

**SPECIFICATION 2012-2015  
FOR THE PROVISION OF THE  
FAMILIES FIRST**

Revised April 2014 for 2014-5

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## SECTION A: BACKGROUND INFORMATION

This specification sets out what will be required to deliver the service outcomes set out at section B below.

### **1. Background to Islington's aim to tackle child poverty and support families with multiple needs (Community Based Budgets Programme, Islington's Fairness Commission and the Stronger Families Programme)**

- 1.1 Islington is one of the most deprived areas in the country and child poverty has an impact on children's daily lives and future prospects. 46% of Islington's children are growing up in poverty; 39% of Islington's children are growing up in workless households. Islington's strategy is to improve the life chances of as many families as possible in relation to their employment and employability and enable them to progress independently.
- 1.2 A significant proportion of families living in Islington have multiple needs and services must be tailored to meet them. Support to families must be shaped to help build families resilience in dealing with the challenges they face and in helping them deal with the everyday issues of being a good parent.
- 1.3 Islington is one of the sixteen Community Based Budget Pilots set up across the country in 2011. An ambitious programme of change is underway to meet the needs of families with multiple problems through redesigning how we deliver services and reforming our overall system for family support.
- 1.4 The Islington Fairness Commission was set up to improve the quality of life in the borough by making it a fairer place for all who live and work in it. After extensive consultation with residents in 2010/11, the Commission published nineteen recommendations. These relate to income, work, families, community, safety, housing and health. *Closing the Gap: The Final Report of the Islington Fairness Commission* (June 2011) at <http://www.islington.gov.uk/council/councilfairness/> should be read in conjunction with this specification.
- 1.5 Islington is reshaping its services within its Stronger Families programme which aims to 'turn around' families with multiple problems (national Troubled Families programme) relating to crime/ ASB; school attendance and behaviour; worklessness, and other factors, primarily physical and mental health problems, domestic violence and/or substance misuse.

### **2. Our Stronger Families Programme:**

- 2.1 Aims to drive improvement to service delivery and outcomes across four key services: Children in Need, Youth Offending, Families First and our Specialist Multi Agency Outreach Service through improvements in engagement and tenacious outreach, whole family assessments and SMART plans, closer monitoring of progress, and better co-ordination of support and challenge to families with multiple problems.
- 2.2 The Children in Need and Youth Offending Services are extending their offer to families within the Stronger Families programme by adopting improved ways of working as outlined above.
- 2.3 The Families First service is expected to deliver community-based outreach and home visiting to families, a proportion of which will qualify for the Stronger Families programme. The service will be flexible and persistent in its

approach to families within the cohort, with the aim of ‘turning families around’ and maximising payment by results to financially support ongoing early help services.

- 2.3 The Specialist Multi-Agency Outreach Service (which include AMASS for families of adolescents on the edge of care and IFIT for families involved in crime and anti-social behaviour) delivers an intensive programme of support to the most socially excluded families in Islington who have adolescents with very complex difficulties and who without the provision of services will continue to offend; need the care of the local authority and cause considerable anti social behaviour

### **3. A Single Point of Contact to Children’s Services (Children’s Services Contact Team)**

- 3.1 In 2013, Islington Council established a new Children’s Services Contact Team to make it as easy as possible for residents and professionals to gain access to support or safeguarding services for children and young people. This is the single point of contact for requests for services for vulnerable children and young people in the borough.
- 3.2 The Families First Service is expected to participate in the management and delivery of the Children’s Services Contact Team to enable families to get the right service, first time.

### **4. Our vision for Family Support**

- 4.1 All families need support and advice at some stage as their children grow up. For many families, this will be at times when their lives are changing: a new baby has arrived or their children are going through a change, for example, from primary to secondary school or from child to adulthood. Or additional pressures are affecting their family: a parent loses their job, a relationship breaks down, a family member gets sick or unexpected financial pressures mean that they fall into arrears with their rent or mortgage payments or take on a debt that they cannot manage.
- 4.2 Some parents are more vulnerable to life’s challenges. They may have a baby at a young age and find it difficult to cope with the changes that brings. They may have longer standing problems: a parent’s illness or disability means they struggle to cope or they experience repeated depression or a more serious mental illness. These can be compounded by use of drugs or alcohol as a coping mechanism. Families, who are particularly isolated, perhaps because English is not their first language or because they don’t have strong local networks of friendship and support, often struggle. For families with a low income, in which no-one is working or has the formal qualifications that will help them to get a job, these pressures are compounded.
- 4.3 Islington’s aim is to find families in difficulty early and help them to nip problems in the bud. Research has shown that getting involved early to encourage social and emotional development can significantly improve mental and physical health, educational attainment and employment opportunities. Early Intervention can also help to prevent criminal behaviour (especially violent behaviour), drug and alcohol misuse, teenage pregnancy

and homelessness. Conversely, waiting for problems to take root and reacting late costs the tax payers billions of pounds.<sup>1</sup>

