Attachment 3 - Service Description / Specification

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INTRODUCTION - executive summary

The project to Improve Identification of Young Carers is a key piece of work designed to support the delivery of the Department of Health’s Carers work programme this year.The aim of the project is to increase the timely identification of Young Carers (aged under 18) in order that they can receive appropriate support from services and the community around them.

The Department has heard in its Call for Evidence[[1]](#footnote-2), which has informed the development of this new work, that identifying young carers is an essential step in ensuring that young carers, and their families, receive the support they need, in particular ensuring that young carers do not have to provide excessive or inappropriate care. This project and its outcomes will support joint working between the statutory and voluntary sectors, and wider communities, as part of developing carer-friendly communities, to achieve better identification and support of young carers. It also seeks to support the Department and Government’s wider strategic aims to:

* support carers to continue to care, and only where appropriate, while minimising the detrimental impact on their own health and wellbeing and other life chances;
* ensure the new rights for carers introduced by the Children and Families Act 2014 are more fully embedded, and bring the benefits to carers intended by the Act; and
* help realise the duty placed on Local Authorities in England by the Children and Families Act 2014, to take reasonable steps to identify the extent to which there are young carers within their area who have needs for support.
1. **THE REQUIREMENT**

The project is to increase the timely identification of Young Carers (aged under 18) so that the Young Carers (YC) can receive appropriate support from services and the community around them.

The project aims to support local partners (e.g. a CCG, Local Authority, locally commissioned Young Carers’ service, Non-Government Organisation or similar) to increase the impact of existing efforts to identify YC, learn from successful existing approaches, and initiate new work where appropriate. It aims to achieve this through the provision of resources, training and support to local partners that will enable the local partners to:

* raise awareness and build capability among the wide range of local people who come into contact with young people[[2]](#footnote-3);
* measure and communicate the impact of local work to identify YC; and
* engage and influence local decision-makers.

**Outcomes:**

The outcome of this work should be that local partners are better able to:

* engage and build capability among local individuals to identify YC and help them to access support; and to demonstrate the impact of this work.
* deliver training to local individuals, and provide ongoing support through a range of customisable tools and resources.
* influence and engage local decision makers to increase their knowledge and awareness of YCs’ issues, of the importance of timely identification and the impact on YCs and services.

**Outputs:**

The following outputs are proposed as the basis for the project. We are open to tender proposals that propose some degree of variation on these outputs, where the contractor can clearly show they will be more effective in delivering the wider aims and outcomes of this project, described above. However please note that variant bids are not permissible.

**Output 1 - Research and initial stakeholder engagement.**

Undertake research and stakeholder engagement to:

* Draw together evidence on the importance of timely identification of young carers, and the impact that this can have for YC, their families and local services.
* Draw together evidence of successful local approaches to increasing identification of YC.
* Develop an understanding of local areas’ current capability, their improvement needs, and how these can be supported.

This need not necessarily be primary research: proposals that show this output can be expedited by building on the contractor’s existing research and knowledge would be very welcome. This output should be summarised in a short report or briefing and should inform the planning and delivery of the remaining outputs.

**Output 2 - Development of a local training model.**

Development of a local training model, which can be used by local partners to raise awareness among local individuals. The content will be informed by the findings from **Output 1 -** **Research and stakeholder engagement**, but is likely to include:

* building awareness of what a YC is and is not; YCs’ issues and concerns, and the impact of timely identification for YC and their families;
* enabling individuals to “spot the signs” or circumstances that a child might be a YC;
* equipping them to approach a conversation with a child or parent in an appropriate and sensitive way, including an understanding of issues including confidentiality, safeguarding etc; and
* providing individuals with appropriate knowledge about local support and services, and how the YC can access them.

