

## 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	<b>Director of Learning and Children's Services</b>
Do you represent an organisation?  (if so, name of organisation and type: e.g. voluntary, public body, private company).	<b>Royal Borough of Kingston-upon-Thames</b>  <b>Local Authority</b>
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	<b>Which area of the review are you responding to? (please mark X)</b>
Prevention strand	<b>X</b>
Review of disabled children	<b>X</b>
Strategy for youth services	<b>X</b>
Review of high cost, high harm families	<b>X</b>

## **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>1</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?**

- In depth understanding of targeted services and high level of understanding of levels of vulnerability
- Universal services need to provide informed and relevant “public health” agenda
- Participate in common assessments with targeted and specialist services when appropriate

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

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<sup>1</sup> HM Treasury and Department for Education and Skills (2005) *Support for Parents: the best start for children*.

- Need for universal services to pro-actively identify children at risk so targeted services can develop support packages before they become more acute
- Targeted services need to have a presence on children's centres, schools and other "local communities" to increase flexibility of service

**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?**

- More detailed initial assessments with effective reviews should help inform when a child's care needs to remain within targeted or specialist services
- Re-referral rates for children who are vulnerable, as well as in need, should be monitored to learn lessons
- Lead professional role should strengthen professional relationship with families and therefore encourage sustained contact

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

- Genuine involvement of service users in the development of service (e.g. SureStart) will promote rights and responsibilities
- Community involvement through neighbourhood networking

**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?**

- Requires initial invest to save but will reduce in the medium terms from the costs of statutory services

**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?**

- Parent involvement, family support services, non stigmatising services, parental consent, SureStart approach

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

- Major barriers include funding and staff needed with specific skills in engaging families and communities

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

- Modest move of acute resources but invest to safe is required

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

- Involve early on in real way, takes time, effort and resources – SureStart model is a good model to build from

## **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.**

- We have an increase in ASD incidence – 282 children who have a diagnosis or social communication difficulty. This figure is near the National Autistic Society estimated prevalence of one in 100 children. Presents challenge regarding continuous and increasing support needed for families, particularly for overnight respite services and other out of school services.

- We have an increase in the number of children who have complex health needs – 100% since 2003-04. Presents challenge regarding nursing support at home and provision of range of respite services.
- Future need for overnight respite care services has been mapped based on the increase in ASD and complex and multiple disabilities. Major investment is required to meet increased need/demand in terms of new accommodation and the specification to meet the complexity of need.
- Over last 4 years, we have expanded family support services by 20% per annum to meet the needs of the increase in number of children
- Number of young people 14+ has been stable for last 5 years – 25% increase in 2006-07 reflecting increasing number of children.

The challenge is that service capacity for all age groups needs to increase

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

- Integration planning based on assessment of need is advanced and includes participation of all stakeholders, children, young people and parent carers
- Work in progress to integrate nursing resources with social care family support services to ensure effective community based support for children who have complex health needs across settings as required.
- Range of family support services has expanded annually by 20% over the last 4 years. Increased range of short breaks has prevented children becoming looked after/ being placed outside the borough. As a result the number of children in external placements has remained low and stable.
- A new specialist information service has provide a swift response for families and has helped parents access services as well as DLA benefits to the value of 71K
- A new after school club at a special school has increased access to universal child care and extended activities
- A new inclusion development post is working with universal out of school providers to increase access to universal services
- Transition service provides range of support to young people and families – person centred planning, transition plans, work experience, groups promoting independence.
- Specialist health visitor advises all HVs, undertakes assessments, runs parenting courses and provides specialist advice for children who have ASD to facilitate their pathway into school
- Connexions pilot to increase work experience & employment for young people who have LDD
- Specialist child care summer scheme wrapped around family support provides service for children who have high care needs

- Clinical psychology outreach from CAMHS advises parent on behaviour management
- SRE policy in place and work in progress to develop support for young people and families

