



Department for Levelling Up,  
Housing & Communities

## **Schedule 2 – Specification**

Contract Reference: CPD124064

Family Voice and Lived Experience Service – Increasing Family Input into Local  
Service Delivery and National Policy



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## 1. PURPOSE

- 1.1. The Department for Levelling Up, Housing and Communities (DLUHC), Department for Education (DfE), Department for Work and Pensions (DWP), and Department for Health and Social Care (DHSC), are seeking a provider to work with local authorities, other local organisations and families within their communities to collect the voice and experience ('Family Voice') of service users within the Early Help System. DLUHC will be the Contracting Authority with a designated Lead Contract Manager.
- 1.2. The Family Voice Project is a cross-departmental project, between the four central government departments listed above, who collectively operate four national programmes: The Supporting Families programme (DLUHC), Family Hubs (including the separate and parallel Family Hubs Transformation Fund) and Start for Life (DfE/DHSC), Family Nurse Partnership (DHSC), and Reducing Parental Conflict (DWP). These will be collectively referred to as 'the Programmes'. The Family Voice Project will run in England only.
- 1.3. The Programmes are seeking to appoint a provider to take forward two linked workstreams:
  - 1.3.1. The first workstream, 'National Workstream', is to gather and analyse the views of families via the development, and running of, a network of groups (including existing groups), as well as consider other existing research, feed the collected 'Family Voice' into each of the five programmes listed above and thereby inform service design and national policy making, such as the design and focus of any successor programme to, or continuation of the Programmes from 2025 onwards, including any governance structures developed as a result of the care review recommendations.
  - 1.3.2. The second workstream, 'Local Workstream', is the support of local partners in the development of new and/or more effective, and innovative routes for families to influence local service delivery across family support and Early Help at a Local Authority level.

- 1.4 It is intended that the contract will run from **June 2023** until the **end of March 2025**.



1.5 The budget for this project is **£470,000 including VAT**. A breakdown of the funding contributions from participating central government departments are outlined in the table below:

|              | 23/24           | 24/25           | Total           |
|--------------|-----------------|-----------------|-----------------|
| DLUHC        | £125,000        | £125,000        | <b>£250,000</b> |
| DWP          | £80,000         | £80,000         | <b>£160,000</b> |
| DfE          | £30,000         | £30,000         | <b>£60,000</b>  |
| <b>Total</b> | <b>£235,000</b> | <b>£235,000</b> | <b>£470,000</b> |

**Please note this is budgetary information only, and the contract value shall be in accordance with the Contract Award Form.**

## **2. BACKGROUND TO THE DEPARTMENTS, PROGRAMMES AND CONTRACTING AUTHORITY**

- 2.1. Each of the Programmes aim to ensure families are receiving the right support, at the right time, intervening early to prevent escalation of issues and thereby avoid significant demands on statutory services further down the line.
- 2.2. The focus of the Programmes is to help families at the earliest possible stage, and deliver effective, early, targeted support to families. The position of Early Help is key in helping to rebalance the local systems of support and building the suggested 'deep relationships with families and the communities they live in'<sup>1</sup> through which to transform local delivery.
- 2.3. The collection and use of the Family Voice to improve services is fundamental in facilitating this change.
- 2.4. The Department for Levelling Up, Housing and Communities, Department for Education, Department for Work and Pensions, and Department for Health and Social Care provide funding to upper tier Local Authorities, across England, who work in partnership with health, justice, housing and voluntary and community sector colleagues to deliver the individual programmes locally.
- 2.5. Whilst aligned, the Programmes do have more specific aims and bases:

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<sup>1</sup> [1] The Independent review of Children's Social Care 2022  
DLUHC Specification  
CPD4124064



- 2.5.1. [The Supporting Families programme](#) aims to provide whole family support for families with multiple and complex needs.
- 2.5.2. The [Family Hubs Transformation Fund](#) funds a network of family hubs in 75 upper-tier areas, and specific support delivered through those hubs for perinatal mental health support services, infant feeding services, parenting programmes and home learning environment support. Local areas will establish Start for Life (0-2) parent and carer panels to ensure that parents' and carers' voices are heard in the design, planning and delivery of services, and publish their Start for Life Offer to enable families to access the information and services they need. DfE also have a separate [Family Hubs Transformation Fund](#) for 12 areas to open family hubs.
- 2.5.3. [The Reducing Parental Conflict \(RPC\) programme](#) works with all Local Authorities in England, and grant funds 151 LAs to train staff, deliver support and coordinate and evaluate activity to reduce parental conflict
- 2.5.4. [The Family Nurse Partnership \(FNP\) programme](#) is an evidence-based, public health programme for vulnerable first-time young mothers (up to the age of 24) and their babies. The programme is designed to support a healthy pregnancy, to improve child health and development, and to improve parents' economic self-efficacy. The work is also focussed on increasing access to evidence-based parenting support for all vulnerable babies aged 0-2 years.
- 2.6. Whilst the Programmes are run through different government departments and have some variance in their specific aims and target cohorts, on the ground, delivery is often connected across the Programmes. This is encouraged within the guidance local authorities and partners receive for each programme.
- 2.7. Families who require support, for whatever issue(s) they are facing, are unlikely to differentiate between which programme is responsible for funding or supporting them.
- 2.8. The overall aim of the Programmes, and with colleagues working within them, and those delivering services, should be to have a seamless, joined-up approach to services regardless of which programme is engaged with their family.



