



Family Hubs Service 0-11 years

Service Specification

Service	Family Hubs Service 0-11 years
Commissioning Contract Manager	Wendy Gray
Provider Lead	TBC
Period	1 April 2023 – 31 March 2030, with the option of up to 2 years
Date of Review	March 2026

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1. Background and Context

1.1 Introduction

Gloucestershire County Council ('the Authority') is committed to reconfiguring its provision of Children and Family Centres as the first step in an incremental/transitional approach to an integrated Family Hub model. Family Hubs will provide a balance of universal, early intervention and targeted support. They will be commissioned with greater flexibility and will become the first key step in an incremental (age and stage) approach to the Family Hub model, starting with 0-11 years but with an ambition to work with families with children 0-19 (up to 25 years for children with special needs or disabilities (SEND)).

The service specification has been co-produced and shaped and developed through a process of engagement with a wide range of stakeholders, including the voice of families over a period from March 2021 to April 2022.

In recognition of the fact that this is an evolving programme that requires flexibility the Authority are looking to work in a more collaborative way to deliver the best outcomes for children and families. All providers we use for this new contract must demonstrate their ability to work in innovative, collaborative ways.”

The initial contract will be awarded for 7 years from 1st April 2023 to end March 2030 with option to extend of up to 2 years. The first 3 years will be the development/transformational phase and the latter 4 years to embed the model.

The contract will be commissioned in three Lots:

Lot 1: Gloucester and Forest of Dean

Lot 2: Stroud and Cotswolds

Lot 3: Cheltenham and Tewkesbury

1.2 What are Family Hubs

Family Hubs are centres which, as part of integrated family services, ensure families with children and young people aged 0-19 (up to 25 years for SEND) receive early help to reduce the risk of, and overcome, a range of difficulties and build stronger relationships within the family, with other families in the community, and with agencies that can help them build their resilience.

Research shows that effective early intervention can improve children's wellbeing, educational attainment and life chances, reduce family poverty, improve mental health and lead to lower crime, lower unemployment and can reduce other negative outcomes which carry significant cost to the public purse. The Family Hub model has emerged nationally as an effective integrated model.

Family Hubs enhance integrated working by enabling easier access to support, better outcomes for families, more effective service delivery and smarter use of budgets. A Family Hub is not a prescribed range of services – it is an approach that seeks to offer a more coherent and effective support offer across the services they need e.g.

health and public health services (antenatal, maternity, health visitor, school nurses, healthy lifestyles, substance misuse, sexual health, oral health, mental health and wellbeing); early years and childcare and education, youth services, parenting support, safety, relationship support; employment, finance, welfare and other support that reflects local circumstances.

1.3 National Policy Context

Family Hubs was a concept developed by the Centre for Social Justice (2014) who stated that Family Hubs provide a more integrated, preventative approach to supporting the country's most vulnerable families. Family Hubs can build on the infrastructure of children's centres and extend the offer to include support for parents, couples and children of all ages by delivering holistic, early intervention services to whole communities. Family Hubs provide whole family support and the co-ordination of support across both statutory and voluntary services.

In July 2016 the All-Parliamentary Group strongly concluded that the redevelopment of Children's Centres towards a Family Hub model would make a real difference for families. Since then many local areas have looked to Family Hubs as a way of re-envisioning their Children's Centres.

The agenda is driven further by the early years review undertaken by Andrea Leadsom resulting in the Children's Commissioner for England Paper: Best Start for Life: A vision for the 1001 critical days (March 2021). This highlights the need for prevention and the building blocks for lifelong emotional and physical health being laid down in the period from conception to the age of two years. In Autumn 2021, the government committed £300m for Start for Life and the development of Family Hubs, demonstrating their further commitment to the model. Family Hubs will learn from emerging best practice, supported by the National Family Hub Network.

PH Comm to provide wording - We can add a short paragraph in here referencing the national Levelling Up agenda (which is also a key commitment in GCCs new strategy) which recognises entrenched inequalities, which have been exacerbated by the pandemic. Think its key to position health inequalities here.

2. Gloucestershire's Family Hub Model

2.1 Principles for Gloucestershire's Family Hubs

The Gloucestershire Family Hub model will not be a prescribed range of services – it is an approach that seeks to offer families (with children of all ages) a more coherent and effective support offer across the services they need e.g. health services; early years' childcare & education, youth services, parenting support, safety, relationship support; employment, finance and other support that reflects local circumstances.

Family Hubs will also draw from families' experiences during the pandemic, including building on experiences of accessing support from the community sector.

Our model will be underpinned by the following key principles, which have been developed from stakeholder pre-engagement (March – November 2021) and national good practice.

- Co-production with families underpins development of the model
- Families are listened to and respected with their voices heard and what matters to them being central to any support received.
- Welcoming and inclusive for families with children of all ages, including offering a digital offer
- Ambitiously aiming to address health inequalities

- Staff/service adopting an access and engagement approach aligned with proportionate universalism which aims to improve the health of the whole population, across the social gradient, while simultaneously improving the health of the most disadvantaged fastest.
- Staff/service understanding of health inequalities as underpinning all work.
- Services are integrated to give coherence to families' experience of support
- Integrated / inclusive leadership is responsive to differing needs across localities
- Services work together for the same shared outcomes
- Personalised care providing a flexible menu of support, which builds on the families' assets and aspirations, and connects them to wider activities and support available within their local community.
- **A Biopsychosocial model, which considers the whole family and aims to build social, psychological and structural resilience, for example by utilising social prescribing and creative health offers alongside more traditional service offers – to be agreed**
- Partnership approach with voluntary sector, schools and wider partners to increase reach and community capacity
- Moving towards universal support and earlier help to support families in a more-timely way, to prevent escalation to specialist services.
- Whole family approach - to ensure parents are supported and equipped to develop a positive environment for their children
- Trauma informed support for families, with staff who are able to work in a strengths-based way, and who have a strong knowledge of what services are available and how to refer families to them.

2.2 Gloucestershire's Vision for Family Hubs

At the end of November 2021 an initial meeting was held with a wide stakeholder group with participants from local organisations across health, Gloucestershire County Council and the voluntary sector to develop the vision for Family Hubs.

Common elements from vision statements were that family hubs should:

- Offer information and support to help all families to thrive
- Be welcoming, friendly and inclusive – without stigma – and for families with children of all ages
- Have a significant focus on linking families to support available in the community

In March 2022 the Children's Coalition for Gloucestershire agreed the following Vision:

We will develop an innovative 'Gloucestershire Family Hub' model which puts the well-being of all families, children and young people at the heart of its work and leads to systemic and transformative change for individuals and the community.

2.3 Gloucestershire's Model for Family Hubs

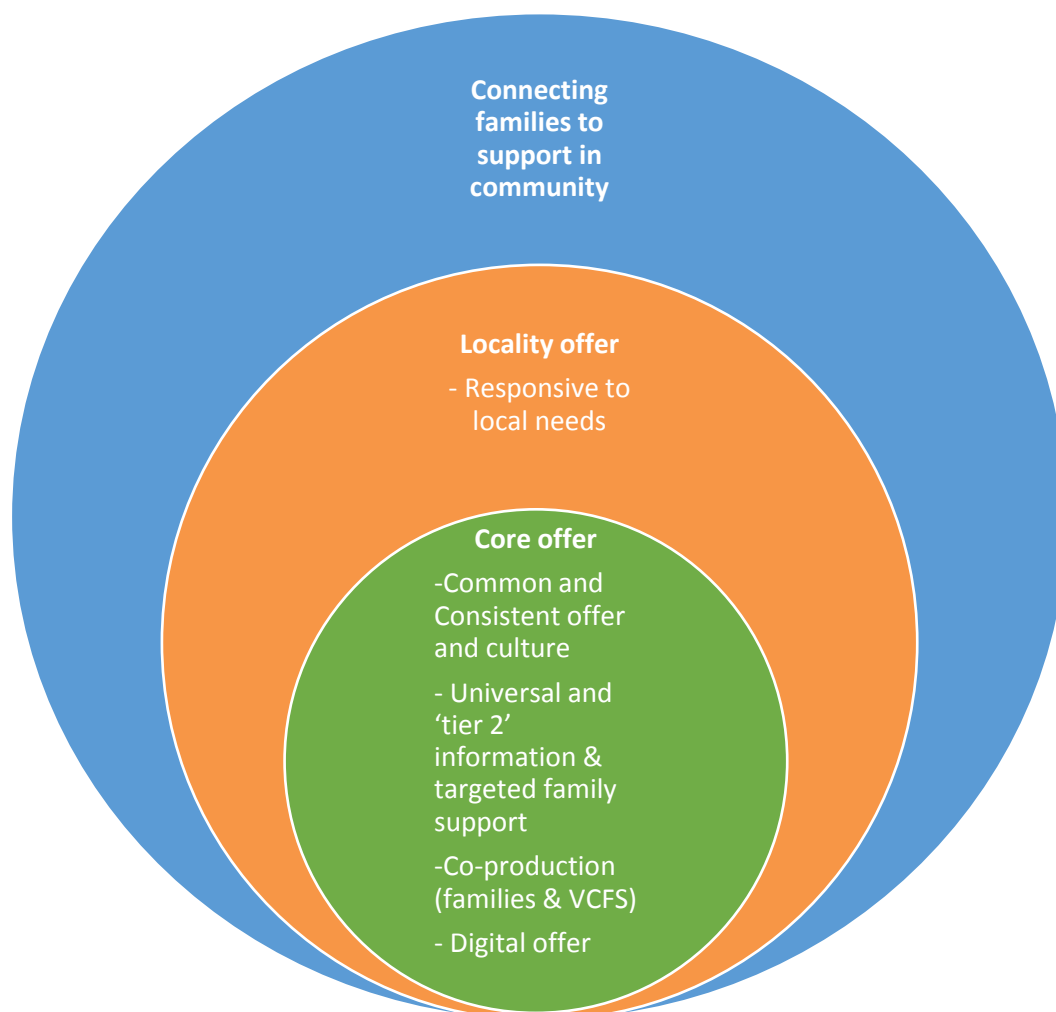
The Family Hubs model in Gloucestershire has been built on the principles and vision developed by stakeholders (above), in conjunction with national good practice. This includes the DfE Family Hub Model framework which sets out good practice across themes of Access, Connection (Integration) and Relationships. The Gloucestershire model will initially work towards shared outcomes in the Joint Commissioning Framework (2015).