- 4.4 Islington's vision is that every family can quickly get the advice and support they need at different stages of their lives. Many families seek and receive advice and support from family, friends and neighbours. They may need advice from a professional as well now and then, but this will be a short-term support. Parents tell us that they prefer to get that support from someone they know and trust in their local area – their GP, a professional at school or in the local children's centre.
- 4.5 Families that have multiple problems need the same sort of local, trusted support and that support must be delivered in a way that they can make best use of it. Islington's new Family Outreach Support Service is designed to provide that.
- 4.6 Families with school-aged or teenage children can gain easy access to practical and emotional support from a team working in their local area, who can work with them to find solutions to their problems. The team will be available beyond set hours so that families can access the support they need when they need it.
- 4.7 The team will help them to solve their practical problems first – often these will be related to their housing situation and their children's behaviour. A priority will be helping them to make their home safe and comfortable and making sure they can manage their money and not put their home at risk through rent arrears or debt.
- 4.8 Often families in difficulty struggle to support their children's social and emotional development or to manage their children's behaviour. Helping with the basics of getting children fed, to bed, and to school on time and setting and enforcing clear expectations and consequences about children's behaviour will be essential. The relationships that children form with the people in their lives – first their parents and other family members – are essential for their successful development. The team will support families to improve communication and relationships within the home, especially the parent-child relationship.
- 4.9 A single key worker will support the family and provide continuity, someone they can trust and who will be persistent in keeping in touch with them and encouraging them to make positive changes. As well as helping the family to sort out the basics, the team will assist them with longer standing difficulties such as anxiety or stress, violence in the home, drug or alcohol use or health problems. Building the confidence and self-esteem of family members, the team will help them take steps towards work.
- 4.10 Building on the confidence and increase in self-esteem of family members, the team will help them take steps towards work. The Parental Employment Partnership will be engaged to support longer term personal support planning to acquire the motivation and skills required to secure employment and away from out-of-work benefits.

## **5. Service Users**

- 4.1 Service users shall ordinarily be residents of Islington.

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<sup>1</sup> Allen, Graham, MP. *Early Intervention: The Next Steps* (2010)

- 4.2 The exception to this is families placed in temporary accommodation outside the borough that will also be eligible for the service.
- 4.3 The service users will have some additional needs and may be considered to be vulnerable. Some of the families will have multiple and complex needs and some will be eligible for Islington's Stronger Families programme.
- 4.4 In most cases, the family members' needs will be lower than the threshold for Children's Social Care, Adult Mental Health or other specialist agency involvement. However, there will be exceptions to this, e.g. when risk to the children increases or when Children's Social Care involvement is ending and ongoing community support is still required for an agreed period.
- 4.5 The families will have a continuum of needs which will include parenting risk factors such as:
- Living on a low income (on benefit, tax credit and/or in a workless household)
  - In rent arrears or debt or living in overcrowded accommodation
  - At risk of becoming homeless, homeless or in temporary accommodation
  - A family member is in prison or in contact with probation or the youth justice system or in regular contact with the police
  - There is domestic violence
  - Where children's attendance at school is below 80%
  - A family member is involved or has a history of anti-social behaviour,
  - Where children or young people are involved in anti-social behaviour in their local area – e.g. At risk of an ABC or above.
  - Children are living with family and friends' carers
  - Where a family member is experiencing anxiety or depression or a more enduring and serious mental illness
  - Where a parent has a learning disability
  - Where a family member has a substance misuse problem
  - Where there are concerns about parenting<sup>2</sup>
  - Where the family has had a specialist service (like child protection, youth offending or a specialist mental health service) and needs ongoing practical support at a lower level in the community: a 'step down' service.
  - Where a family member has been discharged from hospital or custody.

The children are likely to be affected through parenting difficulties and to:

- Have a record of poor school attendance and repeated exclusions from school
- Be prone to anti social behaviour and offending,
- Experiencing social, emotional and behavioural problems
- Misusing substances, and or
- Teenage parents.

## 5. Service Aim, Reach and Objectives

**Aim:** To ensure families with multiple needs receive a timely service that can meet their needs and deliver the required outcomes

**Reach:** 1,000 families with multiple needs and children aged 5-19 year olds, of whom 50% will be workless.<sup>3</sup>

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<sup>2</sup> Child protection concerns should be referred directly to Children's Social Care but where there are lower level concerns the Families First may deliver part of the care plan and an early intervention social worker will be a member of each Families First Team.

<sup>3</sup> Note that this refers to reach across the three Families First teams per year.

**Service objectives:**

1. To offer multi-faceted, non-stigmatising support from a trusted key worker. The support will be open to all families and based in the heart of the community, but targeting the families experiencing multiple problems.
2. To support more effective parenting and behaviour management leading to improved outcomes for children and adults and reduced levels of support needed from statutory services.
3. To prevent homelessness and to support vulnerable families to live independently in their accommodation without risk to themselves or others.
4. To assist parents to financially support their families; including young people approaching adulthood and support to improve access employment, education or training.
5. To strengthen families' resilience, encouraging more independence and reliance on self, family and community.
6. To participate in the management and delivery of the Children's Services Contact Team to ensure families get the right service, first time.
7. To participate in Islington's Stronger Families programme to ensure families are identified, and supported and challenged to achieve positive outcomes particularly in relation to the national troubled families criteria.

## **SECTION B: SERVICE OUTCOMES**

The outcomes that the Service is required to deliver to Service Users are divided into five areas:

### **1. Family members are safe from harm.**

Examples of individual outcomes that the Service will need to deliver include:

- a. Family members are protected from violence in the home.*
- b. Reduction in anti-social behaviour or violence perpetrated by family members.*
- c. Reduction of harm to family members due to anti-social behaviour by neighbours or others in the local community.*
- d. Reduced offending and repeat offending of family members.*
- e. Referrals to Children's Social Care are appropriate and timely and inappropriate referrals are reduced.*
- f. Families who require ongoing support following a specialist intervention experience a smooth transition.*
- g. Families have easy access and are engaged with an appropriate targeted service.*
- h. Adults within the family have the practical skills to keep the home safe, warm and clean.*

### **2. Parents are able to satisfactorily meet the needs of their children and ensure their wellbeing**

Examples of individual outcomes that the Service will need to deliver include:

- a. Child's behaviour at home is improved.*
- b. Child's behaviour at school/college is improved.*
- c. Parents' relationship with child improves.*
- d. Relationships between family members improve.*
- e. Child's attendance at children's centre or school improves.*
- f. Child's educational achievements are at expected level.*
- g. Increased involvement of father/ significant males in care of child and in decision making about their wellbeing.*

### **3. Family income is maximised.**

Examples of individual outcomes that the Service will need to deliver include:

- a. Families live in secure and settled accommodation.*
- b. Debt and/or rent arrears are reduced.*
- c. Family income is maximised and they are in receipt of the correct benefits.*
- d. Family members are completing activities that are a pathway to employment (confidence building, CV skills, English as an Additional Language classes, training courses, volunteering, education or training).*
- e. Family members enter into and sustain full or part time employment and move off out-of-work benefits.*

### **4. The health of family members is improved.**

Examples of individual outcomes that the Service will need to deliver include:

- a. Family members are registered with a GP and dentist.*



- b. Parents have the information they need to look after their children's health needs including healthy diet and lifestyle.*
- c. Family members better manage their own health*
- d. Family members manage or reduce alcohol and substance misuse*
- e. Children and adults' mental health and emotional well-being is improved.*

## **5. Families increase their networks of support.**

Examples of individual outcomes that the Service will need to deliver include:

- a. Families know how to access the support they require within their community following a Families First intervention, e.g. at school, through their GP or local community group*
- b. Parents and children have increased social contact in the community*
- c. Young carers have access to the same opportunities as their peers*
- d. Families with specialist needs, e.g. substance misuse, caring for disabled children, are supported to access services that can meet their specific needs.*

*The individual outcomes detailed above are not a complete list. All family outcomes will be different and so the desired outcomes will vary from family to family and may not include all of the outcomes all of the time.*

## **Parenting Programmes**

In addition to the above, the Provider is required to deliver Islington's agreed model of evidence-based parenting programmes to both Children's Social Care service users and to other parents in Islington who require targeted parenting support as part of Islington's agreed Family and Parenting Support Strategy.

Examples of individual outcomes that the Service will need to deliver include:

- a. Prevention of escalation of families to more specialist services.
- b. Improvement in parenting skills.
- c. Reduction in parents' concerns about the behaviour of their children.

See Parenting Programmes Outcomes Matrix for full set of desired outcomes.

## **SECTION C: SERVICE DELIVERY**

### **1. Background to Service Delivery**

#### **1.1 Principles of Service**

- 1.1.1 Families can quickly get the advice and support they need from a trusted professional. This will be a key worker and families will not have to deal with a number of professionals from different services.
- 1.1.2 Allocation of services will be made using a fair and transparent process, as part of the Children's Services Contact Team.
- 1.1.3 Families will receive a core offer of services and this will be consistent regardless of where in Islington they reside. The Deputy Service Manager, Early Help for Families will be the overall Operational Manager and will ensure consistency of access, allocation and service delivery across the three Services.
- 1.1.4 Service activity, performance and outcomes will be measured systematically across all Families First services. All Services will therefore be required to use the borough wide case management and performance management information system. The Deputy Service Manager, Early Help for Families will have overall responsibility for ensuring consistency and reliability.

### **2. Information and access**

#### **OUTCOME: Potential Service Users understand what the service offers and what they can expect from the service.**

- 2.1 The Provider produces a Service User's Guide for current and prospective Service Users, with up to date information on the service they can expect to receive. This should include, at a minimum, information about the type and level of service available, opening hours, standards of service delivery, information sharing and confidentiality, safeguarding responsibilities, and complaints.
- 2.2 Information should be in plain English and be accessible through provision in a range of formats.
- 2.3 The Provider should make use of all of the information available locally, whether quantitative or qualitative, to identify and reach out to families with multiple needs. This will necessitate close working relationships with partners in community services (e.g. schools, housing, young people's services, CAHMS) as well as close liaison with the Council's Information Service to identify unmet need.
- 2.4 The Provider will develop an outreach strategy that will include participating in and organising community events, knocking on doors, liaising with schools, housing offices and other community venues to avail of opportunities to promote the service.
- 2.5 The Provider will ensure that services are provided across the local Families First localities and that drop-in sessions are provided to promote easy access to advice and support.
- 2.6 The Provider will link with specialist Children's and Adults' Services to ensure that families who do not meet the threshold for specialist services but do have

multiple needs can gain easy access to community support from Families First. This may include co-locating a Families First key worker within specialist services for part of the working week, to be agreed in advance with the Council and partners. Specialist services include, for example, Youth Offending Service, Children's Social Care, Adult Mental Health Services, or, for children with severe and complex disabilities, locality based services or the Disabled Children's Team.

- 2.7 The provider will also link with targeted Children's and Adults' Services to ensure that families with specific needs can obtain the support they require in the community. For example, families caring for disabled children below the statutory threshold, families affected by parental substance misuse, mental health conditions, black and minority ethnic families with specific language or cultural needs, families experiencing domestic violence.