- 2.9. This joined-up approach reduces the need for the family to repeat their story, and ensures they only need to tell their story once to receive the right support at the right time. The Family Voice project is intended to be an example of this join-up.
- 2.10. It is already widely recognised that valuing the views and perspectives of people with lived experience of the challenges being faced by babies, children, young people and families is crucial to understanding how best to help babies, children, young people and families. The ‘You’re welcome’ quality criteria for youth healthcare is an example of this. By listening to families, services and policy makers can gain understanding in what support to provide, and how and when to provide it. This can lead to later savings by reducing family crisis management responses. We, and the sector, refer to this input/feedback loop with families as Family Voice.
- 2.11. People with lived experience are able to bring different perspectives to challenge the system, highlight its failures, and give fresh ambition for how the system could be changed for the better. They are uniquely placed to provide views of the service from those who it affects directly. Where Family Voice is taken seriously in individual services and across the system, we expect to see that services will become accessible, flexible and effective at delivering the outcomes required for families.
- 2.12. The importance of Family Voice has been enforced by the 2022 [Independent Review into Children’s Social Care](#) (‘the Care Review’). Additionally, the [Children’s Commissioner’s Independent Family Review](#), reiterates the importance of Early Help, and whole family working, particularly in relation to using Family Voice to inform the way services work. The modernised healthy child programme also provided an opportunity to engage with parent and child voice – using their feedback to influence the approach.
- 2.13. Local authorities and their partners are, in many cases, already implementing various approaches to ensure Family Voice informs the development of their individual, local programmes. We agree that Family Voice is important for local strategy making. Without families’ input, local system change will tend to overlook the complexities of families’ experiences, drift into complacency and recycle previous approaches.
- 2.14. As well as driving service improvement, we also know that disadvantaged families often feel disempowered when they encounter some



professionals working in children and family services. Engaging families with multiple disadvantages in service design and taking their feedback seriously in itself gives families back their 'voice' and can help develop a positive cycle of empowerment and agency.

- 2.15. The Programmes have individually been emphasising the importance of developing mechanisms (see definition in Section 18), and effective ways of collect and using Family Voice with local authorities throughout their regional delivery of the services, primarily:

**2.16. Supporting Families**

- 2.16.1. The Supporting Families programme within the Department for Levelling Up, Housing and Communities, currently assesses local authority programme maturity through multiple means, one of which is an annual self-assessment return of the [Early Help System Guide](#). The Early Help System Guide is made up five key areas, one of which is Family Voice.
- 2.16.2. The 2022 return of Early Help System Guides demonstrated that there are many local partnerships who have some way to go in improving the gathering and use of Family Voice within their service.
- 2.16.3. The return also provided evidence of some pockets of Good Practice across the country where local authorities are more mature in their approach and analysis.
- 2.16.4. The Early Help System Guide can be used within the local workstream of the Family Voice project to assess areas' improvement.

**2.17. Family Hubs and Start for Life**

- 2.17.1. The [Family Hub Model Framework](#) sets out how local authorities should approach the delivery of family hubs at a system-level. For example, through data sharing, leadership, governance, and evaluation, aligned to the three principles of family hubs: access, connection and relationships, building on a local authority's existing Early Help strategy. The model framework includes criteria around community ownership and co-production, including the expectation that the family journey is central to the design and delivery of family hubs, with mechanisms for reviewing



this and making improvements that are co-produced with local families, to ensure families experience a smooth journey in accessing services.

- 2.17.2. The 75 LAs who are part of the Family Hubs and Start for Life Programme are also expected to have local Start for Life (0-2) Parent and Carer Panels in place by April 2023 and, actively involve Family Voice in their local offer (as set out in the minimum expectations within the programme guide).

## 2.18. **Reducing Parental Conflict**

- 2.18.1. The Reducing Parental Conflict programme has an ongoing evaluation programme understanding the effects of parental conflict interventions on families, and exploring the work done by local authorities to integrate RPC focused practice and service organisation into their services for families. Furthermore, some local authorities are receiving money to support local evaluation activities through the Reducing Parental Conflict Local Grant. The programme assesses local maturity through ongoing engagement with LAs and the RPC Planning Tool, a self-assessment maturity matrix that tracks progress against a range of measures.

## 2.19. **Family Nurse Partnership**

- 2.19.1. The Family Nurse Partnership programme hears client experiences through the process of annual site reviews and quarterly Board meetings when families will share their experiences of the programme with the local FNP Board and colleagues from the National Team. FNP clients are involved in the interview process for recruiting new nurses as well as providing blogs and case studies which are used locally and nationally.
- 2.19.2. To ensure the Programmes are being delivered as effectively as possible, it is important that Family Voice is fed into each programme's design and delivery in a systematic way. It is also important that local authorities and other local partners are supported to work with families, both in terms of establishing mechanisms to gather and hear their voice, but also to create and maintain robust governance structures to feed those voices into strategic and business thinking.
- 2.19.3. Local and national 'Learning Cycles' (where evidence about the impact and performance of services are used to enable curiosity and





investigation around how to improve services) must include Family Voice and feature data on the extent to which services met families' needs.

2.19.4. This specification is designed to outline the aims and scope of the proposed programme of work to enable these changes at a local and national level.

