

Targeted Youth Support Pathfinders Evaluation

Final Report

Helen Palmer and Sally Kendall
York Consulting



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Research Team: Dr Vicky Hopwood
Jane Owens
James Mahon
Louise Starks
Kathryn Hyland
James Ronicle
Beth Hodgson

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ACRONYMS AND TERMINOLOGY

• ABA	Acceptable Behaviour Agreement
• ASBO	Anti-Social Behaviour Order
• BHLP	Budget Holding Lead Professional
• CAF	Common Assessment Framework
• CAMHS	Child and Adolescent Mental Health Services
• CFU	Child and Family Unit
• CiN	Children in Need
• Connexions PA	Connexions Personal Advisor
• CVSO	Community and Voluntary Sector Organisations
• DCSF	Department for Children, Schools and Families
• DE	Delivery Element (of TYS policy)
• ECM	Every Child Matters
• EP(S)	Education Psychology (Service)
• EWO	Education Welfare Officer
• EWS	Education Welfare Service
• FRW	Family Resource Worker
• IRM	Individual Risk Modelling
• IYSS	Integrated Youth Support Service
• JAR	Joint Area Review
• KSB	Knowledge, Skills and Behaviour
• LIST	Locality Integrated Service Team
• LP	Lead Professional
• LSA	Learning Support Assistant
• MAMH	Multi-Agency Manager Hub
• MAPH	Multi-Agency Practitioner Hub
• MAPP	Multi-Agency Practitioner Panel
• NCH	National Children's Home
• NEET	Not in Employment, Education or Training
• NSPCC	National Society Protection Cruelty to Children
• PM	Project Manager
• SDQ	Strengths and Difficulties Questionnaire
• SEN	Special Educational Needs
• SENCo	SEN Coordinator
• Statutory Support	Tier 3 and 4 - intensive and urgent support provided by social services, Youth Offending services, etc.
• TAC	Team Around the Child
• TAF	Team Around the Family
• Targeted Services	Tier 2 and 3 services for young people in need of extra/intensive support including Education Welfare, Housing support, CAMHS, Behaviour Support, Drug and Alcohol Teams
• TDA	Training and Development Agency for Schools
• TYS	Targeted Youth Support
• TYSP	Targeted Youth Support Pathfinders
• Universal Services	Tier 1 Services accessible to all young people – including secondary schools, GPs, school nurses, Connexions (13-19), Youth Service (13-19)
• URM	Universal Risk Modelling
• YOS	Youth Offending Service
• YOT	Youth Offending Team

EXECUTIVE SUMMARY

1. This report presents the summative findings from the evaluation of the Targeted Youth Support Pathfinders (TYSPs). The study was undertaken by York Consulting Limited Liability Partnership (YCL) on behalf of the Department for Children, Schools and Families (DSCF).

Policy Context

2. By introducing system reform, Targeted Youth Support (TYS) aims to change the culture of working practice between agencies and professionals working within children's services. The ultimate goal is to ensure that young people in need of support receive a genuinely personalised package of support, at the earliest possible opportunity. The policy was developed by the DCSF in response to the recognition that young people facing challenges in their life were not always receiving the support they needed, when they needed it. Too often, professionals missed opportunities to provide support before issues had escalated, and when support was provided, agencies did not work in a coherent or coordinated way.
3. In October 2005, fourteen pathfinders set about developing local solutions to address these challenges. The following key findings emerged from the evaluation:
 - where an effective, locality based model was introduced to drive changes in the approach to delivery this resulted in improvements in the provision of support to young people. Specific improvements identified were: better information sharing; more holistic assessments of need; quicker access to appropriate services; better coordination of support and more effective processes for monitoring and review. In many cases examined, this in turn led to the achievement of positive outcomes for vulnerable young people;
 - however, where no model was in place (and it should be noted that the YYS guidance does not indicate that a specific model should be introduced) evidence of change in practice was minimal. In most of the case study areas, the model developed had only been introduced in one or two localities. As such, the reach of the reforms in many pathfinder areas was limited;
 - additionally, even where a model was in place to drive delivery of support, there was little evidence of truly effective practice to allow early identification. This meant that, for too many of the young people examined in the study, support had not come early enough and therefore achieving a positive outcome was more of a challenge. Particular priority should be given to supporting this strand as the policy develops, with schools encouraged and supported to play a central role in driving early identification.

Evaluation Approach

4. The aim of the two year study, which commenced in October 2006 was, "*...to identify effective approaches ... for integrated targeted support and the services delivered, and see if they have an impact on young people with additional needs and who are at a high or growing risk of poor outcomes.*" (DCSF, 2006)
5. The evaluation was designed to capture the impact of the service reforms at four levels:

- **Level 1: impact on operational infrastructure** - an examination of the different models introduced to bring about a change in operational practice;
 - **Level 2: impact on professionals and working practice** - an assessment of how the different models had changed working practice (based on the seven elements set out in the TYS Guide) and the implications for practitioners;
 - **Level 3: impact on individual young people** - an exploration of how/if the changes had improved the delivery and effectiveness of support provided to individual young people, and the impact of this;
 - **Level 4: impact on universal outcomes** - assessment of the extent to which the changes led to improved outcomes across a wider cohort of young people.
6. The evaluation followed the journey of six of the fourteen pathfinders in developing and delivering service reform. The six case study areas were selected to provide a mix of both authority type and model design.

Impact on Operational Structure: The Features of System Reform

7. In each case study area the approach to delivering TYS and therefore the level of impact on operational structures varied. Three distinct delivery models were identified. The models shared a common aim of providing a mechanism which facilitated the first step in forming a Team Around the Child¹ (TAC). Ordered from the least to most complex to introduce the models were:
- **Model A - Multi-Agency Practitioner Panel** - a group of around 15 professionals from universal, targeted and statutory services met monthly to identify new cases and/or review progress of cases causing concern. The panel identified relevant professionals/services who would subsequently form a case specific TAC;
 - **Model B - Multi-Agency Practitioner Hub** – a core team of around 8 professionals from universal, targeted (and in some cases, statutory) services, co-located in a central hub. Operational practices involved regular meetings with additional services (i.e. those not involved in the core team) and formation of case specific TACs;
 - **Model C - Multi-Agency Manager Hub** – a team of around 16 senior practitioners co-located in a locality hub. Each school/universal service was allocated a 'single point of contact' from the team. Senior practitioners allocated the resources of their service team to support universal services and become involved in TACs.
8. Each area faced a range of operational challenges which made it impossible to provide an evidence based assessment of whether one model had a greater impact on outcomes than another. Indeed, what may be more cost effective to deliver in one area is likely to be different to another. Nevertheless, the evidence indicated that Models B

¹ Team Around the Child is a model of service provision in which a range of different practitioners come together to help and support an individual child. The model does not imply a multi-disciplinary team that is located together or who work together all the time; rather, it suggests a group of professionals working together only when needed to help one particular child.

and C, whilst more of a challenge to introduce, provided a more sustainable approach to supporting changes in practice over the longer term.

9. In some localities where TYS had been reportedly implemented no specific 'model' (as described above) had been rolled out. In these areas, the approach was based on issuing guidance to services and professionals to implement the TAC approach where they considered it to be appropriate. The evaluation found that this approach resulted in minimal impact on the operational structures or changes in practices to identify and support vulnerable young people.

Impact on Service Delivery: Working Practice

10. The TYS Guide (DCSF, 2008) outlines the seven elements of delivery encapsulated by the policy. The evaluation explored each of these seven elements to assess the extent to which the policy had impacted on (improved) service delivery.
11. The study found that where a well managed delivery model was introduced the CAF, the lead professional role and ability of universal services to access additional support were positive and identifiable aspects of changes to working practice. However, progress in relation to early identification, support across transitions and improvements in the attractiveness of services were less well developed. Where no specific delivery model was introduced, there was minimal evidence of improvements, and change identified was attributed to the willingness and commitment of individual practitioners.
12. We explore each of the seven delivery elements in more detail below.
13. **Delivery Element 1: Early identification.** The policy highlights the importance of identifying young people before their needs escalate. However, only one of the six case study areas had developed and embedded effective practices which supported *true* early identification. In the others, whilst practitioners were encouraged to identify cases before needs had escalated, more commonly, support was provided to young people who already had a high level of need. This trend was, in part, attributed to the fact that the models provided professionals with a new opportunity to improve support for young people that had been 'stuck' in the system for some time. Nevertheless, if local areas are to drive a change in culture, they must develop systems which both support and encourage professionals to spot the signs early and drive the process of accessing additional support. The development of structured and strong relationships between universal (schools) and targeted services is a vital component in achieving this goal.
14. **Delivery Element 2: Building a clear picture of needs.** The intention is that the Common Assessment Framework (CAF) should be used as the main mechanism for assessing a young person when they are first identified as 'vulnerable'. The evaluation identified that the CAF process consistently worked well in two of the six areas examined, and was developing in a further three. Where the process worked well, three common factors were identified:
 - a strategic insistence on use of the CAF wherever appropriate;
 - a regular forum for relevant practitioners to come together to drive and support management of the process;
 - mechanisms which support to practitioners beyond the initial training.
15. However, if these structures were not in place, CAF usage was patchy and reliant on either services or individual practitioners' willingness to engage. With strong management, each of the three models had the potential to ensure effective CAF delivery.

16. **Delivery Element 3: Early access to support in universal settings.** The evaluation identified that, where one of the three models was in place, TYS has led to a significant improvement in universal services' ability access to additional support for young people. Practitioners reported that they had a much greater understanding of which services deliver what support, and where to go to access it. There was some variation with regards to the engagement of some services, but in general, the sense was that the models had contributed to the achievement of a significant, positive change. Where no model was in place, improvements in access were less evident.
17. **Delivery Element 4: The lead professional role.** Progress in relation to the lead professional (LP) role was similar to that of the CAF. Where local areas had developed effective systems to support and manage the process, the LP role was being effectively delivered and leading to improvements in the coordination of services. However, where these systems were not well managed and clear expectations were not in place, practitioners had not changed the way in which they worked with other services.
18. **Delivery Element 5: Ensuring accessible and attractive services.** Evidence of the significant improvements in the accessibility of services was provided against Delivery Element 3. However, the picture on 'attractiveness of services' differed. None of the case study areas used TYS as a platform for driving improvement in the attractiveness of services. Therefore, no changes were identified which can be attributed to TYS.
19. **Delivery Element 6: Involvement of young people in shaping services and interventions.** In the early stage of TYS development, each of the six case study areas consulted young people about the issues and challenges they faced in their area. However, no areas specifically involved young people in decisions on the final design of the model. This suggests that there is potential to improve links between the TYS team and the local areas' participation strategy. The picture on young people's involvement in influencing decisions in relation to the interventions they individually received was more positive. Evidence from the young people consulted indicated that when delivered effectively, the TAC approach had given young people a say in the support they received.
20. **Delivery Element 7: Support across transitions:** Improvements to support across transitions varied dependent on the type of transition considered. Most commonly TYS has contributed to improvements in support between primary and secondary school transition, and between universal and targeted services. However, links between targeted and statutory services could benefit from further integration and links into adult services had not been a feature of TYS developments.

Impact on Service Delivery: Professionals

21. The focus of the TYS policy is on driving a change in culture in how practitioners work together. Consequently, a range of both positive and negative impacts were identified. These were:
- **changes in how professionals delivered support to vulnerable young people:** examples included identification of young people to additional services; improved assessment of needs; better information sharing; a joined-up, partnership approach to delivery; improvements to monitoring and review of cases; and improved transition support;
 - **changes to knowledge, skills and behaviours (KSBs):** practitioners highlighted both improvements to their KSBs as well as identification of specific gaps. These related to: knowledge of other services; case management skills: skills and confidence in dealing with and supporting parents; and assessment skills;
 - **impact on delivery of their existing roles:** practitioners highlighted how involvement in the new teams had impacted upon their existing roles. Specific examples included increased workloads; increased levels of responsibility and a reduction in contact with their host agency.

The Profile of Young People Supported

22. The analysis shows the following characteristics of the young people involved in the study: the average age was 14.5; there was an even gender split between males and females; the ethnicity of the young people reflected the communities that they lived in.
23. The needs of young people, as assessed by their lead professional, were considered to be at the higher end of the spectrum of those the policy aims to support. Over half the young people were assessed as having higher level needs, one quarter had medium level needs and one quarter had low level needs.

The Nature and Effectiveness of Support

24. The design of the model influenced the range of services being provided in each area and therefore the support that was readily available through the delivery model. In most cases, the support that could be accessed was broadly appropriate for immediate needs. However, there were several examples where young people did not receive the full range of support they required.

Nature of Support

25. Support provided was categorised into the following themes: emotional and behavioural support; positive activities; support for education; housing; and preventing NEET. The young people interviewed during the study received an average of three different forms of support. The majority of interventions involved one-to-one support. Activity focused on support rather than challenging behaviours. In one quarter of cases a level of challenge was considered, but in only one in seven was the threat of action followed through. Issues emerged which highlighted tensions in approach between professionals from different backgrounds. However, there was also some evidence that

where challenge was backed up with the effective support, this had the potential to drive a positive outcome.

26. Support for families was also provided in the case study areas. Informal family support was the most common form of support provided. More formal support, including family mediation, was provided for more than a quarter of the families.

Effectiveness of Support

27. The support provided was broadly effective in meeting young people's expectations and their short term needs. The following highlights some of the key findings in relation to effectiveness :
- **young people's views of support** - three-quarters of young people were positive about the support they had received;
 - **the effectiveness of the lead professional** - the lead professional role was considered to have been effective in nearly half of the cases;
 - **the effectiveness of the coordination of support** - the coordination of support for young people and their families was deemed to be effective in over half of the cases;
 - **the effectiveness of the overall package of support** - the package of support was deemed to be effective in nearly two-thirds of cases.
28. Where support was deemed to be effective, the following factors were evident:
- lead professionals' awareness of the range of interventions / services available;
 - positive relationships between the young person and lead professional;
 - co-ordinated, consistent and continuous support;
 - effective challenge, as well as support;
 - effective delivery of the lead professional role;
 - young people's own motivation to change.
29. Where support was not judged to be effective, this was due to variously: the lead professional role not working as intended; the support not being provided early enough or; the support not being appropriate for needs. In a small number of cases, the support was not effective due to young people's lack of willingness to engage. These factors highlight the importance of having a model in place which supports lead professionals to deliver positive outcomes.
30. It should be noted that in only one fifth of cases were long term needs assessed as having been met. This is partly a reflection of the relatively short timeframe in which the research took place. However, it reinforces the challenge faced in addressing some of the more entrenched issues faced by young people.

Impact on Young People: Evidence of Individual Outcomes

31. Where effective support was delivered, evidence of impact identified through the study is encouraging:
- **a significant positive impact was achieved in one eighth of cases examined (6/44).** In these cases, there had been a substantial positive improvement in most outcomes which the support aimed to address. For example, marked improvements to family relationships, prevented exclusions, substantial improvements in attendance, smoking cessation, significant reduction in alcohol consumption, engagement in positive activities, ceased involvement in anti-social behaviour;
 - **a positive impact was achieved in three eighths of cases examined (17/44).** A positive impact is defined as an overall improvement in some of the outcomes the support aimed to address, with further improvements anticipated, e.g. changes in attitude, improvements in attendance, starting to reduce alcohol consumption;
 - **some impact was identified in three eighths of cases examined (16/44).** In these cases there was evidence of small positive improvements in some outcomes the support aimed to address, but other factors were limiting the overall effectiveness of support, e.g. the young person was displaying a willingness to change but family / peer / personal issues were counteracting the potential impact of support;
 - **no impact was identified in one eighth of cases examined (5/44).** In these examples there was no evidence of any sustained change in outcomes the support aimed to address. All these young people had high levels of need which were not considered to have been effectively addressed.

Impact on Universal Outcomes

32. The TYS Guide maps out a range of universal indicators on which it hopes to make a positive contribution. These include under-18 conceptions and poor sexual health; 16–18 year-olds not in education, employment and training (NEET); low attainment and entry into care. The evaluation examined changes to these indicators at a local authority level.
33. It is not possible to attribute any identified changes in outcome data to TYS activity. There are two reasons for this. Firstly, in most pathfinders the activity took place in a relatively small area of the authority and therefore any changes would be unlikely to be picked up by authority-wide indicators. Secondly, the evaluation only tracked delivery for around a one year period. This is insufficient time for impact to be reliably measured by universal indicators. However, the evaluation did develop a quantitative model which has the potential to assess the impact of TYS over a longer time frame.

Conclusions

34. The evidence indicates that where a well coordinated, effectively managed locality based model has been introduced to drive the targeted youth support reforms (specifically in relation to early identification, CAF and the lead professional role) there has been a significant change to the way in which professionals have delivered multi-agency support to young people. In these areas, there is emerging evidence of a range of positive outcomes being achieved for both practitioners and, more importantly, young people.
35. Nevertheless, it is important to highlight that in half of the 44 cases examined by the study, the young people already had high level needs when they were identified for support. Our analysis highlights that achieving a positive outcome in these instances was more of a challenge, reinforcing the critical importance of developing practices which encourage and support consistent, evidence based approaches to early identification, i.e. before needs escalate.
36. In all areas, the process of achieving changes in delivery has taken much longer and been more difficult to achieve than was initially anticipated. In some localities, weaknesses in the management structure has meant that the extent of change on the ground has been minimal.
37. As a result of the delays in introducing new models of delivery, the evaluation has had less opportunity to assess the full impact of targeted support on young people; despite the evaluation period having been extended. Activity, in terms of scale of intervention with young people, was just beginning to build up when the evaluation came to an end. While early qualitative findings are positive, quantitative findings were inconclusive, due to small numbers.
38. The evaluation has been very successful in designing a range of tools that can be used to measure the impact of Targeted Youth Support. As the programme rolls out, there is an opportunity for authorities to use these tools to self-evaluate their own impact. If these were to be widely adopted, findings could be drawn together to provide a consistent picture of national impact.

Recommendations

- R1. National clarification is required on the definition of early identification.
- R2. Increased policy attention is required to encourage and promote the development of effective local early identification strategies.
- R3. Further promotion of evidence on effective practice in relation to the models which effectively support TYS should be undertaken.
- R4. Work is required to further develop the engagement of the schools sector into the policy area.
- R5. Local areas should consider establishing strategic panels to deal with cases where system level issues are preventing the achievement of positive outcomes.
- R6. At a local level, authorities should consider developing preventative/early targeted group support activities.
- R7. Local areas need to further consider how they might effectively link challenge and support interventions.
- R8. Local areas need to develop a sustainable management model to support the delivery of TYS. Training and development of locality managers should be a central part of such a model.
- R9. Professionals from all sectors, but in particular from universal services, should be given clearer guidance and support on the lead professional role.
- R10. Recognition should be given to the challenges faced by some practitioners in engaging families in support.
- R11. Local areas should undertake a regular review of CAFs to monitor both the quality of assessments, and the extent to which measurable outcomes are included to monitor progress.
- R12. There is an opportunity to use the impact materials developed during the evaluation to assist roll out authorities to self-evaluate.

1 INTRODUCTION

- 1.1 This report presents the summative findings from the evaluation of the Targeted Youth Support Pathfinders (TYSPs). The study was undertaken by York Consulting Limited Liability Partnership (YCL) on behalf of the Department for Children, Schools and Families (DSCF).
- 1.2 The aim of the two year study, which commenced in October 2006 was, “..to identify effective approaches ... for integrated targeted support and the services delivered, and see if they have an impact on young people with additional needs and who are at a high or growing risk of poor outcomes.”
- 1.3 The four key evaluation objectives were to:
- **explore and identify the strategic planning and integration structures** and processes associated with delivering effective TYS to young people;
 - **identify the range of challenge and support interventions** used across pathfinders in terms of 1-2-1 engagement between practitioner and young people and families;
 - **identify what early intervention and prevention activities are working** with young people at risk of negative outcomes;
 - **identify the early indicators of impact** of the redesigned integrated targeted youth support on outcomes for young people.
- 1.4 This is the fourth and final report from the national evaluation. Earlier reports submitted are:
- Targeted Youth Support Pathfinder Evaluation: Baseline Report, January 2007 (unpublished);
 - Targeted Youth Support Pathfinders: Interim Evaluation (York Consulting, 2007);
 - Measuring the Performance of Targeted Youth Support: A Quantitative Framework (York Consulting, expected 2009).

Context

- 1.5 By introducing system reform, targeted youth support (TYS) aimed to change the culture of working practices between agencies and professionals working in children's services, to ensure young people in need of support received a genuinely personalised package of support, at the earliest possible opportunity. The policy, first announced in the Youth Matters green paper (DCSF, 2005), was developed from recognition that young people facing challenges in their life were not always receiving the support they needed, when they needed it. Too often, opportunities to provide support before needs had escalated were missed, and when support was provided, agencies did not work in a coherent or coordinated way.

- 1.6 Targeted Youth Support: A Guide (DCSF, 2008) details the seven core delivery elements (DE) of TYS.

DE1: Early identification: Are there effective processes for identifying at risk young people early?

DE2: Building a clear picture of needs: Is the Common Assessment Framework (CAF) used to assess young people's needs?

DE3: Early access to support in universal settings: Are at risk young people able to access early support in universal settings?

DE4: Lead professional (LP): Is the LP role in place and widely used?

DE5: Accessible and attractive services: Are local services for young people relevant and appropriate?

DE6: Involvement of young people in shaping services and interventions: Are at risk young people, their parents/carers, and communities engaged - in the reforms, in service development and in their own support?

DE7: Support across transition points: Does support continue for young people across key transitions - e.g. as they change school or move between statutory and non-statutory support

- 1.7 The Children's Plan (DCSF, The Children's Plan: Building Brighter Futures) set out the ambitions for all local authorities in achieving full delivery of Targeted Youth Support.

"By the end of 2008 we want every area to have arrangements in place across all their services including schools, children's services, health and youth justice services, for early identification of vulnerable young people, prevention of problems before they escalate, and joined up support coordinated by a Lead Professional when problems do emerge".