### **3. Assessment of family needs and family plan**

#### **OUTCOME: The needs of the whole family are individually assessed.**

- 3.1 The Provider will carry out initial screening and provide swift information and advice to families who do not require the services of a multi-agency team.
- 3.2 For families requiring more than one-off advice and information, the Provider will carry out a *Whole Family Assessment* on receiving a referral to the service, using the format agreed by Islington Council and encouraging the participation of family members. The *Whole Family Assessment* enables an assessment of each family member's needs for additional support.<sup>4</sup> It incorporates the children's developmental needs, the adults' parenting capacity and the family and environmental factors. It will also include an assessment of the family members' capacity to make transition into learning and employment.
- 3.3 Where highly complex needs or child protection is identified, the Provider shall refer the child to Children's Social Care immediately.
- 3.4 The Provider will avoid duplication of assessments and services for families by liaising with other involved services (the 'Team around the Family').
- 3.5 The Provider will convene a 'Team Around the Family' meeting to co-ordinate information and services if the needs and proposed solutions are complex. Members of the extended 'Team Around the Family' can be drawn from a range of organisations/ disciplines and are likely to include:
- School staff such as Learning Mentors or Inclusion Manager,
  - Other Education staff such as Behaviour Support or Education Welfare,
  - Children's Centre Worker,
  - Jobcentre Plus,
  - Local Housing Management staff,
  - Local Community Safety / Police,
  - Adults' services (Mental Health, Social Care)
  - Specialist drugs and alcohol services such as CASA

Also drawn in when appropriate are:

- Other members of Team Around the School, e.g. Head Of Year At School, School Home Support Worker
- Specialist young people's services

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<sup>4</sup> Based on national Common Assessment Framework (CAF).

- GP or GP/Health centre based staff
  - Learning disabilities team
  - Specialist domestic violence services
  - Young Carers Service
  - Local voluntary sector and community based providers e.g. play and youth Providers, Black and minority ethnic specialist support services
  - Legal advice
  - Mentoring
  - Volunteering
  - Others
  - Ethnic Minority Achievement Service
- 3.6 The Provider will provide a key worker who will undertake the role of Lead Professional, unless the family identifies another professional that they would prefer to take the role. The Lead Professional will act as a single point of contact for the family, co-ordinate the delivery of agreed actions and reduce duplication or overlap of services to meet the family's needs.
- 3.7 The Provider will work with the family to develop a *Family Plan* to clearly document what actions the family will be supported to take to meet the needs identified.

#### **4. Responsive Services**

**OUTCOME: Service Users receive a flexible, consistent and reliable Service.**

- 4.1 Staff are reliable and dependable, are able to respond flexibly to the needs and preferences of Service Users which arise on a day to day basis and the Service is provided in a way that meets the outcomes identified through the *Whole Family Assessment* and *Family Plan*.
- 4.2 The service will be provided flexibly, including out of the normal office hours and will require some evening, weekend or Bank Holiday working to take account of the family's daily or weekly routines and their support needs.
- 4.3 The service will be open access and will be provided in response to referrals from family members or from Children's or Adults' Services, whether statutory or voluntary sector.
- 4.4 The service must ensure that a response to referrers is provided within three working days.
- 4.5 The Service shall be delivered using the tools of Whole Family Assessment, the Family Plan and the role of the Lead Professional to ensure consistency and effective co-ordination.
- 4.6 Each Families First team will participate in service planning and co-ordination with partners in their agreed locality (e.g. Children's Centres and Schools) and cross-borough (e.g. with other Families First teams or in co-ordinating parenting programmes or outreach activities).

#### **5. Support**

**OUTCOME: Parents' and children's needs and wishes are considered in the planning of support.**

- 5.1 Support will be provided following a *Whole Family Assessment* and the development of the *Family Plan*.

5.2 The Service will ensure a meeting takes place with the family to agree the *Whole Family Assessment* and *Family Plan* and a written record will be completed which will include the family's views.

5.3 The nature of the support provided will vary depending on the family's wishes and needs but is likely to include:

- Practical and emotional support,
- Parenting advice and behaviour management strategies,
- Help in establishing routines, e.g. Mealtimes, bedtimes, school attendance,
- Supporting the improvement of parent/ child relationships and communication between family members,
- Proactive engagement of all family members, particularly fathers and significant males,
- Behaviour management,
- Assistance with welfare benefits,
- Practical assistance about safety in the home
- Support to maintain a tenancy or owner occupation,
- Advice and support to manage the home and the family budget,
- Access to evidence-based parenting programmes such as strengthening families, strengthening communities or triple p,
- Access to further community support networks,
- Encouragement and practical support to attend the children's centre if the family also has a child under 5 years,
- Encouragement and practical support in attending appointments, e.g. at school or GP or jobcentre,
- Help in developing contacts and support networks in the local community,
- Support in attending English as a Second Language classes,
- Support in gaining access to training, volunteering opportunities and other routes to employment (through Parental Employment Partnership)
- Enrichment activities for children and young people,
- Community events,
- Swift access to specialist services where child welfare or safeguarding thresholds have been reached.
- Swift access to targeted services for specific support, e.g. caring for disabled child, affected by substance misuse within the family, particular cultural needs.

5.4 The Provider will ensure that support to families with younger siblings aged 0-5 years is co-ordinated with Children's Centres and that support plans are delivered in partnership with Children's Centres to ensure that child, as well as adult, needs can be met.

5.5 The Provider will work in close co-operation with other specialist services, e.g. support for prisoners' families, specialist support for families affected by drug and alcohol misuse, mentoring for young people, volunteer support for parents. The type and level of involvement with specialist support will be agreed in advance with the Council and may vary from co-location with other services for all or part of each working week to involving services in individual Team around the Family meetings.

5.6 Individual support to families will be provided through an evidence based approach (e.g. Solihull, Triple P) as part of Islington's Family and Parenting Support Strategy.

5.7 The service will ensure that the needs and wishes of the children, young people and parents / carers are considered in their individual care and in developing and providing the service.

