# Greater Manchester Violence Reduction Unit

# Primary Schools Transition Support Specification

# June 2022

## Current Position / Background

## 1.1 Introduction

The Greater Manchester Violence Reduction Unit (GMVRU) expects to be awarded multi-year Home Office Serious Violence funding of:

22/23: £5,863,803

23/24: £4,388,080

24/25: £4,341,877

Of this, the Violence Reduction Governance Board has agreed to invest £300k per academic year, across the three-year funding periods (2022/23, 2023/24, 2024/25), to develop and deliver in partnership with schools and families a programme of child centred, strength based, trauma informed, 1-2-1 support for the most vulnerable, and high-risk pupils, and their families (including siblings) who are struggling for more targeted interventions as they transition between years 5, 6, and 7.

The programme will be co designed with young people, parents, and primary school professionals, and explore what works in support of complex relationships through development of trusted relationships. We expect the programme to evolve through co-production.

The contract term for year 1 will be for a 12-month period which will commence from contract award date, with an opportunity to extend by 2 further 12-month periods covering 2023/24 and 2024/5. Funding continuation is subject to the continuation of the Home Office Serious Violence funding to the GMCA.

## 1.2 Scope

The [Greater Manchester Strategy](https://aboutgreatermanchester.com/the-greater-manchester-strategy-2021-2031/) recognises that the pandemic has disproportionately impacted our people and places, acknowledges that recovery will be tough. In Greater Manchester, we will make every effort to ensure that all our people are supported to live a good life, through all ages and stages in their lives. This includes a commitment to supporting our children and young people to be good learners, with any necessary family help, education recovery, wrap-around provision and health and wellbeing needs being met.

The Inequalities Commission and [Build Back Fairer](https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives/build-back-fairer-in-greater-manchester-main-report.pdf) reports both emphasised the need for Greater Manchester to embed a preventative and ‘future generations’ approach. We need to ensure that Greater Manchester is meeting the needs of the present without compromising the ability of future generations to meet their own needs.

The GMCA is committed to prioritising work with children and young people, to share expertise and evidence of the success of prevention approaches and continue to build capacity and partnerships to further develop these approaches.

In June 2021, the VRU in partnership with the Innovation Hub held a Primary School Summit, to address growing anecdotal concerns from primary schools in GM that issues of intergenerational violence and knife carrying appeared to be increasingly prevalent and were affecting children at a younger age than had previously been the case.

Of those attendees working in schools 83% indicated that behaviour, particularly in respect to violence or threats of violence, had become worse. Furthermore, when the question was pitched in the context of communities, 90% felt that criminality involving violence, or the threat of violence had become worse.

A recommendation which arose from the Summit, was the recognition of the need to support effective transition between school phases and mentor schemes and ensure support is sustained as children transition to secondary school, drawing on existing good practice nationally and locally, to shape a GM model.

It should be recognised that Greater Manchester has some strong primary schools, and some well-developed family support in schools which works well with early help. However, it has been recognised that some families are facing their greatest challenges which require more support. In addition, there is currently minimal interventions which are aimed specifically at children transitioning into teenage years and secondary school who are at greater risk of disconnection.

## Detailed Requirements

## 2.1 Selection of Primary Schools

The successful provider will deliver within the following 10 pilot primary school sites which are based in North and East Manchester.

Depending on limitations of project spending, roll out across further schools using learning from initial phase will be considered.

## 2.2 Selection of children and young people in year 5 and 6

It is recognised that schools are best placed to identify the most vulnerable, and high-risk pupils (and their families) as early as possible who are struggling for more targeted wraparound interventions as they transition between years 5, 6, and 7.

Professional judgement will be vital, but research has shown that the successful bidder will need to be experienced in supporting children and young people with the following who are more likely to struggle with moving to a new school or phase of education ([Transitions : Mentally Healthy Schools](https://www.mentallyhealthyschools.org.uk/risks-and-protective-factors/school-based-risk-factors/transitions/)).