Method

- 1.8 From October 2006, through in depth case study activity, the evaluation tracked the progress of six of the fourteen pathfinder areas as they implemented re-designed structures to support delivery of TYS. The fourteen pathfinder areas were (those highlighted in bold below were the case study areas):
- *Derby City*
 - **Gateshead**
 - **Hampshire**
 - Knowsley
 - Nottinghamshire
 - **Southwark**
 - Worcestershire
 - **Derbyshire**
 - Gloucestershire
 - Hertfordshire
 - **Leicester City**
 - South Tyneside
 - **Wandsworth**
 - York
- 1.9 Derby City was initially involved as a case study but was later replaced by Derbyshire. The case studies were selected to provide a mix of different models, as well as including areas which, at the time of the selection, were most advanced in terms of readiness to deliver. **Annex B: The Profile of Local Areas** provides relevant profile information on the case study areas.
- 1.10 The evaluation methodology was designed to establish impact at four levels, using both qualitative and quantitative data:
- Level 1: impact on organisational infrastructure;
 - Level 2: impact on professionals and working practices;
 - Level 3: impact on individual young people and families;
 - Level 4: impact on universal outcomes.
- 1.11 The full methodology is set out in **Annex A: Method and Study Issues** and comprised:
- **Strand 1 - Assessment of strategic leadership and management** - involving consultation with strategic and operational leads, and measurement of local authority indicators which relate to the TYS policy aims;
 - **Strand 2 - Assessment of operational design and delivery** - through a review of the model developed, observation of the model in action and consultations with key professionals involved in both development and delivery;
 - **Strand 3 - Modelling Personalised Interventions** - longitudinal triangulated case studies involving 44 young people, their lead professional and where appropriate/possible, their families;
 - **Strand 4 - Universal Risk Modelling** - the development of an evidence based approach to measure the number of risk factors experienced by young people;
 - **Strand 5 - Individual Risk Modelling** - a pre- and post intervention survey to measure young peoples': psychological attributes; engagement in both high-risk and positive activities; and relationships with friends, peers and professionals.

Issues Influencing the Research

- 1.12 A number of issues influencing the direction and delivery of this research should be taken into consideration when interpreting the findings.

Stage of pathfinder development: fewer young people supported

- 1.13 The design of the national evaluation was initially driven by a focus on determining the *impact* of TYS on young people. This was based on the assumption that the pathfinders were 'ready' to deliver their newly designed services when the evaluation commenced in October 2006. In reality, the six case study areas were not all operational until March 2008. There were a number of valid reasons for this. However, the implication is that the number of young people supported was smaller than was initially envisaged when the research was designed, (and therefore the sample more difficult to achieve) and the timeline in which to observe impacts was shorter than expected. Nevertheless, the study was able to gather detailed qualitative impact data on 44 young people, which is presented in sections 7 and 8.

Defining TYS: integration with other services

- 1.14 In some case study areas, defining and isolating TYS was something of a challenge. This was because once the initial pathfinder 'project' came to an end, most areas embedded their support for vulnerable young people into developments related to establishing integrated youth support services (IYSS). Whilst this reflects the policy intent, from a research perspective it was a challenge to examine TYS in its own right. What we report on here is how the case study areas have supported vulnerable young people, whether locally it was termed TYS or something different.

Maintaining engagement: differential levels of case study engagement

- 1.15 The engagement and commitment of most case study areas has been excellent throughout the study. However, challenges were faced in two areas. This was due to:
- **capacity constraints** - one area faced challenges fairly early on in the study and was subsequently replaced as a case study with a different pathfinder;
 - **significant personnel changes** - one area had numerous changes in the personnel responsible for leading TYS, which made it difficult to gather data in the final stages of fieldwork.
- 1.16 In addition to the two area-specific issues, in all case study areas challenges were faced with the Individual Risk Modelling strand of work (i.e. pre-and post intervention surveys of young people). The reasons for this are presented in **Annex A: Method and Study Issues**.

Balancing depth and breadth: geographical spread of delivery

- 1.17 There is variation in the breadth and depth of data for each area. This was because the method was adapted to reflect local delivery. In some areas, it was considered more appropriate to gather a broader view across the authority. In others, resources have been concentrated in one locality where information could be gathered in more depth.

Report Structure

- 1.18 The report tells the story of Targeted Youth Support experienced by the six case study areas and the practitioners, young people and families within. The report also provides the early evidence of impact on professionals and outcomes for young people.
- 1.19 In **Section 2, The Features of System Reform** we describe the three models of delivery identified within the six case study areas. The section explains that, whilst we were able to identify some commonalities in overall design, the features of the models introduced varied significantly. Understanding these features was an important aspect of assigning overall effectiveness.
- 1.20 In **Section 3, Impact on Service Delivery: Operational Practice** we explore the seven elements of the TYS framework, providing evidence of how TYS has changed the journey of support as experienced by a young person.
- 1.21 **Section 4, Impact on Service Delivery: Shape of Provision** presents an illustration of what local areas could do to measure the impact of reforms on practitioners in using a quantitative approach. The findings are presented in **Annex G**.
- 1.22 In **Section 5, Impact on Practitioners**, we explore how TYS has affected the roles and responsibilities of professionals involved in the reforms.
- 1.23 **Section 6, The Profile of Young People** describes the profile of the young people supported by TYS in terms of both their characteristics (age/gender/ethnicity); level of need; psychological attributes; engagement in both high-risk and positive activities; and relationships with friends, peers and professionals. The section argues that whilst the profile of young people matches the policy expectation, the level of need of the young people supported does not cohere with the specific intent of early intervention.
- 1.24 **Section 7, The Effectiveness of Support**, provides an overview of the support that young people received through TYS and an analysis of its effectiveness. Support is defined as both the interventions provided as well as the role played by lead professionals. The section concludes that over the course of the study, the support provided was largely effective in meeting the short term needs of young people.
- 1.25 **Section 8, The Outcomes of TYS for Young People: Qualitative Data** explores the qualitative evidence of impact, concluding that around half of the cases resulted in the achievement of positive outcomes.
- 1.26 **Section 9, The Outcomes of TYS for Young People: Quantitative Data** examines the impact of support on changing young people's psychological profile, engagement in high-risk and positive activities, and their relationships with friends, peers and professionals. The limitations of the data due to the small sample size is acknowledged. The information is provided to illustrate how the impact of TYS could be measured.
- 1.27 Section 10 presents the conclusions and recommendations.

1.28 In the annexes we include the following additional information:

- **Annex A: Method and Issues;**
- **Annex B: The Profile Of Local Areas;**
- **Annex C: Approaches to Early Identification Practices;**
- **Annex D: Impact On Universal Outcomes;**
- **Annex E: Young People Case Study Examples;**
- **Annex F: Bibliography;**
- **Annex G: Impact on Service Delivery: Shape of Provision.**

2 THE FEATURES OF SYSTEM CHANGE

- 2.1 This section sets out the rationale for change, describes the different models developed and considers the issues and challenges experienced in implementation.
- 2.2 All the case study pathfinders introduced changes to the way in which they provided support to vulnerable young people, with delivery commencing at varying points between March 2007 and March 2008. By August 2008 (at the end of fieldwork), three authorities had rolled out an authority-wide strategy of system reform, (albeit that the stage of development varied within each locality). However, the other three authorities were yet to roll out their model beyond the initial pilot area.
- 2.3 The evaluation identified three models of system change. Ordered from the least to the most complex, these were:
- **Model A - Multi-Agency Practitioner Panel;**
 - **Model B - Multi-Agency Practitioner Hub;**
 - **Model C - Multi-Agency Manager Hub.**
- 2.4 One county council area implemented a mix of models A and B. This has been termed **The Hybrid Model (Model D)**. Additionally, within these authorities, some localities did not introduce a new 'model' but aimed to change practitioners' approach to involvement in multi-agency support, by introducing guidance based on the Team Around the Child (TAC) approach.

The Rationale for Change

- 2.5 Over a period of one year the TDA supported each of the pathfinders through a **five-step change management programme** (the toolkit is published on the Every Child Matters website²) which aimed to provide a structure for the design and development processes. During this stage, young people and professionals working at all levels were consulted to identify the issues which they considered to be affecting young people living in their area.
- 2.6 Whilst there was some local variation or emphasis, a number of common issues arose. These were:
- **Generic issues:**
 - young people feel they do not have enough to do;
 - young people do not feel safe in their communities;
 - young people are conscious of local drug and alcohol problems;
 - young people believe they have a poor relationship with the police;
 - young people are concerned about bullying;
 - some young people face challenges with their family life;

² <http://www.everychildmatters.gov.uk/deliveringservices/targetedyouthsupport/>

- **Issues related to delivery of personalised support included:**

- young people lack awareness of available provision and support;
- referral to support services is not reliable;
- support is not proactively delivered when issues emerge.

2.7 Issues raised by professionals focused on the practical challenges associated with inter-agency working, such as understanding when and where to go to access support. Common themes raised were:

- schools were dealing with young people experiencing a wide range of personal challenges, often unaided;
- a structured, co-ordinated response to a young person's needs only happened when there was a crisis;
- referrals to services were often reliant on practitioners' personal networks and knowledge;
- services were not co-ordinated;
- practitioners had misconceptions about service thresholds and eligibility criteria;
- there were conflicting perceptions about information sharing practices;
- the relationship between agencies determined success in communication;
- issues with funding related to area / service / age boundaries.

Systems and Processes Established

2.8 As we highlighted at the beginning of this section, three distinct and one hybrid models were identified within the six case studies. Here we describe the models in detail. **Figure 2.1** provides an overview of each.

Figure 2.1: Four Models of Support

- **Model A - Multi-Agency Practitioner Panel** - a group of around 15 professionals from universal, targeted and statutory services met monthly to identify new cases and/or review progress of cases causing concern. The panel identified relevant professionals/services who would subsequently form a case specific TAC;
- **Model B - Multi-Agency Practitioner Hub** - a core team of around 8 professionals from universal, targeted (and in some cases, statutory) services, co-located in a central hub. Operational practices involved regular meetings with additional services (i.e. those not involved in the core team) and formation of case specific TACs;
- **Model C - Multi-Agency Manager Hub** - a team of around 16 senior practitioners co-located in a locality hub. Each school/universal service was allocated a 'single point of contact' from the team. Senior practitioners allocated the resources of their service team to support universal services and become involved in TACs.
- **Model D - The Hybrid Model** - a mix of models A and B.

Model A - Multi-agency practitioner panel

- 2.9 One of the six case study areas introduced a Multi-Agency Practitioner Panel. The rationale for this approach was that it could be quickly established without significant resource or cost implications and seemed to provide a simple, yet effective solution to many of the challenges highlighted through consultation.
- 2.10 The model involved establishing a panel of around fifteen professionals which met around once per month to discuss cases that required additional support from other services. Practitioners from universal, targeted and specialist services attended the meetings. They included children's centre managers, primary headteachers, Secondary Educational Needs (SEN) staff, officers from social services, housing, family support, and youth offending departments / teams, and school nurses.
- 2.11 The meetings were intended to provide an opportunity for information sharing (on both the case and the services available); establish a team approach to problem solving; and facilitate swift access to services and avoid duplication of resources. As an outcome of the meeting, the case would be allocated a lead professional, agencies would agree support to be delivered and a Team Around the Family (TAF) meeting would be set up, involving the young person, their parent / carer and siblings if appropriate.
- 2.12 This pathfinder developed a number of practices to support effective delivery of the model. These included: circulating the names of the cases to be discussed one week in advance of the meeting to allow attendees time to gather information on the case; attendance being made an operational priority with service representatives asked to delegate attendance where they were unable to attend themselves; improved information sharing practices; the development of a log which captured commitments made to changes to service delivery; and the allocation of a lead practitioner to take forward the actions from the meeting. A panel of senior managers was also established which was scheduled to meet the day after the practitioners group. This group set up to deal with any cases which the practitioners' panel could not resolve.

Model B - Multi-agency practitioner hub

- 2.13 Three of the six case study areas opted to co-locate a core team of practitioners which delivered a mix of predominantly universal and tier 2 services. Each team also developed links to a range of other services with named professionals identified for each service.
- 2.14 These areas considered that co-location was a necessary step to achieving the significant change in culture implicit in the aims of TYS. The expectation was that a co-located team managed effectively would be an instrumental factor in addressing many of the common challenges associated with inter-agency working.
- 2.15 However, whilst these three areas shared similar aims, there were a **number of fundamental differences in the team model and composition**:
- **Size of area / YP population covered** - one area chose to co-locate a team in a secondary school; two areas established teams which covered a larger area. In one case study this encompassed four secondary schools; in the other it encompassed approximately eight;

- **Team composition** - the number of different services involved in each of the teams was three, seven and eight. **Table 2.1** sets out the services involved in each, and where known, the number of practitioners;
- **Age focus** - two teams focused on the 11-19 age group, both placing particular emphasis on 13-16 year olds. A third team focused on 13-19 year olds, although in practice a number of 11 and 12 year olds also received support.

Table 2.1: Services involved in co-located teams				
	Area A	Area B	Area C	Total
Manager	Unknown	0.5 x Manager (Ed. Psych)	1 x Manager (Social Services - Diversion)	2
Connexions		1 x Connexions PA	3 x Connexions PA	2
Health		1 x School Nurse	0.5 x Teenage Pregnancy	2
Education Welfare	Education Welfare Officers	1 x Education Welfare Officer		2
Social services	Inclusion Social Workers		0.5 x Principal Social Worker	2
Family support	Family support Workers		1 x Social Services Parent Support Worker	2
Youth Service		1 x Youth Worker	1 x Detached Development Worker	2
Drugs and Alcohol Service		0.5 x Drugs and Alcohol Worker		1
Police		1 x Police		1
Positive Activities for YP			1.5 x PAYP Workers	1
Housing		1 x Housing		1
No of services	3	8	7	

- 2.16 As well as the differences in team composition, the Multi-Agency Practitioner Hubs also varied in how they operated. This issue and its implications are explored later in **Section 3, Impact on Service Delivery**.

Model C - Multi-agency manager hub

- 2.17 One case study developed an area-wide model which established four co-located Locality Integrated Service Teams (LISTs) made up of a manager, a team of around 16 senior practitioners from key services³ and their deployed resources. Each senior practitioner was allocated to work with around two schools/universal settings⁴ with the aims of:
- **Helping to build the capacity of the schools** and other universal service providers to intervene early to address needs;

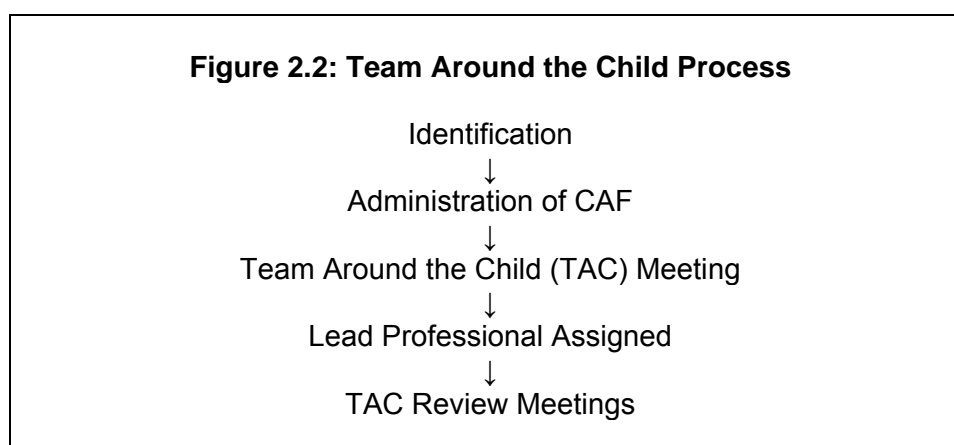
³ Senior practitioners include: Senior EWOs, Sure Start Directors, Nurse Managers, BEST Co-ordinators and Senior EPs.

⁴ The initial aim was that practitioners would work with around two schools. In the first six months of delivery, the reality varied between two and ten. This has now been addressed and the size of the teams is due to be doubled.

- **Providing a multi-disciplinary resource** to support the locality to develop capacity;
 - **Ensuring early co-ordinated interventions** which improve outcomes.
- 2.18 This model looked beyond the immediate need of developing a solution which brought practitioners from different service areas together. It aimed to support practitioners in universal settings to identify issues early; streamline and simplify the process of accessing support from multiple services; and establish a management system which would mean resources could be efficiently deployed to a TAC approach to working, avoiding the anticipated capacity constraints that would emerge once operational.
- 2.19 The considerable logistical challenges arising from this model meant that the development phase was much longer than in other areas. However, the local area considered they had developed a sustainable model from which a change in culture would grow.
- 2.20 The model was established in the spring of 2008 and therefore the lessons from practice were only just starting to emerge at the time fieldwork ended.

Model D - Hybrid model

- 2.21 In one county council authority, discretion was given to local districts as to what type of model they would introduce. In each district, as a minimum, two mechanisms were introduced: a multi-agency partnership of strategic leads, and changes to core operational practices based on the principles of TAC.
- 2.22 The partnership established in each district comprised strategic leads from services including health, youth offending, education, leisure, social services and the voluntary, community and independent sectors. This group met on a monthly basis and quarterly workshops were run for practitioners to promote awareness of district-wide priorities.
- 2.23 Operationally, processes for practitioners were established based on the TAC model. The intention was that when a practitioner identified a young person in need of additional support, the Common Assessment Framework (CAF) would be administered, a TAC formed and a Lead Professional (LP) allocated. **Figure 2.2** illustrates the TAC process.



- 2.24 Additional elements established within districts included: the establishment of strategic sub-groups to focus on specific issues (e.g. the development of an integrated teenage pregnancy reduction strategy); setting up or incorporating existing multi-agency school community teams (similar to those described earlier in Model A: Multi-Agency Practitioner Panel); the deployment of Family Resource Workers (FRWs) into primary and secondary schools; and, in some districts, the establishment of co-located teams⁵.
- 2.25 The idea behind the core model was that it provided a consistent area- wide strategic forum in which to develop and review strategy, as well as providing a clear structure for practitioners to work to. It also provided local areas with the flexibility to build on existing practices. This core model became operational across the authority fairly early on, although the pace and extent of change in different districts has subsequently varied.

Issues and Challenges with Design and Development

- 2.26 At the time of reporting, whilst all of the six case study pathfinder areas had roll-out plans in place, only three had established area-wide delivery. In all of these, operational practices were still evolving. Therefore, the vision of having fully embedded TYS processes in place is yet to be achieved. Given that pathfinders commenced work on this in December 2005, the pace of change was much slower than was originally envisaged.
- 2.27 The pace of change was influenced by a number of factors:
- **Changes to strategic leadership** - in two case study areas numerous changes to the strategic leadership of TYS within the authority slowed the implementation of new arrangements. Whilst both areas implemented changes to practice following the Training and Development Agency (TDA) support, there was a subsequent lack of connection between developments on the ground and the strategic vision. This had a negative impact on both clarity and pace of change;

“We’ve been getting on well as a team but since we set up there has been fairly limited involvement from a strategic level. I haven’t always been sure that what we’ve been setting up is right, and that’s partly because it’s been passed around lots of different leads who have all had to get their head around what this is about. It’s been frustrating but the situation has recently started to improve.” (Manager)

“I’m concerned that youth support services, and TYS in particular, aren’t being considered as an integral part of the teams being created across the authority. Our champion has moved on and we’re not sure who can move this agenda forward anymore.” (Manager)

⁵ The latter example was not explored by our research in this case study area

- **Experience and influence of project manager (PM)** - three areas specifically identified that both the experience and the level of influence that the project manager held meant that challenges were faced in being able to effectively drive change both strategically and operationally. Particular challenges were highlighted in relation to their ability to secure the engagement of some key service areas and schools;

“I’m not criticising the project manager but in hindsight we should have given the role to somebody with more clout. Some services just haven’t bought in because they didn’t see it as a priority for them, and the project manager struggled to make the impact that was needed. This shouldn’t have been an option but it wasn’t in the PMs power to challenge.” Assistant Director (AD)

- **Operational capacity** - five areas considered that they did not have sufficient operational capacity to commit to the developments which slowed the pace of implementation;

“There has been so much to do at each stage of the journey. It’s needed a strong and clear vision of what we want to introduce (working this out as taken a long time), the capacity and capability to negotiate and persuade agencies to commit, and significant operational resource to get things up and running. We have struggled to keep up with our planned timetable because we wanted to get it right.” (Project Manager)

- **Level of influence of service representatives** - one area highlighted that whilst all service areas were represented on the planning and strategy forum, not all had allocated professionals that had sufficient levels of seniority to make decisions. This was a barrier to decision making which had slowed down the pace of change;

“Whilst we have representation from all services, we do not yet have the right level of representation. The partnership works well with the agencies where we have influential people from that agency attending the group. With schools and police the key players are not yet involved.” (District Manager)

- **Securing premises and infrastructure** - all areas that established co-located teams faced difficulties in finding and funding appropriate premises;
- **Agreeing management structure** - a further challenge for areas establishing co-location was in agreeing and resourcing an appropriate management structure. Whilst this did not emerge as a major challenge in the development stage, it became more of an issue when areas moved towards roll-out;

- **Recruiting managers** - all areas implementing co-location faced difficulties in appointing managers. One county council area reported that it took a year to recruit the team of eight District Managers. In two other areas, the delays in finding appropriate staff was a significant factor which adversely influenced the development of effective operational processes;

“We haven’t had a manager for six months. We’ve been up and running but we haven’t got proper systems and structures in place.”
(Practitioner)

“We weren’t sure of our long term management arrangements. It’s been a bit destabilising.” (Practitioner)

- **Engaging schools** - in all case study areas, some schools engaged well with the developments. However, more commonly, local authority areas expressed disappointment about the challenges they had faced. Two reasons were identified. Firstly, local authorities reported that some school leaders did not see TYS as a priority policy area. Secondly, school leaders faced capacity constraints related to the number of meetings they would be expected to attend. Most areas were reinforcing their efforts to address these issues and improve the engagement of schools.

2.28 In addition to the challenges outlined above, in all case study areas, preparation and planning for the Joint Area Review (JAR) also detracted from developments for a significant period of time.