### **3. NATIONAL WORKSTREAM OBJECTIVES**

- 3.1. The aim of the National Workstream is to engage families with a range of lived experiences, through either existing, or new, groups or forums to have their voices heard and understood on the support that they did receive, would like to have received and think should be available to families, and devise strategies to feed this Family Voice into the policy and design of the Programmes at an England-wide level.
- 3.2. We are ambitious in the reach of this project and anticipate the research conducted to represent the breath of local authorities and regions involved with each programme in England. At present, the Programmes operate across the following:
  - 3.2.1. Supporting Families operates across 150 local authorities.
  - 3.2.2. Reducing Parental Conflict operates across 151 local authorities. The Family Hubs and Start for Life programme is for 75 local authorities. The Family Hubs Transformation Fund supports to develop Family Hubs. Family Nurse Partnership operates across 54 local authorities.
  - 3.2.3. Therefore, some rationalisation would need to take place by the provider to ensure all programmes are adequately represented within the groups.
- 3.3. The families who engage with services, may receive support from multiple services at the same time, and their voice therefore may add value to more than one programme.
- 3.4. Although some programmes are represented within a smaller number of Local Authority areas than others, their importance is no less, with the specific voices of families accessing support through those programmes being essential in understanding and facilitating change within individual programmes, and the wider Early Help System.
- 3.5. The provider will, through utilisation of these groups/forums, test and create mechanisms to enable Family Voice to be collected, and used, to inform the



development and delivery of the Programmes from 2023-2025. The National Workstream aims to embed a common understanding and consistent deployment of Good Practice in regard to Family Voice within government policy making in this area.

- 3.6. The project will also provide opportunity for the voice of families to inform the design and focus of any successor programmes to, or continuation of, the Programmes from 2025.

#### **4. LOCAL WORKSTREAM OBJECTIVES**

- 4.1. The provider will work directly with local authorities and their partners to improve the way families influence service design and delivery by:
- 4.1.1. Identifying methods which effectively capture Family Voice and how this insight is already being used to influence and develop services in some areas, and then building from this to establish common understand and deployment of Good Practice across parent, carer and family engagement.
- 4.1.2. From this insight, creating a range of Good Practice materials and guides for local authorities and partners, including principles of engagement with families, how to engage effectively with different make-ups of families facing varying challenges and from different backgrounds, pitfalls to avoid, training materials, and tools for workforce development, to support their development of co-production and engagement of people with lived experience at the local level. Where the departments already have existing routes for sharing good practice materials with LAs, the provider may be expected to share their good practice materials via those routes.
- 4.2. The provider will support local areas to use this Good Practice, both directly raising standards in the least mature areas, as well as increasing general Good Practice across England.
- 4.3. The Provider will collaborate with the delivery teams for each of the Programmes, to ensure this project is effectively coordinated with and supporting other workstreams.
- 4.4. The Provider will monitor and work with each programme to consider and measure the impact family voice improvement work has made.



## 5. SCOPE OF NATIONAL DELIVERY WORKSTREAM

- 5.1. The provider will develop and facilitate routes of engagement with families at a local (local authority level), regional (North West, North East, East Midlands, East of England, London, South East, South West, West Midlands, Yorkshire and the Humber) and national (England) level which are interconnected and together form a Family Voice network. This network will exist to better understand the lived experience and views of children, young people, parents and carers (families) of the whole system of support.
- 5.2. The provider will identify the best methods to capture and analyse feedback from families regarding the family support programmes during the duration of the contract. This should include both qualitative methods i.e. group discussions/depth interviews to explore and understand opinions and behaviour towards the family support services and how they can be improved, and also quantitative techniques i.e. surveys/panels to measure opinion and behaviour towards the family support services provided
- 5.3. The provider should develop a plan to identify the methodologies used to capture all areas of interest across all the programmes. The plan will be influenced by the providers of the family support programmes and needs to be flexible to accommodate changing requirements. The provider should identify key insight and recommendations for all the participating Programmes, which the programme managers can use to improve their family support programmes.
- 5.4. The provider will ensure the feedback they collect and analyse is spread geographically and include representation from different LAs in terms of size, location, urban/rural, and the families involved with each programme. It is essential that the provider ensures the views of families across all programmes are represented. The provider needs to ensure that different family types are also represented in terms of make-up of families, number/age of children. It would also be helpful to include families who could access our programmes but choose not to, to identify the barriers to accessing the programmes.
- 5.5. The Programmes will identify areas of interest and key lines of enquiry to be prioritised throughout the contract period. The provider will incorporate these areas of interest into the tools they are using to capture the Family Voice.



- 5.6. Facilitation of group discussions will include moderating and analysing feedback.
- 5.7. The provider will draw and build on existing local and regional engagement groups and panels that are already established, such as Parent Carer Panels, for example those already set up and linked to the Family Hubs and Start for Life programme, and additionally supporting the creation of similar groups/panels for the other programmes where these do not exist to meet the requirements of the project. The provider should use previous insight from existing groups and panels already established to support the insight from the engagement they are conducting
- 5.8. The provider will ensure the views they collect and analyse they conduct come from families with children of all ages and ensure they are diverse, including people with a range of protected characteristics and socio-economic backgrounds. For group discussions, the provider should keep them homogeneous, unless there are specific research reasons not to.
- 5.9. The provider will work with the local authorities to ensure a varied mix of families, who have experienced, are experiencing, or may be likely to have a number of different needs have the opportunity to be part of this project.
- 5.10. The provider should also look to include those families who have disengaged with services and/or never used them despite need, to gather their voice and reasons why.
- 5.11. The provider should also seek to collect the voice from families in seldom-heard communities, who are statistically more likely to refrain from accessing services.
- 5.12. We expect the provider to propose measures for how they will monitor and ensure diversity in the engagement the conduct, and we expect providers to assess the diversity and inclusivity of their methodology including panels and group discussions/in-depth interviews:
  - 5.12.1. Monitoring the timing of face-to-face groups meetings/panels, to ensure those with commitments, such as childcare/caring responsibilities, can attend;
  - 5.12.2. Holding face to face groups in accessible locations;
  - 5.12.3. Consider reasonable adjustments where possible, and;
  - 5.12.4. Tackle stigma towards services by investing time on outreach work to identify potential participants.



