



**Letter from Ray Shostak and Tom Jeffery**

2 August 2006

Dear colleague

**Comprehensive Spending Review 2007**

**Call for evidence: DfES/HM Treasury Joint Policy Review on Children and Young People**

In partnership with key stakeholders, a lot of progress has been made since 1997 that has transformed the life chances of children:

- the risk of a child living in poverty has declined, and 500,000 fewer children live in relative low income poverty than in 1998;
- educational attainment has increased at all key stages over this period;
- from 1998 to 2004 there has been an 11.1 per cent decline in the under 18 conception rate while the under 16 conception rate has fallen by 15.2 per cent. Both rates are now at the lowest levels for twenty years.

However, further progress can and must be made. In *Support for parents: the best start for children*<sup>1</sup>, published at the 2005 Pre-Budget Report, HM Treasury and the Department for Education and Skills identified further steps to be taken to improve the outcomes for children and young people.

To take forward these conclusions and to inform the 2007 Comprehensive Spending Review, in Budget 2006 the Chancellor announced a policy review of children and young people. This Review will consider:

- how services for children and young people and their families can build on the three principles identified in *Support for parents, the best start for children* – rights and responsibilities, progressive universalism and prevention – to improve outcomes for children and young people;

We refer to this as the ‘prevention’ strand of the review. Under the umbrella of the children and young people review, three additional sub-reviews focus on:

- how services can provide greater support to families with disabled children to improve their life chances;
- what strategy should be adopted over the next ten years to deliver a step change in youth services and support for young people;

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<sup>1</sup> [www.hm-treasury.gov.uk/pre\\_budget\\_report/prebud\\_pbr05/assoc\\_docs/prebud\\_pbr05\\_adparents.cfm](http://www.hm-treasury.gov.uk/pre_budget_report/prebud_pbr05/assoc_docs/prebud_pbr05_adparents.cfm)

- how services for families and children at risk of becoming locked in a cycle of low achievement, high harm and high cost can be reformed to deliver better outcomes.

**Attached at Annex B to this letter are the terms of reference of each strand of the review. They contain key questions that the review aims to address, and through this letter we are seeking contributions that could improve our evidence base to respond to them.**

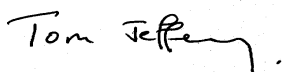
The list of questions is not exhaustive – respondents can provide information that they think may support the review in other ways. Evidence could include quantitative evaluations, qualitative case studies, analysis from survey data, or examples of promising practice. It would be helpful for respondents to state the source of evidence and comment on its strength and robustness.

We are aware that some individuals and organisations have already contributed to the review or similar work in Government. Some organisations have indicated to us they are providing a response on behalf of a number of stakeholder groups. We are grateful for these contributions and responses to this call for evidence do not need to duplicate responses you have already made or can cross-refer where appropriate.

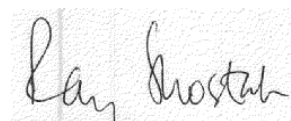
We would be grateful if submissions of evidence to inform the review can be sent to: [cypreview@hm-treasury.gov.uk](mailto:cypreview@hm-treasury.gov.uk). For longer submissions, we would be grateful if they could be accompanied by a summary (up to two pages) bringing out the salient points and key supporting evidence. A suggested covering proforma is attached at annex A.

A copy of this letter and proforma is also available on the Treasury website<sup>2</sup> and on the Every Child Matters Website<sup>3</sup>. **Responses should be submitted by 15 September 2006.**

Many thanks and kind regards



**Tom Jeffery, Director General  
Department for Education and Skills**



**Ray Shostak, Director  
HM Treasury**

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<sup>2</sup> [www.hm-treasury.gov.uk/spending\\_review/spend\\_csr07/reviews/spend\\_csr07\\_reviewsindex.cfm](http://www.hm-treasury.gov.uk/spending_review/spend_csr07/reviews/spend_csr07_reviewsindex.cfm)

