

## Annex A – Covering Template for Responses

Please complete the attached cover sheet when sending evidence, indicating the set of questions to which a response is being provided and contact details of the person for any follow-up queries.

| Contact details for respondent   |   |
|--|---|
| Name   |   |
| Job title  | Children's Fund Manager   |
| Do you represent an organisation?<br><br>(if so, name of organisation and type: e.g. voluntary, public body, private company). | Bradford Children's Services  |
| Postal address   | Design Exchange<br>34, Peckover Street<br>Bradford<br>West Yorkshire<br>BD1 5BD |
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|   | Which area of the review are you responding to? (please mark X) |
|---|---|
| Prevention strand                       | x   |
| Review of disabled children             | x   |
| Strategy for youth services             | x   |
| Review of high cost, high harm families |   |

**DfES/HM Treasury Joint Policy Review on Children and Young People – Summary sheet:**

**NB: The information provided below is a collation of the salient points emanating from evidence given across the prevention, disability and youth strands respectively. Each individual responses, including pertinent examples etc have then been attached as appendices 1, 2 and 3.**

## **Annex B1 (prevention strand) – Supplementary questions**

Q1:

- Locality based working based on robust needs led analysis (TP/CF)
- Increased knowledge/understanding of different Orgs. Roles/responsibilities etc (TP)
- Participation of users to inform needs and improve outcomes (CF)
- Additional support to complement existing service provision – transport, childcare, flexibility (OT)
- Utilise the Vol. & Comm. Sector – ability to reach and engage (CF)

Q2:

- Information sharing between organisations – need for improvement (CB)
- Communication/partnership working – roles/responsibilities (TP)
- Cultural barriers of service users (TP)
- Funding – need for stability and long term finance (CF)
- Robust evaluation of preventative services to inform/improve performance management – Defined qualitative impact indicators, what works (CF)
- Workforce development – capacity and skills needed (CF)

Q3:

- Potential/emerging Joint commissioning and LAA processes
- Evaluation frameworks

Q4:

- Training and support to both users and providers – appropriate methods etc (TP)
- Enshrining participation into the joint commissioning process (CF)

Key:           CF – Children’s Fund  
                  TP – Teenage Pregnancy  
                  CB – Careers Bradford

## **Annex B2 (Review of disabled children)**

Q1:

- As care needs are more intensive it reduces the actual numbers of children that can be cared for. It also means that the needs to be met in these care settings are increasingly health care related.
- Those with less complex needs but whose family functioning needs to be supported with this service to enable them to continue to live as a family have restricted access to this support.
- Universal services have a very long way to go to and meet the needs of children with additional needs and their families, profound or otherwise.

Q2:

- Capacity to offer 850 places as compared with 180 places three years ago.
- Cater for approximately 125 children each week during term time only, in our clubs.
- Fun Days run each school holiday (except summer) at various venues around Bradford. Up to 60 children, each being allocated 1 or 2 days depending on the length of the school holiday

- In summer holidays over 200 places per week over 6 different venues. Each young person is allocated a minimum of one day over 5 weeks. In situations where families are in crisis or the child is at risk we offer more days.

Q3:

- Current organisational attitudes
- Longer term 'sustained' funding
- Lack of transport
- The end to the 'ring-fencing' of resources and the pressures this leads to
- Lack of Educational training and leisure services to y/p across universal services
- Access – buildings, transport etc

Q4:

- Local co-ordination is restricted by access and a lack of resources, transport, support workers etc.

Q5:

- Support systems are not equitable, across the country and abroad.

Q6:

- In Bradford we have a range of respite, shared care with families, outreach for behavioural support, sibling support, inclusion which is specialised and integrated leisure and recreation services. We have a therapeutic behavioural unit; specialised CAMHS support and a community based behavioural team.

Q7:

- Favourable tax incentives for people to provide care in their own homes by agreements made with Inland Revenue. It would be helpful if this could be extended to people who offer support outside of their own homes, i.e. sitting services and outreach, as these are fully taxable at the present time.

Q8:

- Earlier interventions would not necessarily make massive implications to cost, due to services dealing with very complex service needs, possibly more behavioural interventions at an earlier age might make some children's behaviour less problematic.

Q9:

- Intervention with children who have more moderate need at an earlier stage may prevent future escalations and breakdown, also making it earlier for children to access universal services. There are no resources to do this presently, there are not enough resources to cover the most complex needs.

### **Annex B3 (Strategy for Youth Services)**

Q1:

- A realistic assessment of strengths, weaknesses and essential differences is needed. Fundamentally these are not as great between strategic and voluntary community services as has been asserted in the past.

Q2:

- Most universal services have no difficulty in identifying unmet need. However if a youth worker is employed for 3 hours to run a 2 ½ hour session with groups of young people they do not have time to then work with an individual to support them on a job interview for example. Fundamentally it is a resource issue backed up by robust needs analysis mechanisms.

Q3:

- Young people need to feel confident and safe in order to try new things. They need to be in an environment where they won't get hurt or be ridiculed and they are confident of that. They need to be able to relate to trusted adults who can support these processes. The need for a trusted adult to talk to has been highlighted in consultation work by young people with children and young people across Bradford.

Q4:

- Youth work has elements of being a vocation. Workers enjoy the company of young people and have fun with them, respect their abilities and have a genuine desire to enable young people to fulfil their potential.
- In return they are often expected to work long, unsocial hours, be abused by young people and are expected, by the rest of the community, to keep young people under control.

## **Appendix 1:**

### **Annex B1 Terms of reference (prevention strand)**

**Name/Organisation: Careers Bradford**

**Key Questions:**

**What should be the role of universal services in providing access to protective and preventative support, risk assessment and referral?**

The delivery of many aspects of the provision of service to 13 – 19 year olds is funded through the current Connexions Contracts to sub-contractors.

The funding for the provision of these services, many of which are referred to below, will transfer to the local authorities Children's Trust from 1 April 2008. Government office is requiring Connexions partnerships to prepare transition plans for the new arrangements to be effected.

An audit of the current sub-contracted services to young people is essential to ensure that funding remains focussed in areas where it is currently making a major contribution to the reduction in NEET and the learning achievements of the 13 – 19 year old young people.

Many of the services have been subject to best value reviews.