Family Hubs will operate through a hub & spoke model with the current Children and Family Centre's and de-designated Children's Centres to form the initial physical hubs and spokes for delivery and facilitation of support. As each hub becomes established, it will work with the community to find appropriate spaces for additional spokes and outreach that will contribute to the wider Family Hub network across each district.

The model will become bespoke to each locality as a wider range of support is identified and developed through integrated / inclusive leadership and community co-production to enable the family hub to extend information and support to meet the needs of local families with all ages of children. In practice this will mean physical spaces being the permanent or sessional base for support from statutory/VCFS services in line with locality needs.

The core offer will include developing a consistent culture of family support, which will be achieved through a multi-agency workforce development strategy. This will enable the family hub workforce to build relationships with whole families and connect families into the wider support they need.

The concept of the core, locality and connecting roles of the Family Hubs model is shown below.



A core early years universal offer delivered through the family hub model will create a strong platform for improving outcomes for children, which will be consistent across family hub core sites. The key functions of the Provider can be summarised as:

- 1. Building community capacity** – the Provider will work with families to identify strengths/gaps/barriers and ways to address needs and aspirations within the community (learning from local experiences, insights from data, intelligence and national good practice/evidence-based approaches). Each Family Hub will have a budget for developing new pathways/forms of support, where spending is approved through the Locality governance structures to build community capacity.
- 2. Connecting up the system for families** – the Provider will have a key role in connecting up and influencing both Statutory and Voluntary services to work more coherently together through the family 'hub and spoke' physical sites, as well as ensuring that services are connected and supported by a digital offer. This will involve:

- participation in new integrated / inclusive leadership at a county wide level to ensure consistency of the core offer and share best practice across Gloucestershire.
- leading integrated delivery and development of the Locality offer based on need. This will be achieved through the Providers leadership of the local integrated delivery leadership team and stakeholder reference groups.
- Working in partnership with the Authority to develop the digital offer

3. Ensuring families have access to a range of Universal family support

services – the Provider will ensure a welcoming environment in each Family Hub and offer information and access to universal family support largely provided by existing statutory and community support services.

4. Directly providing targeted family support services – the Provider will offer a menu of support for children, young people & families (Level 1 and Level 2) with multiple adversity, either over a short or longer period of time. Family needs will be assessed using Gloucestershire’s Graduated Pathway of Early Help and Support ([Appendix](#)). These services aim to reduce the need for statutory intervention, build resilience, improve outcomes and reduce trauma for children and young people, but also to identify those families where change and improvement are more difficult to achieve and sustain by supporting these families to access more targeted family support.

5. Contributing to shared health and education outcomes across prevention and early intervention for families and strengthen the Early Help system.

The model will become bespoke to each locality as a wider range of support is identified and developed through integrated / inclusive leadership and community co-production to enable the family hub to extend information and support to needs of local families with all ages of children. In practice this will mean closer working with youth services and physical spaces being the permanent or sessional base for support from statutory/VCFS services in line with locality needs.

The core offer will include developing a consistent culture of holistic family-centred support, which will be supported through a multi-agency workforce development strategy. This will enable the Family Hub workforce to build relationships with whole families and connect families into the wider support they need.

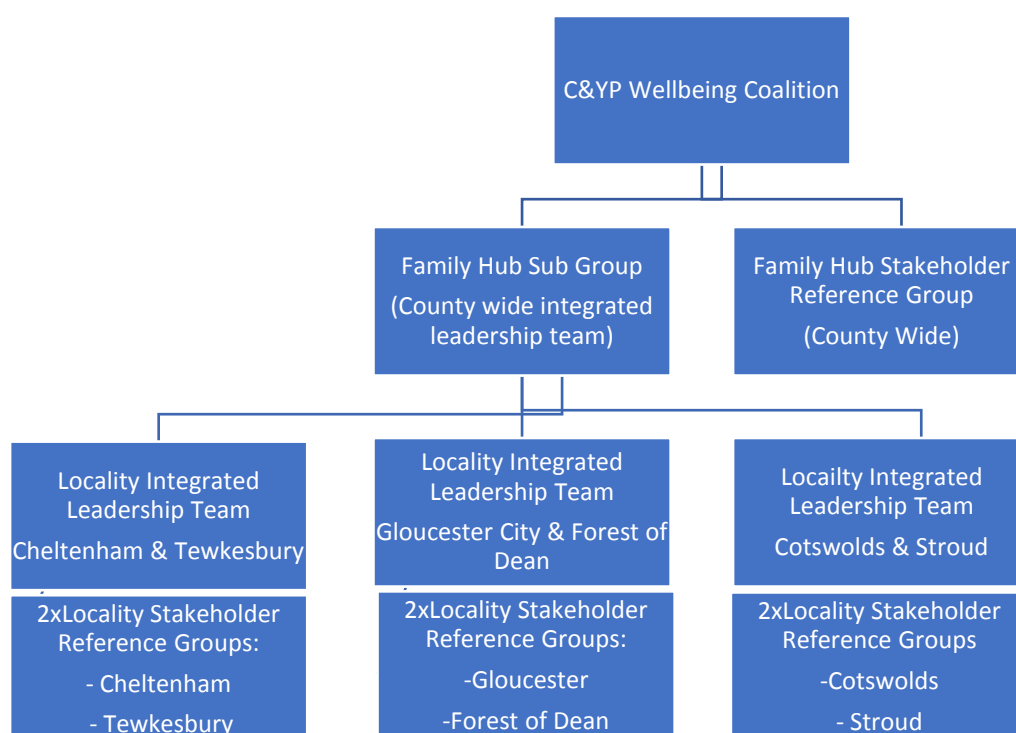
2.4 Structures to support Family Hubs

The contract management responsibility lies within the Early Help and Prevention Commissioning team (GCC). The wider governance and leadership structures are represented by the diagram below.

- Governance of Family Hubs will be through the Gloucestershire Children and Young People’s Wellbeing Coalition (reporting to Health & Wellbeing Board)
- County wide integrated / inclusive leadership will develop coherence within the core offer and align working systems, processes and multi-agency

workforce development. Locality integrated teams will lead the development and quality of the core and bespoke locality offer.

- Locality Stakeholder Reference Groups will comprise local early years settings, schools, community groups, parents, carers, and young people who will help to design and improve local support for families. They will represent their locality on integrated, inclusive leadership teams to ensure the system is co-produced, as well as informing leadership teams of how local families can be better supported. It will be the role of the Provider to lead the Locality Stakeholder Reference Groups and develop terms of reference and membership.



3. Service values and principles

In line with the Family Hub model the service delivery needs to be driven by the following service values and principles:

- 1. Families know how to navigate local services through the Family Hub network** – the provider will have in place a clear process for registering and engaging with children and families, particularly those living in the most disadvantaged areas and the hardest to reach, including but not exclusively teenage parents, BME communities, fathers and others. The provider will use a range of data sources to inform service development in these areas.
- 2. A proportionate universalism approach to reducing health inequalities** – the provider should target resources at those children and families that need it most and experience the greatest inequalities in outcomes, with the level of support tapering for families as need and socio-economic status increases.

1. Cultural competence and anti-discriminatory framework - the Provider shall have in place a clear cultural competence and anti-discriminatory framework which enables them to meet and promote the cultural needs of people from diverse backgrounds. The provider shall ensure that within all policies and practises that all people are equally valued regardless of their ability, ethnicity, gender identity, beliefs or sexuality and that under representation in service areas is addressed

2. Prevention is a fundamental aspect of provision – the Provider shall prioritise early identification of children and young people’s needs and risks to health and wellbeing to help avoid illness or harm.

3. Early Help should be embedded across the system – the Provider shall ensure children, young people & families are offered help and information early in their life and early in the development of specific health, care and/or educational needs.

4. Co-production – the Provider shall work with service users and stakeholders using a co-productive approach in the planning, development and monitoring of services provided.

5. Collaboration – the Provider shall collaborate with the Authority, other commissioned providers and other voluntary sector providers in the overall Family Hub model to develop effective and efficient practices and partnerships which will optimise the effectiveness of all services.

6. Innovation & evidence-based provision – the Provider shall continuously strive to improve the lives of children and young people through innovation and ensuring the best practice and current evidence of what works is used by existing practice and systems.