* additional learning needs (also known as SEND, ASN or ALN)
* mental health problems
* ACEs (Adverse Childhood Experiences) and trauma
* behavioural problems
* limited parental support
* experience of transient living, such as being in care
* anxiety
* experience of being bullied

The schools may also identify children on the basis of the following changes in behaviours:

* struggles to make friends
* does not feel that they belong
* has ongoing difficulties coping with daily routines
* difficulty accepting praise/criticism and responding to social cues
* increased number of unauthorised school absences
* difficulties with expressing feelings and emotions
* challenging or distressed behaviour
* lower than expected progress or a disinterest in school
* children who change schools often

The provider will be expected to work with the pilot primary schools to establish a comprehensive referral mechanism.

2.3 Service Requirements (The Support Offer)

The successful bidder will be required to allocate a team of experienced professionals (which may include a project lead, youth worker, psychologist, parental/family worker) who will work with the schools to build on the support which is already being delivered. The team will be expected to have a range of expertise in providing:

* child centred
* strength based
* trauma informed
* social skills
* 1-2-1

support to meet the needs of the children and young people (aged 9-12 years), and their families (including siblings), who are identified as needing additional support.

The bidders are required to submit a proposed staffing structure within their bid, along with a description of their level of training, skills, knowledge, and experience. All professionals involved in delivery of the programme must be appropriately vetted (Enhanced DBS checked) and have undertaken the relevant training (Safeguarding etc). There will be a requirement to utilise different staff, to meet the individual needs of the child and their families.

The ‘team’ will be co-located within the pilot primary schools to work with identified pupils in year 5, and 6, who are considered ‘at risk’, to support a positive progression throughout school years 5, 6 and 7. There will be an expectation that support is maintained as the child transitions in to year 7 as needed in order to meet the needs of the child.

The successful bidder will be expected to meet the bespoke support needs of between 10 – 20 children within years 5 and 6 of each pilot primary school. An overview of how delivery may look as the project progresses into years 2 and 3 is outlined in figure 1. The level and length of support provided to the children and young people will be determined by need.

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| --- | --- | --- | --- |
|  | **Year 5 (9-10 years)** | **Year 6 (10-11 years)** | **Year 7 (11-12 years)** |
| **Year 1 (contract value £300k)** | Cohort 1 (between 10 - 20 pupils per school, and their families. based on demand) | Cohort 2 (between 10 - 20 pupils per school, and their families. based on demand) | None |
| **Year 2** | Cohort 3 (between 10 - 20 pupils per school, and their families based on demand) | Cohort 1 (those children who require ongoing support throughout year 6) | Cohort 2 (determined by the needs of the child) |
| **Year 3** | Cohort 4 (between 10 - 20 pupils per school, and their families based on demand) | Cohort 3 (those children who require ongoing support throughout year 6) | Cohort 1 (determined by the needs of the child) |
| **Year 3** | Cohort 5 (between 10 - 20 pupils per school, and support to their families, and the school as required) | Cohort 4 (those children who require ongoing support throughout year 6) | Cohort 3 (determined by the needs of the child) |

*Figure 1 Expected delivery within each of the selected primary schools (10 in total)*

2.4 Delivery Model/ Detailed Requirements

Bidders must describe their intended model for delivery of a high-quality early help offer that seeks to address, feelings and behaviours and remove barriers for children aged 9 – 12 enabling them to build skills, resilience and to engage positively and confidently in years 5, and 6 and as they settle into year 7 within their new secondary school.

The described model should be flexible enough to reflect the bespoke needs of the school and the successful provider must:

* Assign a project lead who will work with the Senior Leadership Team within the pilot primary schools to design a bespoke delivery model which complements/ and adds value to each schools existing pastoral support offer.
* Improves the identification of, and reduces the vulnerability of, children aged 9-12 years old, ensuring they receive the right support at the right time.
* Referrals will involve warm-handovers and the appointed provider must prioritise co-working on referrals so that families do not experience a ‘hard’ boundary between the service and existing support; and do not need to tell and retell their story.
* Each school brings existing links with Social Services, Manchester’s Early Help Hub, CAMHS, the Police, and staff actively participate in multi-agency teams which the provider must connect into to ensure that the best outcomes are achieved for the child and their family.
* As identified as in the best interests of the child, the provider must collaborate with the relevant secondary schools on transition and ensure that they continue to meet the support needs of the child as they settle into year 7.
* Listen to the voices of the children, parents, schools, and key partners to inform and improve the programme support.
* Act in the interests of the children (and their families) being supported.
* Act as advocates to ensure that the children’s support needs are considered by the school and relevant statutory services to support them to positively engage in education.
* Increase capacity and provision for the most vulnerable children (in years 5 and 6) to reduce the risk of them disengaging from education, particularly, as they progress into year 7.
* Build on and complement effective partnership working with and between the community providers, statutory partners, and primary schools.
* Link in with existing programmes that support our vulnerable children e.g., Healing Together; and their parents/carers e.g., Strengthening Families, Strengthening Communities and trauma workshops.