The role of universal/preventative youth support is key to the delivery of effective services both for all young people, and for those in need of targeted support. Within the current Business Rules of the District Personal Adviser Network, all young people 13-19 have a named PA to whom they are caseloaded. This has the potential to form the basis of across the board Lead Professional arrangements for Bradford District. This PA is responsible for tracking and gathering information from a range of sources about that young person's need, providing support and undertaking assessment (APIR/CAF) and referring to specialist services where appropriate. This structure provides an excellent foundation for enabling preventative work, both by the identification of need communicated from professionals working with young person, (sometimes without the young person's direct involvement), and through direct contact with the young person. Services for young people 13-19 are already underpinned by this structure. In Bradford this structure comprises of PAs (Lead Professionals) from a range of statutory and voluntary sector agencies.

Essential to effective delivery of both universal/preventative and targeted help is the local usage of a comprehensive youth database. The universality of the database allows both basic information, and details of interactions with the PA (Lead Professional) to be recorded and tracked. Details of assessment and risk are also gathered to ensure coordinated approaches. The use of the database also allows the forensic use of data to identify potential vulnerability to risk. In Bradford this has been used effectively to identify young people statistically at risk of becoming NEET and to target support to them.

The work undertaken by universal/preventative services with the entire cohort contextualises work undertaken with those in need of greater support. Within Bradford there are examples of the intermingling of universal and targeted support to 13-19 year olds, which has been successful in both addressing need, and in reducing the NEET figure for the District.

In this context the role of universal/preventative services is to ensure that the whole cohort is covered in terms of checking whether targeted support is necessary, being delivered and is timely.

### **How can targeted and specialist services intervene earlier to address problems before they become acute?**

The use of a comprehensive database (see above) and a universal/preventative service that has contact with young people has to become the “eyes and ears” for specialist services to allow them to intervene earlier. The forensic use of data allows predictions of vulnerability to ensure that the universal/preventative service keeps good contact with these young people to look for early signs of need.

Within Bradford this type of predictive/preventative work has been undertaken based on universal service delivery, with year 11 cohorts. Data from a range of sources (schools, colleges, PRUs, Leaving Care Services, Looked After Team, Youth Offending Team and free school meals) has been used forensically to analyse vulnerability to NEET and to make this information available to PAs to enable them to target support to those most likely to be in need, and to facilitate referral to specialist services where appropriate.

It must be noted that if early referral is encouraged/facilitated, then specialist services need to be available and prepared to take referrals before the situation becomes acute.

### **How can the impact of intervention to prevent children, young people and families with complex needs repeatedly move in and out of contact with targeted services be sustained?**

It is the intermingling of universal/preventative and targeted service that ensures sustained and appropriate contact with children and families over time. Robust Business Rules (see earlier reference) are needed across agencies to ensure standards of referral and information sharing are maintained.

The role of universal services and information sharing is pivotal. The role of the Lead Professional in supporting children and families as they move between and in and out of services is key in providing consistency and in reducing repetition and waste in the delivery of specialist services. The framework for this role exists for 13-19 year olds in the PA Network. Consideration would need to be given to the resource implications of extending this support to the family.

## **How can rights and responsibilities for individuals, families and communities be integrated into services to improve the lives of children and young people?**

Models for the involvement of young people in the delivery of 13-19 services exist in the delivery of PA support and services. The Youth Charter underpins the young person's rights and responsibilities. Involvement in the recruitment of staff and the design of services has enabled young people to 'own' services.

## **What would be the impact of more preventative services and early intervention on the life chances of children and young people and on the value for money of public spending on children, young people and families?**

In relation to NEET young people, it has become clear that measures and new ways of working to prevent NEET (better interagency work, liaison with education and community groups, early outreach and close follow up as the school learning date approaches) have been successful in bringing down NEET in areas such as South Bradford. This approach has been cost effective, as it is largely delivered through the PAs with larger caseloads, rather than through the more expensive intensive support PAs working with young people who are already NEET. Clearly there is still however a need for both aspects of support.

There is clear evidence that good practice by Careers and other PAs with universal caseloads, working in partnership with colleagues in extended schools, and specialist agencies, can have a large impact in preventing NEET. Within Bradford this focus on preventative work has been welcomed and embraced by schools. The role of the universal service professionals is in many cases to broker more specialist support for the young people, and advocate for its deployment. This enables specialist support to be targeted effectively and to be timely in its impact, thus helping to get the best value from specialist support.

### **Supplementary questions:**

#### **What evidence is there of major barriers to developing a preventative system? Are there examples where you have overcome these barriers?**

Information sharing between agencies is key, and could be improved in some cases, particularly in relation to health. The multi agency PA network and framework in Bradford brings together PAs from a range of agencies, and has enabled more effective information sharing. The inclusion of basic social services data about looked after children and young people, with YOT and free school meals and other data onto the Core+ database in Bradford has overcome initial barriers and greatly enhanced the ability to forensically examine data and trends.

Another example of effective partnership working comes from the Bradford E2E partnership, which additionally delivers E2V training places for young people. Within the partnership effective information sharing has formed part of a network of agencies delivering provision to young people who are vulnerable to NEET.

**What evidence is available on how funding can be freed up at the acute end of provision to spend on preventative services?**

In youth support, the funding at universal level will always need to be balanced by the need to support young people with complex and multiple issues.

It would seem that there may be potential to free up funding from the silos of short term programmes that each come with their discrete terms and administrative requirements, and give consideration to funding long term universal/ preventative work.

**How can we build the capacity of parents, families and communities to shape the design and delivery of services for children and young people?**

Capacity for parents, families and children to shape services can be achieved in a variety of ways. Successful examples in the District included the emerging extended schools, and in involving young people in the design and delivery of Connexions services. Delivery of support services within community settings is another example. Within Bradford, the development of effective locality based multi agency teams, using shared data, will lead to delivery within the community itself. This will have a greater impact than one off flying visit events. Strong links from universal services to communities and to families is important. Information for parents and young people about services and how to become involved is also key.

**Name/Organisation: Teenage Pregnancy**

What should be the role of universal services in providing access to protective and preventative support, risk assessment and referral?

**Universal services need to have an understanding of partner and their roles and responsibilities. Key to this is improved communications both internally and with partner agencies. To be guided by district wide strategies i.e. some organisation do not feel comfortable working towards the aims of the teenage pregnancy strategy, but would need to acknowledge this and refer on, not just ignore the issues it raises.**

**2 way – universal services need to know about specialist provision but should also be able to inform specialist provision practice to ensure all young people's needs are met.**

How can targeted and specialist services intervene earlier to address problems before they become acute?