- 5.13. In their plan, the provider should identify how they would integrate qualitative and quantitative analysis of feedback, primary inputs, and secondary research at a local, regional and national level to understand Family Voice on each of the family support programmes.
- 5.14. The provider should identify what and how each of the programmes can learn from one another to improve their programme for their respective families.
- 5.15. The provider should feedback on their progress within this workstream with quarterly reports and potentially culminating in national network gathering which could take the form of a national event to share the views, ideas and recommendations of families with lived experience and share these with the national programmes.
- 5.16. The plan should ensure that one quarter each year the focus of the engagement and analysis should be on children aged 0-2 with either pregnant women (or partners) or parents and carers who have a child under the age of 2. The engagement should at a minimum cover the experience of parents and carers, and their thoughts on services and where they should be located (face-to-face, virtual, outreach), and should consider links to other work to engage these groups such as Maternity partnerships.
- 5.17. The provider should ensure a Young People's views are also part of the methodology for Family Voice to gather the views of a range of children and young people, to provide a space for engagement which is separate from their parents. The agenda as a minimum should cover their thoughts and experience of services. The engagement and analysis should consider not only the parent-child relationship, but also the inter-parental and inter-sibling relationships when exploring topics and should also consider links to other work to engage these groups, such as those through the NHSE/DHSC Youth forum.
- 5.18. The provider should be mindful of scheduling group discussions/depth interviews where families are meeting face to face, and there should be sufficient notice (at least 4 weeks) to participants of group discussions and due consideration given to when and how is most convenient for members to meet. Consideration will need to be taken as to whether these can be face-to-face, virtual, or a mix, and how this would be facilitated to ensure full and



equal participation. The provider must ensure that all research is carried out in line with safeguarding practice.

- 5.19. Within group meetings, the provider will ensure that each member's voice is heard, which should be reflected in the length and structure of the group discussions, representative panels and surveys, and arrangements should be agile to be able to respond to last minute changes in numbers attending.
- 5.20. The providers will provide training and development opportunities for family voice group facilitators within LAs and members which must be put in place at induction and on an ongoing basis. This will ensure sustainability of LAs and other delivery partners to build Family Voice into their local design and links to the Local Workstream for this project.
- 5.21. The providers will work with LAs and other delivery partners to identify learning and development needs and initiate training, coaching, mentoring or shadowing which would enable those needs to be met.
- 5.22. The provider will work with both the national programmes and the Family Voice network to identify themes or issues to be explored and measured throughout the year through this workstream. Themes could include special educational needs, mental health, access to support, skills of the workforce etc. **Annex A provides a short and non-exhaustive exploration of how different themes will be relevant across the different programmes.**
- 5.23. The provider will collate and interpret key themes and messages coming from a variety of sources, such as other delivery partners for the Programmes (such as the National Centre for Family Hubs), research papers and social media, to inform the themes to explore but also share these themes with the national programmes.
- 5.24. The provider will create and present a product each quarter with the Programmes summarising the main findings and outputs from the engagement which has been conducted and secondary research which have taken place in the previous quarter. This should pull out themes at a local, regional and national level.
- 5.25. The provider will make available all group discussion transcripts and data for all quantitative feedback gathered through surveys and panels,



including themes discussed, and the demographic split of the participants (key personal data to be anonymised).

- 5.26. The provider will develop a central website and/or provide an alternative platform including the plan and quarterly reports.
- 5.27. The provider should look to enable, where it will be beneficial, families to directly engage with national programme meetings and share their views. This could include additional pastoral support to those who need additional help in preparing for meetings, helping them to understand the purpose and enabling them to feel confident in sharing their views.
- 5.28. The provider should be open to adapting the plan based on feedback from the network and the Programmes.
- 5.29. The provider will also be required to respond to ad-hoc requests for short pieces of bespoke work to respond to interest or requirements from the Programmes. These may include but not be limited to: short pieces of work to feed into a response to the Independent Review into Children's Social Care, or the Children's Commissioner Families Review. This is anticipated to make up c.5% of the National Workstream, dependent on specific asks being raised and agreed by the Programmes through the course of the project.

## **6. SCOPE OF LOCAL SERVICE DELIVERY WORKSTREAM**

- 6.1. At a local level, an effective approach to Family Voice should look like as a minimum:
  - 6.1.1. Accessible and engaging feedback processes for families (both quantitative and qualitative), with regular use of this intelligence in commissioning, service manager and partnership decision making;
  - 6.1.2. Workshops with families as part of local authority Family Voice strategy development;
  - 6.1.3. Providing opportunities for those with lived experience to contribute effectively to partnership boards and decision-making bodies;
  - 6.1.4. Ongoing local forums to bring families and practitioners together to reflect on practice and how best to achieve better outcomes for families;
  - 6.1.5. Peer support and advocacy groups funded to be part of the delivery offer.
- 6.2. The Provider will be expected to deliver three levels of support through this workstream:



**6.2.1. Direct Support and facilitation:**

- a. For Local Authority areas who are the furthest behind or have faced historic issues with family voice, the Provider will offer direct and intensive support to establish new effective processes and approaches.
- b. This support would be time-limited and intended to enable local partnerships, through co-production with families, to take the approach forward sustainably. The length of support would be proposed by the Provider, in consultation with the local authority and partners, and agreed with the local authority, their partners and the Programmes.
- c. We anticipate the provider would support around 20 local authorities in this way. The Programmes will collectively agree the areas to be supported with 'Direct support and facilitation', with DLUHC signing this off as the Contracting Authority. In deciding which areas to target with this support, the Programmes will consider the other support that is offered to areas through the Programmes and their other delivery partners. The length of time and intensity of that support would depend upon the individual areas need. This support should include but not be limited to:

- 6.2.1.c.1. Facilitating or co-running the initiation/refresh of family engagement work, through planning and early implementation stages (including the facilitation of initial sessions with families);
- 6.2.1.c.2. Reviewing current strategies and approaches to assess their effectiveness, before recommending improvements to drive forward the ability to capture feedback from families;
- 6.2.1.c.3. Reviewing historic challenges, and how they have been remedied, or not, and recommending ways forward; and,
- 6.2.1.c.4. Drawing on existing local and regional groups, such as Parent Carer Panels (for example those set up to be linked to Family Hubs and Start for Life programme) or groups created by the provider.

**6.2.2. Workshops, training and workforce development**





- a. For Local Authority areas who have made some progress and have strong foundations, the provider would offer one-off or short-term training to embed and progress existing, effective practice.
- b. This would be informed by engagement with areas who are more mature in their collection and use of Family Voice, making the most of existing Good Practice.
- c. This training and support could be provided in person or remotely but would typically involve more than one local area at a time, (e.g. it could be delivered regionally, or for the relevant areas within a region). Additionally, the Provider will also link in with the Family Voice Peer Support Groups established for local authorities through the Supporting Families Programme and use them to identify weaknesses, or challenges within local areas with regards to Family Voice and feed this back into the wider Family Voice work, both locally, and nationally. These Peer Support Groups have been set up for areas who have self-identified that Family Voice is an aspect of their practice they want to prioritise improving.
- d. The Provider would seek the recommendations of the Programmes on which Local Authority areas to target for 'Workshops, training and workforce development' and report on which Local Authority areas engage with this support.

#### **6.2.3. Good Practice materials, guides and toolkits**

- a. The provider should also develop a common question set for local authorities and partners to use to gain feedback from families, building on initial scoping work carried out by the provider, supported by the Programmes.
- b. The provider will develop Good Practice guides, working with the areas who are identified by the Programmes as being the most mature and innovative in Family Voice involvement.
- c. Following this first engagement phase, guides would be iteratively developed and then shared across all areas in England, on the basis that all areas could further develop and learn from each other's plans.
- d. These guides should complement the guidance and support that local authorities are already receiving from the Programmes and their delivery partners, such as the National Centre for Family Hubs. The



- e. The provider would also input into future projects specific to each programme. (An example of the sorts of projects would be the recent Parent and Carer Panel Implementation Guide).
- f. The Provider will work with existing and new structures within the Programmes to disseminate the Good Practice guides that they develop, as well as other delivery partners for the Programmes. For example, using the Supporting Families Family Voice Peer Support Group to test ideas and solutions to distribute Good Practice guides and toolkits identified and developed through the wider Family Voice Network.
- g. The Provider may test ideas and solutions with the Programmes' other delivery partners.
- h. The Local Workstream would work closely alongside the National Workstream, feeding the local intelligence and Good Practice into the wider national work. It is also anticipated that some of the groups developed, identified and supported through the Local Workstream would form part of the national network within the National Workstream.

## **7. DELIVERABLES/OUTPUTS AND PERFORMANCE MEASURES**

### **7.1. Key Performance Indicators:**

- 7.1.1. In relation to the Local Workstream contractor will be expected to collect feedback from local areas about the quality of the service. The key performance indicators we will use for this project are:
  - a. Feedback on the direct support work, including training and workshops. We expect over 75% of participating LAs and partners to indicate that they are satisfied with the I) quality and II) usefulness of these workshops, training courses. We expect the same from LAs and partners receiving direct support.
  - b. Feedback on good practice materials. We expect over 75% of LAs and partners to say that they are satisfied with the I) quality and II) usefulness of good practice materials.
  - c. Impact on local practice by local areas. The contractor will be expected to provide case studies of this impact. In addition, DLUHC will assess the



changes in the Family Voice descriptor scores in the Early Help System Guide returns for 2024/25, which will be expected to demonstrate improved scores both nationally as well as in areas that received targeted support. The Programmes will also expect to see improvements in self-assessments by delivery partners of family voice activity across local provision for families, in line with the standards of good practice set out by the Programmes.

7.1.2. For the National Workstream:

- a. Evidence demonstrating that the research is based on inputs (e.g., groups, surveys, discussions) which are inclusive, reflective (e.g., of the geographical spread across all regions in England), as set out in the specification and defined through the course of the contract. The groups should be as reflective as possible of service users, regions and protected characteristics.
- b. Demonstrating through feedback from a minimum of 75% of participants in the research that it has been run in a professional and safe way, and that participants were empowered.

**7.2. Deliverables/Outputs**

7.2.1. *National Workstream*

- a. Produce and present at least quarterly reports outlining the findings of this workstream, focusing on the theme each quarter, and feeding this into the national steering group. In addition, attendance at review meetings to present findings will be required where necessary.
- b. A report in September 2024 with key learning points from the Workstream along with recommendations around how support should be provided to families in the future. We would anticipate this would include key themes explored in the quarter, and evidence of key learning, in addition to evidence of engagement with local authorities to share finding and drive improvements.

