HIGH LEVEL FAMILY SUPPORT SPECIFICATION

CHILDREN/YOUNG PEOPLE HOME &

COMMUNITY SUPPORT PSEUDO DPS

APRIL 2023

Peterborough.gov.uk

Cambridgeshire.gov.uk

**Children & Young People’s Home & Community Support Pseudo Dynamic Purchasing System**

**High Level Family Support Specification**

1. **Introduction**
	1. The Children & Young People’s Home & Community Support Pseudo Dynamic Purchasing System (PDPS) is for the commissioning of Home Care, Community Support and High Level Family Support (HLFS) for children/young people with disabilities and/or complex needs aged 0-25.
	2. This document outlines the quality standards and expectations for Providers on the PDPS delivering HLFS for children/young people and their families/carers.
	3. HLFS refers to short term, intensive and outcomes focused support provided to families with children/young people with disabilities to reduce the risk of carer and/or placement breakdown and prevent episodes of care.
2. **Service Users**
	1. This specification is for the provision of HLFS for children/young people with additional needs, disabilities and/or complex health needs aged 6-18.
	2. The Provider will work with children/young people who are open to the 0-25 Disability Social Care Team and/or Corporate Parenting Team following an assessment of need, application to relevant decision-making panel and referral made through the relevant Brokerage Team. For the purpose of this specification, the term Brokerage Team will be used to describe the relevant officer who has made the referral for each child/young person; this may include a Resource Officer, Social Worker or Casework Officer.
	3. This shall include, but is not limited to, children/young people who have the following conditions:
		* Profound and multiple learning disabilities,
		* Autism,
		* Cognitive and/or sensory impairments,
		* Present with severe behaviour that challenges.
	4. It is expected that HLFS is utilised where a child/young person and their family/carers have already accessed existing universal and targeted provision in relation to parenting support, including that offered as part of the diagnostic pathway. This is with the understanding that for Foster Carers this is likely to have been accessed through the training offer.
	5. In the case of Corporate Parenting referrals, this service may also work with children/young people with the following conditions:
		* Global Development Delay
		* Complex Trauma Disorders
		* Attachment Disorders
3. **Service Outcomes**
	1. The Provider will work in partnership with the child/young person, their families/carers and professional partners, such as Social Workers/Casework Officers, to deliver an outcome-based and personalised approach to HLFS for each case.
	2. As HLFS is short term, intensive and outcomes focused support, a set of outcomes will be decided upon before the support commences for the Provider to meet. These will be outlined within the referral and/or Care & Support Plan.
	3. Examples of possible outcomes for the child/young person and/or their family include:
		* Reduced risk of child/young person coming into the care of the Local Authority.
		* Stabilisation of behaviour and/or presenting needs of the child/young person.
		* Reduced risk of family or placement breakdown.
		* Children/young people are supported to achieve positive outcomes.
		* Establishing and embedding of routines such as bedtime/morning.
		* Families/carers confidence and skills in meeting their child/young person’s needs are improved.
		* Increased families/carer resilience.
		* Reduced need for specialist support in the long term.
	4. The Provider will be expected to build a rapport with the child/young person and their families/ carers, supported through continuity of staff.
	5. The Provider has a responsibility to engage regularly with children/young people and their families/carers to review the support being provided, ensuring it is meeting the outcomes set out for the child/young person and the needs of the family, and have systems in place to implement service improvements where necessary.
	6. Services will be responsive and reliable.
4. **Operating Model**
	1. The services shall be available 7 days a week, 52 weeks a year, including evenings and weekends.
	2. The Provider will be required to have an office base that is in a location accessible to all staff.
	3. The Provider will be able to supply services in emergency situations (with less than 24 hour notice) if required.
	4. The services will be in place for a short-term period based on the outcomes required. In most cases this will be up to 3 months but will be discussed on a case by case basis.
	5. Packages of support will be reviewed regularly to ensure needs are being met. These reviews will be informed by written reports; further detail can be found in Section 14*.*
	6. The Provider will be required to be open about their rostering information, staffing capacity and availability.
	7. The Provider will be required to operate an open approach to accounting and pricing transparency.
	8. The hourly rate should be inclusive of any mileage incurred and this should be outlined in the pricing schedule.
	9. In the case a Support Worker is required to travel above 20 miles per session, incurring additional costs above the agreed hourly rate, it may be agreed in writing between the relevant Brokerage Team, Contract Manager and the Provider to reimburse these costs. This figure is flexible and can be discussed on a case by case basis.
	10. When supporting children/young people to use public transport, their travel expenses are expected to be covered by their families/parents/carers. Staff expenses should be included within the hourly rate identified within the pricing schedule.
