

## 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.

<b>Contact details for respondent</b>	
Name	
Job title	Programme Manager
Do you represent an organisation?  (if so, name of organisation and type: e.g. voluntary, public body, private company).	Leeds Children's Fund
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	<b>Which area of the review are you responding to? (please mark X)</b>
Prevention strand	X
Review of disabled children	X
Strategy for youth services	X
Review of high cost, high harm families	X

## ***Annex B1: Prevention Strand***

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

Parents need to be informed at an early stage of their rights in terms of accessing appropriate services. Outreach, home visits and accessible information can assist in this process. Information should be available at health centres and other locations that are regularly accessed by parents. GPs and Nurses should be well informed and able to point families in the right direction to appropriate services. There needs to be blanket coverage to all families such as that given by Sure Start.

Parents may be anxious about accessing information and services and be suspicious of their intentions, therefore services should be provided in more community based settings where drop ins are set up and contact is more informal so that families don't feel stigmatised and labelled in a negative way. In Leeds the Belle Isle Family Centre is an example of such a setting where families can access a range of services from a friendly community site.

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

### ***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?***

When families access short term interventions reviews should take place further down the line in order to see how children, young people and families have progressed and make sure things haven't slipped. Such reviews would be an opportunity for individuals to ask for help again if needed rather than them having to get back in contact with the service, go through assessments and be allocated another worker and feel like they failed the first time round.

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

In many of the Children's Fund projects parents are supported to become volunteers with projects after themselves or their children have become involved. These volunteers are supported by project staff and gain confidence and experience and are able to access training which in turn can lead to them gaining employment and helping others. This cycle of change empowers individuals to impact on the lives of others.

It is important that communities are actively listened to and that they not only have the opportunity to voice their opinions over changes that affect them, but that this is not done in a tokenistic manner. There needs to be a central person following through the process, there has to be clear timelines in place and feedback given to those taking part in the discussion. There has to be accountability to act on the knowledge that is given by individuals, families and communities. Such consultation needs to take place at the initial stage rather than decisions being made just prior to consultation.

### ***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?***

Early interventions stops children going past the threshold of needing more specialist services, meaning that those children and young people who are in need of specialist services can access them quicker as there aren't as many children reaching that stage. This decrease in the need of specialist services therefore should, in the long term, bring down the cost.

### **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?***

Relationships and trust are of paramount importance, families can often be suspicious of service providers and therefore there can not be any shortcuts, it takes time and money and highly skilled staff to build these relationships and maintain them. Workers need to be consistent and be there in the transition stage when families are referred on continuing to offer support and reassurance. At the same time there needs to be a degree of flexibility so that if a worker has not built up a rapport with the family the family have the right to see another worker otherwise the whole intervention will fail.

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

Barriers include:

- Limited time scales of funding: projects that have experienced fluctuations in their level of funding have suffered in their ability to deliver on planned programmes of work, develop partnerships and retain skilled, experienced staff
- Lack of follow on services: In the case of the Children's Fund children between 5-13 are targeted, however need does not stop past the age of 13. This is of particular relevance to anti social behaviour organisations such as the Junior Youth Inclusion Projects.
- Limited local networks: Community based projects need to forge relationships with other local organisations.
- Not enough work focussing on whole families: Working with parents and children leads to sustained benefits for preventative work therefore making it essential
- Negative relationships between parents and schools: Some parents including those from certain minority ethnic groups find it difficult to develop positive relationships with their children's school. A number of projects have highlighted the importance of working in a supportive way with parents to help them become more actively involved in their children's learning.
- Generic services: Projects have highlighted the successes where provisions are tailored to the needs of individual children and their families rather than delivering a standard package. Initial assessments are key to accurately identifying the needs and interests of every child.
- Time: the impact of too many initiatives means that many don't have the chance to embed and develop their thinking as things are moving at a very fast speed. People who are on the frontlines delivering services are too busy to access the information and keep on top of changes. Multi-agency partnership and interagency training can assist in overcoming these barriers.
- Not enough flexibility to use resources in a different way: In Leeds the ability to second people in from different agencies to carry out a focussed piece of work can help bring about change. Shadowing of staff and appointing short term multi-agency implementation teams to implement new strategies also has worked in Leeds

- ***What evidence is available on how funding can be freed up at the acute end of provision to spend on preventative services?***
- ***How can we build the capacity of parents, families and communities to shape the design and delivery of services for children and young people?***

Making local authorities aware of the importance of participation and making sure that resources are available for participation work. Many voluntary organisations are very good at participation however statutory agencies are further behind, they need to catch up – it has to be a key message. Volunteering is another good way of building the capacity of parents and communities.