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

- Single referral/assessment route not yet established
- No resource for key worker posts
- No resource identified for referral coordinator ( single point of access) which will ensure multi disciplinary, co-ordinated response
- No resource for home care nursing for children who are technology dependent. This is spot purchased which creates delay
- Difficulty recruitment local short breaks foster carers who have accessible accommodation for a child who has moving & handling needs. One barrier is the cost of adapting properties
- The cost of child care places for children who have high care needs is a significant barrier. The cost is much higher for disabled children. This is a significant issue. Whole day child care needs to be available for young adults continuing into adult services. Childcare is an issue for parents
- Resource to meet the needs of an increasing number of children who have severe disabilities/complex health needs – therapists, portage workers, key workers, clinical psychology
- Transport and associated costs to help young people access work experience/employment
- Limited choices for young people 16+ regarding college, training opportunities, employment.
- Resource barrier to fund dedicated specialist participation worker – this would provide more effective help, eg; reduce challenging behaviours when young people are listened to and plans/services put in place that are what they want
- Short term resourcing – grants need to be for longer eg: local carers voluntary organisation cannot support parents in sustained way as grant funding very short term

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

- An integration strategy & action plan in place recommending how services should be integrated/co-ordinated. It recommends a single multi disciplinary care pathway from 0-19 years with one point of access, one referral/assessment/review process, one core family support service and one therapy service.
- A single referral point is needed but no resources identified. This is key to co-ordinating services from the start

- The inclusion development post will provide advice and help to child care and leisure providers to increase access to universal services through a common approach to referrals and risk assessments
- ASD development post is developing a continuum of support across settings for all age groups

**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?**

- Range of short breaks well established, linked with health support/training – overnight respite and day breaks, overnight care at home while parents have a break, sitting, befriending for teenagers, family based respite, groups for young people providing independence skills training, parent groups providing early support.
- Bank of trained support workers & befrienders support children and young people in community settings
- Local specialist residential, shared care, respite & day services run by NCH
- Specialist youth club for young people 16+ developed after young people requested the service run by Youth Service. Specialist youth club for 12+ run by Mencap.
- Inclusion Development post – increase access to universal services – leisure, sport, child care, a short break
- Specialist childcare summer holiday scheme wrapped around family support
- Saturday sports club run by Sports & Recreation – developed in response to parent's request
- Weekly social skills group for children 8-12 years who have Asperger's Syndrome – managed by Children's Fund, run by SALT and participation worker
- OT programmes in schools
- ASD development worker provides expert advice to all settings and parents. Range of early support parent groups with multi disciplinary support, in place. Developing a continuum of support up to 19 years
- Saturday specialist cinema club following requests from parents
- Specialist information service in place provided by voluntary organisation, signposts to local and national services
- Specialist health visitor providing early support for children who have ASD, and parenting groups. Advises all health visitors re disability issues and undertakes assessments
- CAMHS tier 2 service in place
- Support for siblings through holiday groups and targeted support as required, linking with local voluntary organisations

- **I COUNT Card** linked with disability register provides swift access to community services – local shops (front of the queue), local and national leisure facilities

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

- Early help that is provided promptly, is co-ordinated and provides a supportive pathway into school. Outcome – reduced parent stress and subsequent feelings of battling, addresses grief early on, improvement in child's learning & development
- Targeted early support programmes regarding behaviour management & strategies, provision of therapies, group work for parents, increased access to counselling. All of this reduces stress and prevents it building up to the point where parents give up. Parents have told us that this is what they need.
- A continuum of services that build on early support and effectively help parents manage what is often increasing need
- More help at key transitions – pre school, transfer to secondary education, 16+
- A range of multi disciplinary support services that help families to stay together and have the capacity to improve their quality of life. This includes a break from caring and allowing parents to go out in the evenings to support their relationship
- Equality of access to child care for all age groups – is central to improving health and well being of whole family and reducing poverty
- Age appropriate services for young people that empower them – work experience, sport, SRE, college, person centred planning - this will empower young people.
- Continuum of services 16+ & increased provision of independent living accommodation with support
- Local support/advocacy for parents

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

- Counselling for parent carers re diagnosis and coming to terms with it. Parents have said that they need help with their grief. Experience shows that parents of young people in transition have a resurgence of grief – if they receive improved help when their child is young, this might be reduced.
- Therapy when the child is young and developing so fast, as part of co-ordinated package will improve learning, development, including self esteem and confidence
- Early help for parents with their child's challenging behaviour – more home based multi disciplinary programmes providing management strategies. This will start to prevent behaviours becoming entrenched and

will help prevent costly placements. Will empower parents and increase capacity to cope

