

HM Treasury/DFES Joint Policy Review Response from Trafford Youth Service – Call for Evidence

Annex B1: Prevention

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

Provide a safe, friendly environment where young people have easy access at convenient times. Services should either deliver or signpost to young people friendly information and advice sessions.

Universal services should have skilled staff in either delivering projects (Drugs, SRE) or able to assess and refer on.

Universal services are often the first point of contact for many young people, accessing on a voluntary basis.

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

Mechanisms already in place – Common Assessment Framework, Drugs Assessment Tool (Piloted).

Early recognition of problems in the community services (Universal Service) and swift referrals to other relevant professionals. Needs improved relationships, dialogue with other professionals.

Improved training required to identify 'risk' issues – i.e.; drugs, pregnancy, and crime.

3. 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?

CAF and Lead Professionals should provide same consistent approach. Need for Youth work interventions to be included as 'legitimate' and accepted within wider principles of targeted services.

Shared information and resources to tackle common problems – multi agency shared responsibility.

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

Embed principle 'Hear by Right' – Young people should be consulted by services' into all service delivery plans. Appropriate training will be needed.

Individuals, families and communities need to be consulted in a transparent way without raising unrealistic aspirations.

Youth workers have a distinct role in delivering political and social education, advocating for young people and leading the participation agenda with other professionals.

5. 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?

Life chances would be improved by:

- Decrease in teenage pregnancies
- Increased educational opportunities and attainment levels
- Acceptance of young people into local communities
- Improved health access and support
- Positive parenting experiences for families

Value for money (public spending) would be achieved:

- Reduced social services, policing costs
- Reduced costs for mental health services

DFES research has highlighted the positive impact a well resourced Youth Service could have on reducing teenage pregnancies, e.g. Kensington & Chelsea, Thurrock.

6. 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?

Open access community based services which welcomes families and offers young parents support, advice and information, learning opportunities etc.

Current Trafford successes focus on partnership projects between Youth Services/Sure Start/Health (Midwives) Ante Natal Support.

These services in the community are very dependent on well resourced buildings and full time Youth Service staff working alongside partners – offering a multi-agency approach to supporting the most vulnerable families. Young parents and vulnerable families want localized support in an informal environment.

Investment is needed in specialized support for parents of teenagers – a group often overlooked by all services.

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

Major barriers re: preventative system

- Great resources competition with reactionary services.
Re: acute problems i.e. Social Services, Looked after children, Substance Misuse service etc

- Youth nuisance – diversionary work expected to take precedence to comply with Local Authority needs.
- Lack of support from other services
Re: preventative agenda due to stringent targets

Barriers overcome

- Included preventative strategy in all strategic documents to inform councillors, senior managers, partners, etc.
- Development of 14-19 Engaging Vulnerable Young People Group which will offer alternative curriculum.

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

Within Youth Services the only way funding is able to be transferred is if there is a shared responsibility to address targeted work.

E.g. Youth Service and Brook deliver sexual health services.

Youth Service and Connexions deliver advice and information regarding careers and guidance.

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

Participation strategies within communities based on consultation principles have had a reasonable response. There is a need to co-ordinate and standardize these 'shaping' consultations across the Local Authority.

Annex B2: Review of Disabled Children

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

From a Youth Service perspective progress has improved and there has been an excellent historical provision of integrated Youth work with disabled young people in a particular geographical area of the Borough.

Progress has included:

- Management strategic lead regarding disability
- Continuous Improvement Group to address training etc
- Improved access and facilities regarding DDA legislation
- Improved links with SEN Parents Support Group
- Accredited programmes targeted at Special Needs schools e.g. Duke of Edinburgh, Transport project, Life Skills.

Improved mainstream informal provision and support has been dependent on resources, staff skills, transport etc.

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

Barriers to access are as follows:

- Transport and travel issues (especially for evening provision)
- Families unaware of services
- Families nervous of young people accessing mainstream services
- Funding mechanisms post 18 for support
- Information sharing not refined (Connexions/Social Services)
- Access to activities needs further information to inform risk assessments (e.g. Outdoor Ed.)
- Young disabled people not seen as needing PHSE information e.g. SRE, Drugs awareness.

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

Services not co-ordinated. Families quite isolated within communities. Networks information requested.

4. 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?

Families quoting better knowledge, services, medical support within Manchester networks.

European systems integrate disabled young people in mainstream services.

5. 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?

Where appropriate individual youth work staff address personal issues although not in a formal sense.

Integrated night at Davyhulme Youth Centre offers equivalent of 'short break'. Informal sibling support also offered.

Youth workers offer 'behavioural management' as and when required.

This informal support does not necessarily link with other services or professionals.

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

Delivering an integrated young people's session is cost effective in that approximately 20 disabled young people benefit from group activity and support, alongside able bodied young people (compared to one-to-one).

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

Early interventions would include projects where young disabled people gain independent living skills and in some cases proceed to participation in outdoor education activities and Duke of Edinburgh.