	11. If the Provider is supporting with a child/young person returning back in area, a discussion will be had between the Provider, Brokerage Team and Contract Manager regarding any additional costings required.
	12. When supporting children/young people in the community, any expenses for their food, drink and activities are expected to be covered by their families/parents/carers. Staff expenses should be included within the hourly rate identified within the pricing schedule.
	13. The Provider is required to respond to all referrals received; if the Provider declines a referral a rationale must be given.
5. **Cancellation and Notice Periods**
	1. All cancellations or aborted sessions are to be reported to the relevant Brokerage Team within 24 hours.
	2. Cancellations made by families on arrival can be charged at the full amount and cannot be re-booked; this will be deducted from the child/young person’s allocation.
	3. Cancellations made by families within 24 hours can be charged at half of the session time which will be deducted from the child/young person’s allocations.
	4. Cancellations made by the Provider are not chargeable and are expected to be re-booked by the Provider in liaison with the parent/carer. All cancellations must be reported to the relevant Brokerage Team as per 5.1.
	5. If the Provider is unable to sustain the delivery of a package of support, they are expected to provide notice to the relevant Brokerage Team as soon as possible to reduce any possible disruption to the child/young person and their families. A discussion between the relevant Brokerage Team, the Contract Manager and the Provider will be had to ascertain the requirements needed to prevent breakdown of the package of support.
	6. If the child/young person and their family/carers wish to cease their package of support with a Provider, we expect them to give one weeks’ notice. This will be communicated by the Social Worker/Early Help Co-ordinators to the relevant Brokerage Team, who will then inform the Provider. In the case that the family/carers wish to cease their package of support with a Provider with immediate effect, this will be communicated to the Provider by the relevant Brokerage Team and will follow the cancellation processes detailed in 5.2 and 5.3.
	7. If the Local Authority wish to cease the package of support, this will follow the cancellation processes detailed in 5.6.
6. **Service Requirements**
	1. The Provider is required to deliver the service throughout Peterborough and Cambridgeshire, or where PCC & CCC have responsibility for securing provision for a Peterborough or Cambridgeshire child/young person.
	2. Where necessary, the Provider may be required to work with children/young people who are in placements out of area to support with transition back in county and/or with reunification of children/young people into the family home.
	3. The Provider will be required to undertake structured pieces of work, as directed by PCC or CCC, to support families/carers to meet the needs of the child/young person.
	4. The Provider will be expected to work with children/young people and their families/carers to:
		* Review/assess family/home dynamics, routines and behaviour management strategies.
		* Support families/carers to implement routines and boundaries within the family home, leading to a consistent approach.
		* Support with the implementation of behavioural management strategies.
		* Work with the family to develop an intervention plan aimed at addressing a child/young person’s specific presenting needs, as outlined within the referral.
		* Carry out welfare checks and gather evidence to feed into Social Care assessments, including Child Protection or Safeguarding concerns.
		* Provide support to Foster Carers and Adoptive Parents to stabilise placements.
		* Support children/young people to achieve the outcomes set out in their care and support plan following Social Care assessment of needs.
	5. Packages of support procured through this specification will not include personal care; this is to be procured separately from the *Generic Home Care* or *Complex Home Care* specifications on this PDPS.
	6. As packages of support from this specification will be short term, further support with implementing and embedding routines may be delivered through the *Generic Community Support* or *Complex Community Support* Specifications if required.
	7. The Provider must ensure that they have the ability to provide the service with a sufficient number of trained and competent staff.
7. **Joint Working**
	1. The Provider will be expected to work with the Contract Manager to meet evolving requirements during the contract period, including developing their service offer to reflect the evolving needs of children/young people with disabilities, with the development of outcome-based commissioning.
	2. The Provider will develop relationships with other key partners, such as Health, Education, the Positive Behaviour Support Service (PBS), and other professionals and Providers involved, where necessary.
	3. Providers may be asked to attend any Child in Need (CIN) Meetings, Child in Care (CiC) Reviews and/or Child Protection conferences wherever possible. If this is not possible, Providers will be asked to submit a report ahead of the meeting. Attendance at these meetings cannot be invoiced for.
	4. In the case where a package of support is transferred to a Community Support Provider to embed the interventions, or another HLFS Provider, the Providers will be expected to do a handover where possible to support with consistency and transition in delivery.
8. **Emergency Processes**