5.8 The service to families will be considered in relation to the level and urgency of the family's need.

<p><b><i>Level 1- support to attend group parenting programme</i></b></p> <p>For Service Users who will need support to attend an evidence-based parenting programme to build their confidence as parents, e.g. creating a stable home environment, managing behaviour positively, establishing and maintaining routines, nurturing family relationships and supporting their own emotional wellbeing.</p> <p>At Level 1, advice and guidance may also be provided alongside support to attend a parenting programme.</p>
<p><b><i>Level 2 – advice and guidance on practical or emotional issues (short term support on specific issues)</i></b></p> <p>For families who request practical support, e.g. help in completing forms for benefits, school or housing, or who require help to access other services.</p>
<p><b><i>Level 3 - individual support (up to two hours per week)</i></b></p> <p>For families who require practical support, e.g. related to housing or money management, or support to attend appointments or negotiate with school or other agencies.</p>
<p><b><i>Level 4 - individual support (up to five hours per week)</i></b></p> <p>For families who need up to five hours per week for more intensive individual (as opposed to group) support in terms of parenting and/or practical and emotional support (see list at 5.3 above). This may be in addition to a formal parenting group. Families will be visited according to the <i>Family Plan</i> but this must be at a frequency of no more than five times per week. This can include evening and weekend support. Families are likely to meet the Stronger Families criteria.</p>

5.9 The *Family Plan* will be reviewed with the family and key worker at a minimum on a quarterly basis and more frequently if required, e.g. in response to a particular incident or change in circumstances. The type, level and planned duration of support are reviewed in relation to the desired outcomes for the child and family.

5.10 When a decision is made to cease the family support (normally within six to nine months of referral), the Service will ensure that an exit interview is carried out with parents or carers and standardised measures will be carried out when appropriate.

## **6. Service Capacity**

**OUTCOME: Families receive the support service they need to ensure positive outcomes for family members.**

6.1 The provider is required to deliver family support to a minimum of 335 families within the locality per year (with the expectation that 1,000 families will be supported across the borough's three teams). It is envisaged that this will be delivered through a team of generic skilled and experienced key workers.

- 6.2 Each key worker will provide home or community based practical and emotional support to an agreed number of families at any one time and will, in most cases, act as the Lead Professional for the families that they are supporting.
- 6.3 The provider is required to co-facilitate a minimum of ten evidence-based parenting programmes each year and to nominate a lead member of staff to assist in co-ordinating Islington's parenting programme provision.
- 6.4 The maximum length of support for the majority of service users will be nine months. Any exception to this will need to be agreed by the relevant Team Manager.
- 6.5 A proportion of the work carried out by the Families First key workers will be outside normal office hours. The provider will ensure that a duty system is in place to provide adequate cover for evening and weekend work and emergencies.
- 6.6 The provider must ensure fair access to the service by Islington's diverse community and be able to meet the language and cultural needs of families. Therefore the provider will ensure that the staff appointed, are experienced in providing support services to a diverse community, including refugees and asylum seekers.

## **7. Safe working practices**

**OUTCOME: The health, safety and welfare of Service Users and care and support staff is promoted and protected.**

- 7.1 The Provider ensures that the service has systems and procedures in place to comply with the requirements of the Health and Safety legislation.
- 7.2 The Provider will operate an Out of Hours Duty System to support the staff and work with families.
- 7.3 The Provider will liaise immediately with Children's Social Care if there are safeguarding concerns in relation to children. The telephone number for the Children's Services Contact Team is 020 7527 7400 between 9am and 5pm. Outside of these hours, the Emergency Duty Team contact number is 020 7226 0992.

## **8. Risk management**

**OUTCOME: The risk of accidents and harm happening to Service Users and staff in the provision of the Service is minimised.**

- 8.1 The Provider ensures that an assessment of the potential risks to Service Users and staff associated with delivering the Service, is undertaken, by a trained and qualified person, before the key worker commences work and a risk management plan put in place. This should be updated annually or more frequently if necessary.
- 8.2 Where the Provider is concerned for the health, safety or comfort of other people as a consequence of a Service User's actions or behaviour, the Provider must discuss those concerns with the Service User.

- 8.3 Where the Service User persists in continuing with their actions and the Provider remains concerned for the well-being of the Service User or other people, the Operational Manager or, in their absence, another representative of the Council, must be informed immediately in order to identify how to address the risk.

## **9. Recruitment and selection**

**OUTCOME: The well-being, health and security of Service Users is protected by the Provider's policies and procedures on recruitment and selection of staff**

- 9.1 There is a rigorous recruitment and selection procedure which meets the requirements of legislation, equal opportunities and anti discriminatory practice and ensures the protection of Service Users. Recruitment shall be carried out in accordance with Islington's Safer Recruitment policy.
- 9.2 The Provider shall provide sufficient line management/ supervisors to ensure staff can receive close supervision and support. Management teams shall be recruited with experience in the following: education; housing; children's services.
- 9.3 The Provider shall provide sufficient, appropriately supervised, trained and competent key workers to meet the requirement of this Specification.
- 9.4 The Provider must ensure that key workers have access to appropriate support, advice and assistance at all times.
- 9.5 The use of voluntary workers to meet the requirements of this Service Specification is prohibited without prior formal agreement from the Deputy Service Manager, Early Help for Families.