3 IMPACT ON SERVICE DELIVERY: OPERATIONAL PRACTICE

- 3.1 This section examines how the provision of multi-agency support to vulnerable young people has changed and, where relevant, explores the extent to which the models implemented (Models A, B, C and D described in Section 2) were a driver in achieving this change.
- 3.2 The changes to operational practice are examined by exploring each of the seven delivery elements outlined in the TYS Guide (DCSF, 2008). The first four strands of the TYS framework introduce *new* operational practices to the provision of support to young people. The remaining three strands differ, in that they aim to ensure that the support that is delivered is done so effectively. In effect, they are the principles of support.

DE1: Early identification: are there effective processes for identifying at risk young people early?

DE2: Building a clear picture of needs: Is the CAF used to assess young people's needs?

DE3: Early access to support in universal settings: Are at risk young people able to access early support in universal settings?

DE4: Lead professional: Is the LP role in place and widely used?

DE5: Accessible and attractive services: Are local services for young people relevant and appropriate?

DE6: Involvement of young people in shaping services and interventions: Are at risk young people, their parents/carers, and communities engaged - in the reforms, in service development and in their own support?

DE7: Support across transition points: Does support continue for young people across key transitions - e.g. as they change school or move between statutory and non-statutory support?

Delivery Element 1: Early identification

- 3.3 Early identification is an essential element of being able to deliver support which effectively meets the needs of young people. There is significant evidence which points to the fact that, too often, issues arising in a young person's life are unmet until they reach crisis point. Intervening before issues start to escalate allows professionals to work with young people and their families to develop the tools of resilience. From the perspective of the TYS Delivery framework, a young person's experience of early identification is typified by the following statement.

"Someone picked up my problems early on."

Mechanisms supporting early identification

- 3.4 The research identified three main mechanisms supporting identification:
- **Practitioner driven approach** - based on a practitioner's knowledge of the needs and risks facing a young person, they alert other agencies of the need for support;
 - **Data driven approach** - through use of data on known risk factors, authorities aim to identify young people who may be at risk, sometimes before they are known to any specific support services;
 - **Self-identification by young people or their families, parents or carers** - young people or parents seek out support.
- 3.5 Further information on these is provided in **Annex C: Approaches to Early Identification**.
- 3.6 Whilst early identification was a key theme in the case study areas' development plans, in many cases the objective of intervening at the earliest possible opportunity has yet to become a reality. Many of the case study areas did not specifically focus their attention on addressing the range of issues which have prevented early identification taking place in the past.
- 3.7 For example, teachers are probably the most obvious professional able to undertake true early identification work. However, it is commonly acknowledged that teachers face a range of competing priorities meaning that, particularly in challenging areas, they have limited capacity to identify and act upon early warning signs. Consequently, attention is focused on young people whose issues are most immediately apparent and challenging to manage. To encourage an increase in early identification, teachers and other staff in universal settings need to be both trained to pick up on the signs, have confidence in the system through which support can be accessed and importantly have the time to be involved in accessing support. Addressing all these factors is necessary to truly drive a culture change which promotes early identification.
- 3.8 Analysis of both practitioner feedback, and the profiles of the young people interviewed, indicates that areas have predominantly been working with cases that had relatively high levels of need when their support commenced. Evidence of this is as follows:
- over half (23) of the 44 young people involved in the qualitative, longitudinal research⁶ were deemed to have high levels of need by their lead professional or key worker;
 - the average score of the 113 young people who completed the baseline survey⁷ was 19 which, according to the rating scales, suggest they were on the cusp of abnormal behaviour and exhibiting some degree of risk⁸.

⁶ Strand 3: Modelling Personalised Interventions

⁷ Strand 5: Individual Risk Modelling

⁸ The scoring system for the survey is as follows: Normal = 0-15, Borderline = 16-19, Abnormal = 20-40. Further details are provided in Annex A: Method and Study Issues

- 3.9 The following quotes from professionals add weight to this finding.

“We’ve talked a lot about early identification but in all honesty, we have all been focused on dealing with those really challenging cases which we haven’t previously been able to resolve. One year on, we’re just starting to get past these and think more about early intervention but it’s difficult to do when you have so many cases that are really challenging but just below the threshold of statutory support.” (Project Manager)

“Different services have different definitions of early intervention. What we mean (Connexions) is very different to how statutory services see it.” (Practitioner)

“We’ve had a mix but it’s fair to say most of the young people we have worked with had a fairly high level of need when we found out about them.” (Practitioner)

“Most of our true early intervention work has occurred when we’ve been working with the siblings of a child we’ve identified.” (Project Manager)

- 3.10 The finding illustrates the challenges associated with achieving a change in culture, and moving towards more preventative work with young people who currently have relatively low levels of need, but are at risk of escalation. Reporting this issue does not suggest that the young people interviewed should not have received support. Indeed, many of the young people had been around the ‘system’ before, not getting appropriate support when they first needed it. However, early identification should be a focus of attention in all areas.

Good practice and challenges with achieving early identification

- 3.11 One case study area was much more effective than others in supporting practitioner driven early identification. This area, which had implemented **Model B - The Multi-Agency Practitioner Hub**, had developed a systematic approach to identification within a secondary school, with the manager of the Hub involved in providing both general and case-specific advice and guidance on a weekly basis to the schools’ behaviour management panel. This practice, whilst resource intensive, was a critical part of being able to pick up and deal with issues early on.
- 3.12 In the other case study areas, whilst schools and universal services were encouraged to identify cases early, the focus had tended to be on young people with higher level needs.
- 3.13 Alongside practitioner driven identification, most case study areas had developed mechanisms to use data on young people to inform early identification. However, due to a number of concerns with the quality of the data, these had not been incorporated into operational development. The most common mechanism for using data was through Education Welfare Officers (EWOs) use of attendance data. This was common practice in two of the six case study areas.

- 3.14 **Local areas had also considered practices to support self-identification, either by a young person or a parent.** A total of eight of the 44 cases were classified as having been identified through self referral. Where the young person had identified a need for support this tended to be true early identification. Where the parent had been involved, needs tended to have escalated further before a request for support was made.
- 3.15 There are a number of things which local authorities should consider in order to support achievement of early identification:
- **Practitioner driven identification** - as practitioner identification is likely to remain the most common route for accessing support, case study areas need to improve the rigour of practitioner identification practices in universal services. Training on identification issues should be a core element of staff development planning;
 - **Data driven approaches** - authorities and locality teams should explore ways in which they can make better use of data on young people to understand the level of risk that young people in their area are facing. As part of this evaluation, YCL developed and used tools and approaches that seek to analyse need in this way. Individual authorities may wish to investigate whether making use of these tools would be beneficial in their area. The approaches are presented in York Consulting's report, Measuring the Impact of Targeted Youth Support: A Quantitative Framework (York Consulting, expected 2009).
 - **Self referral** - all areas need to consider what more they can do to promote and encourage self referral, for example, through greater publicity and communication of the support available within their localities.

Delivery Element 2: Building a Clear Picture of Needs

- 3.16 The second key strand of TYS relates to building a clear picture of needs. The TYS delivery framework outlines that the CAF should typically be used to assess young people when they are first identified as in need of support.
- 3.17 The CAF is a standardised approach to conducting an assessment of a child or young person's additional needs and deciding how those needs should be met. It can be used by practitioners across children's services in England and was developed to address the issue of multiple assessments being carried out by different services, using their own specific assessment tools. It is intended to provide a simple process for a holistic assessment of a child's needs and strengths, taking account of the impact that parents, carers and environmental factors can have on their development. The intention is that practitioners will then be better placed to decide, with the child and family, what support is appropriate. The CAF also aims to improve integrated working by promoting co-ordinated service provision.
- 3.18 A more in-depth evaluation of the Common Assessment Framework and Lead Professional Guidance and Implementation was published by the DCSF (University of East Anglia, 2006).

Delivery of the CAF

- 3.19 The CAF was being used to support delivery of services to vulnerable young people in five of the six case study areas. Half (22) of the 44 young people involved in the research had been assessed using the CAF⁹.
- 3.20 Feedback from practitioners indicated that consistency of use varied both within and across the case studies:
- in two case study areas, the CAF was an embedded part of the delivery of multi-agency support used by almost all relevant practitioners when required;
 - in three areas, the CAF was being used in the delivery of support by some practitioners, but there was variability in consistency of use both across and within service areas;
 - in one case study area, the CAF had rarely been used in the delivery of multi-agency support in the locality where TYS had been piloted.
- 3.21 **Table 3.1** illustrates by area, the number of young people interviewed, the number of young people assessed using a CAF, and the services involved in undertaking these. This illustrates that nine different service areas were involved in undertaking CAFs across the case study areas, but that these varied by local area. Whilst this sample is likely to be skewed by both the design of the local model and the approach to sampling, it is a positive indication that a wide range of services have been involved in the CAF process.

Table 3.1: CAF Usage By Area and Service			
CAF	Y	N	Service area
Area 1 (13)	4	9	Y: NCH, Connexions & EWS N: NCH & other CVO, Connexions & EWS
Area 2 (6)	5	1	Y: Youth service, CVO, health, education N: YISP
Area 3 (3)	3	0	Youth service
Area 4 (7)	7	0	Education, housing, youth service
Area 5 (3)	3	0	Education
Area 6 (12)	0	12	Connexions & social services
TOTAL	22	22	

- 3.22 There is no evidence to suggest that any one of the three distinct models introduced in Section 2 have significantly influenced practitioners' use of the CAF. More important factors influencing its use were:
- **the stage of local authority development** in rolling the CAF out;
 - **the level of insistence by strategic stakeholders** that the CAF should be used; and
 - **the operational processes introduced** to support practitioners both post-training and into delivery.

⁹ This number was lower than might be expected due to one area not using the CAF in any assessments, and a high number of interviews having taken place in this area

3.23 Here we describe practices that have supported or prevented CAF usage in the case study areas:

- **CAF as embedded part of delivery;**
- **CAF as a developing part of delivery;**
- **CAF not being used as part of delivery.**

CAF as an embedded part of TYS delivery

3.24 **In two case study areas the CAF had been successfully embedded as the main assessment tool used by almost all practitioners** involved in providing targeted multi-agency support. In both areas, this practice had been in place since delivery of TYS commenced, with local structures and processes established to promote and support implementation. The approaches introduced by these local areas supported practitioners from a diverse range of services to develop their confidence and experience of using the CAF. Common elements of practice identified were:

- **a strategic insistence on the use of the CAF** in cases where three or more services were providing support;
- **a regular forum for practitioners** to come together to:
 - identify and discuss ‘at risk’ children / young people;
 - monitor the progress of cases;
- **practices to agree the most appropriate lead practitioner/professional** for the case.

CAF as a developing part of TYS delivery

3.25 In three pathfinder areas, the CAF was being used to support delivery of targeted services to vulnerable young people, but there was variability in how and when practitioners from different service areas used it. This was a consequence of three factors:

- **variability in the existence and effectiveness of local practices/ processes** which support CAF implementation;

Figure 3.1: Example of CAF Implementation

In this area, whilst the teams were established, practices in relation to CAF usage varied by district. In the three districts examined in the study, EWOs, youth workers, primary and secondary schools and health visitors had been the main services involved in completing CAFs. Other agencies that were not involved in the locality teams appeared to be more reticent to start using the tool¹⁰. These teams did not have a specific remit to support universal services and promote CAF completion.

¹⁰ It should be noted that this picture may not be representative of the whole authority, as different ways of working are developing in each district.

- the fact that not all relevant practitioners were yet trained in how to use the CAF;

“A colleague from our local team has come into school to support staff after they’ve been on the main training. We asked for this as we were all a bit cautious about getting into it all. Since then I think we’ve all been more confident to complete them (CAFs), because we know where to go to get advice... Five of the seven staff trained have completed CAFs.” (SENCo)

- different service areas providing different messages on when the CAF should be used.

“The CAF should be used at the earliest possible opportunity.” National Children’s Home (NCH) practitioner

“The CAF is a good tool to use in crisis situations.” (Connexions Personal Advisor) (PA)

CAF not being used as part of TYS delivery

- 3.26 **In one case study area, practitioners had not used the CAF to support delivery of multi-agency support.** In this example, whilst all had been trained, discretion was given to practitioners to decide whether or not to use the tool. A small number of young people had been assessed using the CAF in the earlier days of delivery but practitioners had since chosen to use their own assessment tools and more informal practices to aid delivery. It should be noted that in this area the Multi-Agency Practitioner Hub (Model B) had not had a manager in place for six months and therefore the operation of the team had not significantly developed since it was established. This was a weakness recognised by the local authority and has since been addressed.
- 3.27 **Where the CAF had been used, practitioners were largely positive about the role the tool had played** in supporting them to provide effective support to the young person and their family. Practitioners reported that the CAF had played a key part in contributing to a range of professional outcomes (see Section 5).

Delivery Element 3: Early Access to Support in Universal Settings

- 3.28 The aim of this element of the TYS framework is to ensure that, from a young person’s perspective, *“adults in school and other day-to-day settings know how to get the help I need”*. This requires these staff to be trained to be able to both:
- identify issues; and
 - know when and where to get support.

- 3.29 Where one of the three models had been introduced, the greatest impact of TYS to date has been on improving the access of universal services to additional support. In all these localities, practitioners consulted reported that they had a much greater understanding of which services deliver what support, and where to go to access it. There was some variation with regards to the engagement of some services, but in general, the sense was that the models had contributed to the achievement of a significant, positive change.
- 3.30 Almost half of the young people (20 out of 44) interviewed in the evaluation were identified through education-based services, indicating that for these young people, early access to support has been effective. However, all case study areas recognised that whilst universal settings' access to support may have been effective in some parts of the authority, the practice was not typical in all schools.
- 3.31 **Four of the six case study areas ensured schools were included at the core of their model**, either through their representation on multi-agency panels, or through their linkages with the hubs. Indeed, two areas had specifically identified developing the skills of staff in universal settings as a key delivery objective. In both these areas, ongoing support work had taken place to train staff in universal settings in how best to deal with cases once identified. School staff (specifically heads of year, SENCOs and leadership staff) and other universal practitioners consulted were very positive about the support received.

"It's incredible what a difference having the team in place has been. This time last year I was spending lots of time calling round services and getting nowhere. This year, we've had support on making assessments, and have subsequently got a package of interventions together within four weeks. I think the speed of response has been a key factor in why none of the young people in my year group have been referred to social services (this year), compared to six or seven last year." (Head of Year 7)

"We've really benefited from involvement with the team. We would probably previously have tried to deal with issues on our own, but we know where to get advice and guidance now. The range of support our young people are receiving is much broader now." (Youth worker)

- 3.32 In other two areas, a more community based approach was developed, and whilst the intention was that schools would play a key part within the model, this had yet to be effectively and consistently achieved.
- 3.33 Whilst the schools linked to TYS developments to date have generally had a very positive experience, all local areas recognised there was a long way to go to establish this across the authority. A number of features were identified which had supported successful engagement. These were:
- **the willingness of the school/universal setting to engage;**
 - **the capacity of targeted services to provide training and development; and**
 - **the ability of structures to provide speedy access to services.**

- 3.34 However, stakeholders reported that if any of these elements were missing the change in culture was more difficult to achieve.
- 3.35 There was a mixed response from local authorities on the extent of coverage across the authority. Some areas considered they had engaged around 20% of schools, whilst others reported a more favourable position, with around 50% of schools engaged.

“I’d say we’ve got about 20% of the schools on board with a further 80% to go. That seems like a lot but it is starting to get easier as we get headteachers to be the ambassadors.” (Assistant Director)

“I think we’re around half way there (with engaging schools) and that’s good progress in an authority of this size. The core strength is that we’ve developed the model based on a cluster of primary and secondary schools. Therefore, it’s meaningful, workable and builds on all the established links on transition.” (Project Manager)

- 3.36 Engaging schools is a major undertaking which is likely to take at least another year to eighteen months to achieve. Local areas need to ensure that they:
- **place schools at the core of their delivery mechanisms;**
 - **establish clear routes to support; and**
 - **develop the skills of school-based professionals in early identification and CAF usage.**

Delivery Element 4: Lead Professional

- 3.37 The aim of the lead professional policy strand is that one professional/practitioner will take the lead to coordinate provision and act as a single point of contact for a child and their family when a range of services are involved and an integrated response is required. Despite some local variation in terminology¹¹, the core concept of the lead professional was well established and supported in the four of the six case study areas. In two areas, a lack of guidance and support had resulted in practitioners having lower levels of understanding and ownership of the role. As a consequence the role was less well established in these areas.
- 3.38 The role had been implemented in the provision of support to seven out of ten (29 out of the 44) young people involved in the study. Here we examine how the role changed operational practice. Effectiveness of the role is considered further in **Section 7: Effectiveness of Delivery**.

¹¹ Child coordinator and lead practitioners are terms used locally to refer to refer to the lead professional role

Professionals delivering the role

- 3.39 Across the case study areas, there was considerable variation in the service background of the professional delivering the LP role. The most commonly identified services were education, the youth service and community and voluntary service organisations, for example, NCH.
- 3.40 In most areas, allocation of the lead professional role was based on the following criteria:
- **which agency is working to meet the priority need;**
 - **who the young person feels most comfortable with; and**
 - **who is best able to communicate with the family.**

Responsibilities of the role

- 3.41 In most areas the lead professional had two main responsibilities:
- **co-ordinating provision** - setting up TAC meetings, ensuring actions from the TAC are met, informing agencies of the progress being made;
 - **acting as a single point of contact** - for the young person, the family and agencies providing support.

How the role has changed operational practice

- 3.42 Where the lead professional role has worked effectively, there is evidence that this has led to a significant change in operational practice. The role of the lead professional was considered to be effective in nearly half (20) of the cases examined in the study. Where the role has worked as it is intended, the evidence indicates that support has been well coordinated, that young people have had access to a wider range of services, and there has been a reduction in duplication of resources. Parents in particular were supportive of the role played by the lead professional in keeping them in touch with developments and driving forward the package of support.
- 3.43 **However, there was also evidence that practitioners were not always taking on the role of the lead professional**, and consequently not accessing the most appropriate support for young people. This was the case in one quarter of the cases examined, and all of these took place in two case study areas. Where this occurred, it appeared to be the result of practitioners not understanding the lead professional role or not recognising that it may be appropriate for them to instigate access to additional support. In the cases where the LP role has not been delivered as intended, there was an absence of operational structures to drive practice (i.e. regular multi-agency panel meetings) and ensure that practitioners were supported in delivery of the role. This is explored further in Section 7: Effectiveness of Support.

3.44 A number of challenges were also reported which related to the introduction of the role. These issues were:

- variability in the remit and responsibility of the role;
- capacity constraints due to the responsibilities of the role;
- concerns over the skills, abilities and commitment required to deliver the role;
- issues with fulfilling leading the role when support came to an end; and
- dealing with agencies/professionals not delivering support.

Delivery Elements 5, 6 and 7: The Principles of Support

3.45 The first four strands of the TYS framework introduced *new* operational practices to the provision of support to young people, such as new approaches for early identification, a new assessment procedure and the new role of the lead professional. The remaining three strands differ, in that they aim to ensure that the support that is delivered is done so effectively. In effect, they are the principles of support. These are:

- **ensuring accessible and attractive services;**
- **involvement of young people in shaping services and interventions;** and
- **ensuring support across transitions.**

3.46 In this sub-section we describe how local areas have taken these strands into account. Evidence of effectiveness is explored in **Section 7: The Effectiveness of Support.**

Delivery element 5: accessible and attractive services

3.47 This strand of the framework covers both the accessibility and the attractiveness of the services. From a young person's perspective, this strand is exemplified by the following statement.

"I choose to use local services - I feel comfortable and trust the staff."

Accessibility of services

3.48 **Local areas have supported the achievement of this aim by introducing practices which encourage professionals to work together.** In essence, the TAC meetings introduced by all areas provide access to services by providing a forum where support can be accessed. However, most of the case study areas went further than this by making their services more accessible through co-location of teams and / or the establishment of regular forums where access to services can be negotiated on an open and transparent basis.

- 3.49 Whilst these practices may open up services to professionals (and therefore the young people on whose behalf they work) young people may not necessarily see a change. However, if they feel that they have access to an appropriate range of services which meet their needs, then this aim has been achieved.

Attractiveness of services

- 3.50 There is no evidence to suggest that as a result of TYS, the case study areas have made changes to improve the attractiveness of services. This may have been a priority for individual services as part of their general improvement plans. However, no area has used the TYS developments as a strategic platform for reviewing and improving the services provided. Nevertheless, this is likely to emerge over the next year or so, as local areas move towards the 2010 deadline for delivering fully integrated youth support services, and the moves towards locality based commissioning.
- 3.51 Therefore, in this study, we examined the extent to which young people felt comfortable with and were satisfied with the support provided. This is covered in Section 7.

Delivery element 6: involvement of young people in shaping services and interventions

- 3.52 The core aim of this element of the framework is to ensure that young people are consulted about the changes to services delivered and importantly are included in decisions on the support received.

“I have a real say in the services around where I live and in the support I receive.”

- 3.53 During the development stage, most areas undertook wide-ranging consultation with young people to identify the issues of most concern to them. However, no areas then went on to specifically consult vulnerable young people on the model that should be developed or how they would like support to be delivered. Therefore, whilst young people were consulted to identify the issues experienced, they were not used to shape the outcome to be delivered. This is partly a function of the fact that the changes to be introduced mostly influenced practitioners and operational practice. However, this suggests that local authorities' involvement of young people was not as effective / inclusive as it should have been.
- 3.54 Future developments/reviews should be built into the local authority's children and young people's participation strategy, with further consideration on how the outcomes of their involvement would be used and fed back.
- 3.55 Whilst involving young people in the design of the model was not a feature of development, local areas have been more effective in ensuring that young people have been involved in discussions about the support that might be provided to them. This is explored further in Section 7.

Delivery element 7: support across transition points

- 3.56 The aim of this strand is to ensure that local areas ensure that the support provided is consistent as the young person's needs evolve or escalate, or as they move between life stages, such as primary and secondary school.

“My support continues through change e.g. if I move out of temporary housing.”