## ***Annex B2: Review of Disabled Children***

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

In Leeds there are lots of good voluntary and statutory agencies, however these agencies are not joined up which leads to duplication and gaps in services. Needs are often divided up and dealt through the different arenas of health, education, early years and social services. There needs to be a joint commissioning approach with pooled budgets. There is a clear divide in the distribution of services with more assertive and articulate families accessing the services available to them. It would make sense to have an individual acting as a broker, e.g. a Keyworker, who could refer families on to relevant services in a family friendly way. Again information is key and support needs to be given as soon as a diagnosis is made.

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

Funding is a major barrier especially as agencies may act separately and in an uncoordinated way.

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

### ***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?***

### ***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 Leeds Keyworkers, short breaks, family placements, sibling support and behavioural management is available, however, there are a small amount of places and again as said previously some families are more assertive and able at accessing these than others.

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

Organisations who offer assistance at adapting households so that they can accommodate disabled children and young people in their own homes is a cost effective measure.

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

All local evidence suggests that early intervention and support dramatically reduces costly interventions later on down the line. Sensitivity at the time of registering for services is important and having well informed staff in place who can signpost families on to appropriate provisions.

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

### ***Annex B3. Strategy for Youth Services***

***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?***

***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?***

There needs to be a change in the target age range of the youth service, a high percentage of services are for those over 13, there needs to be provisions available earlier on as children are beginning to mature earlier on and get involved in inappropriate activities at an earlier age. Currently the Children's Funds across the country are helping to fill this gap but there needs to be more leisure and play facilities for children and young people.

***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?***

Disabled young people need support to access youth settings and the people who support them need training. Workers in youth settings need to understand the group they are working with whether disabled or whether from a community that has certain cultural needs that need to be addressed. Money is needed so that facilities are accessible and have the appropriate equipment. At the same time it must not be forgotten that this does not just apply to inner city areas but rural young people need to be able to access facilities also.

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

***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?***

***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?***

PSHE lessons at school should include more social issues and citizenship, there should be classes on parenting skills and compulsory healthy eating classes. Volunteering should be a cause that is promoted at an early stage and children and young people should be informed of changes in their local area which can lead to discussion points and feedback.

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

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

***Supplementary questions posed as part of the ‘call for evidence’:***

- ***What are the barriers and enablers of effective Third Sector provision, including statutory commissioning capability?***
- ***What can be done to improve the ability of universal provision to identify and provide a service to those with greater needs?***
- ***Which projects and programmes in the last five years have had a proven and sustained impact and brought innovation to delivery of services for young people?***
- ***What encourages young people to try new and different kinds of activities from those they already do?***
- ***What evidence is there of the benefits that arise from young people’s involvement in design and provision of their activities? What evidence is there of how outcomes have improved as a result?***
- ***What attracts people to the youth work workforce? What is less attractive about membership of this workforce?***

Currently youth work is poorly paid and there is a lack of security due to short term funding, this means that many rely on sessional work and many workers can’t live of what they earn. Organisations therefore face losing skilled and experienced staff and having to re recruit. Although there is a qualification associated with youth work it does not have high status and is still not seen as ‘a profession’ by many and does not seem to have a real career structure.

***Annex B4: High Cost, High Harm Families.***

***Who are these families? How can we define them and how many of them are there?***

Families may include those where domestic violence occurs, where parents may have mental health issues and learning disabilities, drug using families and parents who have themselves been through the care system or who are in custody.

***What progress has already been made in addressing the needs of high cost, high harm families?***

***Can we better align local services to improve identification of these families earlier on and before they become high cost high harm?***

Families need to be given support as soon as possible, for parents who have been in care it is especially important that they are given support in order to decrease the chance that the cycle will continue. As they have been through the system they may not have support systems in place from family members etc. Links need to be formed so that when parents

are accessing provisions through adult services other agencies are aware that there are children within that family who may need extra support. Housing is an important issue and one that is not always considered in children's services despite the exceptional impact of housing on children and their wider family.

***Are current incentives and levers adequate to deliver co-ordinated responses for families across relevant services such as health, education, housing, social services and the police at local level?***

***What interventions here and abroad have been shown to work in reducing the harm caused by these families and supporting them to exit the cycle of low achievement?***

***What is the appropriate balance between support and sanctions for these families?***

There always needs to be support, there should never just be sanctions.