	1. The Provider must ensure there is an on-call system with an experienced manager who is appropriately experienced in Children’s Social Care Services available to respond to out of office hours calls.
	2. In the event of an emergency the relevant Brokerage Team are to be notified at the earliest opportunity, or the Emergency Duty Team (EDT) must be contacted if out of hours.
	3. The Provider will ensure staff and family contact details are available at all times in case of emergency.
	4. The Provider will inform the Social Worker, Contract Manager and the relevant Brokerage Team of any child protection or safeguarding concerns, allegations or serious incidents within twelve (12) hours of them occurring.
9. **Staff Training and Knowledge Requirements**
	1. The Provider will follow safer recruitment practices and ensure all staff:
		* Have completed all relevant employment checks when employed, including (but not limited to) a suitable DBS/Enhanced DBS check before starting work, references, right to work in the UK, registered with any relevant professional body and, where necessary, are allowed to work by that body.
		* Are trained and have the necessary skills and competencies to safely deliver the services and associated activities to meet the needs of and deliver support to the children/young people referred to the service.
		* Are suitably skilled and experienced to enable each child/young people to meet the outcomes set out within their referral/care plan.
		* Have attained, or are working towards attaining, any nationally recognised and/or accredited training and/or standard pertinent to the category(ies) of children/young people with disabilities and additional needs. See list of required training in Section 9.4.
		* Are able to understand the different needs of children/young people with disabilities and additional needs in the home environment and out in the community.
		* Are able to forge open, honest and trustworthy relationships with children/young people with disabilities and additional needs and their families within professional boundaries.
		* Are proactive in developing the confidence of families/carers in the service, ensuring them that their child/young person is safe.
		* Are able to communicate effectively and appropriately with the child/young person and their families, who may have a variety of needs.
		* Are able to speak and understand English to a good conversational standard under Part 7 of the Immigration Act 2016.
		* Understand and address any concerns that the family or the child/young person may have while receiving their package of support.
	2. The Provider must be able to show how their safeguarding policies and practice adhere to the Local Children’s Safeguarding Board and PCC and CCC safeguarding policies.
	3. The Provider will be asked to complete the CCC & PCC Children’s Commissioning Team Safeguarding Toolkit as part of their mobilisation. The Contract Manager can also request completion of the Safeguarding Toolkit at any point over the contract. There will be an expectation that the Provider ‘fully meets’ all requirements of the Toolkit; where this is not the case the process in paragraph 13.6 will be followed.
	4. As a minimum, the Provider is expected to offer training to staff in:
		* Safeguarding; this is to include Disabled Children, Child Protection, Child Sexual Exploitation, Child Criminal Exploitation and Female Genital Mutilation
		* E-Safety Training
		* Mental Capacity Act and Deprivation of Liberty Safeguards
		* Autism Awareness
		* Mental Health Awareness
		* Attachment and Trauma Disorders
		* Technology Based Communication Aids
		* Non-Verbal Communication Methods
		* Introductory level course to PROACT SCIPr® or PBS, or another accredited approach to Behaviour Management, Physical Intervention and Restraint that promotes the least restrictive options that are in the individual’s best interest.
		* Fire Safety
		* Risk Assessment/Risk Management
		* Basic First Aid
		* Moving and Handling
		* Infection Prevention and Control
		* Food Safety
		* Fluids and Nutrition
		* Health and Safety
		* Medication Administration
	5. Staff will receive regular supervisions to provide support and staff development; regularity can be dependent on hours worked, with a maximum of 3 months between supervisions.
	6. Staff working with children/young people must have:
		* Up to date information and clear guidelines on a child/young person’s needs, including medication administration.
		* Broad based outcomes from each child/young person’s Care & Support Plan.
		* Information and any instructions regarding religious/cultural preferences.
		* For Corporate Parenting referrals, the child/young person’s Entry to Care Journey/Chronology and background of the child/young people.
	7. The Provider must ensure that each staff member responsible for the delivery of care is fully aware of the requirements of this specification and the contract and be able to demonstrate a commitment to maintaining and delivering high quality services for children/young people with a variety of needs and/or conditions to ensure all aspects of their care are met.
10. **Policies and Procedures**
	1. The full list of policies the Provider must have up to date and annually reviewed can be found in Appendix 1. The Contract Manager may request sight of these policies at any time throughout the contract.
	2. In order to support and maintain quality standards, the Provider must have a written Statement of Purpose and a child/young person’s guide which accurately outlines the service provided, the setting and the manner in which the service is provided; these may be requested by the Contract Manager at any time throughout the contact. The organisations policies, procedures and any written guidance to staff must accurately reflect the Statement of Purpose.