- Key workers to provide continuity of support tailored to help parents manage stress, grief and situations that overwhelm them. Will help to prevent family breakdown and deterioration in mental and physical health of parents, both short term and long term.
- Regular short breaks right from the start – can be small but experience shows that they make a big difference for parents and also protect the needs of siblings
- If families can access sufficient short breaks in a range of settings, including local universal facilities, particularly in the holidays, they are much more likely to continue caring for their child. If this is provided sufficiently it will provide “normal” everyday activities, delay the need for overnight care and the associated risks of multiple carers
- All of these supports will protect disabled children and siblings from harm and will promote the health and well being of families
- Prompt information services, single point of contact
- Services/activities that stretch children and empower them, right from the start, will help children reach their potential and increase the possibilities of independent/supported living as an adult
- Improved health care/advice for teenagers that helps them manage their own health care

## **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?

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

### Key Questions

**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?**

- Following the Youth Green Paper, the Youth Service is now an integrated part of the newly formed Youth Support Services. This brings together the key teams delivering services to young people. This development will build on current good practice and expand the capacity for youth engagement activities for young people
- Building on the Green Paper it would be useful to publicise good practice examples of where integration of services for young people have been most effective to date. On the basis of what is emerging as good practice

it would be helpful to identify key strategic and practice profiles to guide local authorities in their planning. Clarity over how Health Services will be involved in integrated services would be helpful.

**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 accessing services: location, building suitability, lack of 24/7 services, language,. Policy issues arising include: the extent of effective participation with young people – are there limits?; multiple use of youth facilities to generate income – is space sufficiently dedicated?; terms and conditions of service for staff – can staff work flexibly around young people’s own agendas? Whilst Kingston has good provision for young people with disabilities, it is currently piloting a scheme for integration of young people with disabilities into mainstream provision. Work is in progress to further develop joint policies between youth services and young people’s team to develop this work further.

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

- Evidence of better life outcomes: multi-disciplinary projects that aim to deliver holistic services present some evidence of improved life chances and good outcomes. Kingston has pioneered trans national partnerships as a means of both accessing additional funds to deliver improved services and learning from other European communities about what works for them in developing socially inclusive services for young people. For example Kingston has introduced mentoring as a concept to colleagues in Finland, Norway, Belgium and Holland, whilst in return we have learnt about the attention paid to the quality of physical service provision, building design and e-technology as a means of boosting self esteem and promoting personal growth.

**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?**

- Demand led/planned services: all local authorities need a thorough understanding of the characteristics of their community, the historic context of service planning and development (and young people’s involvement to date) and the public service performance trends relative to key national objectives. The emerging split between safeguarding services that sit at the apex of the need triangle and services for vulnerable young people allows for more discreet apportionment of resources. This should enable local authorities to provide a clear range of planned statutory-level services (child protection, YOT, looked after services etc.) whilst releasing resources to combine with local extended schools to provide a much wider range of responsive local service options based on identified need from staff from a wide range of professions. All

work however needs to be undertaken within a strong curriculum framework to ensure positive outcomes for young people. The implementation of Kingston's participation strategy ensure that young people themselves can influence the shape of services and be involved in peer reviews to judge their effectiveness.

**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?**

- Support to young people: Promoting youth parliament arrangements in every local authority that aspire to minimum standards in terms of representation, level of input into the democratic process and inclusion in consultations is essential. In Kingston Participation is included in the new Youth Support Services, which brings together dedicated participation workers to enhance participation work, and enable effective delivery and implementation of the Children and Young People's Participation Strategy. Skilled staff are also required to provide effective guidance and support without influencing the young people's agenda. In return young people should work within a local charter that equally sets out the local Children's Trust and local authority commitment to young people, and also promotes a sense of civic pride and social responsibility. There is a potential danger of this becoming a behavioural contract and this should be resisted as it is well known that only a very small minority of young people are involved in anti-social behaviour.