**Output 3 - Development and publication of support materials.**

Development and publication of support materials for use by local partners following the training that can be adapted and customised as appropriate. The content will be informed by the findings of **Output 1 -** **Research and stakeholder engagement**, but is likely to include:

* materials for use to promote and deliver local training sessions, and subsequently available to local individuals (e.g. presentation slides, briefings, leaflets, sample invite or contact list etc.);
* materials to support influencing of local decision makers (e.g. evidence summaries, briefings, ‘top tips’ etc.);
* materials to support local evaluation (e.g. evaluation frameworks, tools, ‘top tips’ etc.)

We would also welcome proposals from contractors that are able to provide ongoing support through their existing networks.

**Output 4 - Train the trainer sessions.**

Organisation and delivery of “train the trainer” sessions for local partners (e.g. a locally commissioned Young Carers’ service, NGO or similar). Informed by the findings from **Output 1 -** **Research and stakeholder engagement**, the sessions should:

* equip local partners to deliver the training model;
* build capability among local partners to influence local decision makers
* build capability among local partners to measure impact of their work to promote local identification of YC.

The contractor should ensure good regional spread across England for these sessions, in order to provide what they consider a good coverage. It is assumed that this would be at least eight sessions, but the contractor may wish to propose more depending on how their regional or local networks are structured, or if they believe that more would be achievable within the available time and budget.

The sessions should allow for maximum participation, whether it is a whole or half day session. The approach to delivery should ensure that the offer is available to all local areas (i.e. 151 Local Authority areas in England), in order that they have the opportunity to participate in a session if they wish.

Please note that the Authority is willing to review the sequencing / timings of the above outputs with the successful contractor in order to ensure the service is delivered within the available timeframe.

1. **AUTHORITY RESPONSIBILITIES**

During the period of the contract, the Department will appoint a representative internally to:

* act as the Contract Manager;
* provide a contact point for the contractor to maintain ongoing dialogue with the Department;
* satisfy him/herself that project delivery is moving at the pace and in the direction set out in this Tender; and
* ensure this project and its outputs are captured and reflected appropriately in the work programme on Carers.
1. **CONTRACTOR RESPONSIBILITIES**

 The Contractor shall:

* appoint a Contract Manager to oversee the work and liaise with / report as DH requires to the DH Contract Manager;
* keep the DH Contract Manager informed of delivery progress and updates on costs on a regular ongoing basis (frequency to be decided and agreed by the Contract Manager and DH Contract Manager once appointed);
* inform the DH Contract Manager of any potential risks and potential delays as appropriate;
* perform quality assurance on all aspects of the project;
* provide the Department with timely and on-going evaluation and quality assurance information relating to the programme.
1. **TIMETABLE AND PAYMENTS**

Payment will be linked to the delivery of milestones: the first payment will be upon research and stakeholder engagement being undertaken and development of the training model (completion of milestone 1); and, upon delivery of the training sessions and development of support materials to support take-up and partner support work (completion of milestone 2).

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| --- | --- | --- | --- |
| **Milestone** | **Output** | **Description** | **Indicative dates for outputs to be delivered by** |
| 1 | 1 | Undertake research and initial stakeholder engagement | 6th October 2017 |
| 2 | 2 | Development of a local training model  | 10th November 2017 |
| 3 | Development and publication of support materials for use by local partners | 30th December 2017 |
| 4 | Organisation and delivery of “train the trainer” sessions for local partners | 30th March 2018 (completed) |

Please note that the Authority is willing to review the sequencing / timings of the above outputs with the successful contractor in order to ensure the service is delivered within the available timeframe.

1. **SKILLS AND KNOWLEDGE TRANSFER**

We expect that direct skill transfer to the DH will be minimal, but the work will ensure a high degree of knowledge transfer. The contractor will make available all the materials and outputs of the work to the DH. The contractor will ensure that the training materials are available to local partners for at least 12 months.

1. **FURTHER INFORMATION**

The new Carers’ Strategy is being led by the Department of Health across government. The Strategy will seek to provide further support to the estimated 6.5m people in the UK who provide (unpaid) care for friends, family and others, and is scheduled for publication in 2017.