7.2.2. *Local Workstream*

- a. Compile a report for officials within 6 months of contract award on best practice in Family Voice across England, using those scoring highly in



- their Early Help System Guide self-assessment, reflecting engagement and breadth of areas deploying varying approaches.
- b. Within one month of that report, the provider will host a webinar, or a short series of webinars, for local authorities/groups involved in the project, detailing findings and setting out future areas of focus and next steps for improvement.
  - c. For areas with greater need for improvement, more intensive support will be delivered. Intensive support would consist of more frequent interaction and close support to areas to help them use and implement Good Practice advice. **Across the lifetime of the contract, we expect the provider to do substantial, direct work with around 20 areas**, as identified by the programme. The provider will work with areas to carry out quarterly review exercises, re-assessing against their Early Help System Guide previous scoring to demonstrate evidence of improvement against the Family Voice descriptor.
  - d. The provider will deliver **at least quarterly workshops and/or training courses (at least eight across the course of the contract)** for local authorities and partners, building upon the initial report, and embedding new Good Practice. We expect this delivery to expand, starting initially with the areas in greatest need for improvement, before rolling out further to more local authorities.
  - e. The provider will engage with each Peer Support Group that has been established for areas prioritising improvement in Family Voice, attending each group at least quarterly, or more frequently where possible.
  - f. The provider will produce at least four substantial Good Practice guides/examples per year for local areas (and at least eight across the life of the contract), to be reviewed by the Programmes. It may be asked for these to align with findings from the Children's Commissioner Family Review or the Independent Review of Children's Social Care.

## 8. KEY MILESTONES AND DELIVERABLES

- 8.1. The following Contract milestones/deliverables are indicative of the project timelines. However, specific milestones and timeframes will be agreed on contract mobilisation.



- 8.2. Following each quarterly reporting period, payment will be made to the Provider by the Contracting Authority, providing that the departments are satisfied with the deliverables/performance for the relevant period has been met and that it reflects sufficient progress on the outputs and deliverables set out in previous sections of this specification. Any non-adherence will result in performance review meetings between the Authority and the Supplier, to provide a full debrief and explanation as to why service level agreements have not been met. Improvement plans will also be established here.
- 8.3. Failure to deliver the outputs or falling below the expected KPIs (as set out in Section 7 above) in two quarters could result in funding attached to the local and/or national workstreams being retained until the subsequent quarter, where it will be released following demonstration of an adequate correction of pace (as demonstrated through the outputs being back on track) and/or quality (as demonstrated through the KPIs being back on track) depending on which workstream, deliverable and/or KPI was identified as an issue

| Milestone/<br>Deliverable | Description   | Timeframe or delivery<br>date  |
|---------------------------|---|--|
| 1                         | Production and presentation of initial reports on both National and Local workstreams, to include: <ul style="list-style-type: none"><li>- Full scoping of both workstreams, including plans for delivery of all 'Outcomes and Deliverables across both workstreams' (detailed in section 7.2 and including the plan for the National Workstream)</li><li>- Update against the first quarterly expected outputs (detailed in section 7.2)</li></ul> | End of July 2023 (or 3 months after contract award)                  |
| 2                         | Production and presentation of Local Workstream Reports to include: <ul style="list-style-type: none"><li>- Update against all the 'Outcomes and Deliverables</li></ul>   | June 2023 – March 2025<br>(reports to be produced every 3 months and |



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|   | <p>across both workstreams’<br/>(detailed in section 7.2)</p> <ul style="list-style-type: none"><li>- Update on activities undertaken within the Local Workstream (e.g., webinars/training, intensive work with identified high-need areas, peers support group engagements).</li><li>- The first of these regular reports should specifically cover best practice in Family Voice across England, using those scoring highly in their Early Help System Guide self-assessment, reflecting engagement and breadth of areas deploying varying approaches.</li></ul> | shared with the Contracting Authority)  |
| 3 | <p>Production and presentation of National Workstream Reports:</p> <ul style="list-style-type: none"><li>- Update against all the ‘Outcomes and Deliverables across both workstreams’ (detailed in section 7.2)</li></ul> <p>Outline the findings of the national network groups (with a focus on the theme each quarter).</p>   | June 2023 – March 2025<br>(reports to be produced every 3 months and shared with the Contracting Authority) |
| 4 | <p>Production and presentation of an Annual Report on first 12 months of project – National Workstream</p> <ul style="list-style-type: none"><li>- Evidence groups are inclusive, representative and</li></ul>   | September 2024<br>(reporting on all activity from contract start date to end March 2024)                    |



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|---|--|--|
|   | <p>geographically spread (KPI 7.1.2)</p> <ul style="list-style-type: none"><li>- Feedback from group participants (KPI 7.1.3)</li><li>- Detailed exploration of key learning points and recommendations for how support can be delivered better for families.</li><li>- Summary of key themes emerging from group discussions, evidence of key learning and evidence of engagement with local authorities.</li><li>- Updated delivery plan for the final period of the contract</li><li>- Proposals for sustaining the impact of the project beyond March 2025</li></ul> |  |
| 5 | <p>Production and presentation of an Annual Report on first 12 months of project – Local Workstream</p> <ul style="list-style-type: none"><li>- Feedback on support/training and workshops provided to LAs (KPI 7.1.1.1)</li><li>- Feedback on good practice materials (KPI 7.1.1.3)</li><li>- Case studies showing impact of Family Voice work on local practice (KPI 7.1.1.4)</li><li>- Updated delivery plan for the final period of the contract</li></ul>   | <p>September 2024<br/>(reporting on all activity from contract start date to end March 2024)</p> |



|   |   |   |
|---|---|---|
|   | <ul style="list-style-type: none"><li>- Proposals for sustaining the impact of the project beyond March 2025</li></ul>  |   |
| 6 | <p>Production and presentation of a final report covering both National and Local workstreams</p> <ul style="list-style-type: none"><li>- Final update against all the 'Outcomes and Deliverables across both workstreams' (detailed in section 7.2)</li><li>- Recommendations for further action</li></ul> | No later than 1 month following contract end (March 2025) |

## 9. APPROACH

9.1. This specification is purposely broad to enable suppliers to develop their own approach to responding to meeting the needs of the tender. The Programmes are open to exploring ways to improve the delivery based on a core principle of hearing from families with lived experience of a range of different challenges or support needs.