- 3.57 **Table 3.2: Evidence on Effectiveness of Transition Support**, provides details of the extent to which local areas have embedded support across a range of transitions. Overall, links between primary and secondary transitions as well as between universal and targeted services have improved. However, links between targeted and statutory services as well as links into adult services require further development. More detailed findings are as follows:

- **primary to secondary** - four areas have established effective integrated links to support transition between primary and secondary. One area has established links on a project basis. However, one has not linked TYS developments to supporting transition due to the age range the team focuses on (13-19);
- **between different tiers of support:**
 - *universal to targeted* - in four areas, links between universal and targeted services were well established. In two areas, these links were in place but were more dependent on practitioners relationships than on the model established;
 - *targeted to statutory* - links between targeted and specialist services were considered to be less effective. In only one area were links to specialist services well established; in four areas links were partially in place and in one area there was not sufficient evidence to comment;
- **when support provided by the LP ends:** evidence on this was mixed. Some areas had clearly established systems to ensure consistency of support when the input from the LP ended and they were no longer the most appropriate person for support. However, in some cases examined there was a lack of clarity in relation to who would take on the lead professional role if the original practitioner was no longer most suitable. This is a significant issue particularly for cases where the support package is likely to take place over a substantial period of time;
- **into adult services** - in four areas links to adult services were not well established and in two these were considered to be partially in place. Where such links were established, they tended to be between services related to housing. This is a core area for development.

- 3.58 In conclusion, three of the four elements of the delivery framework (CAF / LP and access to universal services) which relate to improving operational practice are working effectively in some pathfinder areas. Where good practice was clearly evident, this took place within the context of one of the three models outlined in Section 2. However, progress in relation to early identification was more limited, even where other mechanisms were working well. This alongside the fit of the alongside the framework of wider support for children and adults (in particular with statutory services) are elements which require future attention.

Impact on Service Delivery: Operational Practice

Table 3.2: Evidence on Effectiveness of Transition Support

	Area 1	Area 2	Area 3	Area 4	Area5	Area 6
1. Primary to secondary	Yes. CAF & TACs in place in both primary & secondary schools, with annual meetings where all practitioners discuss which YP will require extra support with the transition.	Yes. Primary heads use vulnerability audit to identify yp who would benefit from additional support at secondary school	Yes in places. E.g. projects to help primary yp become familiar with secondary schools; projects in New Forest over Summer holidays.	Yes. Established 0-12 team and 13-19 team with links between.	Yes. Focus on supporting 0-19 (early years intervention providers included in universal services supported	No. Predominant focus is on the 13+ age range, and the LA does not appear to have considered how to deal with transition from primary to secondary.
2. Between different tiers of support						
a. Universal to targeted	Partial. Some excellent support around schools in some areas as a result of either multi-agency meetings based around schools or family resource workers based in the school. But, in most areas, schools are reluctant to be involved & links with schools are poor.	Yes. Through MAG and Area Panel. TAC meeting called and LP would contact specialist support either to attend TAC or as referral from TAC	Yes. Through MAG meetings being introduced in areas and through TAC meetings.	Yes. Excellent support between universal and targeted supports by co-location within a school	Yes. SLPoC work with schools to identify yp with additional needs. SLPoCs from a range of services including EPS, SS, health etc.	Partial: Good links between services within the TYS team e.g. in relation to yp receiving targeted support through a Connexions PA, and being linked into universal Connexions support or YS provision. Links between Connexions PAs and schools are good, but less so for the rest of the team.
b. Targeted to Specialist	Partial. Social services practitioners attend multi-agency meetings in schools, but examples of poor communication & significant bureaucracy between targeted & specialist services.	Yes. Through MAG and Area Panel. TAC meeting called and LP would contact specialist support either to attend TAC or as referral from TAC	Nothing identified in the case examined.	Partial. Whilst there are links between the teams, support from universal and targeted support ends when case is escalated.	Partial: EPs and SS SLPoC links with their services. CAMHS and YOS also informally involved in some of teams (aim is to bring them in formally)	Partial: Secondment of Principal Social worker to core team means that there the links exist. However it is not clear how this is currently utilised.
3. When	No. Once LP has	No. Nothing identified	No. Nothing	Yes. Support	Too early to say	Yes: Many of the young

Impact on Service Delivery: Operational Practice

Table 3.2: Evidence on Effectiveness of Transition Support						
	Area 1	Area 2	Area 3	Area 4	Area5	Area 6
support provided by the LP ends	finished support practitioners appeared keen to either end support & close the case or make a different practitioner the LP.		identified. However, most LPs spoken with were youth workers who had had contact with yp through youth centre before being identified as LP and would continue to have contact when not LP	from team continues until case resolved. If necessary / relevant support will transfer to another practitioner.	but appears effective.	people have been supported for a substantial length of time. This is not always a good thing, as the evidence that the workers are not 'moving' young people on when appropriate.
4. Into adult services	Partial: Evidence of practitioners referring YP on to adult services once they turn 20, but then completely cutting their own support of the YP – so the transition does not seem to be well managed.	No. Nothing identified	No. Nothing identified	Partial. Links into housing but others not well developed or formalised. Support has been concentrated on 11-16 year olds so far.	No. Evidence of team making links with adult services although in some of the multi agency meetings talking about getting housing involved.	No. No evidence how the team are making links with adult services

4 IMPACT ON SERVICE DELIVERY: SHAPE OF PROVISION

- 4.1 The study aimed to examine how the changes brought about by the introduction of new systems and operational practices had led to changes in the 'shape of service delivery'. The term 'shape' was adopted as shorthand to mean the number of young people in an area receiving different services with different levels of provision.
- 4.2 By design, TYS should change the shape of delivery in an area. In the long term, with earlier identification and more integrated and effective packages of support, the intended result is that there will be fewer young people receiving intensive support from upper tier services, and potentially more young people receiving preventative and early intervention support.
- 4.3 As the study was only able to track delivery for one year, it was not possible to determine the long term impact on the shape of provision. However, it is a reasonable hypothesis to expect that in the short term the impact of TYS on service provision could lead to an increase in demand on universal and targeted services. This is based on the following assumptions:
- increase in number of young people requiring targeted support - better identification in the short term could mean that more young people receive services. Some of these young people could be cases that require intensive support that had not come to the attention of services in the past;
 - increase in the number of services involved in providing support to each case - the introduction of the Team Around the Child approach could result in a greater range of services contributing on a case, again increasing the number of cases they work with.
- 4.4 This was an important hypothesis to test as it has potential resource implications for local areas that are setting up integrated teams.
- 4.5 Due to a range of practical issues, the approach taken to measure changes the short term changes in the shape of delivery could only be undertaken in one case study area. Therefore we have included the results of the activity in **Annex G: Impact on Service Delivery: Shape of Provision**. The results should not be considered as a reflection of TYS in all areas. However, they do provide an interesting picture on how TYS changed practitioners' workloads during the course of the study in this particular area.

5 IMPACT ON PROFESSIONALS

- 5.1 The seven elements of the Targeted Youth Support delivery framework (DCSF, 2008) focus on improving the delivery of services to vulnerable young people. Therefore, it is reasonable to surmise that the policy should impact on practitioners responsible for delivering the improvements. Impact on professionals was considered at three levels. These were:

- **changes in how professionals deliver support to vulnerable young people;**
- **changes to knowledge, skills and behaviour;**
- **impact on existing roles.**

- 5.2 Given the huge range of services and professionals involved in the TYS reforms, impact on professionals / services was not expected to be uniform. A number of factors were taken into account when considering the different aspects of impact. These were:

- the service / agency individual professionals were employed by;
- the structure and approach of the new model of delivery;
- the role of the service within the new model of delivery;
- the specific knowledge, skills and abilities required to deliver their existing role.

Delivery of Support to Vulnerable Young People

- 5.3 Where Targeted Youth Support was implemented as the policy was envisaged, practitioners from across the case study areas identified a number of positive impacts on the delivery of support to vulnerable young people. These were:

- identification of young people to additional services;
- improved assessment of needs;
- better information sharing;
- a joined-up, partnership approach to delivery.

- 5.4 However, in line with each of these, a number of challenges were also identified. These are explored below.

Identification of young people to additional services

- 5.5 Where one of the three described TYS models was effectively introduced (see Section 2 for details of the models) and well managed, practitioners from across a range of services highlighted that they were being made aware of cases that they previously would not have come into contact with. This was particularly the case when local areas had introduced a regular forum (as in Model A and in some instances in Model B) to discuss cases causing concern.

Figure 5.1: Examples of identification to additional services

“It’s likely that one of the services round this table would have known about (name of young person) before, but I doubt whether you would then have got three or four other different agencies providing support.” (Youth worker)

“There are lots of cases that arise that we should have heard of before, but that we just haven’t.” (Connexions)

“We (Child and Adolescent Mental Health Services - CAMHS) were dealing with this case on our own before. Now we’ve got Connexions involved too they can also provide ongoing support in between our intensive interventions.” (CAMHS)

5.6 Practitioners considered that this approach meant that the support being provided to young people was more comprehensive than would previously have been the case, and also meant that support was more likely to be sustained over a longer period of time. The benefit of this was it meant that there was an identification route should the young person’s situation change in the future.

5.7 However, it was also clear that in some cases examined, the most appropriate mix of services was not being identified for the young person’s needs. For example, cases were identified where support was delivered by just one or two services, despite the fact that the young person was facing issues which may be best supported by a different agency. In all these cases, there was no regular forum or mechanism to review the effectiveness of support being provided to these young people.

Figure 5.2: Example of identification to limited range of services

“I’ve been trying to get on a college course but I don’t really get any help with that. They just help with my housing situation. It would be good if (name of lead professional) knew somebody at the college to help my application.” (Young person)

“I get help from housing but the rest is up to me.” (Young person)

“I’ve been trying to get additional support for a twelve year old girl I’ve been working with. However, she’s too young for Connexions support, and she doesn’t meet thresholds to receive input from a Family Support Worker. So, I’m having to deal with this on my own.” (Education Welfare Officer)

5.8 These findings illustrate the need to support lead professionals to both develop their knowledge of other forms of support available within their locality, and to facilitate access to this. This highlights the importance of having some form of locality based model in place, (as described in Section 2, Models A to C) particularly to support the transition to multi-agency working, and to address issues (such as funding/thresholds) which prevent practitioners being able to access the support a young person needs.

- 5.9 One case study area incorporated into its model mechanisms for dealing with issues such as those highlighted in the last example in the Figure 5.2. This area (which had introduced Model A: Multi-Agency Practitioner Panel) had also established a panel of senior professionals to which cases which had become stuck in the system were referred. This served the dual purpose of highlighting the range of practical issues faced by professionals in delivering multi-agency support, and also providing a forum in which to sustainable cross-agency solutions could be developed. Over the course of a year, the number of cases referred to the panel reduced as integrated working practices improved within the locality.

Improved assessment of needs

- 5.10 Where practitioners had been using the CAF and / or where there was a forum to discuss the circumstances of a young person, a majority of practitioners reported that they considered the assessments to be much more holistic and took into account a range of factors than they may not previously have been aware of. The following quotes highlight the range of positive outcomes identified by professionals.

Figure 5.3: Example of better assessment of needs

“When you are informally assessing a young person, you tend to focus your questions around your own remit. The CAF makes you ask questions about other areas you wouldn’t normally think about asking.” (Lead Professional)

“It (the CAF) gives you more information than an informal assessment.” (Lead Professional)

“Before, a young person would be referred to you and you’d have to ask the young person more questions and chase the people who referred them to you to find out what they knew. Now, all you have to do is consult the CAF.” (Lead Professional)

“Working with a referral without a CAF is a lot harder than working with a referral with a CAF.” (Lead Professional)

“After a while of working with a young person, information can get blurred, with one practitioner saying one thing, another saying another thing and the young person saying something else. Because the CAF is a formal record it has all the information laid out in black and white and nothing gets blurred.” (Lead Professional)

- 5.11 However, practitioners from some services questioned the feasibility of CAF usage, and raised a number of issues and concerns.

Figure 5.4: Issues with CAF Usage

“It only works with those right in the middle of the spectrum. If needs are higher, then the Framework for Assessment of Children in Need is needed. At the lower end, it’s overkill. There aren’t many cases that fall in this category.” (Lead Professional)

“The young person will probably already have to be assessed again if they’re referred to Social Care. Doing a CAF now will just double the number of assessments they’ll receive.” (Lead Professional)

“There are two or three levels at the minute. We’re working in too many ways.” (Lead Professional)

“I think the CAF is too long. Not only does it put a young person off, it puts me off too.” (Lead Professional)

“We use the After-Care ICS Pathway assessment. The CAF doesn’t add anything.” (Lead Professional)

“The quality of the CAFs coming through is very mixed. Some are really good, but others lack key information and simply don’t provide the right quality of information we should be expecting to see.” (Senior Manager)

- 5.12 These examples highlight both the mixed perceptions held by practitioners, and the mixed quality of CAFs completed within the case study areas. Practitioners’ views were more positive in areas where professionals were supported to bring a TAC together and where there had been provision of post-training support. Where practitioners were not effectively supported, developing commitment to using the CAF to support multi-agency working was more of a challenge.

Better information sharing

- 5.13 Practitioners across all areas highlighted that the existence of the models, combined with clearer guidance, had contributed to some improvements in information sharing across services in relation to children. This was achieved through both formal meetings, (such as those established under Model A - Multi-Agency Practitioner Panel) but also through the development of relationships between professionals from across services through closer working.
- 5.14 However, it was also clear that some issues in relation to information sharing persisted. This tended to be the case in the following instances:
- where services were not closely involved in the TYS developments - in particular where cases involved input from statutory services;
 - where support ran across locality boundaries where practice was less well developed;
 - where adult services were involved.

- 5.15 Developing commonly understood and adhered information sharing practices should be a key priority for developing locality teams.

A joined-up, partnership approach to delivery

- 5.16 A number of practitioners also highlighted that where working effectively, TYS had led to a much more joined up, partnership approach to delivery than would previously have taken place. An example of a good practice example is provided below.

Figure 5.5: Example of joined up delivery

*“The EWO and I have been doing quite a lot of joint activity working on cases where attendance has been an issue. In quite a few examples the health of, either a family member or, the young person has been a problem. We’ve done home visits, liaised with GPs etc. and set clear boundaries about when it’s acceptable for them to be in school. It’s taking a two pronged approach to improve attendance. I’m more supportive, the EWO can provide a bit more challenge, and together it seems to work quite well.
(School Nurse)*

- 5.17 However, evidence of this approach was limited to the co-located teams where professionals were developing strong working relationships and had a greater understanding of the professional remits of those in other services.

Impact on Knowledge, Skills and Behaviours

- 5.18 Involvement in integrated working was considered to be leading to the development of knowledge, skills and behaviours of professionals from across a range of service areas. Particular impacts identified were as follows:

- **knowledge development:** where practitioners had had regular contact with professionals from other services, it was reported that knowledge and understanding of both the range of support available within their area, as well as the practical challenges faced by other services had significantly increased;

Figure 5.6: Increased knowledge and understanding

*“We were always really frustrated when we were told the case didn’t meet threshold. Now we have a better understanding of why this might be the case, and a clearer understanding of which other services can help.”
(Connexions)*

*“Involvement of a social worker in this model has been invaluable. It’s stopped us making so many unnecessary referrals and developed our confidence to deal with cases which we thought were out of our remit.”
(Youth worker)*

- **improved case management skills:** where practitioners had previously not been involved in delivering case-specific support, or if their experience had previously been limited to single service delivery, a range of improvements to case-managements skills were identified. These included chairing meetings, negotiating services from other agencies, involving young people in decision making; improving organisational skills; and developing communication skills. In addition, some practitioners highlighted that the lead professional role had led to them taking increased ownership for the achievement of a range of outcomes, rather than just those they were directly responsible for supporting;
- **improvements in skills and confidence in dealing with and supporting parents** and other services: practitioners that involved parents through the CAF process reported that they had improved their skills in dealing with parents. Concerns in relation to work with parents was raised as a common theme in the earlier stages of research. However, practitioners reported that, in the main, the involvement of parents had contributed to improving outcomes. However, some practitioners also reported that they had faced significant challenges with some parents, and that they required further training and development to deal with challenging scenarios;
- **improved assessment skills.** Practitioners that had more experience of undertaking CAFs reported that both their skills and confidence had improved. Practitioners reported that rather than focusing on a specific need, assessments were based on a holistic assessment of current needs, and prior history and experience of support. However, practitioners also highlighted that undertaking CAFs had also highlighted a range of additional needs. Some examples reported are provided in Figure 5.7 below.

Figure 5.7 Examples of skill needs emerging

“Each case I’ve been lead professional on has thrown up new challenges. For example, my core role is as a housing officer, but on a couple of occasions I’ve come across issues of some form of abuse. I’ve had child protection training, but it’s not something I would normally broach, and so dealing with the situation sensitively and correctively is very challenging.”
(Housing Support Worker)

“There’s lots of stuff that can come up in the CAF and you’re not always familiar with dealing with it. Like, one girl told me that she had ADHD and that she has self harmed. I know I need to bring in additional support but I don’t always know the best way to handle it at the time.” (Youth worker)

Development of measurable outcomes

- 5.19 A review of CAFs completed by professionals highlighted the need to develop practitioners’ skills to develop measurable, tangible outcomes when developing packages of support for a young person. For example, in many cases it was clear why specific support was being delivered, but it was not always clear what outcomes they were hoping to achieve and how they would know whether these had been reached. An illustrative example is provided in **Figure 5.8**.

Figure 5.8: Example of support not being outcome focused

Need identified: young person involved in cannabis use and binge drinking;

Action: drug and alcohol team to provide one to one counselling

Output: support provided over three one to one sessions. CAF recorded that needs had been met (as activity had been delivered)

YP outcome: Young person reported that their involvement with drugs and alcohol had not reduced.

Issue: Whilst support had been provided, it had not changed the behaviour of the young person. There was no indication on the CAF of the outcome the support was expected to achieve and by when. Therefore, whilst there was an implicit assumption of what the outcome might be, this was not recorded. Consequently, no further action was taken at the case review to try take a different approach to addressing needs.

- 5.20 Developing and reviewing meaningful and measurable outcomes is a skill that some professionals will not have significant experience of. Negotiating outcomes is even more of a challenge in a group setting, when different professionals may have different views on what is achievable / desirable. As locality teams become more established, priority should be given to reviewing the quality of CAFs being delivered, and providing training to help achieve drive the development of clear outcomes for young people in receipt of support.

Impact on Existing Roles

- 5.21 For some professionals, involvement in TYS had impacted more generally on the delivery of the existing role. Specific impacts highlighted were as follows:
- **workload** - Practitioners involved in co-located teams indicated that the new working arrangements had led to an increase in their workloads. Whilst the models had led to a reduction in duplication of resources and provided a more coherent approach to the delivery of case work, the requirement to attend additional meetings and get involved in activities to promote the developments were considered to be additional burdens. It was also clear that within individual localities, agencies differed in their approach to managing staff. Some had looked to realign responsibilities taking into account the changed way of working, whilst others expected practitioners to engage with the model on top of their core role;
 - **increased responsibility** - practitioners that had not previously had case holding responsibility or commonly worked with different services highlighted that their level of responsibility had increased. Whilst most were positive about the value of the support being provided, some raised concerns in relation to whether they had sufficient skill to deal with some cases;
 - **reduction in contact with host agency** - practitioners involved in co-located teams highlighted concerns about their decreased level of contact with their host agency, and the impact this may have on their professional identity and skill development.

- 5.22 The above issues were all raised as concerns / issues in the development stage in most areas. However, as teams become more established these issues require close monitoring to ensure that they ultimately don't work against practitioner engagement. Development of clear line / matrix management arrangements to manage these issues is a critical element of model development.

6 THE PROFILE OF YOUNG PEOPLE SUPPORTED

- 6.1 This section presents details of the profile of young people supported through TYS. Understanding the profile of young people is important in other to both:
- determine whether the local areas **delivered support to the young people that the policy intended to reach**;
 - **understand the issues and risks facing young people who have been in receipt of support**. This is necessary in order to determine whether the support delivered was both appropriate for their needs and whether it was delivered early enough, as the policy intends.
- 6.2 Our assessment of the profile of young people involved in support is based on two sources of data:
- **analysis of the profiles of the 44 young people involved in the triangulated case studies** (Method: Strand 2 - Modelling Personalised Interventions);
 - **analysis of the profiles of the 113 young people that completed the baseline Individual Risk Modelling survey** (Method: Strand 4 Individual Risk Modelling).

Young People Profiles: Case Studies

Personal Characteristics

- 6.3 A total of 44 young people were interviewed during the course of the study.
- **the average age of young people interviewed was 14.5 year**;
 - **there was a fairly even gender split of the young people interviewed**; 20 female and 24 male.
- 6.4 **The ethnicity of the young people spoken to reflected the composition of the communities in which they lived**. No ethnic group was proportionately over-represented in the sample. Two-thirds were White British and nearly a fifth of the young people were Black British (see Table 6.1). **Annex B: Case Study - Area Profiles** provides more details on the profile of the local areas.

Table 6.1: Ethnicity By Area				
	Ethnicity			
	White British	Black British	Asian British	Dual heritage
Area 1	12	1	0	0
Area 2	5	0	0	1
Area 3	3	0	0	0
Area 4	5	0	0	2
Area 5	0	2	1	0
Area 6	4	6	2	0
Total	29	9	3	3

Young People's Levels of Need

6.5 Based on consultations with staff working with the young people and their description of young people's levels of need, each young person was given a 'need rating' i.e. low, medium or high. Our definition of need was as follows:

- **low level needs** - issues had recently started to emerge (within the past three months) and would be likely to be resolved with some targeted preventative support;
- **medium level needs** - issues had been emerging and escalating over a period of three to twelve months (or had recently sharply escalated), but had the potential to be resolved with significant input from targeted support;
- **high level needs** - issues had been faced for over 12 months and were likely to require intensive support from both targeted and specialist services to effectively address needs.

6.6 **Table 6.2** provides an overview of needs of the young people interviewed according to their LA area. This illustrates that whilst in area 1 and 4, a high proportion of supported was focused on low and medium level cases, the other four areas concentrated on cases with high level needs. In both areas 1 and 4, the young people were identified through effective school based identification practices.