## **10. Requirements of the job**

**OUTCOME: Service Users benefit from clarity of staff roles and responsibilities.**

- 10.1 All managers and staff are provided with a written job description person and person specification, identifying their responsibilities and accountabilities and are made aware of organisational staff policies and procedures.
- 10.2 All key workers will have the skills, knowledge and experience required to deliver the generic support outlined under Support above (5.3).
- 10.3 In order to ensure that families gain access to services through "one door", the staff team will be comprised of staff with a range of professional experience and knowledge of current policy and processes in each field (e.g. bidding for housing, understanding of NHS). Staff should have the relevant skills and experience to support families and to enable the service to achieve the outcomes set out in the specification.
- 10.4 To ensure that social work advice on safeguarding is available to the Services in relation to families with multiple needs, each Service will recruit a qualified and experienced Early Intervention Social Worker.

## **11. Development and training**



**OUTCOME: Service Users know that staff are appropriately trained and qualified to meet their outcomes.**

- 11.1 The Provider ensures that there is a staff development and training programme within the organisation, reviewed and updated annually, which ensures staff are able to fulfil the aims of the organisation and meet the changing needs of Service Users, their relatives and representatives.
- 11.2 All staff in the organisation are competent and trained to undertake the activities for which they are employed and responsible.
- 11.3 Staff in the organisation participate in an agreed training programme for core functions and ICT systems to ensure consistency across the borough.
- 11.3 All staff receive induction, regular supervision and have their standard of practice appraised annually.

**SECTION D - ORGANISATION AND RUNNING OF THE BUSINESS**

**1. Business premises, management and planning**

**OUTCOME: Service users receive a consistent, well managed and planned Service**

- 1.1 The business operates from permanent premises in a location which is accessible to and suitable for families with multiple needs. The building should be within the locality boundaries or within a reasonable distance for families living in the area. A reasonable distance is considered to be a maximum of a mile.
- 1.2 There is a management structure in place, including clear lines of accountability, which enables the Provider to deliver the Service effectively on a day to day basis, in accordance with the Provider's business plan.
- 1.3 There is a governance structure in place that provides robust leadership with clearly defined roles and responsibilities.

**2. Record keeping**

**OUTCOME: The rights and best interests of Service Users are safeguarded by the Provider keeping accurate and up-to-date records**

- 2.1 The Provider will implement a standard Families First case management system to record family demographics, whole family assessments, family plans, performance information and outcome measures. This will be consistent across the borough's Families First teams.
- 2.2 All contacts and case work will be recorded on the secure case management system within 48 hours of support being delivered. The Provider will be expected to record on a web-based system supplied by the Council.
- 2.3 Procedures will be in place to ensure that any significant safeguarding concerns identified by a staff member on a visit will be shared verbally with the Team Manager immediately after the visit.

- 2.4 The *Whole Family Assessment* and the *Family Plan* will be held on the secure case management system.
- 2.5 The Provider will contribute to specialist assessments, reviews and reports in a timely fashioned, as required on individual cases.

### **3. Policies and procedures**

**OUTCOME: The Service User's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the Provider**

- 3.1 The Provider will implement a clear set of policies and procedures to support practice and meet the requirements of legislation, which are dated, and monitored, as part of the quality assurance process. The policies and procedures are reviewed and amended annually or more frequently if necessary.
- 3.2 The Provider must be able to demonstrate that all policies and procedures are effective. Mandatory policies and procedures are set out at 5.2 below.

### **4. Complaints and compliments**

**OUTCOME: Service Users are confident that their complaints will be listened to, taken seriously and acted upon.**

- 4.1 The Provider ensures that there is an easily understood, well publicised and accessible procedure to enable Service Users, their relatives or representative to make a complaint or compliment and for complaints to be investigated.
- 4.2 The Provider shall have a written procedure and provide information in accessible formats to enable Service Users, their Carer or Advocate to make comments or complaints relating to the Service provided to them. The procedure shall be made known to each Service User from the introduction of the Family Support Worker.
- 4.3 Every Service User should be made aware of their right of access to the Provider's Complaints and Compliments Procedures.
- 4.4 The Provider will maintain an up-to-date register of all complaints received, the action taken and the outcome of any investigation

### **5. Quality Assurance and Measuring Outcomes**

**OUTCOME: The Service is run in the best interests of its Service Users**

- 5.1 There is an effective system for Quality Assurance based on the outcomes for Service Users, in which standards and indicators to be achieved are clearly defined and monitored on a continuous basis by care and support staff and their line managers. The Provider will use a standard Quality Assurance system that will be in place across each of Islington's three Families First

teams and will be co-ordinated by the Deputy Service Manager, Early Help for Families. This system will be consistent with that of the Targeted and Specialist Children and Families Service and report to the Islington Safeguarding Children Board Quality Assurance SubGroup.

5.2 The Provider shall provide the Council with copies of their quality assurance systems and operational policies. They must be able to demonstrate how these policies are implemented at an operational level and how and when they are monitored to ensure quality services are provided. In relation to this specification, the minimum requirements for quality assurance systems and operational policies will include the following:

- Equal opportunities for service delivery, safer recruitment and training.
- The Provider must have in place and be able to demonstrate a commitment to the Commission for Race Equality's Code of Practice.
- Health and safety policy and procedures
- Child Protection Policy and Procedures, including Safer Recruitment and Managing Allegations against Staff – Policy and Procedures to be agreed by the Local Safeguarding Children Board (LSCB)
- Recordkeeping, information sharing and confidentiality policies
- Service user involvement
- Outcome focussed support planning through the use of agreed tools (consistent with Families First services across the borough)
- Risk Management
- Complaints

The Provider will comply with the Council's policies on the following:

- Equality and Diversity
- Child Protection and Safer Recruitment
- Safeguarding Vulnerable Adults
- Integrated working
- Information sharing and confidentiality

This is not an exhaustive list but will form the basis of the Provider's Quality Assurance and Operational Policy documents.