9.2. The Authority would encourage the provider to build upon existing work, and also use innovative approaches to develop new ways of working to increase maturity across the Programmes in collecting the Family Voice.

## 10. CONTRACT MANAGEMENT ARRANGEMENTS

10.1. The Contract is lead-managed by the Department for Levelling Up, Housing and Communities, specifically via the Supporting Families National team and the lead person: **[REDACTED]**

10.2. The provider will engage in contract management meetings at least quarterly with a group of officials from each of the five programmes where we will learn from the progress of the previous quarters and implement any changes by mutual agreement. During phases where it is judged necessary by the relevant Departments, this frequency may be increased to monthly.





- 10.3. The provider will present quarterly contract performance reports at the management meetings, demonstrating where progress has been made against the Outcomes and Deliverables as set out in Section 7.
- 10.4. Meetings to be undertaken using Microsoft Teams function, or in person.
- 10.5. A contract initiation meeting will be used to agree timelines for the quarterly cycle and format of initial quarterly report and the initial content of management information.
- 10.6. Within the quarterly contract performance reports, the Provider shall include an update on its achievement of the social value commitments made in the tender response.
- 10.7. The chosen social value themes for this contract are:
  - 10.7.1. Theme 5: Wellbeing- Improve health and wellbeing and Improve community cohesion. Measures to raise awareness or increase the influence of staff, suppliers, customers, communities and/or any other appropriate stakeholders to promote health and wellbeing, including physical and mental health, through its performance of the contract, e.g., through engagement; co-design/creation; training and education; partnering/collaborating; and volunteering.
- 10.8. Reports will be delivered using Microsoft Office products.

## **11. CONTINUOUS IMPROVEMENT**

- 11.1. The provider will be expected to continually improve the way in which local authorities gather, and use, the Family Voice within their services.
- 11.2. The Provider should present new ways of working to the Authority during regular Contract review meetings, and within regular reports.

## **12. SUSTAINABILITY**

- 12.1. The Provider will seek to use sustainable methods and approaches where applicable.

## **13. QUALITY**

- 13.1. The quality of the delivery will be measured by the achievement of the activities throughout the Contract phase, as specified by the Authority in the requirements set out in Section 7 and 8.



- 13.2. The Authority will provide feedback through project update meetings on the Contractor's quality of delivery, including adherence to progress, clarity of reporting and progress against KPI's.

#### **14. STAFF AND CUSTOMER SERVICE**

- 14.1. The Provider shall provide a sufficient level of resource throughout the duration of the Contract in order to consistently deliver a quality service.
- 14.2. The Provider's staff assigned to the Contract shall have the relevant qualifications and experience to deliver the Contract to the required standard.
- 14.3. The Provider shall ensure that staff understand the Authority's vision and objectives and will provide excellent customer service to the Authority throughout the duration of the Contract.

#### **15. SECURITY AND CONFIDENTIALITY REQUIREMENTS**

- 15.1. It should be noted that should the Provider be required to attend meetings at one of the dedicated buildings for either Department for Levelling Up, Housing and Communities, Department for Education, Department for Work and Pensions or Department for Health and Social Care, ID will be required, and bags/people may be scanned.
- 15.2. The Contracting Authority will act as Data Controller and will own the Intellectual Property and Publishing Rights for the project's findings. At the end of the project and expiration of contract, and when requested throughout its duration, any additional project materials must be shared with the Authority.
- 15.2.1. A full DPIA has been undertaken by DLUHC and will be continually reviewed by the Data Protection Compliance manager.
- 15.2.2. A DPIA is needed because the project will involve the processing of personal identifiers and pseudonymised data on vulnerable families (children, young people, parents, and carers) who have experienced of



service use as well as disadvantages such as domestic abuse, mental health issues and SEND. This DPIA is necessary because:

- a. The research involves the collection of significant new information about individuals.
- b. The research will ask individuals to provide information about themselves that will be used for a new purpose.
- c. Some of the information about individuals is sensitive, relating to lived experience, health and ethnicity.

15.2.3. This document sets out the measures to mitigate the risks to individuals of identification – such as ensuring personal identifiers are never held/processed alongside the pseudonymised data – and to reduce the



impact of the project on them, as well as the steps taken to meet the requirements of Data Protection Legislation.

- 15.3. Upon the completion of the Contract, the Provider will send all data and information to the Authority, and securely dispose of any data and information held once this information has been transferred.

## 16. PAYMENT AND INVOICING

- 16.1. The Authority will pay the Provider quarterly, following receipt of a valid invoice.
- 16.2. Payment can only be made following satisfactory delivery of pre-agreed deliverables (as set out in Sections 7 and 8). Failure to deliver the pre-agreed deliverables may result in funding being retained (as set out in Section 8).
- 16.3. Before payment can be considered, each invoice must include a detailed elemental breakdown of work completed and the associated costs.