**In sexual health services we have a remit for prevention and for education and training for partners which would help to address problems by increasing partners' awareness but also by providing partner agencies with skills to address any issues. These offers are not always taken up by partner agencies as they are worried about the issues of sexual health, rights of young people and family involvement. I think this would be true for other specialist services to.**

**This is one way specialist services can support non- specialists.**

How can the impact of intervention to prevent children, young people and families with complex needs repeatedly moving in and out of contact with targeted services be sustained?;

**In our case one of the ways we are supporting teenage parents is by setting up locality based support groups where young parents can meet each other and where services drop in to provide information, advice, training sessions etc. We also use these groups to enable young people to build links with their local communities.**

**One of the other things we support is floating housing support for teenage parents to help them sustain their housing.**

**We also offer specialist training for key workers with young people;- Connexions PA's, Youth Workers etc.**

How can rights and responsibilities for individuals, families and communities be integrated into services to improve the lives of children and young people?

**In our team we have taken the view, in line with the Declaration of Children's Rights that all children and young people are entitled to quality information about health issues and also quality services. This applies to sexual health as well as to anything else, despite what some**

**adults / agencies may think. This has helped us in arguing for sexual health information to be available to all young people. However there is some conflict between young people's rights and responsibilities and those of families and communities, we do need to recognise this in our work, though we are lucky as we are there to support young people, which helps us in clarifying the dilemmas there can be when what young people want is in contrast to what their significant adults. We are aware of our role but this doesn't always mean it works e.g. Governors at a school deciding there won't be sex and relationships education at school.**

What would be the impact of more preventative services and early intervention on the life chances of children and young people and on the value for money of public spending on children, young people and families?

**The Teenage Pregnancy Unit has been looking at cost factors in relation to prevention against outcomes if preventative work is reduced. They have recently produced 2 documents relating to this and a range of other issues – The Next Steps and Accelerating the Strategy until 2010.**

**Quotes;**

**Teenage pregnancy is, therefore, a key inequality and social exclusion issue. But there is also a strong economic argument in investing in measures to reduce teenage pregnancy, which places significant burdens on the NHS and wider public services.**

- **The cost of teenage pregnancy to the NHS alone is estimated to be £63m a year.**
- **Benefit payments to a teenage mother who does not enter employment in the three years following the birth can total between £19,000 and £25,000 over three years.**
- **Teenage mothers will be much more likely than older mothers to require targeted support from arrange of local services, for example to help them access supported housing and /or re-engage in education, employment and training.**

**Broad estimates suggest that every pound spent on the strategy saves approximately £4 to the public purse, when assessed over a period of five years.**

What works in reaching out to the most vulnerable families to ensure they are able to take full advantage of service provision, especially in the early years?

**The Next Steps documents specific deals with what has worked but from a local perspective we would say locality based services geared to young people's needs. It is important in working with teenage parents to remember that they are both young people and parents and need services which meet both these needs.**

**We have also been able to employ specialist outreach workers to work with BME communities and this has helped to reach some of the most vulnerable young people.**

**What needs to happen is better partnership working and equal credibility being assigned to professionals. Our team has had difficulty on occasion referring young people on to other services as they have questioned our knowledge and skills. Steps are in place to deal with these issues but we do to make sure partnerships are genuine.**

What evidence is there of major barriers to developing a preventative system? Are there examples where you have overcome these barriers?

**One of the biggest barriers we face is attitudes and values to sexual health. We try to train on this and to improve both professionals and parents skills but this is often resisted. We work on a rights agenda but nevertheless continue to try to work with parents.**

**We have overcome some barriers, particularly in sections of the South Asian community where we held sessions for parents on what would be delivered to young people and also introduced Islamic perspectives on sex and relationships. This enabled us to run a number of programmes. It is time consuming and intensive work.**

What evidence is available on how funding can be freed up at the acute end of provision to spend on preventative services?

**Discussion on these issues are happening with health partners as well as LAA discussions. (*sorry this feels a little weak*)**

How can we build the capacity of parents, families and communities to shape the design and delivery of services for children and young people?

**Some of this is about challenging assumptions – sexual health is about choice but waited towards young people making better choices based on increased self esteem. This is often what parents want so we need to challenge the myths around “condoms in the playground”. Training and support for parents to talk about some of the issues they feel are difficult and uncomfortable – this will help us work together on those things which do work.**

**Big institutions are also part of this process (e.g. schools)**

## **Name/Organisation: The Homekey Project**

### **Preventative strand response.**

The following is drawn from experiences of dealing with housing associated issues that are fundamental to improving outcomes for children and young people. If families are homeless or at risk of homelessness the impact on children and young people, as well as their parents, is dramatic.

#### **Key Questions:**

What should be the role of universal services in providing access to protective and preventative support, risk assessment and referral?

There are two separate strands to this question relating to housing:

- a. Families or young people who are currently homeless: (homeless in this context need not be the statutory definition but should include those who have not had a homelessness assessment but are the hidden homeless sleeping on friend floors etc.)

The role of services in this area is quite clear and that is to access safe and secure accommodation for the family or individuals as soon as possible providing support wherever this is required.

- b. Families or young people who are at risk of homelessness: (This could mean families at risk of eviction, family breakdown causing young people to leave home, etc.)

Early intervention is the key to this issue. Where a potential eviction is due to rent arrears early access to budgeting, welfare benefits advice, etc. will often resolve the problem. Once an eviction process has been started it is often too late to intervene effectively. The situation where anti-social behaviour is involved is more complex but early intervention can prevent situations getting to the eviction stage in many cases. It is perfectly feasible to set up a compact between the potential evictee and some form of support designed to address the issues leading to anti-social behaviour and this can involve a number of agencies. Family mediation can be an effective tool providing that it is by agreement with both parties.

How can targeted and specialist services intervene earlier to address problems before they become acute?

- a. This is the essence of the preventative agenda. Preventing people becoming homeless in the first place is critical. There needs to be a far greater understanding on behalf of families and young people of the ramifications of becoming homeless. Many young people become homeless as a result of family breakdown, making the mediation facility understandable, acceptable and available could help. There also need to be more educative work undertaken to ensure that people are aware of the issues they face if they become homeless.