Table 6.2: Needs of Young People By Area			
	Low	Medium	High
Area 1	7		6
Area 2		1	5
Area 3			3
Area 4	1	5	1
Area 5		1	2
Area 6	3	3	6
Total	11	10	23

6.7 Over half (23) of the young people were deemed to **have high levels of need**. Issues faced by young people were:

- **at risk of becoming homeless;**
- **with past experiences of child abuse;**
- **in danger of receiving an Anti-Social Behaviour Order (ASBO);**
- **being excluded from school for offending behaviour;**
- **involved in alcohol abuse;**
- **experiencing mental health issues and neglect.**

6.8 Over a fifth (10) were classified as having medium or low to medium needs due to issues such as their family environment, previous offending behaviour which had been successfully addressed and teenage parenthood.

- 6.9 A quarter (11) of the young people were classified as having low levels of need, but with the potential for these needs to escalate; for example, due to anticipated turbulence in family circumstances.

Experience of identification

- 6.10 **Almost half of the young people consulted (20) had been identified via educational professionals.** In all but one area, educational professionals linked to the TYS model of support were the main identifiers of young people in need of support. The next most common identifying agency was Connexions, followed by parents and young people referring themselves. **Table 6.3** presents the identifying agency by area.

Table 6.3: Identifying Agency By Area									
	Ed	CXN	Self referral	YOS	SS	CAMH S	CVSO	YS	Don't know
Area 1 (13)	6	3	2		1		1		
Area 2 (6)	3		1					1	1
Area 3 (3)	1		2						
Area 4 (7)	5				1			1	
Area 5 (3)	3								
Area 6 (12)	2	5	3	1	2	1			1
TOTAL	20	8	8	1	4	1	1	2	2

- 6.11 This profile highlights the central role that educational professionals played in identifying young people in need of support in most of the case study areas. This is a significant finding for areas rolling out TYS, which is compounded if linked to the findings in section 3 in relation to both early identification and the challenges faced in engaging some schools. Local areas must invest resource in including schools within the development and design process to ensure that they buy into and support the new working arrangements.

Trigger for identification

- 6.12 **Figure 6.1: Triggers for Identification** illustrates the range of triggers for identification. In over one third (15) of cases, **young people's behaviour was the main factor**. Other key triggers for identification were school attendance and deterioration in relationships:

- **school attendance** was a particular trigger in two case study areas, where attendance dropped below Education Welfare Service (EWS) thresholds;
- **deterioration in family and peer relationships**, for example, gang violence in and out of school; bullying of peers; breakdown in family relationships.

- 6.13 **Health was a trigger in nearly a quarter (10) of cases.** Issues identified were concerns related to mental health issues (3); sexual health (2); and general health issues such as substance misuse (5). Examples of mental health triggers included self-harming in school and breakdown brought on by the pressures of GCSEs.

- 6.14 In almost one fifth of cases, offending behaviour (both as perpetrator and victim) was identified as a trigger for intervention.
- 6.15 **Accommodation issues were identified as a trigger** for seven young people, most of whom were in one case study area. Key transition points were also a trigger for intervention in a small number of cases (5). Transitions identified were: leaving care (reached a transition point in life and required additional support); transition between primary and secondary school; and young people leaving secondary school and in danger of becoming NEET.

Young People Profiles: Survey Completions

- 6.16 This section of the report provides profile information on the 113 young people who completed the Individual Risk Modelling baseline survey. Further details on the survey approach are provided in Annex A: Method and Study Issues and the evidence of impact is reported in section. Readers should be aware that x (EC/KH) young people who completed the survey were also involved in the case studies.
- 6.17 This analysis provides us with an understanding of the psychological attributes of the young people on commencing support, and also provides us with a snap-shot of their engagement in both high-risk and positive activities and of their relationships with friends, peers and professionals.

Psychological attributes

- 6.18 The Strengths and Difficulties scale is a 25 item self-complete scale which measures young peoples' psychological attributes in relation to the following:
- **Emotional symptoms;**
 - **Conduct problems;**
 - **Hyperactivity;**
 - **Peer problems;**
 - **Pro-social behaviour.**
- 6.19 The scale allows us to establish whether, if on starting support through TYS, the young people who completed the survey were considered to be normal, borderline or abnormal across the attributes listed above. The scoring for the strengths and difficulties scale is outlined in **Table 6.4** below.

Table 6.4: Strengths and Difficulties Scoring Parameters	
Scoring categories	Scoring parameters
Normal	0-15
Borderline	16-19
Abnormal	20-40

Overall score

- 6.20 The majority of young people who completed the baseline survey experienced borderline levels of difficulty on the scale, suggesting that they were at risk of having an abnormal level of difficulties across the five
- 6.21 Constructs of emotional symptoms, conduct problems, hyperactivity, peer problems and pro-social behaviour. On average respondents scored a total of 19.0.
- the lowest score achieved was 8;
 - the highest score was 32; illustrating a wide range of needs across the cohort.
 - the most commonly achieved score was 17.
- 6.22 The picture is consistent with the analysis of the young people who were interviewed for the Strand 2 of the evaluation, in which over half of the young people interviewed were classified as having a high level of need, as reported earlier in this section.
- 6.23 Issues experienced by the young people reported in the survey were in relation to:
- **peer problems** - a significant issue for 32% of young people;
 - **emotional difficulties** - a significant issue for 20% of young people;
 - **conduct problems** - a significant issue for 18% of young people;
 - **pro-sociability** - a significant issue for 16% of the young people.
 - **hyperactivity** – a significant issue for 10% of young people.

Peer problems

- 6.24 Peer problems were an issue for nearly a third of the baseline survey respondents, with issues such as not having good friends, being bullied and isolated from peers emerging. Although 68% of the survey respondents were reported to have a normal level of peer difficulties, 23% of the young people were reported to be on the borderline of difficulties and 9% were reported to have an abnormal level of peer difficulties.

Emotional symptoms

- 6.25 The majority of the sample (80%) exhibited a normal level of emotional symptoms at the baseline survey, with 10% of young people reported to have borderline emotional difficulties. 10% of the young people who responded to the baseline survey were reported to have an abnormal level of emotional difficulties.

Conduct problems

- 6.26 Three-quarters of young people who completed the baseline survey were reported to have a normal level of conduct (74%), suggesting that issues such as anger, lying and stealing were not viewed as being pertinent issues for the young people. 18% of young people were reported to have abnormal levels of conduct problems.

Pro-social behaviour problems

- 6.27 Pro-sociability was generally good across the baseline cohort, with 75% of young people reported to have a normal level of pro-sociability. 16% of the baseline respondents were reported to have an abnormal level of pro-social behaviour difficulties, with 9% of the young people reported to have borderline level difficulties.

Hyperactivity

- 6.28 Hyperactivity was not a common issue for the baseline survey respondents. 80% of young people were reported to have a normal level of hyperactivity and 10% were reported to be on the borderline. Only 10% of young people were reported to have an abnormal level of hyperactivity.

Engagement in high risk activities

- 6.29 **There was evidence of engagement in high risk activities across the cohort.** The most common issues were alcohol misuse and smoking, with two-thirds of the sample reporting they had engaged in these activities in the last three months. More than one-third of young people reported that they had used cannabis within the last three months.
- 6.30 **Over half the young people reported that they had been involved with the police within the last three months.** Furthermore, one-third reported that they had been involved in vandalism. However, only 12% of young people reported that they had slept rough in the last three months.
- 6.31 Over one quarter (27%) reported that they had used physical force in the last three months. 57% agreed that they engaged in high risk activities for the fun of it.

Relationships

- 6.32 **There was some evidence of negative peer relationships,** with 28% of young people reporting that they had done something to impress their friends, when they knew it was wrong.
- 6.33 Young people generally reported that they had **positive relationships with their parents / carers and families.** Although arguments with parents / carers occurred for the majority of the sample, young people also reported engaging in and enjoying positive activities with their family.
- 6.34 **Young people positively reported on their relationships with professionals,** with nearly 80% reporting that a professional had helped them when they needed it over the last three months.

Engagement in positive activities

- 6.35 There was evidence to suggest that, at the time of the baseline survey, the majority of young people were engaging in some form of positive activity. Engagement in youth clubs was most widely reported by the young people, with over 50% reporting that they had attended a youth club in the last three months.

- 6.36 Engagement in sporting activities was relatively low, with 27% and 28% of the young people reporting that they were involved in a school sports team or a non-school sports team respectively.
- 6.37 Engagement in voluntary work was relatively good, a third of the young people reported that they engaged in voluntary work.
- 6.38 Engagement in homework activity was also good across the cohort, with 56% of young people reporting that they had engaged in homework set for them.

Conclusion

- 6.39 The data highlights that for a majority of the cases examined support was targeted at young people who already had high levels of need, and in many instances, education services provided the 'route in' to identifying young people in need of support. This highlights two important factors: firstly, that the support provided was not synonymous with 'early intervention' in its truest form as many young people faced considerable and complex challenges when they were identified for support; secondly, the data highlights the important role played by schools in identifying when a young person requires additional support. This has significant implications for local areas when considering how they should structure and target their resources. Schools clearly have a crucial role to play.

7 THE EFFECTIVENESS OF SUPPORT

- 7.1 This section provides an overview of the support that young people received through TYS and an analysis of its effectiveness. By support we mean the interventions provided by the services working with young people, as well as the role played by lead professionals and key workers. By effectiveness we mean whether, and to what extent, the interventions and support met young people's needs: did young people get the right support? Did it match their needs? What were the gaps?
- 7.2 The following themes are explored:
- **Support provided;**
 - **Young peoples' views of support;**
 - **Parental / family support;**
 - **Effectiveness of support.**
- 7.3 The evidence is based on the analysis of 44, longitudinal, triangulated case studies, involving at least two interviews with the young person, their lead professional and where possible, their parents or carers. The case studies also involved review of documentation such as the CAF, case files, action plans and review notes.

The Support Provided

The delivery agencies

- 7.4 **On average, young people received three forms of support** (ranging from one to five). The main services delivering these interventions were:
- **Education** - this support involved providing additional interventions in class to address young people's learning needs, for example via a Learning Support Assistant (LSA), or specific interventions, such as anger management, to address particular behaviours, as well as more generalist support provided by SENCOs working with young people and their families. In two school based models (in Areas 2 and 4), peer mentors were used to support young people.
 - **Community and voluntary service organisations (CVSO)** - the high level of support from CVSOs was a function of the role played by these agencies in supporting young people leaving care; the provision of counselling support and in contributing to alternative education.
 - **Connexions**: Connexions staff played a particularly key role in two case study areas;
 - **Health** - in one area a school nurse had been seconded to work in the school full time because of TYS, and therefore played a significant role in the delivering support.

- 7.5 **The make-up of the TYS models influenced the range of services being provided.** For example, in one area, social services were involved to provide support to young people before their needs escalated to the point at which statutory intervention was required. This meant that young people with higher levels of need (thresholds of tier 2/3) could be supported without a formal referral to social services. However, in other areas, support from social services was not available without a specific referral.

Table 7.1: The Delivery Agencies by Area							
Agencies	Area 1 Hybrid	Area 2 MA Panel	Area 3 MA Prac Hub	Area 4 MA Prac Hub	Area 5 Manager Hub	Area 6 MA Prac Hub	Total
Education	7	2	2	8	3	1	23
CVSO	8	4	1	4	2	2	21
Connexions	5	1	0	3	0	10	19
Health	0	2	0	7	0	1	10
Youth service	0	2	3	2	0	1	8
Social services	3	0	1	1	1	1	7
YOS	2	2	1	1	0	1	7
CAMHS	2				3	1	6
EPS	0	1	0	4	1	0	6
Housing	3	0	0	3	0	0	6

Themes of support

- 7.6 The support provided in the six case study areas was categorised into the following themes:
- **Emotional and behavioural support;**
 - **Positive activities;**
 - **Support for education;**
 - **Housing;**
 - **Preventing NEET: and**
 - **Collaborative work.**

7.7 **Table 7.2** details the number of services delivered by area.

Table 7.2: Nature of Support							
Support	Nos. of young people in area receiving support						
	Area 1 Hybrid	Area 2 MA Panel	Area 3 MA Prac Hub	Area 4 MA Prac Hub	Area 5 Manager Hub	Area 6 MA Prac Hub	Total
Emotional & behavioural support	9	6	3	5	3	6	32
Counselling, mentoring & psych support	4	2	1	7	3	5	22
Positive activities	2	4	1	5	1	6	19
Educational/ attendance support	3	3	3	3	2	4	18
Accommodation support & other resources	7	2	1	5	0	0	15
Preventing NEET	6	0	0	2	0	4	12

Emotional and behavioural support

7.8 **The most common forms of support were emotional and behavioural support, or counselling / mentoring.** Both types of support were helping to address issues of poor mental health. Just under three-quarters (32) of young people received emotional and behavioural support and half (22) had received some form of counselling, mentoring or psychological support. Emotional support tended to be more generic, such as regular meetings with key workers. Counselling / mentoring support was more specialised, addressing higher levels of need, including formal assessments of mental health needs.

7.9 Counselling, mentoring and psychological support was most likely to be provided by CAMHS professionals and educational psychologists. However, a range of other services were also involved, including educational welfare, CVSOs, social services, Connexions and health. The service involved was partly dependent on the needs of young people, but also reflected the services that were accessible to teams/schools as a result of the design of the model.

7.10 In some areas, CAMHS and educational psychologists (EPs) were working with young people with high levels of need and those whose needs had the potential to escalate. In addition, these professionals provided advice for other professionals working with young people with low levels of need.

Positive Activities

7.11 **Over two-fifths (19) of young people were engaged in positive activities.** More than half (11) of these young people were assessed as having high levels of need. For these young people, engagement in positive activities was seen as a diversionary mechanism to address issues such as offending. Positive activities were most likely to be provided by CVSOs such as Barnardos and the Youth Service.

Support for education

- 7.12 **A little over two-fifths (18) of young people received additional educational and / or attendance support.** The focus of much of this support was on improving communication between staff working with the young people, for example liaison between key workers and school staff. Just over half (10) of these young people were identified as having high levels of need and a number of them were out of school so support was focused on access to, and attendance at, alternative educational providers. For young people with low levels of need, the focus was on modifying the curriculum to make it more accessible.

Housing

- 7.13 **Over one third (15) of young people had received support relating to access to accommodation, benefits and other services,** including healthcare. Nearly one quarter (10) of young people (and their families where appropriate) had received support in accessing accommodation. More than half (7) of these young people were considered to have high levels of need; for example they were homeless, in danger of becoming homeless, had mental health issues, and/or were involved in alcohol misuse. Just under one quarter were classified as having relatively low levels of need but their transition status i.e. leaving care, meant that they required support in finding accommodation.

Preventing NEET

- 7.14 **In three of the pathfinder areas there was a clear focus on preventing older young people becoming NEET** (not in education, employment or training) post-16. This support was provided for just over one quarter (12) of the young people in the study and nearly half of them were identified as having high levels of need. This support was predominantly provided by Connexions.

Collaborative work

- 7.15 Examples of collaborative support were also provided. Collaborative, family-based preventative work where CAMHS, social services and EWS staff provided informal family mediation was evident in two areas. Another area officer conducted joint home visits to assess families' accommodation and other needs.

Delivery style

- 7.16 The majority of interventions involved one-to-one support, with meant that they were relatively resource intensive. The only group-based activities work identified were:
- positive activities for young people: for example, youth club provision, and young carers' projects;
 - a teenage parent group;
 - some of the educational based activities, such as the alternative educational provision, and anger management interventions;
 - family-based interventions.

Support across transitions

- 7.17 **There was limited evidence of support across transitions linked specifically to TYS**, with most of the primary/secondary transition support or careers support likely to happen regardless of TYS. Types of transition support that were evidenced and linked to TYS were:
- **transition support for reintegration** back into education, e.g. due to pregnancy, offending or aiding transition between schools;
 - **transition support to access training**, education or employment post-16;
 - **transition support moving young people from care to independent living** (one area had a strong focus on this kind of support).
- 7.18 In most areas, issues related to transition across services thresholds and post-16 did not appear to have been effectively addressed. For example, if a young person's needs escalated they could lose the support provided via TYS or the positive relationships developed with key workers via TYS. Poor communication between services also occasionally resulted in ineffective provision for young people.
- 7.19 Post-16 transition support was an issue for young people in one area. This was because TYS was delivered within a specific locality and a number of young people in receipt of interventions lived outside this area. When they left school, the support they received via TYS stopped.

Balance of challenge and support

- 7.20 Overall the focus of TYS was on providing support for young people and their families, rather than challenging their behaviours through imposing sanctions. Exclusion from school and prosecution for non-attendance were sanctions which were begun (although not necessarily followed through) in a limited number of cases to challenge young people and their parents' behaviour. Counselling and mentoring support also provided opportunities for staff to challenge young people's behaviour, for example, in relation to offending, sexual behaviour and anger management.
- 7.21 **More formal sanctions were identified in a small number of cases (six)** in those pathfinders operating multi-agency practitioner hubs and panels. Young people had most commonly received an 'Acceptable Behaviour Agreement' (ABA) (pre ASBO) or Referral Order.

Young people's involvement in decision making

- 7.22 **Half (22) of the young people in the sample were involved in making decisions relating to the support provided**, including how often they met with their key worker; discussions of their needs; ensuring that support was tailored to their interests; and making decisions regarding the activities they were involved in (Table 7.3 provides some examples).

Table 7.3 Young People's Involvement in Decision Making			
N= 22	Involvement in decision making		
	Level of need: High	Medium	Low
Area 1 Hybrid (9)	Young person had a say on what support he received and how often he met his Project Worker. The young person had a choice over their level of contact with their key worker.		The young person had a say on what support he received/how often he met his LP. He attended the TAC meeting and was able to influence actions agreed at the meeting. The young person could see the project worker when and how often he liked
Area 2 MA Panel (3)	The young person's needs were discussed and support was tailored to their overall career aim		
Area 3 MA Prac Hub (2)	The young person's needs were discussed with the young person		
Area 4 MA Prac Hub (4)	A strong element of sport in the package of support provided - this was what the young person wanted to do	The young person raised the issue of housing for his family and it was resolved through his links with the school, so he felt that he had helped to influence the support the family received	Involvement in CAF meetings, able to accept/reject all forms of support if wanted to. Able to exert control over support for self but some tensions with mother's involvement
Area 6 MA Prac Hub (4)	Young person had a choice over the type of positive activities to get involved in and a say in the support received /meetings with LP		Young person had a say on what activities he undertook with his key worker

Parental / Family Support

- 7.23 **Support for families was provided in all of the case study areas.** More than two-thirds (30) of young people's families received additional support and half (15) of these families had children with high levels of need. The main types of family support focused on lead professionals and key workers providing both formal and informal support for parents and families.
- 7.24 **Informal family support was the most common form of support** provided involving half (15) of parents/carers receiving support. This support focused on relationship building between professionals and the family and/or between the young person and their parents/carers. Support was delivered via a mixture of regular and ad hoc contacts or meetings. Those with high level needs were likely to meet with their worker(s) on a regular basis.
- 7.25 **More formal support, including family mediation, was provided for more than a quarter (12) of the families** in this study. Most of this was linked to young people with high level needs. In two of the pathfinder areas all families with young people with high levels of need were in receipt of formal family intervention programmes: for example parenting courses, or family group conferencing.

- 7.26 **Other types of support were area specific:** for example, housing support was provided in one area because the TYS team included a housing officer. The CAMHS support in another area was family based support to help parents/carers address their children's behaviour. Other service support included liaison with adult services to support parental health issues, educational support for siblings and support from the police regarding a young person's offending behaviour.
- 7.27 **The vast majority of parents were involved in CAF and TAC meetings.** A total of 20 parents/carers (22 young people had CAFs) were involved in CAF meetings. These meetings had also been used to identify parents'/carers' additional needs and parents had received additional support via CAF meetings.

Figure 7.1: Examples of Support

Example 1: The family support worker (FSW) provides one-to-one support for mother on a weekly basis. In particular, the FSW has helped his mother manage her child's reaction to the separation of his parents: 'He [son] fought me the whole way. He blamed me for the marriage break-up – everything was my fault. I work with children but I didn't know how to deal with him over this – they have helped me and him'.

Example 2: Regular contact between the Connexions PA and the young person's mother helped to alleviate concerns about her son's safety in school. He had been the victim of a robbery and someone involved in that robbery also attended the school. The Connexions PA also provided mediation support between the victim and the offender.

Example 3: In this case the mother was finding it impossible to find someone who could provide support for her child: '*I felt like knocking my head against a brick wall when I was trying to get the bairn help for drugs or to get him away from X [his friend]. The police wouldn't help me as they said he was in no actual harm from his friend*'. The lead practitioner provides one to one support for the mother on a weekly basis and has helped her in discussions with, and accessing support from, other services such as social services and the school (including preventing his exclusion and supporting his transition to a new school). The mother noted that she could 'phone [name of LP] or see her anytime. She can also refer me to other people for help, like 'Supporting Families'. The LP also noted the benefits of being able to work closely with parents: 'It's positive to be working with parents. I thought it would be a problem but when they see that you want to help their child, not punish them, they're very supportive ... You can do a lot more for a young person with their parents' support than without it'.

Young People's Views of Support

7.28 Nearly three-quarters (32) of young people were positive about the support they had received. The main reasons given for this focused on:

- the positive and trusting relationships they had developed with their key worker or lead professional. This was the main reason why young people were positive about the support they had received;
- the counselling and mediation work they had been involved in. this was often, but not always provided by the lead professional or key worker. A number of young people had also received counselling from third sector providers such as the NSPCC; and CAMHS and the Educational Psychology Service (EPS);
- older young people were positive about the practical support they had received in accessing accommodation, employment and training, particularly those who had previously been in care and were moving to independent living.

Figure 7.2: Positive views of support

Young person 1

This young person valued the support received from the key worker. She felt that she could trust him, she felt confident that the information she provided remained confidential and therefore felt comfortable telling him things. She felt that he was very impartial, and it made her feel better when she talked to him.