Improved confidence building activities would have long term benefits.

Earlier planned information sharing with other professionals would contribute to improved services.

Annex B3; Strategy for Youth Services

1. 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?

We feel that following recommendations in the Youth Green Paper *Youth engagement activities* will flourish in all quarters but not necessarily embracing the basic youth work principles.

2. 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?

- Formal recognition and improvements based on external inspection findings i.e. OFSTED, JAR, and Audit Commission.
- Clarity on effectiveness and need for universal, community services which support more intense targeted work.

3. 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 access include youth provision gaps due to historically placed services – changing demographics, young people being territorial – all need to be addressed.

- School sites not always popular with older teenagers
- Transport across Borough often restrictive for access
- Accreditation agenda not always popular with young people – affects access and demand. Limited opportunities for disabled young people.
- Restrictive buildings/provision i.e. no alcohol, drugs, smoking etc, affects attendance figures.
- Some programmes have lost spontaneity - many reasons – staff interests, Health & Safety, mini-bus issues.
- Recruitment/retention issues of skilled staff affects delivery

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

International evidence is based on investment in youth services plus mainstreaming of youth and community provision, especially in European countries.

National evidence includes youth work impact on:

- Street-based Strategy (Joseph Rowntree Report)
- Teenage Pregnancy (Next Steps)
- Youth Cabinets

5. 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?

Foundation services (universal?) are needed initially which have a core structure and planned programme (in conjunction with partners). Within this framework young people will access other options (if offered) and signposting can take place to specialist services.

The key is diversity and flexibility within communities, otherwise vulnerable young people and families are limited in their options.

6. 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 need to continue being totally involved in accessing funds for their own projects via YOF/YCF.

Support and training for young people must be paramount. In return improved citizenship, commitment, volunteering.

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

Adequate resources to continue to deliver universal framework but increased resources targeted at vulnerable young people and relevant curriculum areas – i.e. Health agenda, TPU, SRE, Drugs education, BME work (specifically Asian projects), Young Parents including young fathers, street based work. Preventative agenda should look at investment for long term outcomes via junior clubs – specific provision for 8-11 year olds. Community cohesion was in a much healthier state when socialisation took place with young people at an earlier age.

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

Local quality assurance frameworks, delivery plans, performance management records, etc. Local PI's measurement against external inspection criteria.

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

To improve the universal provision capacity there needs to be an investment in staff training regarding identifying targeted groups, referral procedures, CAF etc, partnership work.

11. 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?

- Young parents groups
- Music projects – CD production/music events
- Digital arts/video
- 'Screamin wheels' – skateboards, bikes, driving projects
- International volunteers projects – Romania/Jamaica
- Heritage drama project/National Trust – schools/Youth Service
- Mobile delivery – PHSE programmes
- Accredited programmes in detached work
- Youth Service/Health approach via Brook to SRE/Teenage Pregnancy
- Integrated disability project

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

- Energy and motivation of youth workers
- Trusting relationships and peer group support
- Development opportunities/availability
- Recognition – accreditation awards
- Appropriate adult role models

13. 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?

Ownership and positive attitudes improve. Increased confidence in making a difference, for example, Evaluating Service Providers Group (ESP), group commissioned to evaluate Connexions service. Young people's involvement with Youth Opportunity Fund and Duke of Edinburgh participants choose courses/activities.

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

Attractions

- Voluntary opportunities through local networks
- Utilising personal skills and knowledge
- Giving something back
- Flexibility of work
- Developmental opportunities
- Genuine caring for young people
- Different entry levels
- Job satisfaction
- Making a difference to individuals and communities
- Voluntary nature and informal learning
- Training opportunities
- Good pension
- Supportive youth work networks and professional support

Less attractive

- Low pay
- Anti-social hours
- Lack of recognition from other professionals
- Fear of personal safety
- Non-statutory service
- Restraints in relation to Health & Safety
- Linked to youth nuisance – negative images

Annex B4: High Cost, High Harm Families

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

Families suffering from:

- Poverty
- Unemployment
- Homeless
- Drugs/alcohol
- Poor parenting skills
- Low self-esteem

Numbers in Trafford – a small minority in pockets of deprivation.

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

From Youth Service perspective Advice and Information service dedicated to young people offers specialist services to vulnerable groups. Increased support in community youth provision with increased referral to Central Advice and Information Service – i.e. Talkshop. Strategy in place to further develop work with young parents including young fathers.

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

Early identification needed through services sharing information via multi-disciplinary teams, CAF etc.

4. 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?

Not at the moment – too much left as optional with services choosing to continue status quo. Hopefully this will be addressed through the multi-agency strategy within Children's Services.

5. 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?

Clear direction, fully resourced with achievable targets. Community support with appropriate opportunities, for example, M31 project – Driving course for young people.

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

More effort needs to be placed in support mechanisms so that sanctions are minimal.