7. Sustainability is key – the Provider shall use Early Help to help drive sustainability of the system and ensure efficiency and effectiveness through technology and good workforce management.

8. Systems should be responsive & accessible – the Provider shall respond to the changing population needs, designed with children, young people & families and delivered at the right time and place at both Core and Locality level.

9. Services should be personalised & use a strengths-based approach – the Provider shall develop choice and control for children, young people & families using information and a digital offer to personalise the response. This should include but not be limited to information sharing to avoid people having to repeat their stories.

10. Build upon the strength and resilience of individuals, families & communities – the Provider shall value and enable the role of families and communities in developing and sustaining happiness, wellness, health, and safety. Empower children, young people & families to help themselves, build resilience and safely manage risks.

11. Systems & services should be integrated – the Provider shall have a common focus on delivering outcomes for children, young people & families

within a coordinated experience and manage risks. There is 'no wrong door' and practitioners can work across the system to deliver the best possible service including sharing information to develop and deliver effective practice. The provider will be aware of and engage all other community provision so that services are not duplicated and existing services that already know and support their communities can continue to do so effectively.

12. Trauma Informed Models of Working - A trauma-informed workforce will deliver an integrated response to those who have experienced Adverse Childhood Experiences (ACEs) and trauma, using a whole family approach and recognising intergenerational and collective trauma. This will incorporate ACEs awareness and relationship-based working throughout the system, aligning working practices with a trauma-informed relational approach and embedding the criteria into tools, assessments, reviews and evaluations to enable the workforce to work more effectively with children, young people and their families.

4. Service Objectives

The Provider shall ensure that it undertakes its contribution to the Family Hub model and service delivery responsibility in accordance with the following high-level objectives:

- a) to provide outcome based, personalised and culturally competent engagement with families with children 0 -11 years with a view to working with children and young people 0-19 (25 SEND) over time, regardless of background, ethnicity or need mitigating against existing structural inequalities.
- b) robust universal support to engage potentially vulnerable families that would not otherwise be identified.
- c) to promote high quality early education provision and encourage take up of free places for all children with a particular focus on children from underrepresented groups, to ensure all children are ready for school.
- d) directly provide and/or engage families into informal family and parenting support and targeted parenting programmes that seek to promote community connectedness, self-efficacy and resilience.
- e) to support parents to improve and maintain theirs and their child(ren)/ young people's life chances and well-being and develop the resilience to make positive choices.
- f) to work collaboratively with partners and in particular services in other organisations working in the Locality area including social care, early help, health visiting, Best Start, public health (health improvement and health protection), school nursing service, early years, youth services, adult education and legal and financial, housing and community and voluntary sector.
- g) Provide services that continually reflect best practise innovation and strategic policy direction and are responsive to emerging needs, the developing Family Hub framework (and national model [Family Hub model framework \(publishing.service.gov.uk\)](#) (appendix) and relevant legislation.
- h) To actively engage and use volunteers and experts by experience to develop volunteering opportunities to expand capacity and peer support as a transition to employment for both young people and parents.

- i) To provide services, including outreach, in locations that build on and maximise community asset, including buildings and support networks.

5. General Outcomes

There are four overarching outcomes within the Joint Strategic Commissioning Framework that we would want to see for children and their families as part of the family hubs offer.

Outcome 1: Parents to have good self-esteem, high aspirations for their children, and the skills and confidence to help their children grow, learn and develop their full potential throughout their journey to adulthood.

Do we want to say parents and guardians / care givers or whatever the right term is across these?

Outcome 2: Babies, children and young people develop well, are well prepared for, and succeed in, education, training and employment and transition successfully at different ages and stages of their childhood into adulthood.

Outcome 3: Children, young people, parents and their families are healthy and have good emotional and mental wellbeing.

Outcome 4: Children, young people, parents and families who are identified as being in 'greatest need' have 'sustained effective engagement and contact' with appropriate services and support

The service will make a significant contribution to achieving these outcomes for children 0-19 (25 for SEND) and their families.

6. Detailed Scope

In Scope

Through this specification, the Authority seeks to commission a universal and targeted service for children 0-11 as detailed in this document. Many of the outcomes listed below are shared outcomes across the local health and social care economy. The provider shall be striving to influence them, but there is shared responsibility for delivery and measurement. There are six themes of delivery for the Family Hubs:

1. Building Community Capacity
2. Family Support
3. Early Education and Child Development
4. Health and Wellbeing
5. Adult Education and Employment
6. Information and participation

Themes	Strategic Outcomes
Building Community Capacity	<p>Increased participation amongst both families and community partners to identify needs and take action to develop services to meet the gaps.</p> <p>Local community, voluntary and faith groups that work through the family hub network are working in a whole family way</p> <p>Improved connectivity between community, voluntary and faith groups delivered through the family hub network.</p>
<p>Family Support</p> <p>a) Universal Support</p> <p>b) Targeted Support</p>	<p>Babies and children are safe and well and achieve good age-appropriate development.</p> <p>Parents are equipped with knowledge personal relationships and strategies to be resilient and independent.</p> <p>Families get the right parenting and developmental support from pre-birth to 11 years and help to help themselves when they first need it.</p> <p>Raise awareness of trauma, ACEs and relational practice in parents and carers to enable them to fully understand the impact on children and young people and how to respond appropriately.</p> <p>The offer is aligned with Gloucestershire's Early Help Strategy and Supporting Families Programme, using a whole family approach.</p> <p>Increase in number of children and families who have engaged successfully in targeted provision, evidenced by a reduction in identified family needs as outlined in the Supporting Families Outcomes Framework.</p> <p>Reduction in the need for statutory intervention, evidenced by families achieving improved outcomes and reducing the impact of trauma for children and young people.</p>
Early Education and child development	<p>The offer is clearly aligned with the new <i>Early Years Foundation Stage, 1001 Days, Best Start in Life and the Early Years Foundation Stage</i> (appendices)</p> <p>Families benefit from a range of fixed and pop-up provision, including stay and play in their local area.</p>

	<p>Babies and children grow up in a safe and secure families and environments being ready to learn and thriving.</p> <p>An increase in good levels of development at the end of Reception.</p> <p>Disparities in learning and development outcomes for children and families receiving free school meals and by ethnicity are significantly reduced.</p> <p>The profile of service use matches the demography of the local areas served.</p> <p>All parents/carers registered with the Family Hub are aware of Free Early Education Entitlement (FEEE) (appendix?) and the benefits of taking it up.</p> <p>Levels of take up of FEEE are in line with or better than statistical neighbours across all communities and ethnicities.</p> <p>Families benefit from seamless collaboration between the commissioned provision, childcare and school settings</p> <p>Parents are engaged in peer support networks</p> <p>Children with additional needs are identified early and offered support</p>
<p>Health</p>	<p>Increased rates of childhood (under 5s) immunisation and flu vaccination</p> <p>Reduced rates of tooth decay in Office of Health Improvement and Disparities (formerly Public Health England) needs assessments for 3 - 5 year olds</p> <p>Increased rates of breastfeeding (measured at 6-8 weeks)</p> <p>Reduce smoking during pregnancy and increase numbers of parents/carers accessing smoking cessation services</p> <p><u>Awaiting wording from PH Comm - should there be something around mental health? Children/adults?</u></p> <p>Early identification of speech and language delay, including social communication difficulties.</p> <p>Healthy weight at age 4–5 and 10–11 years (reduced obesity and overweight)</p> <p>Increased completion on 1 year and 2.5-year developmental review delivered as part of the Healthy Child Programme and Early Years Foundation Stage.</p> <p>Increased take up of Healthy Start Vitamins by pregnant mothers</p>

	<p>Work with Health Services to provide venues for delivery of clinics so that families can access services locally</p> <p>Increased uptake of free school meals by eligible families</p> <p>Improved equality across health outcomes</p> <p>Fewer inactive children and families (inactive = under 30 minutes of physical activity per week)</p> <p>Improved uptake of the Healthy Start Food and Milk scheme for eligible families.</p>
Adult education and employment	<p>Personal and family resilience, including financial resilience</p> <p>Increased family learning opportunities</p> <p>Parents access volunteering opportunities that lead to higher education, obtain accredited qualifications, or gain employment</p>
Information and participation	<p>More parents are registered with core universal services and at the earliest stage</p> <p>Parents take up their entitlement of free early education</p> <p>Children and young people from Reception to Year 11 who are eligible for the holiday activities and food programme (HAF) take up the provision.</p> <p>Increased take up of Healthy Start vouchers</p> <p>Parents can easily access relevant information and advice on the different stages of their parenting journey</p> <p>Parents income is maximised and can help relating to debt money employment or other advice needs</p>

Out of Scope

The Provider is NOT required to deliver (but will be required to facilitate access to):

- a) Child health clinics (provided by health visitors)
- b) Ofsted regulated early years provision
- c) Specialist health services (provided by integrated health services and or health visiting service)
- d) Adult education courses
- e) Job Centre Plus sessions
- f) Full welfare and debt advice (provided by a third-party provider, however providers would be expected to work closely with statutory services and offer community space to broaden the range of support offered locally)
- g) Counselling services

- h) Targeted support for families reaching tier 3 threshold or above, although they should support families to access the support they need and may remain the co-ordinating lead professional.

