition to adulthood.
* Prevent the need for children to become looked after, and with compassion, step in when necessary to keep children and young people safe from harm.
* Support children and young people to influence decision making and bring about positive change for themselves and others.

Emotional Health and Wellbeing support is key to achieving these priorities and ensuring the needs of Lancashire's children and young people are met.

**1.4 Objectives**

The objectives of the service are to:

1.4.1 Contribute to building resilience amongst children and young people and their families to enable them to manage emotional challenges and difficulties safely within their home environment and lay down the foundations for good mental health without the need for ongoing targeted or specialist support;

1.4.2 Ensure appropriate emotional health and wellbeing interventions are delivered to achieve sustainable positive change for the child(ren)/ young person(s) and their family.

1.4.3 Improve family relationships, leading to sustainable improvement in outcomes for the child(ren)/young person(s).

1.4.4 Reduce the need for crisis-led/ statutory services in these families in the short, medium and long term.

1.4.5 Contribute to addressing need, (including assessment),and utilising referral processes for the safeguarding of children and young people.

**1.5 Expected Outcomes**

The Children and Family Wellbeing (CFW) Service focus is on achieving positive outcomes for children, young people and their families in five key areas. These outcomes are strategically aligned with Marmot principles (Fair Society, Healthy Lives, and Marmot – 10 Years on 2021) and they also incorporate the Authority's responsibilities in responding to the requirements of the National Families First Programme

[Families First Partnership programme - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/families-first-partnership-programme)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome 1** | **Outcome 2** | **Outcome 3** | **Outcome 4** | **Outcome 5** |
| Children and young people are safe and protected from harm. | Children, young people, and families are  resilient, aspirational and have the knowledge, capability, and capacity to deal with wider factors which affect their health and wellbeing, life chances and economic wellbeing | Children, young people, and their families are helped to healthy lifestyles, engage in positive social activities, and make healthy choices | Children, young people and  families' health is protected from major incidents and other threats whilst reducing health inequalities | Targeting those in  more disadvantaged communities, the number of children, young people, and families living with preventable ill health and dying prematurely is  reduced |
| Marmot Objective **A, B, C, D, E, F** | Marmot Objective **B, C, D** | Marmot Objective **A, B, C** | Marmot Objective **D, F** | Marmot Objective **A, C, D, E** |
| Families First Programme  **TBC** | Families First Programme  **TBC** | Families First Programme  **TBC** | Families First Programme  **TBC** | Families First Programme  **TBC** |
| **Marmot Objectives**  **A. Best start in life for children. B. Maximise your capabilities and have control over your life. C. Fair employment and good work for all. D. Healthy standard of living. E. Healthy and sustainable places and communities. F. Ill health inequity prevention** | | | | |
| **Families First Programme**  Performance framework TBC however, through the period of transition to this framework the provider will support the authority identify criteria and outcomes through the previous Supporting Families Programme Framework: [Supporting Families Programme guidance 2022 to 2025 - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/supporting-families-programme-guidance-2022-to-2025) | | | | |

1. **SERVICE DESCRIPTION**

**2.1. Service Delivery**

The Service Provider will:

2.1.1 Provide a specialist emotional health and wellbeing service to children, young people and families who are at level 2,3 or 4 on the Lancashire Continuum of Need, [wwwcf-part-1-and-2-final.pdf (lancashiresafeguarding.org.uk)](https://www.lancashiresafeguarding.org.uk/media/19299/wwwcf-part-1-and-2-final.pdf) to address a range of mild to moderate emotional health and wellbeing needs.

2.1.2 Deliver a range of time limited, age appropriate, **evidence-based** interventions to support the identified needs of each individual child/ young person and their family.

2.1.3 Work with children, young people, and their family in the context of their family relationships to enable them to identify and develop the family's resilience, strengths, and protective factors to enable them to cope with adversity and manage risks and vulnerabilities.

2.1.4 Develop action plans jointly with the family

2.1.5 Provide 'virtual' support where appropriate (for example access to support via telephone, Zoom, SMS messaging, WhatsApp, webpage, email, smart phone application).