- b. There needs to be far more joint working with agencies that can assist in these issues. Bradford Community Housing Trust (BCHT) have taken some measures to address this issue through setting up their own scheme to assist people at risk of eviction and this is welcomed. This type of scheme needs extending to all those at risk including owner occupiers, private rented tenants and housing association tenants. Any preventative work would rely on the landlords asking for help for their tenants as soon as a problem became apparent. Some level of services to private rented tenants and owner occupiers exists through agencies who have contracts for delivering housing advice through the Legal Services Commission.

How can the impact of intervention to prevent children, young people and families with complex needs repeatedly moving in and out of contact with targeted services be sustained?

- a. & b. Contact needs to be maintained, preferably through one agency or point of contact until all the issues affecting the situation have been addressed.

How can rights and responsibilities for individuals, families and communities be integrated into services to improve the lives of children and young people?

- a. & b. In both types of cases there needs to be a clear agreement drawn up between the parties that outlines the respective rights and responsibilities.

What would be the impact of more preventative services and early intervention on the life chances of children and young people and on the value for money of public spending on children, young people and families?

- a. & b. The impact in this area of work alone would be immense. Homelessness leads to all sorts of other well documented issues, from an increase in the use of class A drugs to contact with Social Services as well as the emotional and physical costs associated with evictions, the lessened likelihood of evictees being accepted for other tenancies, the probability of intervention for housing under the Children's Act, etc.

### **Supplementary questions posed as part of the 'call for evidence':**

What works in reaching out to the most vulnerable families to ensure they are able to take full advantage of service provision, especially in the early years?

- a. & b. An understanding of the issues around homelessness and the risk of homelessness by all agencies that have contact with the families or individuals concerned. It is apparent from our own experiences that this knowledge is fundamental to preventing the recurrence of the issues that caused the situation in the first place.

What evidence is there of major barriers to developing a preventative system?  
Are there examples where you have overcome these barriers?

a. & b. Housing rights and homelessness should form part of every education programme and the stigma that is attached to people receiving support needs to be removed. We all need advice and support at some stage in our progress through life and housing is a fundamental need for everyone. There is a resistance in schools and throughout education to allowing specialists to deliver specific training in this area. There is little point in teaching people the basics around health and hygiene, good diets, parenting etc. if they have not got somewhere safe and affordable to live. We have been successful in working with an individual school in providing some basic, very practical information and experiences to a small group of students who were considered to be at risk of homelessness. All went back to the school stating that “No way” were they leaving home.

What evidence is available on how funding can be freed up at the acute end of provision to spend on preventative services?

a. & b. I am not aware of any evidence but it is very apparent that, if the preventative agenda could get working in this field, there would be substantial savings in many other areas of provision.

How can we build the capacity of parents, families and communities to shape the design and delivery of services for children and young people?

a. & b. By improving the knowledge and understanding of housing and homelessness in all individuals and by then using this through consultation to shape design and delivery.

## **Name/Organisation: Young Persons Substance Misuse**

In relation to parental or young persons substance misuse I feel the key questions are:

How can targeted and specialist services intervene earlier to address problems before they become acute?

And

What would be the impact of more preventative services and early intervention on the life chances of children and young people and on the value for money on public spending on children, young people and families?

Solutions to address these questions are embedded within the Common Assessment Framework and will rely heavily on the level of investment (both financially and supportive) from Government alongside the continued commitment to maintaining both additional and ringfenced funding for vulnerable young people and their families.

Where issues such as Hidden Harm are apparent, early intervention is key to supporting the parent from pregnancy onwards, ensuring that a careplan is developed for both parent and child.

Substance misuse (both young people and parental use) cannot be addressed in isolation and forms a core part of a comprehensive package of support from a range of interventions to address the key risk factors i.e. low educational achievement, truancy and excluded children, youth offending, episodes in the looked after system/social services involvement etc.

In relation to substance misuse I cannot stress how important early intervention and preventative work is, however at present funding and targets are concentrated around treatment (particularly for Class A drug use). The greater the emphasis on early intervention and prevention, the bigger the impact will be on young peoples drug use which, will in turn result in a significant decrease in cost to the criminal justice system (drug related crime) and health costs (drug treatment and general health).

Over recent years Bradford has experienced a change in the patterns of young peoples drug use from Class A substances (particularly heroin) to cannabis and alcohol being the primary drug of choice. This evidence would suggest that investment has delayed the onset of Class A drug use amongst young people and/or significantly reduced the number of young people using Class A substances.

## **Name/Organisation: On Track Bradford**

### What should be the role of universal services.....?

Examples of the role universal services can play are:

Re the system for Junior Youth Inclusion Programmes (JYIPs) ID ing the top20/top12 children who are most at risk of offending: YPSU or the JYIP provider writes to all the agencies, including schools, in the area and asks for names. A panel meeting is then held and the top 20/12 are selected using a matrix of risk factors.

Universal services such as schools, health, can be more acceptable because non-stigmatising. Schools have referred children to On Track in cases where parents would have been wary of Social Services involvement (fears of children being taken into care). On Track, which does not have any statutory role, can be a bridge between universal services and Social Services or specialist services e.g. specialist CAMHS, counselling.

On Track is a member of the Children & Young People's Support Panel for the Carlton Bolling Primary cluster. There are primary & secondary panels in 3 BIP areas in Bradford. Each panel has representatives from schools, school nurses, Social Services, Education (e.g. educational psychologist), CAMHS and other relevant agencies working in the area. The Multi Agency Panel takes referrals on children where preventative work is needed and discusses which agencies could provide support and who would be the key worker (fore runner of lead professional role). A research study has been undertaken by Nicole Pawson of the School of Health studies, University of Bradford.

Universal services have a key role in contributing to packages of support for families. At On Track this has been coordinated through multi-agency meetings, such as springboard meetings.

### How can targeted and specialist services intervene earlier.....?

By offering consultation to Tier 1 services e.g. at On Track Family Support Clinic workers receive consultation from CAMHS and can arrange a joint consultation with CAMHS for a family. This has the dual function of assessing whether a child needs a more specialist service (including assessing the risk level) and supporting workers to develop skills to work with that child/family. CAMHS also offers monthly consultation for JYIP providers.

### How can the impact of intervention to prevent children, young people and families with complex needs.....be sustained?

When we are finishing working with a child on the JYIP we build in an exit strategy to help them maintain the progress they have made e.g. a 12 year old boy who, following a programme of JYIP activities, has begun attending a football club in the community. One of the aims of the JYIP programme is to help the young person develop the skills to enable them to access mainstream provision.