Young person 2

This young person had initially met his key worker via a youth club where he was a youth worker. The young person said that he would meet his key worker a number of times during the week and his key worker would phone him to check on his attendance at school and to see if he was alright. The young people said that the key worker always did whatever he could do to help him and that he was like an older brother, somebody that he could look up to. The young person also commented that he felt the key worker understood him, which not many people did, and therefore he trusted what he told him.

Young person 3

The young person commented that her key worker was 'young, open, not judgemental, not reserved or held-back and happy. She tries her best to help and is easier to talk to than teachers ... She's good to have in school if you don't like school ... she is a very nice lady and a motivating person'.

7.29 Those with mixed or negative views linked this to a change in the support provided and the key worker they were working with (due to an escalation of their needs), or a view that progress made was due to their own personal motivation and ambition, rather than due to the TYS intervention.

7.30 **The majority of young people were unable to comment on whether their support had improved** because they did not know what support they would have received prior to TYS and therefore had no basis for comparison.

7.31 Nevertheless, five young people reported that they considered the support was better than expected. Reasons given for improvements in support were linked to:

- **more consistent contact** between young people and their LPs / key workers;
- **services working together better** to support young people and their families and address their needs;
- **young people with lower levels of need receiving support** when previously support was focused on other family members with higher levels of need;
- **support being tailored to young people's needs**, hobbies and interests;
- **funding for transport** to improve access to training and employment opportunities.

Effectiveness of Support

7.32 The effectiveness of the support provided was judged by researchers against the following five criteria:

- the effectiveness of the lead professional (or equivalent);
- the effectiveness of the overall package of support provided;
- whether young people's needs were met in the short and longer-term;
- what made the difference in improving outcomes for young people/what were the key barriers preventing improvement.

The effectiveness of the lead professional role

7.33 **Lead professionals were considered to be effective in nearly half (20) of the cases in the study.** LPs' effectiveness in fulfilling their role was measured in terms of their ability to coordinate provision and act as a single point of contact for young people and their families when a range of services were involved and an integrated response was required. Effective LPs developed successful and productive relationships with young people and their families and ensured consistency and continuity of support. Examples of effective coordination are provided in **Figure 7.3: Example of Effective Co-ordination**.

Figure 7.3: Example of Effective Co-ordination - 1

Following identification of the young person's need for additional support, the LP:

- provided one-to-one mentoring support (fortnightly session for 30 minutes);
- reviewed information from class teachers on EMIS system;
- reviewed the case in a weekly school panel meeting;
- presented the case to the TYS team;
- kept in touch with the young person, parents and agencies between meetings to chase progress of interventions agreed;
- led the CAF meetings.

Figure 7.3 (cont.): Example of Effective Co-ordination - 2

The LP noted that she had *'spent quite a lot of time on this case. Early on I was called to class to sort out behavioural issues quite a lot. Over time this has reduced and I've spent more time on providing support and checking things are getting better. I've had contact with about three or four different agencies, mum and [name of young person] every couple of weeks or so'*.

The young person's mother also felt that the LP's co-ordination of support had been very effective:

'[Name of LP] has been fantastic. She's been so helpful in getting us the help we needed. I didn't know where to turn to and she got all the right people around a table. I couldn't believe how quickly it all happened. I can't speak highly enough of her'.

- 7.34 **In over one quarter of cases (12) lead professionals were not considered to be effectively fulfilling their role.** All of these lead professionals were in two pathfinder areas where the model was not being effectively managed. The LP role was considered not to be effective because they did not bring in other services to work with young people and their families when this was what was needed, or were not effectively co-ordinating packages of support. **Figure 7.4** provides an example of ineffective co-ordination of support.

Figure 7.4: Example of ineffective coordination of support

For this young person, although there was ongoing communication between CAMHS and Connexions it was unclear who the key worker was. The Connexions PA was not fully informed of what work CAMHS were undertaking or if any assessment had been carried out.

In another case the key worker role was not clearly defined which meant that both the Connexions PA and PAYP worker were taking on the role of key worker and no one person had overall responsibility which impacted negatively on the co-ordination of support.

- 7.35 In less than one fifth (7) of cases, lead professionals were partially successful: for example, because they had signposted to other services but had not established an integrated package of support.

The effectiveness of the packages of support

- 7.36 **The packages of support were deemed to be effective in nearly two-thirds (28) of cases.** Figure 7.5 provides some examples of effective packages of support. Effectiveness was measured in terms of whether the support:

- **met the needs of young people and their families;**
- **provided the right intensity and quality of support** at an appropriate time;
- **addressed the underlying difficulties and problems faced** - such as unaddressed grief and trauma, in addition to the presenting behaviours, such as violence, or aggression; and
- **took a family-centred approach** including engaging the whole family in positive activities; and providing counselling support for parents at home.

- 7.37 These packages of support were also subject to regular review and monitoring, regarding their effectiveness.

Figure 7.5: Effective packages of support

Young person 1

The SENCO at this young person's school had been working with him since his arrival at the school in Year 5. A CAF was completed by the SENCO and the pupil's mother because there were concerns about his low levels of self-esteem, behaviour and literacy needs. The pupil then began self-harming which escalated the process. The family was under a considerable amount of stress as they had been threatened with deportation and the pupil's relationship with his mother was difficult. The school wanted to provide a package of wrap around support to support the pupil and his mother. The package of support that was provided in Year 5 and Year 6 included:

- CAMHS support to address the pupil's self-harming. CAMHS worked with the young person and his mother;
- counselling from an NSPCC counsellor based at the school;
- the young person's social worker built up a positive relationship with his mother and encouraged her to spend time with her son;
- the school SENCO (LP) provided support for both him and his mother and had built up a strong relationship with his mother. Initially the pupil's mother was extremely distrustful of professionals.
- the SENCO also liaised with the young person's secondary school to provide transition support. His secondary school was also going to provide him with a peer mentor.
- SENCO helped young person get involved in extra-curricular activities, particularly football as he had a talent for that.

Young person 2

From starting at his secondary school this young person was regularly in trouble. The school tried a range of interventions but eventually, following several discussions with his mother, agreed that he required additional support. A range of issues in relation to his home life were identified and the support package made efforts to address these. Support included:

- a twelve week fun and families support programme delivered by the Youth Offending Service (YOS);
- engagement in positive activities over the summer (cadets);
- mentoring support from an older peer;
- assessment of and support for additional learning needs;
- sessions on culture and heritage to understand his and other people's backgrounds.

- 7.38 The LP played a key role in ensuring that the support provided was effective. Several factors were identified:
- the **LP's relationship with the young person / family** - if the LP was able to develop a positive relationship with the young person and his / her family they were in a much better position to provide an accurate assessment of their needs;
 - **LP's awareness of the support available locally**, its suitability for the young person / family they were working with and some sort of assessment of the quality of the support available.
- 7.39 The multi-agency meetings that were established via TYS assisted this process by, for example identifying additional support in the local area that LPs might not be aware of and providing informal quality assurance processes.
- 7.40 **Packages of support were deemed ineffective for nearly one quarter of (10) of young people.** This was because variously: interventions were put in place too late; their issues had escalated so the support was not appropriate for their needs; there was a lack of challenge in the support provided; or young people did not engage with the support provided. In one pathfinder area (hybrid model) a number of young people only received single interventions, linked to the fact that the LP was providing support in isolation from other staff.

Did the support meet young people's needs?

- 7.41 Overall, young people's short-term needs, such as accommodation, learning and social and emotional needs, were met by the support provided. More than three-quarters (34) of young people had their short-term needs met. In just over half (19) of these cases, the meeting of young people's short term needs could be attributed, either wholly or partly, to the establishment of the new ways of working.
- 7.42 If young people's short-term needs were not met these were due to the following factors:

- **young person / family issues** - young person/family not acknowledging they had difficulties to address; lack of engagement of the young person and / or family and an escalation of difficulties, which meant that they had to be referred for statutory intervention;
- **LP / support issues** - issues regarding thresholds for intervention; inappropriate interventions, or 'too little and too late'; the LP role not working as it should; lack of planning for transition.

7.43 A combination of the above factors resulted in young people's short-term needs not being effectively addressed (see **Figure 7.6** for examples).

Figure 7.6: Young people whose short-term needs were not met

Young person 1

This young person and his family had moved into the area 18 months previously but no secondary school was allocated to him or his younger brother. The young person began to mix with older young people on estate and '*got arrested all the time*' (mother). He received a Referral Order from the YOT and ended up having two Referral Orders and an Action Plan. The EWS became involved as the young person had not been allocated a secondary school. The EWO, the police and Youth Service had written separately to Children's Services saying that he needed to be allocated a school. No response was given, although a letter was sent to his mother threatening her with prosecution if her children did not attend school. Once a CAF was completed things improved and home tuition was arranged: '*when we came together as a group our voice was louder and we were finally heard*' (LP) and he was moved into foster care. Reasons for the move to foster care focused on his negative influence on his younger brother, his mother struggling to cope and the need to remove him from his peer group.

By the time of our second interview the young person was still in foster care but had moved out of the area and his LP was no longer in contact with him. His mother told the LP that he was still not in secondary school and the LP was concerned that: '*no-one seems to be trying to get him back into education*'. At our third interview the young person was still in foster care but was travelling back to his previous home town at the weekends and getting involved in trouble with the police. He was about to be excluded from certain parts of the town. His LP was concerned that he was not receiving sufficient support or boundaries in foster care, no one insisted that he attended school, so he was not attending and '*no-one has helped him get used to the new school, no-one's gone with him to start with*'.

Figure 7.6 (cont.): Young people whose short-term needs were not met

Young person 2

This young person was in Year 8 and had received a SEN statement. His LP and other professionals felt that he should be attending a special school but his mother had refused this placement. His LP (EWO) began working with him because of his attendance issues, which were first identified when he was in primary school. At the beginning of Year 8, the LP referred the young person to Children in Need (CiN) because of concerns about his home situation (issues of neglect and emotional abuse). The case was closed by social care in the November, but when the EWO conducted a home visit at Christmas she felt that further intervention was required from social care. This involved making another referral to CiN. The LP felt that a Family Resource Worker would be the most appropriate person to take on the role of LP, but that it could take between 6 weeks and 3 months to get this set up. This meant that during the intervening period other services had to provide a stop gap and take on the LP role. So, this young person was likely to have had up to three professionals taking on the LP professional role. At the time of our final interview the family were being evicted from their home. The LP was concerned about the impact this was going to have on the young person and that he would get into trouble over the summer holidays because he would not receive any additional support from the school.

- 7.44 **Young people's long-term needs were less likely to be met by the support provided.** Just over one fifth (10) of young people had their long term needs addressed, such as access to employment, and addressing drugs related and offending issues. In the majority of cases (8), this support was attributed to the establishment of TYS.
- 7.45 Young people's longer-term needs were deemed not to have been met because the support tended to focus on meeting immediate and pressing needs, such as homelessness and pregnancy. For a number of young people there was the potential for issues to escalate with age whilst, for others, it was too early to say whether their long term needs had been met.

What made the difference?

- 7.46 Where support was deemed to be effective, the following factors were apparent:
- **positive relationships:** the role played by the lead professional in supporting the young person and the positive relationships developed, meant that young people were willing to engage;
 - **challenge:** effective lead professionals challenged young people and their families, as well as supporting them. They were also able to challenge other services on young people's behalf;

- **co-ordinated, consistent and continuous support:** TYS models of working, such as the manager hub model, helped lead professionals involve other agencies that they had previously had difficulties in accessing. The lead professional role helped coordinate support, particularly between universal and targeted services and provide transition support;
- **awareness of interventions available:** improved communication between agencies due to a more coordinated approach to support also raised awareness of what interventions were on offer to support young people. This contributed to the provision of appropriate interventions and to improved signposting to other services;
- **models reflected existing ways of working:** for example some services were used to adopting an integrated approach to providing support, whereas others found it more challenging;
- **young people's own motivation to change:** this was an important contributing factor to improving outcomes for a number of the young people involved.

8 THE OUTCOMES OF TYS: YOUNG PEOPLE - QUALITATIVE DATA

- 8.1 The Delivery Guide highlights that the aim of TYS is to “... help vulnerable young people achieve the five Every Child Matters outcomes... In particular, it aims to: develop young people’s social and emotional skills, enabling them to make positive choices, manage change and navigate risk; and raise young people’s aspirations and help them to achieve and feel positive towards learning”.
- 8.2 The study aimed to measure the outcomes for young people in two different ways: the impact on individual young people and the impact on universal outcomes (i.e. across a group of young people). The impact on universal outcomes is presented in **Annex D:**

Impact on Universal Outcomes

- 8.3 Examining the impact on individual young people was achieved via the collection of both qualitative (via interviews) and quantitative data (via a survey of young people). The survey outcomes are presented in **Section 9**.
- 8.4 This section presents the qualitative findings for 44 young people and examines whether the support provided resulted in the achievement of positive outcomes. The qualitative data was collected via interviews with young people; reviews of their case notes; and interviews with their parents and lead professionals.

Approach to Assessment

- 8.5 The following categories were developed to define the level of impact achieved:
- **significant positive impact** e.g. exclusion prevented; significant improvement in attendance, behaviour, levels of attainment or relationships;
 - **positive impact** e.g. some improvements in attendance, behaviour, levels of attainment or relationships; access to accommodation; reduction in offending;
 - **some impact** e.g. small improvements in attendance, behaviour, levels of attainment or relationships but other factors limiting the overall effectiveness of the impact or other needs not met; some reduction in offending but still an issue;
 - **no impact / unable to comment:** no information available.
- 8.6 It should be noted that, due to the duration of this study, the impacts described here have only been observed in the short term (e.g. over a period of 4-12 months). Further work would be required to assess whether these impacts were maintained over a longer period of time.

Overall Levels of Impact

- 8.7 **The levels of impact identified through the study are encouraging.** Almost half of all cases (21) resulted in either a positive or a significant positive impact. A further three-eighths of cases resulted in some impact, and for only one in eight cases was no impact evident, or the outcome unknown.
- 8.8 **Table 8.1** provides an overview of the impact of the support provided to the 44 young people and whether this was attributable to TYS.

- 8.9 **For half (22) of the cases**, the impacts achieved were attributed to TYS. However, for one quarter, the outcomes were not attributed to TYS, meaning that they would be likely to have occurred if TYS had not been introduced.

Table 8.1: Impact on young people							
N=44	Sign +ve impact	Attr.to TYS	+ve impact	Attr. to TYS	Some impact	Attr.to TYS	No impact/ DK
Area 1 Hybrid (13)	0		7	Yes 3 Partly 2 No 2	5	Yes 3 No 2	1
Area 2 MA Panel (6)	0		2	Yes	1	Yes	3
Area 3 MA Prac Hub (3)	1	Yes	2	Yes	0		0
Area 4 MA Prac Hub (7)	2	Partly Yes	2	Yes	3	Yes 3	0
Area 5 (S) Manager Hub (3)	0		2	Partly 1 No 1	1	No	0
Area 6 MA Prac Hub (12)	1	Partly	2	No	8	Yes 4 No 4	1
Total	4		17		18		5

Features of significant impact

- 8.10 **A significant impact on young people's outcomes was observed in one eighth (6) of the cases examined.** Improvements in young people's attainment, confidence and behaviour were attributed to the positive role models provided by key workers and young people's involvement in positive activities through their key workers. Positive outcomes were also linked to young people and parents receiving one-to-one support from key workers, e.g. youth worker, PAYP, or family support worker, on a regular, e.g. weekly, basis.

Features of positive impact

- 8.11 **Positive impacts were observed in three eighths (17) of the cases examined.** These positive impacts were attributed to TYS in more than half (9) of the cases and partly linked to TYS in three cases. The reasons why impact was not attributed to TYS in these cases, was because the support provided was accessed via support mechanisms introduced prior to TYS.
- 8.12 Nearly two-thirds (11) of the young people in this category had high levels of need, for example they were leaving care, with no accommodation and serious levels of offending; or leaving care, the victim of a serious assault and also had mental health issues. Only two of these young people had been identified earlier via TYS interventions. For another, although the young person's learning needs had not been identified earlier the school felt that other services had been brought on board quicker.
- 8.13 **Table 8.2** illustrates the main types of intervention and impact for young people. **Figure 8.1** provides some examples of the types of impact observed. The main areas of impact focused on improvements in behaviour, including attendance and offending. It also shows the focus on the provision of support for families and the impact of this work on family relationships.

- 8.14 **The main impacts attributable to TYS focused on the support provided by key workers**, for example to address behaviour and relationship issues; opportunities for staff to come together to provide a package of integrated support; and swifter intervention from a wider range of other services.

Table 8.2: Types of interventions provided where a positive impact was seen			
	Intervention	Impact	No. of YP
Family focused	Accommodation support e.g. when family evicted	Accommodation needs met e.g. family re-housed or family not homeless	2
	Support building family relationships/ family mediation	Family relationships improved	9
CYP focused	Learning needs assessed and additional learning support provided	Improved behaviour	1
		Improved attendance	1
		Successful transition to new school/ retained within school	2
	Counselling from CAMHS, HOY	Improved behaviour	2
	Emotional support from LP/KW/ school nurse / ed psych support	Improved behaviour	5
		Improved attendance	4
		Self-esteem /confidence improved	5
		Mental health issues resolved /drugs misuse addressed	4
		Serious offending reduced	2
		Improved achievement	3
		Improved relationships	1
	Support to find education and training opportunities	Accessing education & training opportunities (no longer NEET)	3
		Serious offending reduced	1
	Support finding accommodation	Improved behaviour	2
		Improved attendance	1
	Identification of /engagement in positive activities e.g. via young carers group, youth club	Reduction in offending	2
		Improved confidence /self esteem	2
		Improved attainment	1
Staff focused	TAC meetings creating joint strategies & keeping all agencies informed	Better integrated working	2
	Integrated needs assessment (CAF)	Swifter intervention from other services e.g. SS & CAMHS	3

8.15 The following profiles of young people provide an overview of the positive impact that interventions had on outcomes such as:

- attendance
- attainment
- behaviour
- family relationships
- accommodation
- retention within learning.

Young person 1

Main impacts on this young person: improved attendance, relationships, and confidence and self-esteem

This young person was identified through the social worker working with the mother and younger sibling. The young person was already being monitored by the school's EWO due to attendance issues and the school nurse due to health issues which impacted on her attendance, but these had not been linked to wider family problems. The referral from the social worker flagged up a range of more complex family issues which the young person would benefit from support with.

Interventions included work with the EWO to address her attendance issues and low levels of self-esteem and engagement in positive activities. The young person noted that: *"It's nice to know that people are looking out for me. I feel like I've got people I can turn to about a few things if I need to."* The school nurse also provided support, and helped to rearrange GP appointments so they were out of school hours. Connexions provided career planning support and conducted home visits to try and engage her older brother. Housing provided support for the family to prevent their eviction.

Impact on attendance: her attendance at school was 71% pre-intervention, by the second half of the summer term (2008) she had achieved 100% attendance.

Improved confidence and self-esteem: the young person has acted as a carer for her mother for the past two to three years and whilst she was supported by Barnardos, her school was not aware of her caring responsibilities. Her LP has supported the young person to prioritise herself and make judgments of when her mother really needed her support.

Improved relationships: at our first interview there was a clear need to improve her relationship with her stepdad and brother as relationships within the home were extremely conflicting. There was also a need to establish boundaries in her relationship with her mother to avoid her being over-reliant on her daughter. By the time of the second interview the young person said that she was more confident in saying 'no' to her mother and she was also now more likely to avoid getting into arguments at home with her stepdad and brother.

Young person 2

Main impacts on this young person: attendance, behaviour, and improved relationships

This young person was identified by his Head of Year due to an escalation in disruptive behaviour within the classroom. His attendance also dropped and he began truanting specific lessons. This young person was the youngest of five siblings, who had a range of psychological issues (schizophrenia), special learning needs and one sibling had recently been released from prison. Behavioural issues appeared to be escalating and he had dealt with several deaths in the family over a short period of time. He had also been involved in starting small fires.

Interventions included:

- one-to-one support from an educational psychologist;
- a referral for hearing and sight assessments; one-to-one support in relation to his over-bathing;
- head of year discussed with class teachers more appropriate ways to deal with his behaviour;
- junior YISP involved in providing positive activities over the summer holidays and undertaken sessional work on the consequences of starting fires.

The aim of the support was to help the young person deal with the challenges in his home and school life. It was recognised that he was very bright and needed to be stretched to maintain his interest.

Impact on attendance: after intervention his attendance had increased to 94.7%.

Behaviour: Early indications were that the young person's behaviour had improved significantly quite quickly and several positive comments were logged on the EMIS (school aftercare) system.

Improved relationships: improved relationships with class teachers since they adopted a new approach to dealing with his challenging behaviour.

Attainment: appears to be more settled in the classroom and is paying much better attention. Good reports on progress in key subjects at the end of the year.

Young person 3

Main impacts on this young person: attendance, behaviour and accommodation

This young person was identified via the school's EWO as her attendance had dropped. The EWO conducted a targeted interview with the young person and discovered a number of issues with her home life. Her mother was about to go to prison and the rest of her family were to be made homeless. She had a strained relationship with her mother and there were concerns regarding drug dealing and drugs misuse within the family. The young person was referred to social services and the EWO jointly took on the LP role with social services (November 2007). The EWO had previously worked with the young person's older brother, so had an existing relationship with the family. The following interventions/support was provided:

- finding appropriate **accommodation** for the young person and her family. Resources were available via Budget Holder Lead Professionals (BHLPS) to pay for a bond on a flat. Housing found a flat for the family so that they did not become homeless. They also undertook a number of visits after the family moved to ensure that the accommodation was appropriate.
- **emotional support in school** provided by the EWO to reduce the young person's non-attendance and improve her behaviour. The EWO undertook home visits to talk with the family and also communicated information back to the head of year.
- **support in the home environment** to ensure that the young person was safe but also not getting into trouble/misbehaving.
- **engagement in positive activities:** social services led on this, engaging her in positive activities. However, the young person did not establish a positive relationship with the social worker and activities were not continued.

Social services closed the case in February 2008 but in mid-April her attendance began to drop again and the case was reopened by the EWO and head of year. The EWO continued to provide the young person with emotional support in school and support in the home environment.