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

- Principles of resource allocation: the current mix of population size and demographic indicators of deprivation provide a reasonable starting point but always tend to obscure smaller pockets of deprivation in wealthier areas. Clearly there are areas where limited progress is being made on key central targets (eg teenage pregnancy) and there may be a case for additional targeted expenditure. However any re-focussing may impact negatively on authorities who are using the funds wisely and benefiting from them. For example, current financial pressures on the Health Service at a local level prevents mainstreaming of pilot activities in this field.

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

- Measures and milestones: we need to measure the maturity of systems that engage young people in service planning, design, delivery and review. The current youth service performance measure of contacts, participation, recorded and accredited outcomes needs expansion to determine the link between these four levels and individual long term outcomes and community goals relating for example to, to sexual health, alcohol consumption, substance misuse, anti-social behaviour etc. The

Common Assessment Framework and the new Child Index will enable the tracking of vulnerable young people and assist in demonstrating the links between youth service activity and longer term outcomes related to the 5 key outcomes for all children. Local partnerships will determine local targets related to quality of life issues and the specific contribution of youth services to meeting these will need to be identified and clearly linked to their achievement.

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

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

- Improving ability of universal provision to identify vulnerabilities: in Kingston great emphasis is placed on the role of school clusters and extended services to identify common themes amongst pupils and their families. Current arrangements allow for comparing the prevalence of key issues and services are planned to meet the identified need, benefiting from the economies of scale that cluster management arrangements allow. In addition the local Information Sharing service already, and the CAF when embedded will, provide universal service providers with the opportunity to log concerns and better co-ordinate planned local responses to emerging 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?**

- Successful projects and programmes that have impacted positively on young people include PAYP, the Transforming Youth Work programme, Summer Activity Project – targeting year 11 pupils, work with schools the Children's Fund and YJB preventive funding programmes

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

- What encourages young people to try different experiences: confident and skilled youth workers who have engaged with the young people and have built on that effective working relationship, effective targeted provision based on good local knowledge and research and evidence of what has worked well elsewhere in similar circumstances.

#### **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?**

- Evidence of benefits to young people: the immediate benefits are better ownership of projects, higher levels of participation in activities and

accredited outcomes, increased levels of peer review, etc. As a result of this work young people are able to recognise and are proud of their achievements and the learning gained through youth services.

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

- What attracts people to the youth work workforce: commitment to young people and valuing their contribution, 'paying back' earlier personal experiences, keeping a personal sense of being young, provides personal opportunities for growth and development. What is less attractive: young people's challenging behaviour, anti-social hours potential for stress, pay. More work needs to be undertaken with regard to JNC recognised qualifications, as this may block the potential for future workforce development.

## **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?**

- Families who are high cost due to anti-social behaviour, drug and alcohol abuse, and those that have high needs because of disability, mental health etc. Families often known to housing and the police, tend to be disaffected and hard to reach, do not engage with key local services. Defined through multi-agency approach. The most vulnerable have domestic violence as a factor, with great risk to child safety. Very high costs related to children with disabilities and complex health needs. 100% of cases of anti social behaviour in social housing involve families with children. Rent arrears is a good indicator of high cost, high need families.

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

- Progress in developing multi-agency support to vulnerable families. RBK has developed an integrated information sharing/preventative system to identify and provide packages of support to identified children, parents,

carers. Invested in family support services to ensure children can remain at home with their families to avoid high cost residential placements. RBK providing joined up support for vulnerable families through clusters of schools provision of extended services.

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

- Yes by information sharing, multi-agency working, and by aligning services through good front line provision, but requires more investment in preventative services.

**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?**

- Incentives are few, lack of mechanism for investment in prevention through health, limited resources for pump priming preventative services, there is lack of recognition of unmet need, poor alignment of targets and priorities between health and local authorities, technical difficulties in pooling budgets, timescales for using targeted funding too restricted.

**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?**

- Investment in youth crime prevention, investment in housing and reducing family/child mobility, development of community based solutions to supporting vulnerable families, use of multi-agency support and approach with lead professional for whole family.

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

- No easy answer, but balance needs to be in favour of support, empowerment, active engagement not passive dependence. Sanctions have to be flexible and meaningful and part of a contract or package of support.