The youth clubs that On Track runs for JYIP children include a mix of targeted and non targeted children, so that a child exiting from the JYIP can continue to attend an activity such as Sat am football as a non targeted child.

It is important to involve workers who will continue to be working with the child, e.g. learning mentor in school, so that the work done by the targeted service is not done in isolation.

Services such as the On Track Family Support Clinic can offer lower key support to “top up” or reinforce more targeted work that has been done with a family.

### How can rights and responsibilities.....?

When a child/yp first comes onto the On Track JYIP we complete a working agreement with the child and their parent that sets out expectations about what each of us will do to ensure that the child achieves their targets.

Regular feedback is given to parents/carers of children on JYIPs to involve them in the process and their views, and those of the young people are sought in the evaluation.

On the JYIPs we work towards the “Making a positive contribution” ECM outcome e.g. the young people participated in Sports Relief. On Track’s Buddies mentoring project for 13& 14 year old grew out of our wish to develop a pathway for young people who had gone through the JYIP programme to enable them to take further the skills that they had built up and support other young people. On the JYIPs the young people are involved in planning and delivering some of the activities.

The Buddies project encourages young people to reflect on their own learning needs and how they have developed in the course of the programme; the Buddies complete individual evaluations of each session. This process can result in them recognising skills of which they were unaware, growing in confidence and beginning to think ahead about areas of work and further learning that interest them.

### **Supplementary questions**

#### What works in reaching out to the most vulnerable families....?

At the On Track Family Support Clinic parents have kept appointments for a consultation with CAMHS when previously they have not kept appointments with CAMHS. The On Track FSC is a local service and we have built in additional support such as phoning parents to remind them, offering transport to appointments, offering more repeat appointments following a cancellation and varying the timing of appointments to allow for individual circumstances, e.g. a mother whose health problems make morning appointments difficult. Building a relationship with families is key. On Track can act as a bridge between universal services and more specialist or statutory services. (see above)

It is important to have a workforce that reflects the culture of the local community, to have staff who speak community languages and to have access to interpreters.

Transport can also increase take up of services e.g. on the On Track JYIP attendance is higher at sessions for which the children are transported. Child care is a factor. We have run parenting groups at a primary school in conjunction with a Parent & Toddler group and have provided crèche staff.

What evidence is there of major barriers.....?

Planned work can be squeezed out in response to crises. At On Track we have found that busy school staff have made time to attend meetings to discuss preventative work with a child if they have been involved in referring the child to On Track and if the work also addresses issues on the school's agenda such as the child's behaviour in school.

## **Name/Organisation: Children's Fund programmes in the Yorkshire and Humber Region:**

|   |                         |
|---|-------------------------|
| Barnsley Children's Fund                | Barnardo's              |
| Bradford Children's Fund                | City of Bradford MDC    |
| Calderdale Children's Fund              | Barnardo's              |
| Children's Fund Kirklees                | NCH                     |
| East Riding Children's Fund             | East Riding Council     |
| Hull Children's Fund                    | Hull City Council       |
| Leeds Children's Fund                   | Barnardo's              |
| North East Lincolnshire Children's Fund | NE Lincolnshire Council |
| North Lincolnshire Children's Fund      | N Lincolnshire Council  |
| North Yorkshire Children's Fund         | NSPCC                   |
| Rotherham Children's Fund               | Rotherham MBC           |
| Wakefield Children's Fund               | Barnardo's              |
| York Children's Fund                    | York City Council       |

This process which collected the information in this paper was initiated prior to the call for evidence. As a result, the information does not neatly match the specific questions posed by the call for evidence, but does highlight the strongest learning emerging from five years of delivery of preventative work with children aged 5-13 in Yorkshire & the Humber.

This evidence is grouped below in two sections. The first highlights the **strongest messages** which these 13 programmes wish to send to HM Government emerging from their delivery of the Children's Fund. The second details the **practice areas and approaches** evidenced from across the programmes as having a significant impact in meeting a preventive agenda and producing positive outcomes for children, young people and their families.

## **The strongest messages emerging from Children's Fund in Yorkshire and the Humber which we believe are pertinent to the spending review:**

### **The value of the voluntary sector**

We wish to assert the value of the Voluntary, Community and Faith sector as a provider for preventative services for children and families.

Our shared experience suggests the sector is uniquely placed to reach, engage and deliver services to children and young people. This reach and engagement will often be beyond the public sector, using local knowledge, trust and commitment to create and build responsive services which are complementary to those delivered by public agencies.

The Children's Fund experience suggests the following should be priority considerations for the Spending Review:

- **A consistency of approach from Central and Local Government** with regards to support, development, capacity building and

commissioning is imperative if the VCS is to have the right conditions in which to fulfil its potential within Children's Services.

- The continued labelling of the Third Sector as one body is both inaccurate and unhelpful. The **diversity of providers**, ranging from the national childcare charities, through regional and district wide agencies, the 'franchise' providers and the wealth of local community organisations, **represents a significant opportunity to deliver services directly to the point of need**. This opportunity is often missed as the public sector struggles to appreciate and understand this diversity. A strong message has emerged from the Children's Fund that investment is needed to support the development of small and medium providers to ensure they are able to play a full part in the new Children's Services. A new, more analytical categorisation of the VCS would assist significantly in targeting support where it is most needed eg staff development within the community sector which is often under-resourced.
- Continuity of contract is critical to effective planning and to the quality of service delivery by the VCS. **Medium to long term contracts, based on full cost recovery**, are a legitimate expectation of VCS providers, as is a need to develop commissioning systems based on openness, transparency, clarity and efficiency.

### **The importance of participation work**

The Children's Fund experience suggests strongly that high quality involvement and participation work with children contributes significantly to the preventative agenda.

Our shared experience suggests that effective participation work brings clear and demonstrable outcomes for children through gains in skills, knowledge, citizenship and self efficacy. There is also evidence emerging of the success of good involvement work in shaping and improving service planning and delivery.

The Children's Fund experience suggests the following should be priority considerations for the Spending Review:

- **Levels of prevention are enhanced through good quality participation work.**
- **Participation in decision making is a realistic aim for all children's services providers**
- **Planning, management and delivery of services can be enhanced when children and young people are actively involved** in those aspects of work

- **Children and young people are often uniquely placed as consumers** to understand the operation and delivery of the service they are experiencing

### **The significance of intervening early**

The Children's Fund was initiated to explore the value of early interventions within the lives of children.