Impact on attendance: the young person's attendance increased to over 73%. She said that talking to the EWO helped her '*realise the importance of school*' and that the EWO being '*on her case*' made her attend more.

Improved relationships: her relationship with her mother improved (she was due to be released from prison) and they talk on the phone regularly

Accommodation: improved living conditions because new accommodation was found for the family.

Improved behaviour: her behaviour at school has improved and young person has not been in any trouble at school since our first interview. The young person received incentives from her father to attend school regularly and to improve her behaviour. She now has a better understanding of the consequences of her behaviour and realises she will lose the incentives if she behaves badly.

- 8.16 The support provided has met a hierarchy of needs (Table 8.3). At a practical level, support has addressed young people's accommodation needs; then personal factors which were linked to the individual young person and their families, such as confidence and self-esteem and family relationships; and then behavioural factors, such as attendance, offending and other challenging behaviours, which impacted on young people's engagement with education, training and/or employment and relationships with peers and adults.

Table 8.3: Meeting young people’s needs				
	Impact of interventions			
Behavioural factors	Improved behaviour	Improved attendance	Reduction in offending	Improved attainment
Personal factors	Family relationships improved	Self-esteem / self-confidence improved		
Basic needs	Accommodation needs met			

- 8.17 The following profiles of individual young people highlight how support provided via TYS impacted on them:

Table 8.4: Individual profiles		
Interventions	Impact	Level of need
Emotional support from EWO Counselling from CAMHS Support by EWO in finding alternative transport to school to avoid being bullied	Attendance and behaviour improved. TYS meant TAC meeting arranged, creating joint strategies and keeping all agencies informed.	High
Emotional support from Project Worker Support finding accommodation Support buying supplies for home Support building family relationships Career support from Connexions	Serious offending reduced. Engaged in a training course. Relationship with father improved. Behaviour improved	High
Emotional support from LP Informal familial mediation Support finding training & job Scoots-to-work scheme, which gave him access to a scooter	Increased achievement, improved behaviour and relationships and reduction in substance misuse. Impact of TYS: CAF/BHLP funding gave him access to training and employment, stopping him being NEET & making him more responsible.	Low

Features of some impact

- 8.18 Some impact was identified in three eighths (16) of cases of young people in the sample. This impact was attributed to TYS in eleven of these cases. As highlighted earlier, where impact was not attributable to TYS, this was because it was linked to interventions that were implemented prior to TYS, or where needs escalated so targeted interventions stopped as young people were referred to higher levels of intervention.

Table 8.5: Types of interventions provided where some impact was observed

	Intervention	Some impact	No. of yp
CYP focused			
	Counselling/ mediation	Improved peer relationships	4
	Emotional support from LP/KW	Improved self esteem/confidence	4
		Improved attendance	2
	Support from key worker	Improved behaviour	2
		Reduction in drugs misuse	2
		Retained in education	1
		Improved achievement	3
	Support to find education and training opportunities	Access to education/training / re-engagement with education	3
		Retained in education	1
		Improved achievement	1
	Accommodation support	Access to accommodation	3
	Engagement in positive activities e.g. via young carers group	Improved self confidence/esteem	1
		Reduced offending	1
Staff focused	TYS team	TYS team gave LP authority when working with other agencies	1
Family focused	Family mediation/support	Family relationships improved	3

Features of no impact

- 8.19 There was no evidence of impact for one eighth (5) young people within the sample. All these young people had high levels of need, which were still not being effectively addressed. These high levels of need included: high levels of mental health needs and psychiatric problems; and family issues, which meant that attempts to address the young person's behaviour were negated by behaviour within the family.

- 8.20 The following examples provide an overview of the issues young people were facing and how services responded.

Figure 8.2: No Impact Examples

Young person 1

The young person was excluded from school. Her relationship with her father was poor and her mother had disappeared. At the start of the intervention she had a high ONSET score (30) and this remained high, 'nothing motivates her' (LP). Her father was under a great deal of pressure due to family problems. This young person was the youngest and had four older brothers. The school and the EWS offered the father support but he was not interested: "I tried to keep it within the family. The school offered to help me, and invited me to some group stuff, but if I want people to talk to then I've got my family and friends."

A programme of support was put in place by her LP (YIP) but the young person did not engage, even if she liked the activity, such as horse riding. By the time of our second interview the young person had been removed from the YIP caseload as her scores had dropped below the top 50 young people at risk of offending in the LA. She had been scored at Level 3 by both Education Welfare and her school using the LA YIP Matrix but as neither were now in contact with her she received a score of 0 (even though she was still at risk of offending and had subsequently offended). Shortly after this, she was excluded from the YMCA alternative educational provision. The LP said that it would be unlikely that she would be handed over to another LP and that there was little provision that this young person could be referred to. Her LP felt that it was unhelpful that the YIP has a 12-week review period which means that young people come onto and off the caseload every 12 weeks.

Subsequently, the young person was referred to the YOT as she had assaulted and robbed a disabled woman on the street and received a referral order as a result of this. The young person would not acknowledge that her behaviour was problematic. The LP felt that the young person 'always manages to put the blame on others and wriggles out of serious repercussions'. She had not attended all of her weekly meetings with the YOT and, if she missed one more before the order ended in November 2008, she would be in breach of her order.

Young person 2

This young person's needs were not met because he had high level needs which required intervention from social care/family resource worker. The existing LP (EWO) was trying to refer the case on to these agencies but collecting the evidence required was proving challenging and time consuming. There were also concerns that the young person would not be supported over the summer holidays as the EWO would be unable to provide support during this period.

Figure 8.2: No Impact Examples (cont.)

Young person 3

This young person had been attending a Child and Family Unit (CFU) (a CAMHS based team) at the local hospital with her mother for a few years. They had worked with her on her anger issues but to no effect. They said that they could not offer her any further support as they had already gone through Tier 3 anger management work. Her case was closed as the clinic felt they had done all they could. The young person had issues with drugs and alcohol misuse, but her mother withdrew agreement for referral to a drugs support agency. The young person had been excluded from one secondary school that could not contain her behaviour. She attended a 12 week programme at the PRU and then transferred to another secondary school. After an alleged attack on a teacher and another pupil she was referred to a programme run by the YISP. A worker from this programme became her LP. She acknowledged that she struggled to find suitable support for this young person. She accessed funding for a mentor to meet with the young person one evening per week for three months. The role of the mentor was to challenge the young person's behaviour and explore what she could do differently, but: 'she lost interest in the mentor after 5-6 weeks as she met her in the evenings when she wanted to be out with her friends'. The LP said that she tried to help the young person understand the consequences of her behaviour but that the young person said that she did not want to change her behaviour/attitude to people. The LP also tried to refer her to the Emotional Wellbeing Team at the local hospital but, as the family had already worked with the CFU, the wellbeing team felt that the young person had already received higher tier support than they could offer.

By interview 2 the LP was no longer working with young person as she could only work with her for 12 weeks. She had heard that the young person was on a Final Warning and was about to be given an Acceptable Behaviour Agreement. The young person was banned from certain areas of the local community and using local trains. She was reported to be having a negative impact on a group of young girls in the local area: 'they are friendly with her as are scared of her. If she wants them to do something they often do out of fear'. Her mother continued to reject support from YIP as she felt that her daughter would be mixing with "a bad bunch".

9 THE OUTCOMES OF TYS: YOUNG PEOPLE - QUANTITATIVE DATA

- 9.1 This section of the report provides a summary of the responses to the Individual Risk Modelling (IRM) questionnaire undertaken with young people in three pathfinder areas. The pre- and post-intervention questionnaire findings provide a baseline and follow up picture of:
- the psychological attributes of young people;
 - their engagement in both high-risk and positive activities and their relationships with friends, peers and professionals.
- 9.2 The IRM tool was developed by adapting the well established strengths and difficulties questionnaire, and adding a series of questions on relationships, engagement in high risk activities, and engagement in positive activities. The aim was to test the extent to which young people had seen changes to their emotional profile following support delivered through TYS.
- 9.3 A number of methodological issues were experienced with the delivery of the survey. In total, only 30 baseline and follow up questionnaires were received. The aim was to achieve at least 100. The approach to delivery of the survey, the methodological design, the issues experienced and the strategies to address these are outlined in **Section A: Method and Study Issues**. However, the implications are that the changes reported are not statistically significant. Nevertheless, the results are reported to provide further insights into outcomes for young people.
- 9.4 The survey has been analysed against the following themes:
- psychological attributes
 - engagement in high-risk activities;
 - relationships;
 - engagement in positive activities.
- 9.5 The scoring for the strengths and difficulties scale is outlined in the **Table 9.1** below.

Table 9.1: Strengths and Difficulties Scoring Framework	
Scoring categories	Scoring parameters
Normal	0-15
Borderline	16-19
Abnormal	20-40

Psychological Attributes

- 9.6 The average score to the survey increased from 19.2 to 20.9. Given the small sample size, this indicates that for the cohort overall, **the overall score was broadly the same between the baseline and follow up.** Table 9.2 presents the responses the baseline and follow up responses.

Table 9.2: Responses to the SDQ - Baseline and follow-up		
	Baseline	Follow-up
Mean	19.2	20.9
Minimum	8.0	12.0
Maximum	32.0	35.0
Mode	15.0	18.0

Emotional symptoms

- 9.7 **There was a small improvement in the number of young people facing emotional difficulties.** Whereas 63% (19) of young people were reported to have a normal level of emotional symptoms at the baseline, this had increased to 77% (23) at the follow-up stage. The number of young people who were reported to have an abnormal level of emotional difficulties had reduced from five to two, again supporting the indication that a positive impact had been achieved.

Conduct problems

- 9.8 **Problems with conduct had increased between the baseline and follow-up stages.** Whereas 20% (6) of the young people were reported to have an abnormal level of conduct problems at the baseline, this had doubled at the follow-up stage to 40% (12).

Hyperactivity

- 9.9 **There were very slight negative changes in young peoples' level of hyperactivity between the baseline and follow-up stages.** A total of 80% of young people at the baseline, and 77% at the follow-up stage were reported to have a normal level of hyperactivity. There was a slight increase in the number of young people who had an abnormal level of hyperactivity - three young people at the baseline, compared to five young people at the follow-up stage.

Peer problems

- 9.10 **Peer problems had seen positive improvements between the baseline and follow-up stages.** The number of young people who had a normal level of peer difficulties had increased from 63% (19) at baseline to 83% (25) at the follow-up stage. This indicates that the support received may have had a positive impact on improving peer relationships.

Pro-social behaviour

- 9.11 **Pro-social behaviour appeared to have improved slightly for the cohort.** Although there was limited variance between those reporting normal levels of pro-sociality, the proportion of those who had an abnormal level of difficulties with pro-social behaviour had declined. 20% (6) of young people had an abnormal level of difficulties with pro-social behaviour at the baseline, this reduced to just one young person (3%) at the follow-up stage. Those at the borderline level of difficulty had increased; 7% (2) of young people had an abnormal level of difficulties at the baseline, compared to 17% (5) at the follow-up stage.

Engagement in high-risk activities

- 9.12 In relation to the following high risk activities, it is clear that within the cohort there was a degree of both positive and negative change. Clearly, we would be hoping to see a movement out of the 'risky' activity. However, the profile indicates that for most indicators, whilst some young people's circumstances improved, others worsened. Therefore, for most factors, the overall profile remained broadly the same.

Involvement with the police

- 9.13 **Overall, involvement with the police had reduced for the cohort.** A total of 27% (eight) of young people reported that their involvement with the police was lower at the follow-up survey compared to the baseline. Only 6% (two) of young people reported that they had been involved with the police more often than before:
- 20% (six) of young people who reported having been involved with the police at the baseline, were no longer involved at follow up;
 - 53% (16) of young people reported not being involved with the police at both baseline and follow up;
 - 13% (four) of young people who had been involved with the police at the baseline were still involved with the police at follow up;
 - 13% (four) of young people who were not involved with the police at baseline, but had become involved by follow-up.

Alcohol and substance misuse

- 9.14 Changes in relation to alcohol misuse were minimal:
- 20% (six) of young people who reported being drunk at the baseline reported that they were no longer getting drunk;
 - 40% (12) of young people who reported not being drunk at the baseline, maintained this at the follow-up stage.
 - 17% (five) of young people who had reported not being drunk at the baseline, reported that they had been drunk recently.
- 9.15 **There was no positive trend in relation to young people smoking.** Although 17% (5) of young people reported having stopped smoking, 30% (9) had continued smoking and 23% (7) had started smoking.

- 9.16 There were no changes in relation to the proportion of young people who reported smoking cannabis:
- 13% (four) of the young people reported that they had *stopped* smoking cannabis;
 - 13% (four) of young people also reported that they had *started* smoking cannabis.
- 9.17 **There is some evidence to indicate that frequency of consumption had reduced for some young people.** Of those young people who reported that they smoked cannabis, 33% reported that they smoked cannabis at the same level as previously but 17% reported that they smoked it less than before.
- 9.18 **There was some evidence of positive impacts on young people's engagement in other drug taking.** Three young people who reported taking drugs in the baseline survey reported that they no longer did.

Truancy

- 9.19 Levels of truancy had generally improved across the cohort.
- 27% (eight) of young people who reported truanting at the baseline, reported that they no longer truanted;
 - 50% (15) of young people maintained a lack of engagement in truanting;
 - 17% (five) of young people reported that they continued to truant at baseline and follow up;
 - 7% (two) reported truanting when they had not done previously.
- 9.20 Of those who continued to truant, 20% (six) reported doing this less than before and 30% (ten) reported truanting at the same level.

Vandalism

- 9.21 There were no overall changes in relation to vandalism.
- 6% (two) of young people who reported vandalising at the baseline, reported that they no longer did so;
 - 67% of young people maintained a lack of involvement in vandalism between the baseline and follow-up stages;
 - 20% (six) of young people reported continuing to vandalise;
 - 6% (two) of young people who had reported previously no involvement in vandalism now reported involvement.

Sleeping rough

- 9.22 Very few young people reported sleeping rough at either the baseline or follow-up stages. 90% (27) of young people maintained that they had not slept rough in the last three months, and only one young person who had slept rough at the baseline survey reported still sleeping rough.

Risky and violent behaviour

- 9.23 Engagement in risky behaviours for the 'thrill' reduced across the cohort between the baseline and follow-up survey.
- 23% (seven) young people who reported that they engaged in risky behaviours for 'thrills' no longer did at the follow up survey;
 - 47% (14) of young people maintained that they do not engage in 'thrill seeking' behaviours; and
 - 6% (two) of young people reported that they now engaged in such behaviours when they did not previously;
 - 23% (7) young people maintained their engagement in 'thrill seeking' behaviours.
- 9.24 **There were limited positive impacts across the cohort on young peoples' use of physical force.** Although four young people reported no longer engaging in physical force, three young people reported now engaging in physical force when they had not done so before.

Relationships

Friends

- 9.25 There is some evidence that peer relationships had improved between the baseline and follow-up survey. However, there were inconsistencies in responses gained. 20% (six) of young people reported that they no longer went out with friends when they had nothing special to do. However, 13% (four) of young people reported that they now did this.
- 9.26 Additionally, only 13% (four) of young people now reported that they no longer engaged in activities to impress their friends, whereas another 13% (four) reported that they now engaged in such activities.

Family

- 9.27 The proportion of young people who reported receiving help from their parents/carers did not significantly differ between the baseline and follow-up survey. A total of 94% (28) young people reported that they received help when they needed it. Just two young people reported that this help had not previously been available.
- 9.28 The frequency of support was reported to have increased, with 37% (11) reporting that they received more help than before, with 37% (11) reporting that they received the same level of help as before. Only 3% (1) young person reported that they received less help.

- 9.29 Engagement in family meals had been maintained or improved for the majority of the sample. 77% (23) of young people reported that they still had meals with their family, and 17% (five) of young people reported that they now had meals with their family when they had not done so previously. The frequency of meals had increased slightly, with 27% (eight) of young people reporting that such meals occurred more frequently and 43% (13) reporting that they occurred at the same frequency as before.
- 9.30 Young peoples' enjoyment of activities with their family did not differ greatly between the baseline and follow-up stages. Over 80% (24) of the sample reported that they enjoyed doing things with their family; only 6% (two) of young people reported that they did not enjoy such activities. A total of 20% (six) of young people reported that they had done enjoyable things with their family more often, since the baseline.

Professionals

- 9.31 The level of involvement of professionals in providing support to the young people was maintained across the two stages of the survey:
- 17% (five) of young people reported that they had received support from professionals when they had not done previously;
 - 70% (21) of young people had maintained the level of support they received;
 - 6% (2) of young people reported that they no longer received support when they had done previously;
 - 7% (2) young people maintained that they did not receive help from professionals when needed.
- 9.32 There was a small increase in the overall frequency of support received:
- the frequency of support had increased for 20% (six) of the young people;
 - 47% (14) reported that the frequency of support had stayed the same;
 - 6% (two) young people reported that they now received less help from professionals.

Engagement in Positive Activities

Sporting activities

- 9.33 There were limited impacts on young peoples' engagement in sporting activities, either in school or outside. Levels of engagement in school sports team had been maintained at a level of 26% of young people (eight). The proportion of young people's engaging in sports teams outside of schools had improved slightly by 10% (three).

Voluntary work

- 9.34 There was a slight improvement in the proportion of young people who had done voluntary work outside school. A total of 20% (six) of young people who had not done voluntary work previously reported that they were now engaged in doing so. However, 10% (three) of young people reported that they were no longer involved in voluntary work.
- 9.35 Frequency of involvement in voluntary work had not changed significantly between the baseline and follow-up stages. A total of 50% (15) of young people reported that they were involved in voluntary work as frequently as before. 10% (three) of young people however reported taking part in voluntary work less frequently.

Creative activities

- 9.36 Involvement in youth clubs was maintained at a high level, with 47% (14) of the cohort reporting that they were involved in a youth club. However 20% (six) of young people reported that they were no longer involved in a youth club. The frequency of young peoples' involvement did not change.
- 9.37 There were limited changes in relation to young peoples' engagement in drama, music or other creative activities. Just 10% (three) of young people reported that they were now engaged in such activities when they had not been previously.

Homework

- 9.38 There was no overall evidence of improvements in the completion of homework across the cohort, with 17% of young people reporting that they now completed homework set for them when they had not done previously. However the same proportion of young people reported that they no longer completed homework set for them.

10 CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Overview

- 10.1 The evidence indicates that where a well coordinated, effectively managed locality based model has been introduced to drive the targeted youth support reforms (specifically in relation to early identification, CAF and the lead professional role), there has been a significant change to the way in which professionals have delivered multi-agency support to young people. In these areas, there is emerging evidence of a range of positive outcomes being achieved for both practitioners and, more importantly, young people. In all areas, the process of achieving changes in delivery has taken much longer and been more difficult to achieve than was initially anticipated. In some localities, weaknesses in management structures has meant that the extent of change on the ground has been minimal.
- 10.2 As a result of the delays in introducing new models of delivery, the evaluation has had less opportunity to assess the full impact of targeted support on young people; despite having extending the evaluation period. Activity, in terms of scale of intervention with young people, was just beginning to build up when the evaluation came to an end. While early qualitative findings are positive, quantitative findings were inconclusive, due to small numbers.
- 10.3 The evaluation has been very successful in designing a range of tools that can be used to measure the impact of Targeted Youth Support. As the programme rolls out, there is an opportunity for authorities to use these tools to self-evaluate their own impact. If these were to be widely adopted, findings could be drawn together to provide a consistent picture of national impact.
- 10.4 The remainder of the conclusions are presented under each of the key evaluation objectives.

Planning and integration structures associated with effective TYS

- 10.5 Within the six local areas examined by the evaluation we identified three distinct models of system change. These were:
- Model A: Multi-Agency Practitioner Panel;
 - Model B: Multi-Agency Practitioner Hub; and
 - Model C: Multi-Agency Manager Hub.
- 10.6 Each of the three models identified contributed to an improvement in the provision of support, although to date, there is no clear evidence that one model is more effective than any other. This is, in part, a consequence of the fact that in some areas, it is still very early days for the new model of delivery and therefore evidence of effectiveness is not fully formed.

- 10.7 Our analysis to date suggests that the co-located models (B and C) provide a more effective long term framework to support and further develop integrated working. Model C, the co-located manager mode, being the best place to provide a mechanism to address the challenges associated with managing practitioner workloads. These, however, are the most resource-intensive models and there may be a question mark over whether they can be sustained long term. If they are sustained, they will be a tribute to their effectiveness.
- 10.8 The panel approach, Model A, while capable of engineering change, has inherent within it logistical/practical difficulties that seem to be more significant over time, e.g. time required to attend meetings.
- 10.9 In some localities, no specific model was observable, despite TYS having apparently been introduced. In these areas, guidance on the TAC model had been provided to practitioners (CAF and LP role), but this had not led to a significant change in practice. In these localities, professionals were continuing to address the needs that they had responsibility for, but not driving a more holistic approach to addressing needs.
- 10.10 There is a clear correlation between the effectiveness of management in achieving the required cultural change within delivery organisations, and operational achievement on the ground. In situations where management was less committed and influential, changes to existing practice were observed to be minimal.

Nature of challenge and support interventions

- 10.11 The interventions delivered to young people predominantly involved support rather than challenge. Across the cases examined, young people received an average of three support interventions. Most interventions involved one to one support, which in order of frequency of delivery were:
- emotional and behavioural support;
 - counselling, mentoring and psychological support;
 - positive activities;
 - support for attendance and educational support;
 - preventing NEET.
- 10.12 Services most commonly engaged in the enhanced package of support were education, CVSO services, Connexions and health. Other services delivering support were the youth service, social services, YOS, CAMHS, Education Psychology and Housing.
- 10.13 A level of formal challenge was identified in around one in four of the cases examined. This, however, was not always followed through; approximately one in seven planned actions were enforced.