7. Outcomes

The delivery of core offer and bespoke locality based services will take a whole family approach and where appropriate are co-produced with children, young people and their families. The 6 key Family Hub themes are linked to the National Supporting Families Outcome Framework (SFOF) - **appendix**. This framework will allow us to see the impact of the service offer within the Family Hubs, Targeted Support and the wider Children’s Early Help system being monitored alongside this. There will be regular benchmarking and shared learning with other family hub providers in Gloucestershire, including data and outcome benchmarking. Pathways will be revised to take account of impact, user feedback and new evidence on what works.

We expect community and family voice to have a high value/visibility in feedback, learning and thus subsequent community development.

Outcomes	Core Offer and Locality based services	Outputs	Indicators	Suggested Methods
<p>Building Community Capacity</p> <p>(SFOF: <i>Crime prevention and tackling crime</i>)</p>	<p>Offer a range of activities for:</p> <p>a. Ensure all families feel welcome in centres, in particular Family Hubs shall be welcoming to targeted/underrepresented groups including partners, fathers, grandparents, foster carers, Black and Asian families, same sex couples and young parents and those who identify as LGBTQ+ and those with children who express their emotions through behaviour.</p> <p>b. volunteering to create self-sustaining groups including developing peer support networks, helping other families within their local community, promoting</p>	<p>Advice, Information, Guidance (AIG) and signposting Families to appropriate resources</p> <p>Representative Peer Support and Community Networks for each Family Hub</p> <p>Programme of Community Events including use of the buildings by community groups</p>	<p>Create a sense of pride and shared responsibility for looking out for each other and for 'raising' the children of the community and celebrating what's good about their community.</p> <p>Create communities where equality and diversity are</p>	<p>Measuring the building of positive relationships and networks within the community:</p> <p>a. Annual Family Hub Report, including case studies and stakeholder feedback (FH)</p> <p>b. Customer user data and evidence</p> <p>c. Quarterly good news stories for every Family Hub (FH)</p> <p>d. Quarterly grant applications submitted (FH)</p>

	<p>active citizenship and sharing volunteers. Where possible these groups should link across the county to provide a network of support.</p> <p>c. developing community cohesion, connectedness, trust, local pride, civic duty, community resilience, ownership and capacity to improve sustainability and provide additional support accessible within the community through a programme of events and use of the Family Hub buildings e.g. community cafés.</p> <p>d. actively engaging with the local community to develop and deliver services for a continuous approach outside the family hub through representative engagement through schools and local businesses etc.</p> <p>e. partnership networking events to build on the strengths and resources within the community and across the county and share good practice.</p> <p>f. coordinating and/or supporting the applications to maximise grant funding that supports the principles of the Family Hubs and an inclusive economy.</p> <p>g. engagement with the voluntary sector to enhance capacity and support development</p>	<p>Locality Annual Partnership Networking Event for the Family Hubs staff and volunteers and the community of practice</p> <p>Extensive range of statutory and non-statutory services co-located within family hub buildings</p> <p>Main hub buildings are supplemented with 'spoke' sites</p> <p>Third sector, community and faith sector partners and education settings that work through the family hub network and working in a whole family way</p>	<p>welcomed and embraced. Grant applications being submitted within communities</p> <p>'Family friendly culture' is central to design and delivery of services within the family hub network</p>	<p>e. Quarterly audit and case studies</p> <p>f. Parent/Carers Feedback Survey (to be developed with providers)</p> <p>g. Monthly engagement question for families related to seasonal topic in one of the outcome areas to be agreed by all Hubs and collated centrally monthly (FH).</p> <p>h. Outcome star</p> <p>i. The extent to which the Family Hub contributes to the 'Levelling Up' of its local community</p>
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	h. developing Peer Support for parents and to build social and community networks.			
<p>Family Support</p> <p>a) Universal Support</p> <p><i>(SFOF: Improved family relationships: Children Safe from Abuse and Exploitation; Safe from Domestic Abuse)</i></p>	<p>Offer accessible activities to:</p> <p>a. prevent social isolation, loneliness, promote positive social interaction, build attachment, gain independence skills and wellbeing for families to help achieve their own goals</p> <p>b. develop Peer Support for family cohesion to build positive healthy relationships, communication skills, confidence, empowerment, trust assertiveness, mindfulness, identity, positive self-esteem and building on resilience to manage without support.</p> <p>c. signpost to counselling services for couples and families including post separation support (some providers may be able to provide counselling).</p> <p>d. empower parents and carers to understand adolescence and support their young people.</p> <p>e. support parents and carers to understand ages and stages relating to Child Development (e.g. school readiness and entering adolescence) to assist with the implementation of age appropriate routines and personal boundaries.</p>	<p>AIG and signposting families to appropriate resources</p> <p>Weekly drop in and monthly group sessions.</p> <p>1-2-1 support, where needed.</p> <p>Delivery of evidence-based parenting programmes that may include Video Interactive Guidance (VIG) and Solihull.</p> <p>Practitioners across all agencies in the family hub network use the Graduated Pathway to ensure effective targeting as a means of getting the right support at the right time.</p>	<p>Ability for families to have a good sense of wellbeing; feel secure, content, motivated and inspired.</p> <p>Ability of families to feel confident to be experts within their families and access services independently of support. Families re-organise intergenerational family culture towards positive outcomes, improved soc interaction and relationships.</p> <p>Practitioners identifying areas of concern as early as possible with a consistent approach gaining</p>	<p>Measuring how families are better informed about services available:</p> <p>a. Annual Family Hub Report, including case studies and stakeholder feedback (FH)</p> <p>b. Customer user data and evidence</p> <p>c. Impact evaluations for interventions/outcomes or goals achieved (FH Dashboard)</p> <p>d. Reporting including numbers on My Plan and My Plan Plus using Liquid Logic/EHM (FH)</p> <p>e. Parent/Carers Feedback Survey (to be developed with providers)</p> <p>f. Annual Quality Review (GCC) including “Mystery Shoppers”</p> <p>g. Monthly engagement question for families related to seasonal topic in one of the outcome areas to be agreed by all Hubs and</p>

<p>b) Targeted Support</p>	<ul style="list-style-type: none"> f. Carry out shared assessment of need using Graduated Pathway and the My Plan and My Plan + to determine right level of support g. work with key partners to deliver evidence-based parenting programmes such as Solihull, Triple P, Incredible years h. deliver 1:1 outreach support for children and families in greatest need i. deliver sessions for marginalised groups such as young parents, Dads Matter, adoptive parents, parents with LGBT children and BME groups, including Eastern European Families and USAC including access to interpreting services, where required j. support for young people experiencing bullying to prevent suicide and self-harm. k. support for vulnerable young people including LGBTQ+, SEND and Elective Home Education (EHE) l. Reducing Parental Conflict (RPC), undertaking raising awareness work to promote with partners the impact of parental conflict on children and young people. 	<p>Third sector, community and faith sector partners and education settings that work through the family hub network and working in a whole family way</p>	<p>trust and a good reputation.</p>	<ul style="list-style-type: none"> collated centrally on a monthly basis (FH). h. Outcome star i. Use of SF Outcomes Framework to evidence impact of Targeted Family Support j. Attendance, exclusion, attainments at KS1 & 2.
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	<p>Recognising and responding to parental conflict using direct work tools to engage and support these families. This will also include use of RPC tools and Trauma Recovery Toolkit for Domestic Abuse.</p> <p>m. Active engagement with local organisations, Police, Safer Gloucestershire, families and communities to provide a safe, healthy, secure environment for children and young people including online safety, harm reduction, sexting and preventing sexual violence, reduction of Harmful Sexual Behaviour (HSB) and CE.</p> <p>n. Signpost to local Domestic Abuse programmes for support</p>			
<p>Early Education and Child Development</p> <p><i>(SFOF: Getting a Good Education; Good early years development)</i></p>	<p>Sessions offered to families to:</p> <p>a. work closely with the EY service and EY data to plan services evidenced as needed in each locality to address the gaps and challenges as identified by EY service work</p> <p>b. support access to ‘Stay and Play’ in the main Family Hubs ‘spoke’ sites and pop-ups that enhance and encourage secure attachment and bonding with 1-2-1 support where needed.</p> <p>c. promote early years education, the home learning environment and linking with other relevant initiatives such as</p>	<p>AIG and signposting families to appropriate resources</p> <p>Weekly drop in and monthly group sessions.</p> <p>1-2-1 support, where needed</p> <p>Third sector, community and faith sector partners and education settings</p>	<p>Families build home learning environments that support children’s early years development</p> <p>Families can access childcare and eligible funding, when required</p> <p>Children are meeting their development milestones, as appropriate</p>	<p>Measuring the improvement in school readiness:</p> <p>a. Annual Family Hub Report, including case studies and stakeholder feedback (FH)</p> <p>b. Impact evaluations for interventions/outcomes or goals achieved (FH Dashboard)</p> <p>c. Numbers of children achieving a Good Level of Development</p>