Our shared experience suggests that the benefits of early intervention are significant in terms of building resilience, coping skills and self esteem for children and young people, but that without dedicated investment in early intervention, these benefits are threatened by a pull towards more reactive services.

The Children's Fund experience suggests the following should be priority considerations for the Spending Review:

- Many Children's Fund programmes provide living and working examples of identifying need, targeting services towards that need, evaluating impact alongside children and families and re-shaping services accordingly. This is an operational definition of the commissioning process. Many **Children's Trusts** (or equivalent) **would benefit from taking the time to study and learn from the Children's Fund experience of early intervention work.**
- There is **strong evidence emerging about the efficacy of early interventions** within the Children's Fund programmes. Examples include reductions in crime and anti-social behaviour, retention of school places and improved attendance at school, increased knowledge of keeping safe, children helping to deliver support to other children, reductions in harmful behaviour to other children etc
- The **shift towards preventative services** enshrined in Every Child Matters **does not yet have sufficient momentum to succeed.** Continued pushes through policy, backed up by real investment and a Joint Area Review process which drives a hard bargain on investment in early intervention remain necessary if goals in prevention are to be realised.

### **The need for targeting**

The Children's Fund experience suggests strongly that good quality targeting of services to children with particular needs is critical in actioning a preventative agenda.

Our shared experience suggests that effective targeting increases the prospects of intervening early, of addressing needs, of supporting those children who will benefit most from an intervention, of responding flexibly to diversity and of ensuring value for money.

The Children's Fund experience suggests the following should be priority considerations for the Spending Review:

- **Early intervention**, and so prevention, **is dependant on good quality targeting of services** to the point of need. This targeting may be geographic (allowing local solutions to emerge to particular local needs), needs based (addressing issues for particular groups or communities of children such as those on the verge of exclusion from school, disabled or BME children, or other groups typically branded 'hard to reach', or thematic (responding to 'hot spots' of concern about behaviour or drug usage for example)
- There is strong evidence that **regular and consistent support from a trusted adult (the key worker role) can bring significant benefits** to children, young people and families. These benefits appear particularly significant where the key worker model is applied to vulnerable children or families.
- An effective dimension of Children's Fund provision is to **deliver services where children are**, rather than expecting children or families to travel to meet there needs. This reinforces the need for effective needs data on which to make decisions to allocate staff or resources.

### **The crucial nature of stable investment**

The Children's Fund has enabled, in many instances, medium to long term investment in preventative approaches.

Our shared experience suggests strongly that the commitment which stable investment offers to families and children has significant benefits in terms of trust, relationships and understanding change and progress. For providers, stable investment in service development brings benefits in terms of service planning, performance management, staff retention and development, concurrent evaluation, financial planning and reduced bureaucracy.

The Children's Fund experience suggests the following should be priority considerations for the Spending Review:

- A **consistency of approach**, coupled with flexibility and a shared understanding of goals, from central and local government is **pivotal to enabling stability**
- **Continued drives for innovation disable stability and de-value effective but established services**. Investment in what works should carry at least the same weight within commissioning choices as the search for newness. The Children's Fund represents a huge investment over a seven year period – the programme has many

examples of excellence in preventative work which it would be a folly to lose in a scrambled search for innovation.

- To gain the best in service development from across the market of providers within Children's Services, equal, open, transparent and clear commissioning processes need to be in place within Children's Trusts. **The Children's Fund represents**, in many places, **excellence in commissioning practice** which is consistent with the recently published Joint Planning and Commissioning Framework.

### **The integral nature of evaluation**

Children's Fund programmes have embraced evaluation as an essential learning and management tool.

Our shared experience suggests strongly that investment in formative evaluation activity which engages a range of stakeholders, including children, young people and parents, is absolutely essential to understanding impact, outcomes for children and change for children.

The Children's Fund experience suggests the following should be priority considerations for the Spending Review:

- The case for **prevention is strongly reinforced through evaluation** activity which is concurrent, inclusive, participative and formative.
- An **understanding of qualitative impact indicators is as important**, if not more important, **than statistical indicators** of change if we are to move towards an outcome led platform of services.
- **High quality evaluation is a critical element in the commissioning cycle.**
- **Evaluation skills need to form one dimension of a workforce development programme** – it should not be assumed that all children's and youth workers are able to easily engage in good quality evaluation activity.

Underpinning these pivotal messages is a consensus among Children's Fund programmes as to the **need for good quality workforce development plans** and activity to enable staff and managers to embrace the opportunities of integrated working.

**The practice areas and approaches evidenced from across the programmes as having a significant impact in meeting a preventive agenda:**

**Parenting or family support work** – included under this heading are parenting support and learning programmes, dedicated key worker support to parents, home school liaison work which bridges the gap between school and

parents, general family support work and an approach which gives schools resources to purchase family support services.

**Transition work** – Children’s Fund programmes can show success in enabling the transitions both at entry to school and between primary and high school

**Emotional literacy and health work** – could legitimately be viewed as a building block which would underpin the success of many interventions, investments in emotional literacy work and services which support young people to feel OK have been particularly successful within the Children’s Fund

**Playwork and creative approaches** – the Children’s Fund experience would assert the value of play for children as a n activity in its own right and as a learning tool. Creativity and arts approaches have also been shown to have a marked impact in children’s learning, development, social skills and emotional development.

**Peer support and befriending** – both a powerful preventative strategy in itself given the training and understanding needed to act as a befriender, there is strong evidence of the impact of peer support work on bullying and behaviour improvement.

**Junior Youth Inclusion Programmes** have, in a number of settings, proved a powerful influence on anti-social behaviour.

The Children’s Fund experience would also strongly support the value of a **joined up approach to service planning and delivery**. Our work would suggest the following insights which may be helpful to the review:

- Multi-agency approaches are likely to be pivotal to the success of locality working
- The Common Assessment Framework provides a gateway to join up preventative services
- Planners need to think creatively about integrated working, allowing connectivity locally, across the age range and up and down the tiers of need.
- Integrated working is not necessarily a cheap option as start up costs can be high and there is a high need for shared training and team building.