As outlined above, the delivery must involve providing child centred 1-2-1 strength based, trauma informed support which must encompass:

* [Social Skills](https://youthendowmentfund.org.uk/toolkit/social-skills-training/) as defined by the Youth Endowment Fund Toolkit to promote the development of social and self-control skills which encourage children to think before they act, decrease their impulsiveness, increase their development of internal inhibitions against antisocial behaviour and reduce the risk of involvement in crime and violence later in life.
* Family support which is aligned to the Strengthening Families, Strengthening Communities (SFSC) approach, an inclusive evidence-based parenting programme, designed to promote protective factors which are associated with good parenting and better outcomes for children. This may include providing formal and informal education and training interventions for parents (including for looked after children) that focus on helping parents or carers and their children to develop positive behaviours and relationships.
* Support the whole school approach by working with the senior leaders and staff to ensure that their policies and procedures are inclusive and support restorative practice prioritising safe, nurturing, regulating and socially engaging experiences. A trauma responsive school is one where the wellbeing of children, parents/carers and staff is paramount with relationships and social connection at its core. The school recognises that distressed behaviour may be transient and related to trauma and increases the level of support and encouragement given to the traumatised child; designating an adult who can provide additional support if required.

## 2.5 Service Levels and Key Performance Indicators

A detailed workplan will be developed in collaboration with the successful provider, from which KPIs will be developed. A finalised set of outputs, outcome measures and KPIs will be agreed with the Provider during mobilisation.

GMCA reserves the right to amend (with reasonable notice) the agreed KPIs and how they will be measured over the life of the contract, to ensure that they remain fit for purpose and enable GMCA to effectively manage the contract.

Monitoring of contract deliverables will be managed through the VRU. Quarterly reviews will take place with VRU management and will cover:

* Key workstream tasks, activity, and deliverables
* Challenges and blockers
* Opportunities and enablers
* Good practice for dissemination

Operational reporting through the VRU Education Delivery Group as well as the other subgroups of the VRU as required.

Where contract deliverables are net being achieved, the provider will work with the VRU to rectify.

A network will be developed involving the provider, schools, evaluation provider, and the VRU Education Lead (potentially key stakeholders e.g. SAFE Taskforce, MCC) which will meet bi monthly to reflect on:

* Key workstream tasks, activity, and deliverables
* Challenges and blockers
* Opportunities and enablers
* Good practice for dissemination

## 2.6 Evaluation, Outputs, and outcomes

2.6.1 Outputs

* Provider established relationship with the 10 pilot primary schools.
* A bespoke delivery plan has been developed with the primary schools which complements the school’s existing pastoral offer.
* Child centred, strength based, trauma informed one to one support (including social skills) is being delivered to children (in scope) who are referred to the programme.
* Support is being provided to families inlign with the Strengthening Families, Strengthening Communities model.
* Support provided to senior leaders and staff within the schools to ensure that policies and procedures and trauma informed, trauma responsive and inclusive.
* Active participation in a comprehensive evaluation.

2.6.2 Evaluation

GMCA are committed to conducting thorough evaluation wherever possible, to evidence longer term outcomes, and in order to help to understand the impact of the intervention on those involved, contribute to service delivery and improvement, and inform future conversations around sustainability and funding.

The successful bidder must actively contribute to and assist with a GMCA led evaluation of the service across the primary schools involved in the pilot.

This will include collecting, processing and sharing data (including exploring how personally identifiable information (PII), as defined under GDPR, could be shared) with GMCA to evidence outputs and outcomes associated with the Service.

GMCA will explore with the Provider and the primary schools the mechanisms for lawful disclosure of personally identifiable information and non-personally identifiable information for the purposes of the evaluation. GMCA requires the sharing of any PII and GMCA’s role must be documented in the Provider’s Data Protection Impact Assessment for the Service.