	<p>Summer Reading Challenge and Bookstart.</p> <p>d. support access to childcare and eligible funding.</p> <p>e. ensure development milestones are met before transition including working with schools to promote school readiness on their open days and speech and language services.</p> <p>f. Ensure all early learning activities in the Family Hubs are accessible to children with disabilities and to parents with disabilities.</p> <p>g. Promote communication and language development and ensure professionals have the skills to identify when specialist support is required</p>	<p>that work through the family hub network and working in a whole family way</p> <p>Every Child a Talker</p>	<p>Improvement in children’s school readiness, attendance and attainment.</p> <p>An increase in children in preschool with well-developed skills for learning to support transition.</p> <p>Narrowed FSM and ethnicity gaps at end of EYFS.</p>	<p>d. Take up of 2 &3-4 years old early education places</p> <p>e. Parent/Carers Feedback Survey (to be developed with providers).</p> <p>f. question for families related to seasonal topic in one of the outcome areas to be agreed by all Hubs and collated centrally on a monthly basis (FH)</p> <p>g. Book Start packs given to families (FH)</p> <p>h. Outcome Star</p> <p>i. Improvement in School Readiness indicator</p>
<p>Health</p> <p>(SFOF: <i>Improved mental and physical health</i>)</p> <p>PH Comm to provide detail - we could also promote awareness of the role of the</p>	<p>a. Work closely with local maternity services to develop greater links to support the roll out of Midwifery Continuity of Carer as part of the national maternity transformation programme and to promote earliest take up of Family Hub provision and registration.</p> <p>b. Ensure families are aware of their Health Visitor and promote the role of the Health Visitor. Where the Family Hub becomes aware of a family who is</p>	<p>AIG and signposting families to appropriate resources</p> <p>Weekly drop in and monthly group sessions.</p> <p>1-2-1 support, where needed</p>	<p>Pregnant and new parents feel supported to keep themselves and their child(ren) healthy.</p> <p>Parents understand how to manage the development stages and</p>	<p>Measuring improvements in physical health:</p> <p>a. Annual Family Hub Report, including case studies and stakeholder feedback (FH)</p> <p>b. Impact evaluations for interventions/outcomes or goals achieved (FH Dashboard / HENRY programme)</p>

<p>School Nursing Service</p> <p>PH Comm - Please note additional outcomes added to section 5 above need to be included here – we can advise re outputs, indicators and suggested methods</p> <p>PH Comm – expectation of Stage 2 or 3?</p>	<p>new to the area, or known to have missed health checks, they should refer to the Health Visitor.</p> <p>c. Be aware of a wide range of health services and be able to provide opportunistic advice and refer/signpost parents/families appropriately which shall include GP registration, pharmacies, Adult IAPT, stop smoking, weight management, substance misuse, sexual health services (including contraceptive services), community wellbeing, autism and ADHD assessment.</p> <p>d. Promote breastfeeding and participate in activities required to gain Stage 2 or 3 Baby Friendly Accreditation. In addition promote infant feeding support and breastfeeding cafes in each FH</p> <p>e. Ensure that the Healthy Start Vitamins and voucher scheme is widely available and work with Best Start and Health Visitors to maximise take up of the programme. Promote the uptake of Healthy Start Vouchers.</p> <p>f. Deliver sessions relating to pregnancy, Home safety & First Aid, Pre and Post-natal support to prevent post-natal depression and behaviour support.</p> <p>What's in the Baby Hubs spec? We need to ensure good fit and define delivery roles?</p>	<p>Communicate health promotion campaigns and messages through a variety of platforms e.g. social media, websites, leaflets, talks, community champions.</p>	<p>behaviour of their children.</p> <p>Families have good support networks and feel part of their local community</p> <p>Children and young people manage their own personal hygiene well. Families can prepare and eat healthy meals. CYPF make healthy lifestyle choices.</p>	<p>c. Parent/Carers Feedback Survey (to be developed with Providers?)</p> <p>d. Annual Quality Review (GCC) including “Mystery Shoppers”</p> <p>e. Monthly engagement question for families related to seasonal topic in one of the outcome areas to be agreed by all Hubs and collated centrally on a monthly basis (FH).</p> <p>f. Outcome star</p>
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	<ul style="list-style-type: none"> g. Co-ordinate and deliver low level postnatal depression support groups in partnership with Health colleagues. h. Co-deliver sessions with health partners such as Development sessions, Speech & Language and Weaning Workshops. i. Promote physical hygiene including oral hygiene to children, young people and families together with partners such as the oral health improvement programme. j. Work with partners to prevent holiday hunger and promote healthy meals including the Healthy Start programme (appendix). k. Deliver physical wellbeing activities programme with community partners including schools to promote exercise, play, better sleeping habits, smoking cessation and HENRY programme l. Engagement with local sport organisations to provide events and activities for families. m. Ensure all health activities in the Family Hubs are accessible to children with disabilities and to parents with disabilities. 			
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	n. Advice and support on sexual health awareness and contraception (c-card programme)			
<p>Adult Education and Employment</p> <p><i>(SFOF: Financial stability)</i></p>	<p>Sessions offered to families to:</p> <p>a. manage benefits, debt, childcare funding, budgeting and maximise income (Healthy Start Vouchers, Holiday Activities and Food Programme) independently linking with DWP and other partners e.g. Period Poverty campaign.</p> <p>b. completing applications, training, volunteering, education (numeracy and literacy), vocational, apprenticeship and internship opportunities to improve employability linking with local employers, educational settings, libraries, Careers SW, NCS, DWP, Read Easy Plymouth and other partners.</p> <p>c. assist with housing applications and support to reduce risk of homelessness and maintaining tenancies for families including life skills</p>	<p>AIG and signposting families to appropriate resources</p> <p>Weekly drop in and monthly group sessions.</p> <p>1-2-1 support, where needed</p> <p>Increased uptake of Healthy Start Vouchers.</p>	<p>Ability to manage personal finances effectively</p> <p>Families, carers and young people feel empowered to live the lives they choose and are given the right skills to reach their full potential to achieve a positive destination</p> <p>Ability for young people and families to effectively manage their tenancies and avoid homelessness</p>	<p>Measuring management of personal finances, positive destinations and housing stability:</p> <p>a. Annual Family Hub Report, including case studies and stakeholder feedback (FH)</p> <p>b. Impact evaluations for interventions/outcomes or goals achieved (FH Dashboard)</p> <p>c. Quarterly good news stories for every Family Hub (FH)</p> <p>e. Quarterly audit and case studies</p> <p>f. Parent/Carers Feedback Survey (to be developed with Providers)</p> <p>g. Monthly engagement question for families related to seasonal topic in one of the outcome areas to be agreed by all Hubs and collated centrally monthly (FH).</p>

<p>Information and participation <i>(SFOF: Financial stability; Secure Housing))</i></p>	<p>Providing accessible advice, information, guidance and signposting on relevant topics and support to families through a range of resources including social media.</p> <p>Developing and maintaining a digital offer for the Family Hubs in partnership with GCC to ensure consistency and quality of information.</p> <p>Developing reciprocal signposting arrangements between Family Hubs and partners such as Libraries and local Community, Voluntary and Faith groups to ensure families are signposted to the most appropriate place. Children young people and parents/carers co-design: a. accessible resources in their local communities. b. school-based and community events and activities.</p> <p>Communication of a clear process of accessing Family Hubs and what should be achieved by these services to both CYPF and practitioners including transition pathway for vulnerable children and young people.</p> <p>Ensuring that all direct work with children, young people and families takes into account their wishes, thoughts and feelings, gaining insight into their lived experiences</p>	<p>AIG and signposting families to appropriate resources</p> <p>Weekly drop in and monthly group sessions.</p> <p>1-2-1 support, where needed.</p> <p>Information for children with SEND available on the Local Offer</p>	<p>Families are better informed about the services available and can confidently share their knowledge with others</p> <p>Flexible resources that allow the service to effectively respond to CYPF changing needs including working in partnership with educational settings</p> <p>CYPF understand the Family Hub offer and have ownership of the Family Hub activities.</p>	<p>Measuring how families are better informed about services available:</p> <ol style="list-style-type: none"> a. Annual Family Hub Report, including case studies and stakeholder feedback (FH) b. Families access up-to-date and accurate family hub service information in a range of ways (e.g. digital, social media, physical leaflets, Family Information Service (FH). c. Quarterly reporting on registration of children and families, including demographic and cohort-level data. Will we want to set a target for registration + year on year increase? - TBA d. Customer survey data e. Quarterly good news stories for every Family Hub (FH) f. Annual Quality Review (PCC) including “Mystery Shoppers” g. Quarterly good news stories for every Family Hub (FH)
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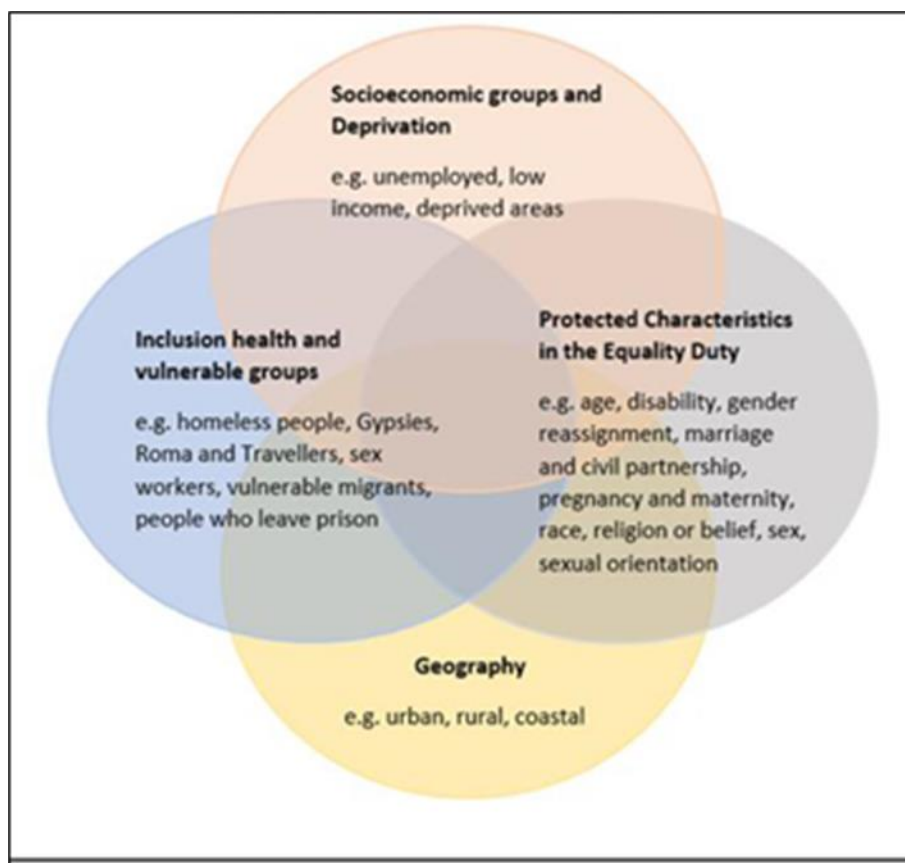
				<ul style="list-style-type: none">h. Monthly engagement question for families related to seasonal topic in one of the outcome areas to be agreed by all Hubs in each Lot and collated centrally and monthly (FH)i. Outcome star
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8. Equality of Opportunity