Each of the assertions within this paper can be supported by evaluation reports of other documentation. Further detail, if required, can be requested initially through: Richard Sorton, NCH Children’s Fund Kirklees – 01484 533936 – Richard.sorton@nch.org.uk

## **Appendix 2:**

**Name/Organisation: Joint Care Planning Team – Bradford Social Services**

### **Annex B2: Terms of reference for the Review of Disabled Children**

The key questions the review will address include:

**The changing profile of disabled children, for example, due to increases in complex disability and rise in Autistic Spectrum Disorders, profound and multiple learning disabilities and low birth-weight babies and the challenges this poses to services.**

#### Bradford Figures from 2004

3.3% of Bradford's child/youth population have a disability  
Number of children registered has risen from approximately 400 to over 1,973 within the last 10 years  
394 children held on the data base with health problems/severe illness  
33% of those registered have Asian heritage  
2,576 Children known to have a special need  
569 Registered Social Services Users  
2675 with a Special Education Needs record (Education is data not combined with data above)  
In 1997 there were 89 Autism/Aspergers children known in Bradford. In 2005 there were 262.  
196 families have 2 children, 36 have 3, 1 has 4 and 5 families have 5 children with a special need.  
2,781 (13.2%) of a total 21,144 clients aged 16-18 in Bradford are flagged with a disability. 427 of them were NEET (Connexions 2004)

The increasing numbers of children with complex needs in Bradford mean that our family based and residential short breaks services provide for more of these children. A consequence is that as their care needs are more intensive it reduces the actual numbers of children that can be cared for. It also means that the needs to be met in these care settings are increasingly health care related.

Those with less complex needs but whose family functioning needs to be supported with this service to enable them to continue to live as a family have restricted access to this support.

Universal services have a very long way to go to and meet the needs of children with additional needs and their families, profound or otherwise.

## **What progress has already been made in addressing the needs of disabled children and their families?**

This is an example, data and information drawn from one core provision of Social Services only: the Inclusion Team. There is also provision by other services and the community and voluntary sector but we do not yet have comprehensive collated data.

It has taken several years of focussed development attempting to build year on year with temporary funding to achieve and sustain access to universal leisure and recreational services.

- We now have capacity to offer 850 places as compared with 180 places three years ago.
- We also cater for approximately 125 children each week during term time only, in our clubs.
- Fun Days run each school holiday (except summer) at various venues around Bradford. With up to 60 children, each being allocated 1 or 2 days depending on the length of the school holiday
- In summer holidays we provide over 200 places per week over 6 different venues. Each day runs from 11 – 4 pm. Each young person is allocated a minimum of one day over 5 weeks. In situations where families are in crisis or the child is at risk we offer more days.

The schemes are all provided in universal settings and each one is a partnership of staffing and match funding. The schemes target disabled children and children with complex health needs where more detailed planning is required to achieve inclusion. Information from key workers in care, education and health services is used to establish safe protocols that promote the child's engagement in activity. Parents are consulted so that the protocols reflect their preferences. The Community Nursing Team advise on protocol development for individuals, sometimes provide whole session support if required and otherwise support individual children with health intervention as part of the child's protocol.

The issues that need to be overcome are common to all provision.

## **What are the barriers currently restricting access to services and therefore effective intervention?**

Staff and managers attitudes are significant:

- To overcome the attitudes of strategic managers and establish the concept of their accountability for inclusive provision as a core component of their service requires long term Joint Investment Plans and Joint Change Plans with progressive milestones towards agreed desired outcomes.
- To overcome the attitudes of staff, agencies need to;
  - a. commission the support required that will give sustained access to their services;

- b. review the job descriptions and specifications to ensure that support is delivered in their services;
- c. train their staff in practical ways to be inclusive;
- d. actively target disabled children and young people and their parents in advertising;
- e. establish the presence children and young people in their service;
- f. consult with potential users of their service about their choices and needs;

The need to overcome the lack of sustained funding. Long term joint investment

plans are required to release base budgets and to deliver, commission and recommission what is needed on a sustained basis. Infrastructure costs to deliver are higher than for a child with no additional needs. This needs to be part of Joint Investment planning

Lack of appropriate transport.

Lack of a range of specific education training and leisure services for young people and access to universal services.

No investment in adult services and a huge gap on transfer e.g. to adult mental health, from paediatric to adult NHS care.

Resources are no longer ring-fenced therefore disability services become under pressure when balanced against child protection and other statutory driven services.

Access, physical building, transport, (physical and economic) trained staff and support staff needing a higher ratio than other children – there is no universal measure of accepted staffing ratios that are needed to supported children with disabilities.

**Are services sufficiently co-ordinated at local level to allow families to access sufficient support to meet their needs?**

Local co-ordination is restricted by access and a lack of resources, transport, support workers etc.

**How does the system of support for disabled children and their families compare across the country and abroad? Are there lessons we can learn to improve outcomes?**

Support systems are not equitable, across the country and abroad.

**What family support services i.e. key workers, short breaks, sibling support, behavioural management are currently available and how do these relate to other services?**

In Bradford we have a range of respite, shared care with families, outreach for behavioural support, sibling support, inclusion which is specialised and integrated leisure and recreation services.

We have a therapeutic behavioural unit; specialised CAMHS support and a community based behavioural team.

**What are the most cost effective interventions in delivering better outcomes?**

Favourable tax incentives for people to provide care in their own homes by agreements made with Inland Revenue. It would be helpful if this could be extended to people who offer support outside of their own homes, i.e. sitting services and outreach, as these are fully taxable at the present time.

**Are there interventions which, if made earlier, could reduce more costly interventions later? How can we identify the need to intervene earlier?**

Earlier interventions would not necessarily make massive implications to cost, due to services dealing with very complex service needs, possibly more behavioural interventions at an earlier age might make some children's behaviour less problematic.

**What lessons can we learn from the legal frameworks in other countries that might inform the review?**

Intervention with children who have more moderate need at an earlier stage may prevent future escalations and breakdown, also making it earlier for children to access universal services. There are no resources to do this presently, there are not enough resources to cover the most complex needs.

### **Appendix 3:**

**Name/Organisation: Bradford Youth Service**

#### **Response to Key Questions**

***What is the current distribution of youth services and youth engagement activities available across the country? How is that likely to evolve following the Youth Green Paper?***

It is difficult to determine exactly the distribution of youth services and youth engagement activities across the country, as the definition of 'youth' is not universally agreed. Many organisations claiming to undertake youth work work with 8 – 12 year olds and not the 13 – 19 age group. Ofsted and JAR inspections over the last ten years accurately reflect not only the distribution but the strengths and weaknesses across local authority areas. The NYA conducts an annual audit of Local Authority Youth Services and gathers key information.