2.1.6 Contribute to the Early Help Assessment (EHA) and Team Around the Family (TAF) processes, ensuring that accurate assessment of emotional health and wellbeing lead to appropriate and timely interventions and support where there is identified unmet need.

[https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/common-assessmentframework/](https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/common-assessment-framework/)

2.1.7 Support and respond to the requirements of the National Supporting Families' Programme by

2.1.8 Ensuring outcomes identified in the family action plan support the authority's Families First Programme- TBC

2.1.9 Collecting and Providing raw data for analysis and monitoring purposes.

2.1.10 Refer to appropriate agencies for wider needs e.g. substance misuse, alcohol misuse, sexual health services.

2.1.11 Refer any children, young people and families who require urgent and/ or specialist support at any time during the intervention to the appropriate specialist service/s.

2.1.12 Ensure that safeguarding is central to the delivery of this service

2.1.13 Support families to undertake a self-assessment at the start and the end of the intervention. The initial assessment must be used alongside and with reference to the Early Help or Child and Family assessment to develop a Family Plan. The assessment at the end of the intervention must be used to measure whether progress has been made (the 'distance travelled'). The assessment tool used should be the CFW Family or Child Radar or other evidence-based child emotional health and wellbeing outcomes measures agreed by the CFW service

2.1.14 Contact the referring agency at allocation to receive any further information that would support assessment and maintain contact through to case closure.

2.1.15 Promote and raise awareness of the service offer to local communities and stakeholders

2.1.16 Be responsible for all general enquiries, contributing to individual case management issues, handling crisis and emergency situations with other partners as required, informing the Authority of such activity through routine contract monitoring/review arrangements or directly where it relates to a crisis or an emergency that warrants this being shared as a matter of urgency.

2.1.17 The service will include, short term intensive support, to manage crisis situations when needed and exit planning which ensures families are linked in and making effective use of peer support group and other appropriate support networks within their local community

**2.2 Population Coverage**

2.2.1. The service will be available to all children and young people age 4-19 (25 years with SEND) who are assessed as at level 2, level 3 or level 4 of the Lancashire Continuum of Need who are experiencing mild to moderate emotional health and wellbeing needs and are resident or attending school in Lancashire.

2.2.2 The Service will ensure equality of access for all children and young people and their families, regardless of disability, gender reassignment, marriage and civil partnership, sex or sexual orientation and race – this includes ethnic or national origins, colour or nationality, religion, belief or lack of belief.

2.2.3 The Service Provider will be responsible for providing a translation service where need and if English is a second language

1. **SERVICE LOCATION AND HOURS OF OPERATION**

**3.1 Geographic coverage/boundaries**

The service will be provided throughout the administrative boundaries of Lancashire to eligible Children and young people. For the purposes of clarity, the districts within the Lancashire boundary are Burnley, Pendle, Rossendale, Hyndburn, Ribble Valley, Preston, South Ribble, West Lancashire, Chorley, Wyre, Fylde and Lancaster. The geographical reach is all of Lancashire and resources should not be mapped against district boundaries but, Lancashire's combined footprint.

**3.2 Days/Hours of operation**

It is anticipated that the service will be mainly delivered Monday- Friday at times to suit families, between 8:00am and 8.00pm. It may be required that access to the service is available outside of these hours (i.e. weekend sessions) and therefore flexibility is required based on individual family need.

**3.3 Venue**

The Service Provider will be expected to secure a suitable venue for the purposes of delivering this service, based on where the child or young person feels most comfortable. This may involve delivery within the family home, the child/young person's school, neighbourhood centres or Family Hubs where practical.

The Provider shall use all reasonable endeavours to ensure that the aims of the Services are met, in so far that it is able, given the impact of the Covid-19 pandemic. As a minimum, the Provider shall create risk assessments to set out how staff and volunteers will deliver the Services whilst adhering to Covid 19 guidance locally and nationally.

**Indicative volumes**

Please see below indicative volume information. The Service Provider accepts demand/volume risk.