## 17. LOCATION

- 17.1. The location of the project is expected to be across England, given the geographical spread of the local authorities, and the families which sit within them.
- 17.2. For meetings with the Authority, these can be held over Microsoft Teams, or, at one of the dedicated government offices for any of the four contracting departments.

## 18. DEFINITIONS

| Expression or Acronym   | Definition   |
|-------------------------|--|
| Good Practice           | Effective approaches, methods and/or activities which capture Family Voice and use this insight to influence and develop services.   |
| Good Practice materials | Guides, summaries or instructions to implement Good Practice   |
| Mechanisms              | 'Mechanisms' is to be understood as processes which enable 1) the views of families to be gathered (activities such as in-person forums, online engagement, physical or digital forms, or standard |



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|                                | questions for practitioners to ask families during their work) and ii) these views to have a meaningful impact on operational and strategic decisions (for example, specified agenda items for governance boards; or asking people with lived experience to comment or assess new plans). 'Effective Family Voice mechanisms' would be those that achieve the vision for Family Voice and Experience as set out in the Early Help System Guide. |
| Parent and Carer Panels        | Start for Life (0-2) parent and carer panels established by Local Authorities to ensure that parents' and carers' voices are heard in the design, planning and delivery of services.  |
| Early Help / Early Help System | A network of services, processes and interactions that aim to help children, young people and families at the earliest opportunity  |
| RPC                            | Reducing Parental Conflict programme  |
| EHSG                           | Early Help System Guide.  |
| GDPR                           | General Data Protection Regulation. Regulation for collecting and using personal information.   |
| LA                             | Local Authority   |
| Local Authority area           | The area in which, for the purposes of exercising its powers, functions and authorities performing its duties, any Local Authority has jurisdiction. There are 333 local authorities in England.  |
| Regions                        | Nine English Regions: North East, North West, Yorkshire and The Humber, East Midlands, West Midlands, East of England, London, South East and South West  |



### **Annex A: Exploration of relevance of themes**

This chart shows how different themes are of relevance to each programme.

The themes below are not yet chosen but are to provide an example of possible areas of exploration. Individual themes will be discussed and decided upon during the mobilisation stage. This is for illustration only.

| <b>Theme</b>                                      | <b>Supporting Families</b>  | <b>Start for Life</b>   | <b>Family Hubs</b>  | <b>Reducing Parental Conflict</b>  | <b>Family Nurse Partnership</b>   |
|---|---|---|---|--|---|
| <b>Special educational needs and disabilities</b> | Supporting Families will be interested in whether families experience their wider needs being addressed alongside SEND  | Start for Life will be interested in whether SEND is being identified early, from birth to the age of 2.  | Family hubs will be interested in whether families with SEND needs are being picked up early and appropriate support is being put in place. For example – we want to know whether family hubs are welcoming, accessible and supporting families to navigate the support on offer. | The Reducing Parental Conflict Programme will be interested to see the impact of SEND on parental conflict and how parents work together to manage the impacts of SEND on their relationships with each other. | Family Nurse Partnership will be interested in whether young parents with SEND are having their needs met   |
| <b>Mental health</b>                              | Supporting Families will be interested in whether the right mental health support is being provided as part of a whole family plan while other needs are also being addressed | Start for Life will be interested in whether there are services that provide support during the perinatal mental health period and services that focus on the parent-infant relationship. | Family hubs will be interested in supporting families to access and connect to mental health and wellbeing support. We are also interested in whether families' experience of family hubs in accessing mental health support is welcoming, non-stigmatising and supportive.       | Reducing Parental Conflict will be interested in the impact of the parental relationship on mental health and vice versa, and the extent to which that is addressed as part of the support provided.           | Family Nurse Partnership will be interested in how young parents are experiencing mental health services – including the difference and gaps from child mental health services to adult mental health |



|                          |   |   |   |  |  |
|--------------------------|---|---|---|--|--|
|                          |   |   |   |  | services to adult mental health services, some young parents are under 18. Are they finding services responsive and accessible, are fathers/partners needs being considered in the perinatal period and are services supporting the impact of MH on the parent infant relationship |
| <b>Access to support</b> | Supporting Families will be interested in whether family needs are assessed holistically and a whole family plan is put in place with a lead practitioner if this is needed | Start for Life will be interested in whether families know what support is available to them and are able to access that support. | Family hubs will be interested in different families' experiences and needs to help improve access to support from family hubs for families with children and young people of all ages. | Reducing Parental Conflict will be interested in how the parental relationship is approached when support is accessed, family views on engaging with that support, and accessibility of the support itself (e.g., language, LGBTQIA+ etc.) | Family Nurse Partnership will be interested in how accessible services are for vulnerable families, how holistic the approach is for families facing multiple difficulties and how responsive services are to their individual family needs  |



|                                |   |  |  |  |  |
|--------------------------------|---|--|--|--|--|
| <b>Skills of the workforce</b> | Supporting Families will be interested in whether families are experiencing the workforce working in a whole family way | Start for Life will be interested in whether families are supported by key contacts in the family hubs who can connect and signpost them to other services, and whether the workforce ensures parents have a voice in their service delivery and wider service design. | Family hubs will be interested in the experiences of families' interactions with the workforce in order to best support their needs. Family hubs are also interested in understanding whether the workforce helps families to navigate the support/services on offer. This is to help understand the skills that the workforce need (e.g., strength-based, whole family, trauma-informed, relational). | Reducing Parental Conflict will be interested in the ways in which the workforce asks 'curious questions' about the quality of the relationship and its effects on children. | Family Nurse Partnership will be interested in which approaches families identify as those which enable them to engage with the workforce. |
|--------------------------------|---|--|--|--|--|