There are a substantial number of young carers in the UK aged under 18. Estimates vary widely from 195,000[[3]](#footnote-4) to 700,000[[4]](#footnote-5). There is strong evidence that caring responsibilities can have a detrimental impact on young people’s personal, social and educational development, and on their health and wellbeing. There is also evidence of young carers, in some cases from 5 or 6 years old, providing excessive or inappropriate care.

The wide variation in the estimates of numbers highlights the challenges of identifying young carers, in addition to evidence from stakeholder research and young carers themselves that:

* + many young carers are not identified by services, or are identified once they have already been caring for a substantial time;
	+ many young carers may not self-identify as such, because they perceive their caring role as ‘just part of family life’;
	+ many young carers do not want to be identified, as they fear the involvement of services may lead to the family being disrupted or even broken up;
	+ even where young carers are identified, they may not be referred to or receive the support they need.

The Children and Families Act 2014 placed a duty upon Local Authorities in England to take reasonable steps to identify the extent to which there are young carers within their area who have needs for support.

Local Authorities are implementing this duty, and as part of developing carer-friendly communities, we all need to work together as organisations and communities to achieve better identification and support of young carers.

We are looking for contractors who can demonstrate that they have an understanding of how best to work with local networks and services, who may have such sorts of training or awareness-raising already in place, to grow and develop this work.

The Children and Families Act and Care Act and guidance place duties and powers on Local Authorities to assess and support young carers and their families, and young carers in transition. This includes co-operating with education and health, and supporting families within a Whole Family Approach. A parent may meet social care eligibility criteria on the basis of their parenting responsibilities for a child. Stopping young carers from excessive or inappropriate caring is the focus, as is raising aspiration for young carers in transition.

1. **CONTRACT MONITORING**

The Contractor will:

* + Monitor the quality of the service provision to ensure customer satisfaction in accordance with the milestones and output timings set out in Section 3 - Deliverables below, unless otherwise approved by the Project Manager;
	+ Provide a brief report on progress in delivering the requirement to the Project Manager on a regular basis, at least on a fortnightly basis;
	+ Attend meetings on site to review progress and discuss the service, as required by the Project Manager; and
	+ Attend a post-contract review with the Department to review whether the objectives of the contract were met, to review the benefits achieved and to identify any lessons learnt for future projects.

**8. GENERAL INSTRUCTIONS**

Tenderers will be required to provide all the information requested in the following section once the contract is awarded. Any supporting documents (e.g. implementation plans etc.) will need to be clearly referenced back to the appropriate section.

1. **REPRESENTATIVES**

9.1 **Name of Authority's Contract Representative(s)**: Mark Browne, Carers’ Policy Lead

### 9.2 **Name of Contractor's Representative(s)**: Tenderer to complete in response document(s)

**10. MEETINGS**

10.1 **Frequency of contract management meetings:** to be confirmed: To include project initiation meeting within 5 days of the contract being awarded, and further monthly meetings throughout the course of the project.

10.2 **Location of contract management meetings:** Department of Health, Richmond House, 79 Whitehall, London SW1A 2NS, or by teleconference or VC as agreed between Authority and Contractor

10.3 **Checking performance against anticipated plan:** as in 4.1. These meetings should cover contract management and performance against plans.

**11. REMEDIES**

11.1 Remedies for below par performance: In line with the terms and conditions.

1. Department of Health Call for Evidence: How can we improve support for carers?, 2015:

<https://consultations.dh.gov.uk/carers/how-can-we-improve-support-for-carers/> [↑](#footnote-ref-2)
2. This phrase (hereafter shortened to “local individuals”) is intended to describe a wide range of local individuals who through their work, volunteering or other activity frequently come into contact with children up to the age of 18. This is likely to include: local health and care professionals, teachers and support staff, volunteer youth leaders, faith leaders, etc. [↑](#footnote-ref-3)
3. Census, 2011 [↑](#footnote-ref-4)
4. Barnado’s, 2016 [↑](#footnote-ref-5)