<sup>3</sup> [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

## 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	
Job title	Consultant Paediatrician
Do you represent an organisation?  (if so, name of organisation and type: e.g. voluntary, public body, private company).	British Academy of Childhood Disability ( the Specialty group for Neurodisability for the Royal College of Paediatrics and Child Health. The group has multidisciplinary and multiagency membership
Postal address	Ryegate Children’s Centre Tapton Crescent Road SHEFFIELD S10 5DD
Telephone number	
Email	

	Which area of the review are you responding to? (please mark X)
Prevention strand	
Review of disabled children	X
Strategy for youth services	
Review of high cost, high harm families	

**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.**

In the last 20 years the population of children and young adults with profound and multiple disabilities has increased as a result of excellent care provided by families and increasingly successful health care. Data from Australia and the UK demonstrates increased survival and increased complexity of need.

Increased awareness of Autism Spectrum Disorders, ADHD and Developmental Coordination Disorder has led to increased demand as parents have become aware that their children can benefit from therapy and medical provision and education and social care input. In the past many of these children were not recognised.

It is also known now that a high proportion of survivors of extreme preterm birth may have developmental difficulties such as ASD and ADHD whether or not they also have cerebral palsy.

There is also increased risk in children born to drug or alcohol abusing mothers. This huge increase in need, demand and expectation has not led to a parallel increase in service provision in health, education or social services.

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

Much progress has been made in improving coordination of services and in innovative use of staff eg specialist nurses in neurology, epilepsy and ADHD And in keyworker systems. Sadly the ever increasing demands threaten to undermine these improvements by spreading services too thinly. Services are also under threat of cuts in the current NHS financial difficulties eg speech and language therapy services.

Increased provision of leisure services and out of school provision has been helpful for many families but it remains insufficient to meet demands and may be hard to get for some of the most challenging children.

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

As above increased demand is stretching services thinly

And the most difficult to care for children may be most difficult to support especially those with challenging behaviour.

The waiting time targets may not be helping families of disabled children. The times relate currently to medical appointments only and optimal care for these families involves seeing more than one kind of professional at a time eg paediatrician, speech and language therapist and psychologist for Autism assessments. In order to meet targets a medical appointment must be sent ( which could be better used by other children) and the family have to attend again for the joint assessment they need. The children waiting longest may be those referred by other paediatric specialists who often have more severe needs.

The current funding is not fully recognised as the multiprofessional involvement these children need is often only counted as a medical outpatient appointment. This results in a Trust being paid inadequately for appropriate multidisciplinary care and may lead to medical time being used when therapy time is both more appropriate and cheaper.

Families are also struggling to manage with little social and specialist education support in some areas.

Equipment supply is still cumbersome and slow in many areas and children may not have access to the most appropriate equipment such as communication aids and powered wheelchairs. The CAP programme was very helpful whilst it was running

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

This is an area where real improvements have taken place although much still needs to be done . Administration time is vital here to coordinate coordination!

Joint working continues to improve but we still need to do more

**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?**

Some areas seem to differentiate artificially by age group eg some Child Development Centres only see children till age 5. Clearly this leaves gaps. Systems of support in Scandinavia seem to be well coordinated and to have more resources in some areas.

**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?**

Keyworkers are increasingly used especially for young children with complex disabilities. This needs to be expanded to cover older children and those with less profound but still complex needs eg asd and adhd.

Sibling support is still not available to many children but appears well received when it is available.

Some excellent services for mental health services for children with moderate and severe learning disability and challenging behaviour have been developed.

There is however increasing awareness that more early work is needed eg for families with a child with autism or ADHD . Early support may prevent later crisis and prevent secondary behaviour and mental health problems such as self harm and conduct disorder.

Early input to prevent or decrease sleep difficulties would be hugely beneficial for many families.

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

Specialist Nurse input is cost effective and delivers good outcomes in many areas eg mental health, ADHD, Epilepsy. Group work can also be very effective for some families eg with autism

Telemedicine has proved very effective for families with unwell and profoundly disabled children and has prevented some hospital admissions.

Specialist home care nursing teams have provided hugely valuable support for families with children with life limiting illnesses and this support has enabled many families to care for their dying child at home if they wish.

Pooling budgets for equipment and transport and respite care / shortbreaks has also been positive in some areas.