The Provider shall ensure there is equality of opportunity by:

- Ensuring services are equally accessible and relevant to the needs and issues faced by Black, Asian and other underrepresented groups of families as well as children with disabilities and parents with disabilities.
- Ensuring that staff are experienced and culturally competent in and responsive to providing services that are sensitive to the wider issues for underrepresented groups including those who experience health inequalities (which include Protected Characteristics as well as socio-economic, geographical and/or inclusion health domains of health inequalities).
- The use of appropriate recruitment and employment practises and procedures by the Provider.
- Ensuring services or accessible and appropriate for all potential beneficiaries including all minority and hard to reach groups. The range of times and locations that engagement take space will complement and enhance those provided by other community statutory and independent providers
- Ensuring all Providers have undertaken training on delivering accessible services for families of children with SEND and make reasonable adjustments to ensure all services are inclusive.

Figure 1 Overlapping dimensions of health inequalities



The Provider shall ensure that access arrangements to the services are easy for people to understand, and the provider shall provide services using a range of formats which are accessible and appropriate. These shall include but not be limited to:

- Social media especially Instagram, YouTube and WhatsApp
- Texting
- Smartphone apps
- Online information, including the Local Offer
- Local community TV channels and radio
- Access to interpretation and translation for people whose first language is not English
- Adjustments to communications methods and resources for people with sensory impairment (visual or hearing loss) or people who need Easy Read versions.

9. Service Access

The service will be delivered from the Children and Family Centres. Services should be developed to be available flexibly at times that most suit the needs of families and partners within the local communities, including both outreach and centre-based services and must be available all year round.

Outreach services will be delivered to those families identified as being vulnerable or at increased risk of health inequalities through the analysis of demographic and other relevant data and local knowledge. These services must be provided flexibly, at evenings and weekends and as a priority, including work with families in their own home.

Where services are delivered from a community base these should also be available at times defined by the community and should aim to offer core services between the hours of 08.00 and 18.00 Monday to Friday, with additional evening and weekend services offered to support working parents/carers. Opportunities for families and children to engage during school holidays and Bank Holidays should also be offered as required.

The service will operate for 52 weeks of the year, excluding bank holidays. There is a vision to include extended opening hours and provide weekend support and shall provide universal and targeted family support and services to all families. The Provider must ensure that each Children and Family Centre service area has an answerphone message in operation detailing opening hours and emergency contact number where families in need can receive support e.g. Social Care Out of Hours team.

Each Children's Centre area must have arrangements in place to ensure they are able to respond to MASH (Multi Agency Safeguarding Hub).

10. Data, ICT, Record Keeping and Information sharing

10.1 GDPR

To maintain an appropriate level of GDPR safety GCC require providers to have in place within a maximum six months from the start of the contract an IT system assessed by GCC as being Cyber Essentials Plus (or equivalent) compliant to contain all service user details which the provider may require frequent or emergency access to (e.g. care and safety plans, health and medical plans).

10.2 IT and Telephony systems

The Provider shall provide an IT system and telephony system installed within each Family Hubs within the contract. The Provider will be expected to maintain the security of the ICT assets including hard disc encryption, software patching and operating system critical security updates, anti-virus and anti-malware maintenance and firewall configuration.

The Provider must supply, use and maintain its own mobile telephone equipment, landlines and associated equipment at its own cost, including the cost of calls. The Authority will arrange with the Provider for existing Children's Centre public telephone numbers to be ported to the Provider's own Supplier where possible.

10.3 Record Keeping

The Provider must provide its own core business applications such as Human Resources, Finance. **The Supplier is required to use a preferred information/case management system managed by the Authority.**

The Provider will receive relevant data on children and families including those currently accessing targeted family support from The Authority at the time of transfer.

The Provider shall be required to complete an Information Management and Security questionnaire on award of contract **(appendix)**

10.4 Data Handling

The Provider will ensure that all information held on its staff and users will be kept confidential and that staff and service users understand the importance of always maintaining confidentiality.

Information may be shared between professionals providing services when this will be of benefit to the users and informed consent to do so has been obtained. Information may also be shared between staff and their line managers in a supervision setting where this is required to ensure adequate support for staff.

The Provider will hold personal data about the families and children that access its services and is a 'data controller' in respect of the Data Protection Act 1998. They will process the data for the following reasons:

- To ensure that services meet local need
- To understand access and utilisation including those experiencing health inequalities to ensure that it is proportionate, levels are as expected and those with the most need are proactively targeted with reasonable adjustments to reduce barriers to engagement
- To monitor and evaluate the impact of the service.

- To provide anonymised statistical data
- To ensure that users' strengths & needs are adequately supported through the service
- Where case studies are used, details will be changed to protect the identities of the people involved.

Information will be kept in a secure place. In the case of paper documentation this will be held in lockable storage. Electronic information will be held on password protected computers/servers. Users will have access to the information held about them as per the Data Protection Act. They will not have access to information about any other users of the service. Consent to share information can be withdrawn at any time, but this may limit the support that can be offered.

10.5 Information Sharing

If information needs to be shared without consent i.e. in the event of a Child Protection concern; to access emergency medical treatment; if there is suspicion of criminal activity or a crime has been committed or if Court orders information has to be shared. However, permission will be sought wherever possible. In the case of young children, parental or legal guardian's consent will be obtained. Any limitations to consent will be clearly noted and respected and consent agreement will be periodically reviewed to check that there have been no changes.

James Saunders – draft data consent agreement? APPENDIX

For further information will read Gloucestershire County Council's Data Protection Policy

APPENDIX <http://www.gloucestershire.gov.uk/extra/CHttpHandler.ashx?id=57780&p=0>

11 Workforce and Training

11.1 Workforce General Requirements

The provider shall be responsible for the recruitment of staff for the Family Hub service to fully meet the requirements of the service specification. A brief workforce plan shall be agreed by the provider with the Authorities' commissioners on an annual basis. This includes ensuring that staff within the service are appropriately qualified, trained, knowledgeable and experienced with the competencies to deliver the service to ensure the outcomes are met, services are inclusive, levels of quality are achieved and that the service remains safe and effective for everyone involved.

In line with the Equality Act 2021 the Provider shall recruit staff (and volunteers) to roles using the principles of positive action to secure a workforce representative of the local community.

11.2 Training requirements and competencies

Could we include something about staff being trained in having positive conversations?? - could be health coaching, MECC, MI depending on what their role is

The Provider shall ensure that all staff and volunteers hold appropriate qualifications with a UK registered professional body as required.

The Provider shall ensure all staff have an up-to-date knowledge of the emotional well-being needs of new parents including signs of post-natal depression to support and refer clients when required.

Additionally, and as and a minimum, the Provider should ensure that all staff and volunteers where appropriate will:

- Have an enhanced disclosure and barring service (DBS) check
- Be engaged on employment contracts commensurate with their position, current employment legislation and good practise
- Have complete and up to date statutory and mandatory training in place
- Have completed all tiers of child protection training appropriate to their role
- Have access to mental health first aid training
- Have access to ongoing professional development to support their own career development
- Have completed equality and diversity training and are aware of their responsibilities to ensure equitable access for all service users
- Ensure that staff are experienced and culturally competent in and responsive to providing services that are sensitive to the wide issues for underrepresented groups including those experiencing health inequalities
- Be able to communicate with children and their families respectfully and professionally from a wide cultural diversity, by accessing appropriate interpretation services as required
- Have access to training that supports personalised / family centred working e.g. coaching, motivational interviewing, brief intervention, to support active engagement and behaviour change
- Are capable and confident in working with the range of other service providers services in a collaborative manner.
- Have the skills to respond effectively to ACEs and trauma including recognising where an individual is affected by trauma, adapting practice to minimise distress and maximise safety and providing a different experience of relationships e.g. support via choice rather than control.