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| **District** | **£** | **Capacity** |
| Burnley | £ 80,550.00 | 90 |
| Pendle | £ 89,500.00 | 100 |
| Rossendale | £ 89,500.00 | 100 |
| Hyndburn & Ribble Valley | £ 125,658.00 | 140 |
| Lancaster | £ 116,350.00 | 130 |
| Fylde & Wyre | £ 120,825.00 | 135 |
| Chorley | £ 115,992.00 | 130 |
| Preston | £ 197,795.00 | 221 |
| South Ribble | £ 156,625.00 | 175 |
| West Lancashire | £ 107,400.00 | 120 |
| **Lancashire** | **£1,200,195.00** | **1341** |

**3.4 Pathways and assessment processes**

3.4.1 Access to this service will be through a Request for Support (RFS) form.

3.4.1.1 Referring agencies complete a Children & Families Wellbeing Service Request for Support Form which will then be submitted to the Children and Family Wellbeing service.

3.4.1.2 The referring agency is requested to complete and attach an Early Help Assessment (EHA) to the RFS.

3.4.1.3 Referrals from Children's Social Care for cases on level 4 of the CON, will be via a formal request made to the Children and Family Wellbeing Service.

3.4.1.4 Self-referrals will not be accepted

3.4.1.5 Referring agencies are expected to evidence that work has been undertaken to identify and assess the level and nature of need, which will be supported by the accompanying EHA.

3.4.1.6 Consent to share the family information must be obtained from the child, young person or family prior to the Request for Support being submitted.

3.4.1.7 CFW will forward a contact form and the accompanying EHA to the service provider.

3.4.2 Following the receipt of the contact form and Early Help or Child and Family Assessment.

3.4.2.2 In districts where high demand has led to a waiting list being in place the Service Provider will operate a 'triage' system, this will assess new Contact Forms and prioritise those with greatest need. The family and referring agency will be made aware of the expected timescales.

3.4.2.3 It is expected that waiting times will be kept to a minimum and interventions will begin with a family within 4 weeks of receipt of the Contact Form.

**3.5 Working in Partnership**

The Service Provider will specifically work in partnership with Lancashire's Children and Family

Wellbeing Service, and any relevant multi-agency partners such as schools, child mental health, health visitors, family group conference, police … The Service Provider and the Authority will jointly review where improvements to service delivery and current pathways present opportunities to realise greater efficiency.

**3.6 Participation of Service Users**

The Service Provider is expected to treat children and young people as partners, not simply recipients of services. They should be actively involved in the planning, delivery, and evaluation of support.

3.6.2 The Service Provider will:

3.6.2.1 Ensure and evidence that the experience and involvement of children, young people and their families is considered to inform service delivery and improvement.

3.6.2.2 Demonstrate how it actively involves young people in assessments, planning and review of progress.

3.6.2.3 Demonstrate the impact of the Service provided through improved outcomes and Service User feedback.

3.6.3 Lancashire is committed to children and young people being empowered; participating in the services they receive and the communities in which they live.

**3.7 Information Sharing**

* + 1. In agreeing to deliver the work detailed in this service specification the Service provider will also agree to provide any relevant information required by Families First Programme/ National Supporting Families Programme and the Department of Education. The Authority will work with the successful Service Providers to ensure this is generated in the most efficient way.
    2. The Service Provider will be expected to work with and share information with Lancashire's Children and Family Wellbeing Service staff to enable effective case management. This may involve attendance or a report to panel meetings where relevant cases are itemed for discussion.

3.7.3 The Service Provider shall co-operate with any requests for information sharing that result from the Ofsted Inspection or Focused Visit of the Authorities Children's Services.

3.7.4 The Service Provider will comply with all current GDPR conditions for information sharing.

**3.8 Governance**

Children and Family Wellbeing Service will have overall responsibility for providing strategic direction, support, and challenge to this commissioning arrangement.

**3.9 Social Value**

3.6.1

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

* To prepare for the future
* To support the most vulnerable
* To boost the Lancashire economy, both creating and protecting jobs

The service will work in partnership with local communities to build community capacity, utilise assetbased approaches, identify and make best use of resources and community assets to achieve maximum value and improvement in outcomes.

For reference, LCC's Social Value Policy is available here:

<https://www.lancashire.gov.uk/search/?q=social+value>

**3.10 Staffing Requirements**

* + 1. The Service Provider will be expected to design a staffing structure that will enable the outcomes of the specification to be achieved and that the Service will include a dedicated named co-ordinator.