The Youth Green Paper and the Every Child Matters Developments, in encouraging further multi-agency working and multi-disciplinary teams, are leading to a blurring of the boundaries which make youth services and youth work less easily visible. Whilst this is not a problem in itself it makes the work more vulnerable to being subsumed by pressing social care needs with limited resources, and it is essential that current youth service targets around contact and impact are continued.

**Building on the Youth Green Paper, is there more that could be done to improve and sustain the effectiveness in the delivery of existing services and activities?**

In order to address both the vulnerabilities mentioned above and to improve and sustain effectiveness it is essential that youth services and youth engagement activities are clearly located within the 4-tier delivery model as tiers 1 and 2.

Stability is a key factor in effectiveness, continuous improvement and change are absolutely necessary but it is only positive where services do not feel under threat and not valued in principle.

***What are the particular barriers faced by different groups of young people, including disabled young people, in accessing services, and what are the policy issues that arise?***

Barriers to services are many layered and give rise to a number of policy issues.

Physical barriers, transport, disability access etc still do exist but are largely resource driven and require little more than focus and attitude change. More difficult to challenge are the psychological barriers, for example:

- Young people won't use the local bus because the bus driver is unfriendly
- The local youth provision is only for people who do sport
- Parents protect their offspring by limiting the places they can visit.

Barriers around social cohesion are also very strong; young people are very territorial and will not cross geographical boundaries. Positive action is needed to encourage young people from different cultures to interact in any meaningful way.

Services need to be in place to enable young people to examine their own beliefs and views of others and begin to take steps to cross these psychological barriers.

### **What is the national and international evidence on the effectiveness of different types of services and activities in terms of better life outcomes?**

Youth services are traditionally poor at recording outcomes and impact. Much of this is understandable as true impact is difficult to measure because it is long term and is not always robust under scrutiny.

However there is a wealth of recorded and anecdotal evidence where young people clearly articulate the difference that has been made to their lives.

More recently youth services have developed greater expertise in recording and accrediting learning outcomes for young people and these are now well documented.

### **How can we best combine demand led provision for young people with provision that is planned and structured to have the best impact on outcomes for children and young people?**

The issue of demand led provision is not simply a matter of asking children and young people what they want and providing it. Children and young people need to be supported to understand both the breadth of opportunities open to them as individuals but also the, sometimes conflicting, needs of other groups of young people. Therefore to have any real meaning for young people, demand-led provision has to be planned, structured and reviewed, using the Every Child Matters Outcome Framework.

### **What more can we do to support and enable young people to exert a strong demand side influence on provision? What would we expect in return from young people – their rights and responsibilities?**

Young people stop engaging with services and the ability to influence them when they believe they are not listened to. The majority of young people enjoy exploring issues and respond well to positive challenges undertaken by supportive, skilled staff.

Young people appreciate that with influence also comes accountability and, in the main, respond with enthusiasm.

However we must also remember that, in the same way as many adults, young people may wish to take part but not to take any responsibilities. This attitude may be the result of the psychological barriers but may also be because in parts of their life, to participate is more than enough. There are many practical examples across the country where the issue of rights and responsibilities is dealt with very effectively. Young people respond well to 'contracts', guidelines and ground rules.

Another key factor is to ensure that activities on offer are truly positive and not merely diversionary.

Peer education and peer mentoring with appropriate training and support is also very effective.

### **What principles and priorities should guide the allocation of current and future resources? And who do we need to target?**

All young people can benefit from involvement in youth services and therefore the balance between universal and targeted is paramount.

It is equally important that youth services for young people are seen as one service with extra resources targeted at those that are most vulnerable and in need, not as offering a separate service for targeted young people.

The following principles are key:

- Voluntary engagement by young people – inevitably this becomes blurred in certain circumstances but essentially young people should feel that it is their choice
- Starting from where young people are at – this does not preclude targets or measurable impact but requires skill and expertise in designing a pathway from starting point to desired outcomes with young people's active engagement and ownership
- A balance between universal and targeted work – one of the reasons why youth services have credibility with young people is they are not seen as stigmatising – any young person can access the Service. Youth services have always targeted services by their geographical location and this focus is sound in that it continues to see young people as people and not as an issue or a set of problems

- Educational base – Youth services offer an alternative way of learning, they enable young people who are not necessarily high achievers to gain recognition and feel valued for their skills.
- The interpersonal and social skills that are developed in good youth work environments are valuable in the fight against intolerance and lack of cohesion in our society

**What measures and milestones need to be in place to ensure that performance can be assessed and delivery monitored at a local level.**

The NYA has recently introduced the YSQM (Youth Service Quality Mark), which provides a rigorous framework for youth services. Additional to this are a well developed range of practices that measure performance in a variety of ways so as to build up a true reflection of the impact of services.

***Supplementary Questions***

**What are the barriers and enablers of effective Third Sector provision, including statutory commissioning capability?**

A realistic assessment of strengths, weaknesses and essential differences is needed. Fundamentally these are not as great between strategic and voluntary community services as has been asserted in the past. Effective monitoring of this kind of service is difficult, time consuming and therefore costly. The Voluntary Community Service has traditionally only operated in a highly competitive funding environment. They need to have the space and time to develop more strategic practices.

**What can be done to improve the ability of universal provision to identify and provide a service to those with greater needs?**

Most universal services have no difficulty in identifying unmet need. However if a youth worker is employed for 3 hours to run a 2 ½ hour session with groups of young people they do not have time to then work with an individual to support them on a job interview for example. Fundamentally it is a resource issue backed up by robust needs analysis mechanisms.

**What encourages young people to try new and different kinds of activities from those they already do?**

Young people need to feel confident and safe in order to try new things. They need to be in an environment where they won't get hurt or be ridiculed and they are confident of that. They need to be able to relate to trusted adults who can support these processes. The need for a trusted adult to talk to has been highlighted in consultation work by young people with children and young people across Bradford.

**What attracts people to the youth work workforce? What is less attractive about membership of this workforce?**

Youth work has elements of being a vocation. Workers enjoy the company of young people and have fun with them, respect their abilities and have a genuine desire to enable young people to fulfil their potential.

In return they are often expected to work long, unsocial hours, be abused by young people and are expected, by the rest of the community, to keep young people under control.