The Provider shall also ensure that:

- All staff working directly with children and families have sufficient knowledge, training and support to promote the physical and psychological well-being of children and their families to identify early indicators of issues, additional needs and vulnerability

- All staff have documented/recorded annual performance management and appraisals to identify skills or training needs to help improve outcomes.
- Training needs assessments are carried out for all staff working within the service and a plan is developed to deliver the call learning and development requirements identified. Resource is allocated for the CPD requirements should be identified in the plan and opportunities to access multi agency training should be maximised
- Any emerging locally developed training and development opportunities for example relating to health inequalities are incorporated into training plans.
- Staff are supervised and provided with access to appropriate induction, training, appraisal, supervision and professional development opportunities. The breadth, depth and nature of training shall be appropriate to meet the needs of the people engaged by the service
- An appropriately publicised disciplinary and grievance procedure is in place for all employed staff
- All employed staff and volunteers clearly understand their roles and responsibilities by providing clear job descriptions and by receiving adequate induction and ongoing training one to one supervision etc. commensurate with their role
- The diversity and skills of staff and volunteers should reflect the needs and profile of people in the local area
- Opportunistic opportunities are exploited to enhance and develop the skill set and wider knowledge of the providers workforce particularly in relation to working in partnership with other service providers.
- The family hub network has a learning culture, and feedback informs future training and practice across agencies.

The Provider ensure that staff have key competences as outlined below:

- Excellent communication and engagement skills
- A positive attitude to supporting people with complex lives
- An empathic non-judgmental approach
- Working in person centred ways, using a supportive and empowering approach
- Ability to build credibility and inspire trust and confidence

The Provider is encouraged to take on local secondary students on work experience and place professionals for workplace training.

11.3 Supervision

The provider shall ensure that regardless of the type, supervision will have an emotionally restorative function and shall be provided by individuals with the ability to:

- create a learning environment within which staff can develop clinical knowledge, skills and strategies to support vulnerable families

- Use strengths-based, solution-focused strategies and motivational interviewing skills to enable the teams to work in a consistently safe way utilising the full scope of their authority
- Provide constructive feedback and challenged the teams using advanced communication skills to facilitate reflective supervision knew line makes strong emotions, sensitive issues and undertake courageous conversations
- Provide guidance on the interpretation of policies and guidance

The provider shall develop and maintain a supervision policy and ensure the that all staff and volunteers across the service access supervision. All staff should have supervision every two months and annual appraisals as a minimum requirement. The frequency of the supervision will be dependent on the level of risk in the families being managed by staff.

11.4 Professional Clinical Supervision

The Provider shall ensure all staff will have clinical supervision according to their needs using emotionally restorative supervision techniques on a regular planned basis.

11.5 Management Supervision

The Provider shall ensure that all staff with a requirement to line manage staff will have access to a senior manager or professional lead to provide one to one professional management supervision of their work, caseload, personal and professional learning and development issues

11.6 Workforce Capacity

The Provider shall consider how they will make provision for capacity in the case of staff absence, turnover, hours worked, as well as levels of client vulnerability and or additional needs of clients, for example safeguarding, English as a second language, children/parents with disabilities.

Staff contracts should be flexible enough to accommodate changes to the operating times of the services which will be shaped by the needs of the service users and agreed with the contract manager.

11.7 Workforce Reporting

The current workforce shall be reported on by the provider on a quarterly basis. Where the provider is unable to meet fulfil agreed workforce requirements, the provider shall develop and share a recruitment retention plan with the authorities' commissioner, which will be reviewed quarterly.

The provider shall have in place target and development plans to support workforce development and retention, mobilisation of expanded services, service transformation and service monitoring.

12 Health, Safety and Risk Management

The safety and well-being of children, parents and staff in the delivery of services are of paramount importance. The Provider shall ensure that all relevant health and safety requirements are applied as required. This includes:

- Carrying out robust risk assessments that adhere to the authority's guidance and policies – link or appendix
- Ensuring that employees are competent to carry out the work they are engaged in
- Providing relevant information, instruction and regular training
- Monitoring health and safety performance
- Reporting any significant incidents to the authority such as physical injury or fatalities in line with the authority's policies and procedures
- Maintaining a log of all incidents in line with health and safety protocol and reporting these to the commissioning? Report to the authority or SHE? GCC SHE can advise on this.

The Provider shall have clear written policies on safety for people and staff as well as periodic training and discussion of current ongoing practises. These policies shall cover loan working and dealing with aggression and the threat of violence. Risk assessment policies and practise shall be reviewed on an ongoing basis.

The Provider shall ensure that policies, training and working practise enable all staff to work safely but positively with issues of risk, balancing issues of safety with approaches which are person-centred and enable parents to make positive choices.

13 Safeguarding

The Provider has a key role to play in relation to safeguarding and promoting the welfare of children under 11 years of age, this needs to underpin all service delivery. The provider is required to have clear policies and procedures in place relating to safeguarding in line with national guidance and locally agreed procedures through the Gloucestershire Safeguarding Children's Board (GSCB) – link to website

The Provider as a partner of the Local Safeguarding Board are accountable to be compliant with duties and responsibilities laid down in Section 11 Children Act 1989 (Revised 2004).

Effective multi-agency arrangements and shared pathways are crucial to protecting children and promoting their welfare. The Provider working with children under 11 and their families should take all reasonable measures to ensure that the risks of harm to children's welfare are minimised: and where there are concerns about children's welfare the Provider takes appropriate action to address the concerns, working to agreed local policies and procedures in full partnership with other local agencies as described in Working Together to Safeguard Children (2015).

The Provider will complete an Annual Safeguarding Audit between Sept-Jan designed by The Authority in line with section 11 duties of the GSCB. The Provider will also be expected to keep up to date with relevant changes in legislation.

The Provider will make a significant contribution to the provision of Early Help services which forms part of a continuum of help and support to respond to the different levels of need of individual children and families. They will use the diagnostic Early Help Assessment Tool with the Graduated Pathway Framework to determine level of need currently being experienced by the child and their family to provide an effective package of intervention.

The Provider must use the Gloucestershire's single integrated system for assessing children's needs (Early Help Assessment).

The Provider will be required to use the preferred system provided by GCC.

The Authority will work with the providers to agree how to access the data system provided. The Authority will maintain the data system and provide training for the Supplier's staff.

The Provider will have an identified an appropriately trained Designated Child Protection Officer (DCPO) and ensure all other staff receive the appropriate level of child protection training and be able provide documentation to prove training is up to date and relevant.

The provider shall inform the authority at the earliest opportunity of any safeguarding alert, concern or complaint it becomes aware of by following the authority's safeguarding procedure.

The Provider will operate in line with Gloucestershire's multi-agency policy & procedures for the protection of adults with care & support needs (include link / appendix)

Providers must:

- have, and follow, a written child protection policy to safeguard the children they look after from abuse or neglect;
- have effective systems to make sure that anyone on the premises during childcare hours is suitable to be around children – for childcare on domestic premises, this must include getting an enhanced check with barred lists from DBS through Ofsted;
- minimise any risks to the health and safety of children and staff.

14 Quality assurance principles and monitoring

The authority is committed to the principle of continuous improvement and work with the Provider to look at ways of improving performance with emphasis on the service provided being person centred and outcome focused

Involvement of people and their views is critical to providing an inside out assessment of the provider. Any conversations will be honest, open and transparent with the needs of the person using the service central to any discussion. The authority reserves the right to undertake or commission any research, evaluation, monitoring or auditing of any activity that it finds.

Quality will be assessed through regular contract meetings, service reviews, planned or unannounced visits or through any other appropriate method the authority decides. As part of such monitoring, the provider shall as required submit the authority copies of up-to-date records of all staff employed by them, including DBS checks and training undertaken.

The Authority may make inquiries regarding issues relevant to the performance of the contract. The Provider shall, as required, collect and submit information through the use of surveys and all forms or any other digital system which may be developed and notified to the provider.

And the Provider should comply with any review or external audit, including data requests, or monitoring visits as required by the authority.

The Authority should have the right at any time to inspect the premises, equipment and documentation related to the contract and to inspect any associated area of activity forming part of the Contract.

To monitoring the provider's performance, the Authority will have power to carry out surveys, questionnaires or sampling of service users without prior notification to the service provider. In addition to this, the Provider should carry out robust exit interviews (service user satisfaction surveys) with those leaving the service to establish their views on the service they have received. Additionally, the authority may undertake audits of complaints and compliments logs and audits of policies and procedures.

The Authority will discuss any issue of concern with the provider in a clear and transparent manner, offering guidance as and when required, while setting clear expectations and time scales to remedy any issue of concern.

If, as a result of such assessment and monitoring the Provider fails to achieve the desired levels of quality, they will be required to submit an action plan within one month and to report an achievement of the plan against agreed timescales.

14.1 Reporting activity: Quarterly reporting

The provider shall meet with the Authority's contract manager for the purpose of jointly monitoring and evaluation of the service on a quarterly basis to ensure that the service is being provided. The provider shall ensure that your report is presented at each meeting in the format provided by the Authority (with qualitative and quantitative data as appropriate).