* + 1. As standard it is expected that:

* + - 1. 100% of the workforce has the relevant level, for their role, of safeguarding training as identified by the Lancashire Children's Safeguarding Assurance Partnership (CSAP) [Home Page - Lancashire Safeguarding Children Board](https://www.lancashiresafeguarding.org.uk/)
      2. At the start of service delivery 100% of the workforce providing therapy and / or counselling are suitably qualified, and the Service Provider can provide evidence that demonstrates staff have access to appropriate training and staff development programmes.
      3. At the start of service delivery 100% of the workforce undertaking self-assessment and planning with families are appropriately trained and competent.
      4. All staff working with children and families have the capacity and capability to work effectively to ensure safeguarding children and adults, understanding the implications in managing allegations made against staff must be in place and these must follow requirements to the LADO (Local Authority Designated Officer)
      5. Staff are trained and equipped to identify, holistically assess, support, and refer to appropriate services any child at risk of child sexual exploitation (CSE). The Service will ensure practitioners are aware of the warning signs of CSE and will be part of the wider provision to support those at risk of child sexual exploitation.
      6. The Service Provider will ensure adherence to the Prevent Duty (Section 26 of the

Counterterrorism and Security Act 2015) guidelines, and follow identified pathways (PREVENT)

* + - 1. The Service Provider will ensure the workforce has awareness of Female Genital Mutilation (FGM)

3.10.02.9 Staff must receive regular supervision of their work with the most vulnerable children and young people which could include those children on a child protection plan, looked after children and those for whom the staff has a high level of concern

**3.11 Monitoring**

3.11.1 The Service Provider will be required to complete & produce monthly performance reports

3.11.2 The Service Provider will be responsible for ensuring that all the activity of the service is recorded in an accurate and timely manner, as specified by the Authority's Commissioner, to support operational delivery, management and commissioning requirements.

3.11.3 The Service will be expected to undertake regular quality assurance activity to ensure that any assessments, SMART action planning and support provided meets the requirements of the performance standards which are detailed below. It is expected that the findings of these quality assurance activities will be reported back on an annual basis with details of any learning put in place.

3.11.4 Quarterly review meetings will ensure success is celebrated and resolve any barriers to service delivery.

3.11.5 The Children and Family Wellbeing Service reserves the right to inspect the evidence during monitoring visits and any potential audit visits the service is subject to.

3.11.6 The Service Provider will present to the Authority's Commissioners a remedial action plan in response to performance indicators not being met. This will be within 5 business working days from the request of the Authority.

3.11.7 The key performance indicators and outcomes will be reviewed annually to create an evolving dashboard that influences service improvement and is responsive to evidence-based change.

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| **Outcomes – What difference has the service made?** | |  |  |  |  |
| ***Outcomes***      Parents are equipped to cope and deal with life changes and challenges to support their children    Children are supported by parents / YP is equipped to deal  with difficulties to achieve positive outcomes in education, health and social behaviour | ***What must be reported*** | ***Target***  ***Number*** | ***Target %*** | ***How will this be reported?*** | ***How often will this be reported?*** |
| **What difference did we make?** |  |  |  |  |
| % CYP with improved self-assessment (using the agreed outcome measure) reporting distance travelled in all areas    % families with improved family self assessment (using the agreed outcomes measure) reporting distance travelled in all areas | To be negotiated | Min 75% | Monitoring form completed by provider (based on family self-  assessments completed at the start and end of the  intervention by each family) | Quarterly |

**Appendix 1**

Payment by Results Criteria

Service Providers will receive 60% of the contract value as an up-front payment. The remaining 40% of the contract will be paid on a per-family basis upon the achievement of agreed outcomes and following completion of the intervention. The payments will be made quarterly. For each theme, final payments will be made on confirmation of the following:

1. An action plan which identifies jointly agreed outcomes has been developed involving the provider, the family and the lead professional;

1. All stakeholders, and principally Lancashire County Council, agree that outcomes agreed in action plan have been achieved at point of exit.

1. Using the appropriate outcome measure, a family self-assessment was completed at the start and end of support being provided which demonstrates notable positive progress has been achieved.