5.3 Note that as set out at Section C 1.1.4 Section D 2.1., case management information will be standardised across the FOSS teams and all services must use the borough-wide information system. However, each service must ensure implementation of a robust performance monitoring framework covering all aspects of services so that value for money, i.e. quality, outcomes and cost effectiveness, can be assessed. The monitoring framework will include activity levels, outcomes and use of resources and will be monitored by the Council on a scheduled basis and as required.

5.4 The Council may require the Provider, subject to the Data Protection Act 1998, to provide statistical information regarding Service Users in such format and at such intervals as may reasonably be determined by the Council and/or Government Departments.

5.5 Monitoring reviews will take place at a minimum, twice a year and will involve the Provider, the Council's Commissioning and Operational Lead Officers for this Service and a monitoring and development officer. All service reviews aim to establish the Provider's compliance with the terms and conditions of this Specification. In accordance with this paragraph the Provider will, quarterly, submit information on the service provided.

- 5.6 A quantitative and qualitative pre and post evaluation framework will be developed across the borough's Families First teams, incorporating standardised tools for measuring outcomes and impact, and service user feedback on the service provided and the action to be taken in response to feedback. The organisation will participate in planning and delivery of the framework and will comply with procedures put in place to consistently measure performance.

## **6. London Living Wage**

### **OUTCOME: The Council recognises its responsibility to keep families above the poverty line.**

- 6.1 The "London Living Wage" means the minimum value per hour a person should be paid to keep them above the poverty line for the higher cost of living within the capital, currently defined by the Greater London Authority (GLA) as more particularly defined within the contract terms.
- 6.2 The Council recognises its responsibility to make substantive efforts to keep families above the poverty line, which is unmet by the National Minimum Wage owing to the high cost of living in the Capital.
- 6.3 The Service Provider shall abide by the London Living Wage requirements in the contract Terms and Conditions.

## **SECTION E – RESPONSIBILITIES OF THE COUNCIL**

1. The Council will:
- ensure access to the Service is only through agreed referral processes;
  - provide a nominated Lead Commissioner who will be responsible for operational and contractual issues;
  - provide an Operational Manager and ensure consistent policies and procedures are implemented across each of the three Families First teams.
  - provide a nominated Monitoring Officer who will be the point of contact for contracting issues e.g. receiving monitoring information and organising reviews;
  - assist with publicising the service through Islington Council Departments, particularly Children's Services and Housing and Adult Social Services;
  - provide assistance with mapping & information of relevant third sector organisations currently working in partnership with Islington;
  - share information which facilitates competent risk assessment for staff;
  - provide access to the IT system for case recording
  - provide access to Islington's information sharing protocol and other key documents on integrated working;
  - provide demographic information on Islington's population.
  - Respond to members enquiries on issues relating to the service

## 2. Nominated contacts

<p><b>Lead commissioner:</b></p> <p>Ruth Beecher Service Manager, Early Help for Families Targeted and Specialist Children and Families Services, Children's Services Islington Council 222 Upper Street, London N1 9XR Tel: 020 7527 7717 E-mail: <a href="mailto:ruth.beecher@islington.gov.uk">ruth.beecher@islington.gov.uk</a></p>	<p><b>Monitoring officer:</b></p> <p>Tanya Parr Commissioning Officer Strategy and Commissioning, Children's Services 2nd Floor Laycock Wing 222 Upper Street, London N1 1XR Tel: 020 7527 1892 E-mail: <a href="mailto:tanya.parr@islington.gov.uk">tanya.parr@islington.gov.uk</a></p>
<p><b>Families First Operational Lead:</b></p> <p>Lucinda Hibberd Deputy Service Manager, Early Help for Families Targeted and Specialist Children and Families Services, Children's Services Islington Council 222 Upper Street, London N1 9XR Tel: 020 7527 5880 E-mail: <a href="mailto:Lucinda.hibberd@islington.gov.uk">Lucinda.hibberd@islington.gov.uk</a></p>	<p><b>Provider Contact:</b></p> <p>Council Families First team: Lucinda Hibberd (see opposite).</p> <p>Family Action Families First teams: Elaine Sheppard Family Action 608 Holloway Road London Tel: 020 7272 6933 E-mail: <a href="mailto:elaine.sheppard@family-action.org.uk">elaine.sheppard@family-action.org.uk</a></p>

**SECTION F: OUTCOMES MATRIX – Evaluating the delivery of the Family Outreach Support Services**  
(Section F of FOSS Specification v2.0 27/09/11)

**Aim:** To ensure families with multiple needs receive a timely service that can meet their needs and deliver the required outcomes

**Reach:** 335 families each year within the locality with multiple needs, (and children aged 5-19 year olds), of whom 50% will be workless. The three teams will reach 1,000 families in total in a year.

**DESIRED OUTCOMES**

**A: Family members are safe from harm**

**B: Parents are able to satisfactorily meet the needs of their children and ensure their wellbeing**

**C: Family income is maximised**

**D: The health of family members is improved**

**E: Families increase their networks of support**

**Service Objectives**

1. To offer multi-faceted, non-stigmatising support from a trusted key worker. The support will be open to all families and based in the heart of the community, but targeting the families experiencing multiple problems.

2. To support more effective parenting and behaviour management leading to improved outcomes for children and adults and reduced levels of support needed from statutory services.

3. To prevent homelessness and to support vulnerable families to live independently in their accommodation without risk to themselves or others.

4. To assist parents to financially support their families; including young people approaching adulthood and support to improve access employment, education or training.