These reports shall be provided to the Authority's contract manager no less than five working days ahead of the scheduled meeting for the quarterly meetings.

14.2 Reporting activity: Annual reporting

The Provider shall produce an annual report in August, following the end of each contract year. The template for this annual report should be agreed by the provider with the authority's commissioner ahead of time.

The report should look at how use of the service differs by protected characteristics and geographically. The report shall include case studies and qualitative information from staff, service users and other stakeholders.

15 Communication and Engagement

15.1 General requirements

The Provider will work in partnership with Early Years providers including nurseries based in Family Hubs and de designated Children's Centres to ensure families are fully aware of the Family Hub offer, promoting early identification of needs and early help within families.

Collaborate across the integrated partnership to create and promote a shared termly timetable of activities in advance of term commencement, contribute to regular newsletter communications to families and ensure up to date details of the Family Hub offer

The Family Hub offer will support parents who are receipt of benefits or experiencing financial difficulties to access a range of information, advice, and training to reduce child poverty, including informal learning, accredited training and opportunities for volunteering

15.2 Inclusion

The Provider shall develop trusted working relationships with voluntary sector community groups networks to engage with families via faith-based groups, connecting communities forum and other avenues to communicate support offer

The Provider shall work closely with the Gloucestershire Parent Carer Forum to ensure the services offered are suitable for families of children with additional needs.

Information on services available for children with SEND should be included in the Local Offer

15.3 Accessibility

The Provider shall explore and expand the use of innovative communication techniques such as direct SMS and peer to peer messaging to increase reach of your communications to underserved communities.

The Provider shall consider the needs of residents and ensure accessibility to those who may speak languages other than English, have differing sensory or learning abilities and benefit from communications in a variety of formats which shall include but not be limited to translatable, easy read and audio format and quieter play sessions.

15.4 Engagement and Evaluation

The Provider shall initiate, develop and embed opportunities for families' feedback and evaluation as an integral aspect of service evaluation to inform action on improvement

The Provider shall explore and expand opportunities for Co-production and service design and improvement to create services that meet families self-determined needs and are delivered in accordance with their preferences

The Provider shall source and share available data to evaluate reach and potential impact of communications with the communications team which shall include but not be limited to website social media metrics, service user feedback surveys, attendance uptake referrals.

16 Finance

The Provider shall manage and monitor the services finances and ensure adherence to financial regulations **(see terms and conditions)**

The Provider shall submit quarterly financial reports on it's budget spending in a format determined by the Authority

The Provider should ensure that it has a dedicated bank account with a reputable bank / building society UK.

Small-scale locality budgets may be available to support the development of new family services based on emerging local need.

17 Governance (and Integrated / Inclusive Working)

The Gloucestershire Children and Young People's Wellbeing Coalition is a multi-agency board which holds the Gloucestershire Family Hubs strategy and reports to the Health and Well Being Board. The Sub-Group is the integrated leadership team with overall responsibility for the implementation and ensures strategic oversight of other core functions of integrated early help. The Provider will be responsible for ensuring the Locality Reference Group, which feeds into the Sub-Group is vibrant and representative of the local partners and communities delivering Family Hub services, including parents and carers as well as the voice of child. We expect service user voices to have a strong role in shaping the design, delivery, and monitoring of services in each Family Hub.

17.1 Corporate Governance

The Provider shall have an identified senior manager who is responsible for the Family Hubs service

The Provider shall undertake training audits to ensure that all staff are compliant with professional mandatory and statutory training

The Provider shall ensure the service is carried out in accordance with best practise in healthcare and early education and will comply in all respects with the standards and recommendations:

- Issued by any relevant professional body
- From any audit and adverse incident reporting
- Set out in national and local child protection guidance

17.2 Locality Reference Group

It will be the role of the Provider to lead the Locality Reference group for each Family Hub and to ensure that the membership is made up of local community groups, parents, carers and young people.

The Provider will represent their locality on integrated, inclusive leadership teams to ensure the system is co-produced, as well as informing leadership teams of how local families can be better supported

The Provider will respect the views and wishes of parents and engage them in decision making to support the Family Hub service provision. Families will have a say in how services are delivered (with transparency about what the money is being spent on and the difference it is making).

The level of provision provided by the Provider must be aligned to the number of children aged 0-11 years within the localities of each of the commissioned areas and reflect the priorities identified within each district.

There will be a joint commissioning plan between the local authority and partners such as health commissioners for the services accessed through Family Hubs.

Services must be flexible and responsive to the needs of individual localities and communities and should be tailored where required. These services should be pro-actively targeted at those most in need of support and ensure wide coverage across the specified area.

17.3 Integrated / Inclusive Leadership

The provider will work with partner's services, particularly between social workers, health visitors and Families First Teams so that vulnerable families are supported with appropriate interventions that are applied in a co-ordinated way that does not duplicate and confuse those in receipt of services.

The Authority also recognises its responsibility as a local authority under section 10 of the Children Act 2004, of promoting inter-agency cooperation to improve the welfare of children. The government's Working Together to Safeguard Children guidance (March 2015) states that:

Effective early help relies upon local agencies working together to:

- identify children and families who would benefit from early help;
- undertake an assessment of the need for early help; and
- provide targeted early help services to address the assessed needs of a child and their family

The Provider will be expected to work with a range of partner organisations in an integrated leadership team, with shared objectives and outcome measures, to ensure that the service is effective in supporting families and improving health, education and social outcomes.

The Provider will be required to access intelligence and data through partnership working to support the early identification and engagement of vulnerable families accessing targeted services.

These will include, but are not limited to:

- Public Health Nursing (Health Visitors and School Nurses)
- Community midwifery, including the Midwifery Partnership Teams based in Gloucester City and Cheltenham
- Children's Social Care Teams
- Families First Teams
- SEND services
- Early Years providers of early education and childcare.
- Schools.

- Drug and Alcohol services
- Domestic Violence support services
- Child and adult mental health services
- Voluntary and community groups
- Other commissioned organisations that support universal services for families e.g. Healthy Lifestyles Service, children and families weight management support

18 Premises

The provider shall ensure that services are available and accessible at times and locations that meet the needs of children and families.

The provider shall deliver and coordinate the full range of activities as detailed in the service specification across the Lots through different types of premises (appendix – same as 18.1). This list is not intended to be an exhaustive list of all available premises, and the provider is encouraged to explore other options available.

Co-location of service provision and other elements of the family hub is encouraged by the Authority. Consideration should also be given to hot-desking which enables agile working and greater efficiency in movement of staff throughout the working day (negating a requirement to return to a central office base).

18.1 Types of Premises

The Authority has defined the Family Hub service points under three Categories A, B, and C. The Authority, at its discretion, may amend the portfolio of buildings made available for these services under Categories A, B and C (see Appendix X)

The categories within the list are as follows, was full definitions within the Appendix

- Category A: buildings owned by the authority
- Category B: buildings where there has been Sure Start capital investment or which are established service points but the premises are managed by a third party. However, arrangement for use of these buildings will be between the provider and the authority
- Category C: buildings which are owned or managed by third party and hired for family hub sessions

The Authority will lead on the management of premises in categories A and B and will cover the costs connected with the use of these buildings for the delivery of services. The Provider shall ensure that they do not incur any additional costs outside the agreed use of the buildings within the without the agreement of the authority.

The Provider should take responsibility for the delivery and design of the approved Family Hub programme in accordance with safe and defined use of the premises.

The Authority will take lead responsibility in negotiating and maintaining access to partnership buildings such as libraries, schools, and community owned buildings

The Provider's staff accessing these premises will maintain good professional relationships with partners providing these premises.

Access to Category A and B premises will be managed by the Authority and will be available to the provider to meet service delivery requirements in line with the Family Hub programme

18.2 Accommodations for the Provider

The Provider's staff will be able to use allocated hot desk space in category A and B premises for the purposes of delivering services as required by this service specification. The provider shall follow the Authorities hot-desk policies and procedures and usage policies (appendix?).

It is expected that health professionals and social care staff may utilise this desk space on a regular basis to build working relationships, improved communication and collaboration with Family Hub providers.

18.3 Contact Details

The provider shall direct all enquiries concerning category A and B premises to the authorities designated premises lead.

18.4 Premises Managed by the Provider

The Provider shall lead on the sourcing and management of any other premises used (e.g. potentially those Category C or any others identified) for the delivery of services and will cover any costs connected with the use of these premises. The provider shall allow for premises costs outside of Category A and B within the contract value.

18.5 Health and Safety

The Authority will provide the health and safety building risk assessments for Category A and B premises to the provider. The Provider shall ensure all health and safety requirement for other buildings are provided by the building owners or that health and safety assessments are covered within any service or hire agreements. The Provider shall undertake and implement all risk assessments in relation to services and activities provided, including daily risk assessment checks before the start of each session.

19 Policies and Procedures

The Provider shall have, as a minimum the following policies and procedures by which the service is governed and the provider shall have a mechanism in place to ensure that all relevant individuals have read, understood and are applying those policies or procedures. These policies and procedures shall include, but not be limited to (appendices?):

- Working together to safeguard children;
- Equality, Diversity & Inclusion;
- Health and Safety;
- Information Governance and Data Protection;
- Use of Social Networking;
- Safeguarding;
- Complaints;
- Confidentially;
- Staff Training;
- Integrated Working