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

As mentioned above provision of early advice around Autism and ADHD may well decrease secondary behaviour problems and advice on sleep could significantly reduce stress on many families.

Diagnostic assessments may still be slower than optimal which leaves families in uncertainty and with little support.

It is however vital not to put too much effort into initial assessment timescales at the expense of timely therapeutic support eg speech and language therapy, occupational therapy or physio

**It is vital to cost multidisciplinary and multiagency assessments and ongoing care realistically or there is a real danger that individual professionals will be unable to be able to commit to coordinated working which families certainly find most helpful.**

## **Annex B1: Terms of reference for the Children and Young People's Review (prevention strand of review)**

### Objective:

**To identify how services for children and young people from 0 to 19 and their families can build on the three principles identified in *Support for Parents, the best start for children*<sup>4</sup> – rights and responsibilities, progressive universalism and prevention - to improve outcomes for children and young people.**

### The scope of the review:

The review will develop the analysis set out in *Support for Parents, the best start for children* by focusing on the following factors that influence outcomes for children and young people:

- family prosperity,
- parenting and parents' behaviour,
- neighbourhood; and
- public services.

The review will look at risk and protective factors across these different areas and identify those that are most significant and the potential for and impact of more preventative services and early intervention on the life chances of children and young people.

The Review will exclude direct government financial support for families but include other aspects of policy as it relates to family prosperity such as support for employment. The Review will not address classroom teaching and learning practice, school admissions or other school organisation issues.

### The key questions the Review will address are:

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

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?;

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

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<sup>4</sup> HM Treasury and Department for Education and Skills (2005) *Support for Parents: the best start for children*.

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?

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

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

### Objective:

**To improve outcomes and life chances of disabled children through the development of effective and accessible services for disabled children and their families.**

### The scope of the review will cover:

- services specifically for disabled children, including how specialist services for disabled children support access to universal services, specialist services provided in a universal setting and how universal services refer children to specialist services;
- childcare services, which are of particular importance in the early years for children's development and to support their parents;
- appropriate support for disabled children during the school years and in making the transition into adulthood;
- how expenditure by one service/department can avoid or reduce concurrent or later expenditure by another department.

The Government recognises that financial support and benefits have played an important role in reducing the risks of poverty and delivering economic wellbeing. This provides the foundation on which families, communities and government can work together to secure better outcomes for disabled children and their families. Although financial support and benefits will not be a focus, the review will consider the interrelationship between poverty and service delivery needs.

The review will consider the actions that can lead to better outcomes for those children already with a disability, including family support e.g. respite provision, rather than prevention and risk factors, which will be considered as part of the wider Children and Young People's Review.

### 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.

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

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

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?

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

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

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

## **Annex B3: Terms of reference for the Strategy for Youth Services**

### Objective:

**To review the current provision of youth services and support for young people with a view to identifying longer term policy directions that will bring about improvements in the life chances of young people.**

### The scope of the review will cover:

the services / support provided for young people in the following areas:

- positive activities to engage young people and also places for young people to go;
- opportunities for active citizenship such as mentoring or volunteering;
- young people's access to youth activities and places, for example their location and consideration of transport needs;
- the current role and practice of the youth worker and the support and advice they provide as an integral part of youth activities.

The review will examine existing provision, the impact of different services and support on outcomes for young people and how outcomes could be further enhanced. The review will also consider the role and opportunities for children and young people's participation in the design of services and decision-making.

### The key questions the review will address includes:

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?

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?

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?

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?

## **Annex B4: Terms of reference for the Review of High Cost, High Harm Families**

### Objective:

#### **To:**

- **improve services' effectiveness in preventing families from getting caught in a cycle of low attainment, high cost and high harm;**
- **For those families already in this category, to reduce the costs and harm they impose on others including their negative impact on children and young people; and**
- **to support families to emerge from being high cost, high harm on a *sustainable* basis.**

### The scope of the review will cover:

the 'stock' of families already regarded as high cost, high harm, those at high risk of moving into this situation and those cycling in and out of this category. Early intervention aiming to prevent families moving towards such poor outcomes in the first instance will be considered as part of the prevention element of the Children and Young people's Review.

### The key questions the review will address include:

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

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?

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?