5. To strengthen families' resilience, encouraging more independence and reliance on self, family and community.

**Evaluation and monitoring**

- To deliver to consistent indicators and measurement of performance.
- To gather and respond to families' feedback.
- To participate in the evaluation of the intervention process, outcomes and impact.
- In each of the above, to adopt shared practices across the three FOSS areas.

**How much did we do? (EFFORT)**

**Families**

- Number of and source of referrals
- Number no further action
- Number of whole family assessments completed
- Number of families receiving information, advice & guidance
- Number of families receiving income maximisation service
- Number of families undertaking pathway to employment activities
- Number of families registered with GP / dentist
- Number of home visits
- Number of families supported, (specify no. of children)
- Number of fathers/ significant males engaged on visits or other family meetings
- Number of young carers identified.
- Number of parents/carers completing a parenting programme, (specify number of fathers)
- Number of families supported to use community services, (e.g. children's centres; play and youth services)

**Services**

- Number supervision sessions for practitioners
- Number of training sessions attended by practitioners
- Number of parenting programmes delivered by practitioners (Triple P or other evidence-based programme agreed by Islington Council)

**How well did we do it? (QUALITY)**

**Families**

- % of referrals responded to within timescale
- % of families completing the intervention
- % of families starting intervention but disengaged, at what stage & reasons
- % of families showing progress towards agreed family goals (outcomes tool)
- % of cases reviewed on time with Team around the Family
- % of fathers/ significant males engaging in the children's plan
- % of parents rating service satisfactory or better
- Number of complaints received and resolved
- % cases closed within timescales

**Service**

- Unit cost per family
- Average ratio of cases per staff member with year

**Did we make a difference? Is any one better off?**

**Safety**

- Reduction of domestic violence and violence against the person (outcomes tool)
- Reduction in anti-social behaviour or violence perpetrated by family members (outcomes tool)
- Reduction of harm to family members due to anti-social behaviour by neighbours or others in the local community (outcomes tool)
- Reduced offending and repeat offending of family members
- Referrals to Children's Social Care are appropriate and timely and inappropriate referrals are reduced
- Adults within the family have the practical skills to keep the home safe, warm and clean (outcomes tool)

**Parenting**

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

**Home and money**

- Families live in secure and settled accommodation (indicator: reduced evictions or risk of eviction; numbers of homeless families that secured suitable accommodation)
- Numbers of families who have reduced their overall debt (outcomes tool)
- Numbers of families who have maximised their income and are in receipt of the correct benefits
- % of parents progressing toward job-readiness/ employment (outcomes tool)
- % of parents entering paid employment (outcomes tool)
- % of parents sustaining paid employment after six months

**Health**

- Number of families better managing their physical health and wellbeing (outcomes tool)
- Number of families managing or reducing their substance misuse (outcomes tool)
- % of parents reporting reduced stress and anxiety (standardised measure)
- Children's emotional wellbeing is improved (standardised measure)

**Increased networks of support**

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

## SECTION F (CONTINUED) - MONITORING REQUIREMENTS

Review meetings will be held quarterly during the first year of the contract and will be attended by the Provider, commissioning and operational leads from Islington.

Information required	Data collection and analysis	Reporting	Who it needs to go to and when
<b>Family Data</b> 1. Demographic information including: 2. Family details 3. Equalities information in line with Council equalities categories	Family CAF database	Quarterly – Islington Council will make reports available to Provider.	Service Manager Strategy & Resources Commissioning Officer
4. Referral source 5. Referral, contact, assessment (family CAF) and intervention start, review and end dates 6. Type of intervention provided (e.g. IAG, income maximisation, casework) 7. No families withdrawn 8. No individual/ family sessions 9. No fathers engaged 10. Parenting programmes attended by families 11. Parenting programmes delivered by Provider	Family CAF database and parenting programmes monitoring	Quarterly – Islington Council will make reports available to Provider.	Service Manager Strategy & Resources Commissioning Officer
12. Report on Outcomes for families as set out in Section B.	Family CAF database	Minimum six monthly - Islington Council will make reports available to Provider.	Service Manager Strategy & Resources Commissioning Officer
13. Standardised measures data	Provider's Records	Minimum six monthly service report	Service Manager Strategy & Resources Commissioning Officer
<b>Qualitative Information</b> 14. Overview of previous six months: successes, challenges, lessons learnt, partnerships etc. 15. Progress against service specification Sections C Service Delivery and Section D Organisation and Running of the Business. Specific measures required: <ul style="list-style-type: none"> <li>• Average ratio of cases per staff member per year</li> <li>• Number of complaints received and resolved</li> <li>• % of parents rating service satisfactory or better</li> </ul> 16. .Service User feedback 17. Case study – demonstrating impact of service, partnership working and opportunity to highlight lessons learnt. 18. Good practice/ value added.	Provider's records	Minimum six monthly service report	Service Manager Strategy & Resources Commissioning Officer
19. Independent Service User Feedback	Islington Council or agreed external evaluator	Annual	
20. Independent Evaluation	Islington Council or agreed external evaluator	As required	To be agreed by Provider / Commissioner
<b>Finance</b> 21. Unit cost per family. 22. Details of expenditure and any added values (financial or in-kind)	Provider's records	Quarterly Financial expenditure: Quarter 1: 1 <sup>st</sup> April to 30 <sup>th</sup> June Quarter 2: 1 <sup>st</sup> July to 30 <sup>th</sup> Sept Quarter 3: 1 <sup>st</sup> Oct to 31 <sup>st</sup> Dec Quarter 4: 1 <sup>st</sup> Jan to 31 <sup>st</sup> March	Service Manager Strategy & Resources Commissioning Officer Financial information two weeks after quarter end. To be submitted at least five working days before contract review date