The Provider will be expected to develop (or already have in place) a suitable case management system to facilitate the recording of data used for service delivery and evaluation, and to collect and share data that can help evidence the impact of the Service. GMCA will work with the Provider to continue to define key outcomes and measures for the purposes of this evaluation. Data required is likely to include aggregate or anonymised data on service users, alongside individual level or pseudonymised data (to be shared with GMCA via a lawful disclosure) for performance management / quality assurance purposes. This may include the facilitation of bespoke data collection with service users.

Bidders are asked to outline their approach to collecting data for performance-monitoring purposes, and their approach to gathering evidence of outputs and outcomes of their work within their tender submissions. In particular, GMCA are keen to evidence any longer-term impact of the Service on the children and young people supported.

Any costs that the Provider believes will be associated with the evaluation process (administrative and technical support, staff time etc.) should be included in their bid.

## 2.6.3 Outcomes

The GMCA will work with the provider to develop a theory of change and the key outcomes. However, this is likely to reflect some or all of the below. The bidder must outline what their specified model of delivery will seek to achieve:

* Increase in early help support for vulnerable young people in years 5,6, 7
* Improved school attendance
* Reduction in school exclusions
* Improved self-esteem/ confidence and resilience
* Awareness of service amongst key stakeholders
* Improvements/ maintenance of social, emotional and academic outcomes,
* Improved / maintained attainment levels
* Reduction in anxiety levels (identification of strategies to help them reduce their anxiety)
* Reduced feeling of loneliness
* Improved health / mental wellbeing
* Improvement in behaviour
* Improved social engagement
* Improved health/ mental wellbeing of parents/ carers.
* Improved family relationships

## 3. Pricing and Payment Model

**The bidder must describe the pricing and payment model which must not surpass £300, 000 per contract year (2022/2023, 2023/2024, 2024/2025)**

## 4. Mobilisation

## 4.1 Contract Award

GMCA intends toaward the contract in early September 2022and the appointed provider must be able to mobilise quickly.

The GMCA will allow a mobilisation phase to commence from the date of contract award to the 30 October 2022. A mobilisation plan will be developed as set out in section 4.2. The provider will be expected to be in a position to accept referrals and commence delivery of the support to children and their families from Monday 31 October 2022.

**Bidders are required to demonstrate their capacity to meet these timescales as part of their tender submissions.**

## 4.2 Mobilisation Planning

The provider is expected to complete the mobilisation phase by 30 October 2022 ready to commence delivery on 31October 2022.

GMCA shall agree with the provider a detailed mobilisation plan, covering all activities that need to be completed before the launch of the service which may involve the following activities:

* Agree information sharing and data protection protocols with all relevant partners.
* Build positive relationships with the pilot primary schools and agree how the project will be delivered in each of the schools.
* Agree a referral process with each of the schools.
* Complete an Equalities Impact Assessment for the service
* Commence mobilisation of the specialist team
* Develop a GMCA performance framework
* Agree a theory of change with the schools, GMCA and academic partner
* Create an event and risk log, accessible to the GMCA on request, and forming part of the project governance.

The provider shall also be required to work with the GMCA to put in place a Memorandum of Understanding with the schools, outlining the roles and responsibilities of the GMCA, Provider and selected primary schools.

GMCA will support the Provider to facilitate effective partnership working with and between providers, statutory partners, and agencies involved in this work.

The provider must be ready to accept referrals by 31October 2022 (return from October half term).

## 5 Business Continuity

The Provider is required to provide a robust Business Continuity Plan that will be effective and dynamic throughout the contract period and ensure flexibility of staff. This must include reference to compliance with infection control and Covid guidance within the selected primary schools.

## 6 Governance

The strategic governance for this Service falls within the GM VRU Education Delivery Group.

This Service cuts across a number of strategic themes and so progress / performance and evaluation may be shared (with approval of the Education Delivery Group), across appropriate departments within GMCA and key partners.

## 7. Key Partners

* Primary schools
* Secondary schools
* Manchester City Council (including early help, children’s services, and community safety partnerships, Trauma responsive programme)
* Police (school engagement officers, PCSO’s, neighbourhood teams)
* VRU (Community pilots, Navigator programme, GP Project etc)
* SAFE Taskforce
* Alternative provision
* VCSE Sector
* Virtual Heads