	3. When taking a child/young person into the community using a vehicle, the appropriate car insurance must be in place and valid.
11. **Equality and Diversity**
	1. The services will be accessible and delivered with a strong understanding of the Equality Act 2010.
	2. The Provider will promote equality and inclusion through fair and accessible services and their employment practices.
	3. The Provider must be able to demonstrate an ability to develop and implement services to meet the specific cultural needs of each individual child/young person and their family. Services will be provided to a culturally diverse population of children/young people with disabilities and Providers must therefore be sensitive to cultural, ethnic and religious practices and beliefs.
	4. The Provider should seek to respond positively to diversity and co-produce services with children/young people and their families/carers to ensure any issues of diversity are considered.
12. **Environment**
	1. Providers will be encouraged to allocate staff within a local geographical area, therefore reducing the need to travel distances.
	2. The Provider will ensure appropriate recycling of any materials used.
13. **Monitoring and Quality Assurance**
	1. PCC and CCC is responsible for monitoring the quality of the services provided, ensuring they meet the individual needs of the children/young people accessing the service.
	2. Provider performance will be monitored against Key Performance Indicators (KPI) which are directly linked to the outcomes detailed within this specification. The KPI can be found in Appendix 2.
	3. The service will be monitored on a quarterly basis, where Providers will be expected to provide detailed performance reports using the template provided by the Contract Manager. Where a Provider has not delivered a service within the quarterly monitoring period, this will not be required.
	4. Annual contract monitoring visits will be held to review the quality and safety of the provision in more detail. This will include reviewing policies and procedures, viewing staff and child/young person’s records and gathering feedback from families accessing the service as well as other stakeholders.
	5. The regularity of contract monitoring meetings and visits is flexible and may be dependent on the performance of individual Providers and any concerns of the Contract Manager and the relevant Brokerage Team, as well as whether a service has been delivered in each monitoring period.
	6. If a Provider is assessed as not delivering quality services, the Provider will be automatically suspended from any new referrals and an action plan will be created between the Contract Manager, the relevant Brokerage Team and the Provider with timescales for completion to manage risk and ensure contract compliance. Providers’ engagement with the action plan will inform ongoing risk assessment of the service with non-engagement triggering further action.
	7. If there are repeated incidents or significant safeguarding concerns in relation to a Provider, this may lead to an automatic suspension and the transfer of packages to an alternative Provider. This decision will be made by the Contract Manager and relevant Brokerage Team, following conversations with the Provider.
	8. The Provider will be required to complete the PCC & CCC Autism Toolkit as part of mobilisation. This will be reviewed annually as part of contract monitoring processes.
14. **Reporting Requirements**
	1. At point of referral and agreement of package a discussion will be had on the regularity of written reports submitted by the Provider; this may include a sessional/weekly report and/or a detailed report at the end of the agreed delivery timeframe. These reports will outline the progress made towards the outcomes set and what has been achieved, or the evidence collated if carrying out welfare/safeguarding checks.
	2. Reports will be shared with the relevant Brokerage Team within the timescales agreed at point of referral.
	3. If reports come at an additional cost this must be outlined within the Pricing Schedule. This fee includes:
		* A comprehensive report, when requested by the responsible Authority, which is of an appropriate standard and can be utilised in any court proceedings.
		* Support worker hours to produce the report.
		* All administrative and overhead costs associated with the completion of reports including management & supervision, IT/ equipment, and all other requirements as per the Specification.
	4. If the Provider is asked to submit individual sessional reports for each session delivered, this must meet the following criteria:
		* The child/young person’s full name and surname must be written in full on each report.
		* Reports must be legible if handwritten.
		* The start time and end time is to be recorded in the 24-hour format.
		* The full date, including year must be recorded.
		* The Support Worker must print and sign their name – on the occasion the session was 2:1, both Support Workers must print and sign their name.
		* Parent/Carers must print and sign each sessional report. Where a sessional report is electronic, a mechanism is required to demonstrate that reports have been shared with parent/carers.
		* An outline of activities undertaken, behaviours, emotions, changes in circumstances, medication administration, personal care, financial transactions, must be included.
15. **List of Appendices**

|  |  |
| --- | --- |
| Appendix 1 | Policies and Procedures |
| Appendix 2 | Key Performance Indicators |