Effectiveness of early intervention and prevention activities

- 10.14 On balance the support provided to young people was effective in meeting young people's expectations and their short term needs. Where support was not considered to have been effective, this was due to the lead professional role not working as intended or because support had not been provided early enough. In a small number of cases, the support was not effective due to young people's lack of willingness to engage.
- 10.15 Where support was deemed to be effective, the following factors were apparent:
- **positive relationships** between the young person, family and the lead professional;
 - **challenge**: effective lead professionals challenged young people and their families, as well as supporting them;
 - **co-ordinated, consistent and continuous support**: all the models introduced helped lead professionals involve other agencies that they had previously had difficulties in accessing;
 - **the lead professional role**: helped to coordinate support, particularly between universal and targeted services and provide transition support;
 - **awareness of interventions available**: improved communication between agencies raised awareness of what interventions were on offer to support young people. This contributed to the provision of appropriate interventions and to improved signposting to other services;
 - **young people's own motivation to change**: this was an important contributing factor to improving outcomes for a number of the young people involved.
- 10.16 Support to young people was significantly less effective in situations where there was insufficient lead professional resource or a lack of clarity regarding role. This might involve lead professionals working in isolation, not taking on a co-ordinating role and not establishing a Team Around the Child approach or using the Extended Team professionals available to them.
- 10.17 Support and ineffectiveness also arose where the intervention was not sufficiently customised to the needs of the young person. Also in situations where the young person's needs escalated, where interventions were provided too late, and where young people were not identified early enough.

Early indicators on outcomes for young people

10.18 Where effective support was delivered, evidence of impact identified through the study is encouraging. Around half of all cases resulted in what we have assessed as either a positive, or a significant positive impact. A further three eighths of cases resulted in some impact, and in just one in eight of cases examined was no impact evident, or the outcome was not known. Further details are as follows:

- **a significant positive impact was achieved in one eighth of cases examined (6/44).** In these cases, there had been a substantial positive improvement in most outcomes which the support aimed to address. For example, marked improvements to family relationships, prevented exclusions, substantial improvements in attendance, smoking cessation, significant reduction in alcohol consumption, engagement in positive activities, ceased involvement in anti-social behaviour;
- **a positive impact was achieved in three eighths of cases examined (17/44).** A positive impact is defined as an overall improvement in some of the outcomes the support aimed to address, with further improvements anticipated, e.g. changes in attitude, improvements in attendance, starting to reduce alcohol consumption;
- **some impact was identified in three eighths of cases examined (16/44).** In these cases there was evidence of small positive improvement in some outcomes the support aimed to address, but other factors were limiting the overall effectiveness of support in improving outcomes, e.g. the young person was displaying a willingness to change but family / peer / personal issues counteracting the potential impact of support;
- **no impact was identified in one eighth of cases examined (5/44).** In these examples there was no evidence of any sustained change in outcomes the support aimed to address.

Recommendations

10.19 The recommendations are presented in relation to:

- **recommendations for policy;**
- **recommendations for practice.**

Recommendations for policy

- R1. National clarification is required on the definition of early identification.** Currently there is confusion about what early identification means depending on professional background. For example, the TYS policy defines early identification as, '*intervention at the earliest possible opportunity*' (DCSF, 2008), i.e. before needs escalate. However, in the statutory services / Youth Task Force arena early identification relates to preventing young people from falling into the bracket where they would require the most intensive forms of support. This dual terminology has contributed to a lack of progress in relation to developing early identification in the most preventative form.
- R2. Increased policy attention is required to encourage and promote the development of effective local early identification strategies.** To date, the CAF and

LP roles have been the focus of significant policy attention. However, the role of early identification is of equal importance in the drive to improve outcomes. The absence of a national focus has inhibited the development of effective local strategies on any broad scale.

- R3. Further promotion of evidence on effective practice in relation to the models which effectively support TYS should be undertaken.** To date, national guidance has not promoted any specific model or approach. However, the evidence from this study indicates that local areas need to introduce some form of local coordination to drive a significant change in approach. The implications of this are considerable, but necessary to ensure the reforms achieve their goals.
- R4. Work is required to further develop the engagement of the schools sector into the policy area.** The evidence highlighted that the role of schools is critical in supporting early identification. However, many areas highlighted that they were facing challenges in doing this, due to schools' concerns about the possible impact of the policy on the workforce, and a lack of capacity to engage with developments. Joint working within the DCSF should explore possible solutions to these challenges

Recommendations for practice

- R5. Local areas should consider establishing strategic panels to deal with cases where system level issues are preventing the achievement of positive outcomes.** These provide a mechanism to explore cross service issues and develop local solutions. This is particularly relevant for cases that don't meet service thresholds / funding for specific age groups or where support crosses geographical boundaries.
- R6. At a local level, authorities should consider developing preventative/early targeted group support activities.** Most young people examined through the study were receiving one-to-one support. There may be potential to commission local services to address common themes of support.
- R7. Local areas need to further consider how they might effectively link challenge and support interventions.** National policy is clearly supportive of the approach, as demonstrated by a range of recently launched policy initiatives. However, in the case study areas, there was little evidence of a strategic approach to encourage consideration to such packages of support. Where these were take place, this was a result of local co-ordination between practitioners. Whilst evidence of effectiveness is mostly anecdotal at this stage, it is clearly a policy area with increasing popularity, and should be considered by integrated support policy teams.
- R8. Local areas need to develop a sustainable management model to support the delivery of TYS. Training and development of locality managers should be a central part of such a model.** The evaluation has highlighted the critical role that the effectiveness of the management arrangements had on delivering changes in practice. Support for these leaders should be a key priority.

- R9. Professionals from all sectors, but in particular from universal services, should be given clearer guidance and support on the lead professional role.** Where possible, this should be driven through locality models of integrated and targeted support. There is currently a lack of understanding in relation to delivery and governance of the role. This should be addressed within local development plans.
- R10. Recognition should be given to the challenges faced by some practitioners in engaging families in support.** Local training and development should be introduced to help address some of the practical challenges faced.
- R11. Local areas should undertake a regular review of CAFs to monitor both the quality of assessments, and the extent to which measurable outcomes are included to monitor progress.** Post CAF training support and development activities should be embedded into local models to promote and encourage best practice, and to deal with misconceptions that some practitioners currently hold.
- R12. There is an opportunity to use the impact materials developed during the evaluation to assist roll out authorities to self-evaluate.** This could be achieved by:
- increasing user-friendliness of materials;
 - organising dissemination events to discuss the techniques;
 - supporting ‘champion authorities’ to demonstrate the effectiveness of the adopted processes.
- R13.** In this way, the self-evaluation building blocks can be aggregated to feed a future national evaluation of TYS achievement.

ANNEX A METHOD AND ISSUES

METHOD AND ISSUES

A. Overview

1. The evaluation commenced in October 2006, with fieldwork taking place between November 2006 and July 2008. The evaluation was originally scheduled to complete in March 2008, but due to delays with delivery in the case study areas, the evaluation deadline was extended to enable evidence of impact on young people to be collated.
2. The evaluation was designed to capture the impact of the service reforms at four levels:
 - **Level 1: impact on operational infrastructure** - an examination of the different models introduced to bring about a change in operational practice;
 - **Level 2: impact on professionals and working practice** - an assessment of how the different models had changed working practice (based on the seven elements set out in the TYS Guide) and the implications for practitioners;
 - **Level 3: impact on individual young people** - an exploration of how/if the changes had resulted in changes to the delivery and effectiveness of support provided to individual young people, and the impact of this;
 - **Level 4: impact on universal outcomes** - assessment of the extent to which the changes led to improved outcomes across a wider cohort of young people.
3. Research activity was designed under five strands, comprising a mix of quantitative and qualitative techniques. Activity was undertaken in six of the fourteen pathfinders. The strands are as follows:
 - **Strand 1 - Strategic Delivery Consultations:** Interviews with the project managers, strategic stakeholders, service managers and practitioners;
 - **Strand 2 - Modelling Personalised Interventions:** Interviews with 30 to 60 young people, their lead professional and family on multiple occasions to explore their experience of support;
 - **Strand 3 - Modelling the Shape of Provision:** Exploring changes to the type and volume of provision at each of the thresholds to determine the impact of the new structures on the model of support;
 - **Strand 4 - Universal Risk Modelling:** The development of a tool to assess the level of risk facing young people in each of the case study area based on known risk factors;
 - **Strand 5 - Individualistic Risk Modelling:** Pre and post intervention questionnaires to 150 to 300 young people in receipt of targeted support to assess changes to the risk, resilience and behaviour of young people in receipt of the questionnaire.

4. In addition to these five strands, significant work was undertaken to develop processes to measure performance of the pathfinders through the development of area specific Performance Indicators, based on a common framework. These are presented in **Annex D**.
5. The fourteen pathfinder areas were (those highlighted in bold below were the case study areas):
 - *Derby City*
 - **Gateshead**
 - **Hampshire**
 - Knowsley
 - Nottinghamshire
 - **Southwark**
 - *Worcestershire*
 - **Derbyshire**
 - Gloucestershire
 - Hertfordshire
 - **Leicester City**
 - South Tyneside
 - **Wandsworth**
 - *York*
6. Derby City was initially involved as a case study but was later replaced by Derbyshire. The case studies were selected to provide a mix of different models, as well as including areas which, at the time of the selection, were most advanced in terms of readiness to deliver.
7. A baseline report was submitted in January 2007 (unpublished), an interim report in October 2007 (York Consulting, 2007) and the final report in October 2008. In addition, a further report, Measuring the Impact of TYS: A e (York Consulting, expected 2009) was presented to the DCSF in June 2008 and is due to be published alongside the Final Evaluation report.

B. Strand 1 - Strategic Delivery Consultations

1. Semi-structured and telephone consultations were undertaken with a range of strategic and managerial staff in each case study area. Although there was some local variation, most stakeholders were consulted between two and four occasions (November 2006, May 2007, January 2008 and May 2008). Consultees included:
 - 1 x Assistant Director (Tier 2) responsible for integrated services / targeted youth support;
 - 1 x Operational lead for TYS (Tier 3)
 - 1 x TYS Project Manager (Tier 4)
 - 1 x Manager of co-located teams / chair of locality hub
 - 2-3 x service managers who had staff involved in the new developments
 - 6-8 practitioners involved in the developments
 - school teachers where appropriate
 - 1-2 x admin / data staff
2. The focus of the consultations changed at each stage. Initially the aim was to build a clear picture of the effectiveness of the development stage and the rationale and plans for the model. This then progressed to issues with delivery and roll out, with a final focus on impact on professionals, service areas and young people.
3. In addition to interviews, observations were undertaken of the model in action to understand the process of support for a young person. This strand also involved review of a significant amount of locally produced documentation.
4. Only one major issues was faced in undertaking this aspect of the study. Part way through the study, one area faced capacity constraints in being able to maintain engagement in the study. This case study area was therefore replaced with another Pathfinder.
5. In addition to consultations with the case study areas, interviews were also undertaken with strategic and operational leads in the non-case study pathfinder areas. The aim was to provide a wider base to test some of the earlier findings.

C. Strand 2 - Modelling Personalised Interventions:

1. The aim of this strand of the study was to gather information on the journey of support, as experienced by young people, and identify the impact of the interventions received. The aim was to undertake between 2 and 3 face to face interviews with between 30 and 60 young people (between 5 and 10 in each case study area), their lead professional and if possible, relevant family members.
2. The original aim was to start this work in April 2007, allowing almost one year to track young people. In reality, only one area had commenced delivery at this stage. Interviews with most young people were unable to commence until January 2008. This allowed a shorter time frame than we would have preferred to track the experiences of young people, and some young people were only interviewed twice. A minimum of three months was allowed between the first and second interview. On average, young people were followed for six months.
3. In total, we were able to gather longitudinal evidence on 44 young people. However, the number of interviews undertaken in each area varied depending on the number that had been supported by TYS. The minimum number was 3, the maximum was 13.
4. Interviews were undertaken by YCL researchers at a place in which the young person felt comfortable. Before being interviewed, background information on the young person was sought from the lead professional. Clear guidance was given to the young people, their families and the lead professional before they were interviewed. In addition to these interviews, observations of multi-agency and case meetings were also undertaken.
5. An individual case study was written up for each young person interviewed, and an assessment was made based on their experience of support and feedback from the lead professionals on the effectiveness of the support package. Initial criteria were given on which judgements of effectiveness were made. These were then moderated through a process of internal review

D. Strand 3 - Modelling the Shape of Provision

1. The aim of this strand of the study was to explore how the 'shape of provision' had changed in the areas in which TYS was rolled out. The assumption was that, over time, through early identification, TYS would lead to an increase in preventative support (universal / targeted services) and a decrease in the provision of intensive, specialist support (statutory services). Two different approaches were developed, each of which was trialled in a different case study area:
 - Model 1 (presented in Section 4) aimed to capture how the establishment of the new model had impacted upon the workloads of individual practitioners in the short term. The aim was that this would provide an indication of longer term impacts that may be anticipated;
 - Model 2 (presented in the Quantitative Framework report) provided a measure of the number and percentage of young people receiving support at and across different service areas. The aim was to provide a picture of changes to the shape of provision (i.e. the triangle of need) over time.

Model 1

2. Members of the TYS team were asked to analyse their TYST caseloads according to the level of need and to indicate what category or level of support they were offering them through the TYST. Definitions of what was meant by each category of need and support (high, medium, low) were provided. Support level was defined in terms of number and intensity of contacts in the past week with the case:
 - Low = Zero to two minimal contacts
 - Medium = Two or more contacts in person or on phone which were lengthy and resulted in having to do some follow up work e.g. call to a parent, other professional
 - High = Three or more high intensity contacts with a fair bit of follow up or surrounding work with the young person, parent, carer or other professionals
3. Members of the team were also asked to indicate whether, in their opinion, each case had arisen due to the existence of the TYST team. The purpose of this question was to estimate the additional caseload demand generated from the presence of the team itself.
4. Such cases could be encountered through two routes. Team members could be making each other aware of young people they would not have been aware of outside of the team. Alternatively, referrals could be of types of cases that team members think they would not have received prior to TYST.
5. Six members of the TYST Team participated in this exercise, representing approximately 4.5fte case holding posts. These staff provided information was on 113 TYST cases.

Model 2

6. This is described and presented in Measuring the Impact of TYS: A Quantitative Framework (York Consulting, expected 2009)

E. Strand 4 - Universal Risk Modelling

1. This strand involved the development of a tool to assess the level of risk facing young people in each case study areas based on known risk factors. The approach to undertaking this is presented in York Consulting's Interim Report (York Consulting, 2007) and further analysis is undertaken in Measuring the Impact of TYS: A Quantitative Framework (York Consulting, expected 2009)

F. Strand 5 - Individualistic Risk Modelling

1. The aim of this strand of the study was to undertake pre and post intervention questionnaires with between 150 and 300 young people in receipt of targeted support to assess changes to the risk, resilience and behaviour of young people in receipt of support. The survey had four main sections:
 - Section 1 - strengths and difficulties questionnaire
 - Section 2 - engagement in risky behaviours;
 - Section 3 - relationships;
 - Section 4 - engagement in positive activities
2. The first section of the survey, is the widely used 'strengths and difficulties' scale which Section 1 asked pupils to respond 'certainly true'; 'somewhat true'; or 'not true' to 25 statements. There were five statements which measuring the following psychological attributes:
 - Emotional symptoms;
 - Conduct problems;
 - Hyperactivity;
 - Peer problems;
 - Prosocial behaviour problems
3. In Section 2, pupils were asked whether they engaged in the following negative behaviours:
 - Alcohol and Substance Misuse
 - Sleeping Rough
 - Involvement with the Police
 - Violent Behaviour
 - Vandalism
 - Truancy

4. Section 3 asked them about relationships with friends, family and professionals, including the following statements:
 - I have been out with friends when we have nothing special to do
 - I have done something to impress my friends even though I knew it was wrong
 - I have argued with parents/carers
 - My parents / carers helped me when I needed it
 - I have had meals with my family
 - I have done things with my family I enjoyed
 - A professional helped me when I needed it
5. Section 4 shows where pupils are involved in the following positive activities:
 - Sports
 - Voluntary Activities
 - Creative Activities
 - Homework
6. Young people were asked by their lead professional to complete the questionnaire (guidance was given to both the young person and the lead professional about how to complete). The young person was given an envelope in which to seal their response. The survey was then returned to York Consulting with a Lead Professional supplement sheet which gave an indication of the range of services the young person had received. A second survey was then sent to the lead professional to give to the young person a minimum of 3 months later.

Limitations of Survey Findings

7. It was proposed that this strand would involve completing 300 wave 1 surveys (50 per area) and 125 wave 2 surveys (c. 20 per area) with young people in receipt of TYS. We estimated this would require over 1200 wave 1 surveys (200 per area) to be distributed in total.
8. Unfortunately, due to the smaller numbers of young people in receipt of TYS in each area, and the fact that three of the six areas declined to participate, it was not possible to distribute the required number of surveys and consequently the number of responses required to produce reliable results has not been achieved.

9. The breakdown of responses from Local Authority area are shown in **Table A.1**.

Table A.1: Breakdown by LA Area						
Area	Baseline			Follow-up		
	No. Distributed	No. Completed	Response Rate	No. Distributed	No. Completed	Response Rate
Area 1	100	16	16%	16	10	63%
Area 2	200	53	27%	53	6	11%
Area 3	50	33	66%	33	14	42%

10. Here we set out some of the issues arising from this element of the evaluation.

Summary of Challenges

11. A range of challenges were experienced. These are summarised under the following headings:
- engagement in the survey process;
 - follow up surveys.

Engagement in the survey process

12. Across the case study areas, initial strategic and managerial commitment to complete the surveys was good with five of the six areas agreeing to distribute. One area declined to be involved as they had commissioned an internal evaluation of CAF which involved surveying young people. However, despite commitment from strategic leads, challenges emerged with securing the buy in of practitioners who we relied upon to distribute the questionnaires to young people, as well as complete the supplement sheet. In three of the five areas that had agreed to take part, no baseline surveys were received and in the other two, the number of responses was lower than we had expected.
13. The key challenges identified were:
- some practitioners expressed concerns that the survey process would impede on young people's engagement in TYS support and therefore declined to administer surveys;
 - some practitioners highlighted capacity constraints with taking part in the process;
 - a smaller number of young people than was envisaged were supported by TYS in some case study areas, reducing the available sample of young people.
14. Practitioners were all given batches of surveys to undertake when they considered appropriate with the young person they were acting as the lead professional for. However, due to the decentralised nature of the delivery models in most of the case study areas, it was very difficult to encourage and monitor survey distribution locally.

15. Strategies to address low response rates included:
- detailed instructions on how to handle / manage survey distribution;
 - allowing local areas to tailor the questionnaire to fit their language and circumstances (within reason);
 - repeat visits to team meetings to explain the approach and stress the importance of the surveys / answer queries and concerns;
 - direct requests to lead professionals through the young people case studies;
 - providing personalised telephone support through the provision of a named contact;
 - re-sending batches of the in-completed surveys when they were misplaced by practitioners.
16. At each stage, most practitioners confirmed that they would complete the surveys, but each time, the number of returns continued to disappoint.
17. When it became apparent that we would be unlikely to achieve the desired response rate in the case study areas (November 2007), YCL proposed that we extend the coverage to the other eight pathfinder areas. Agreement for this was secured from the DCSF in March 2008. We subsequently contacted all areas to ask if they would agree to participate. The responses were as follows:
- one agreed and responses have been received;
 - two areas were already doing or were about to do something similar and declined to take part;
 - one area highlighted that it was not appropriate to survey young people due to the nature of their TYS model;
 - three areas had not yet commenced delivery and therefore had no young people to survey;
 - it was not possible to speak to one of the strategic leads until May, at which point it was considered too late to commence the process.

Issues with follow-up surveys

18. A total of 113 baseline surveys were received. We expected around 33% attribution from the wave 1 survey (c. 68 returns). However, only 30 responses were received. This was a result of the following:
- one area was responsible for almost half of the 100 returns. This case study area temporarily disengaged from involvement as a case study (due to capacity issues), making it extremely difficult to administer second wave surveys. The local area has recently agreed to re-send out 2nd wave questionnaires to the young people's home address but few returns were received.

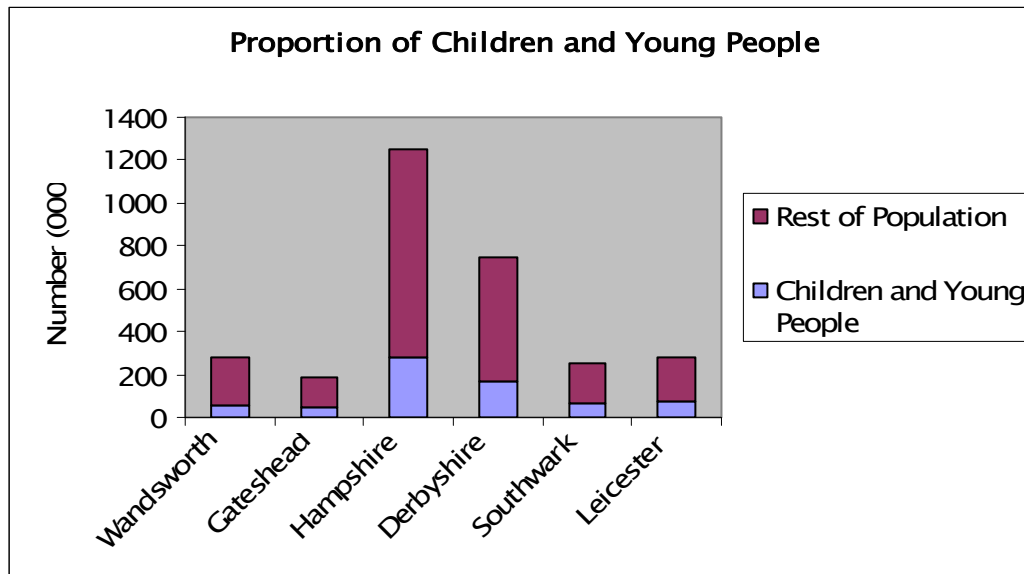
- resolving the concerns and issues highlighted by practitioners resulted in many baseline surveys not being completed until as late as May 2008. In order to guarantee an appropriate length of time to measure impact it was not appropriate for many of the follow-up surveys to be distributed until July 2008. Securing returns over the summer period was a challenge.

ANNEX B
THE PROFILE STUDY - LOCAL AREAS

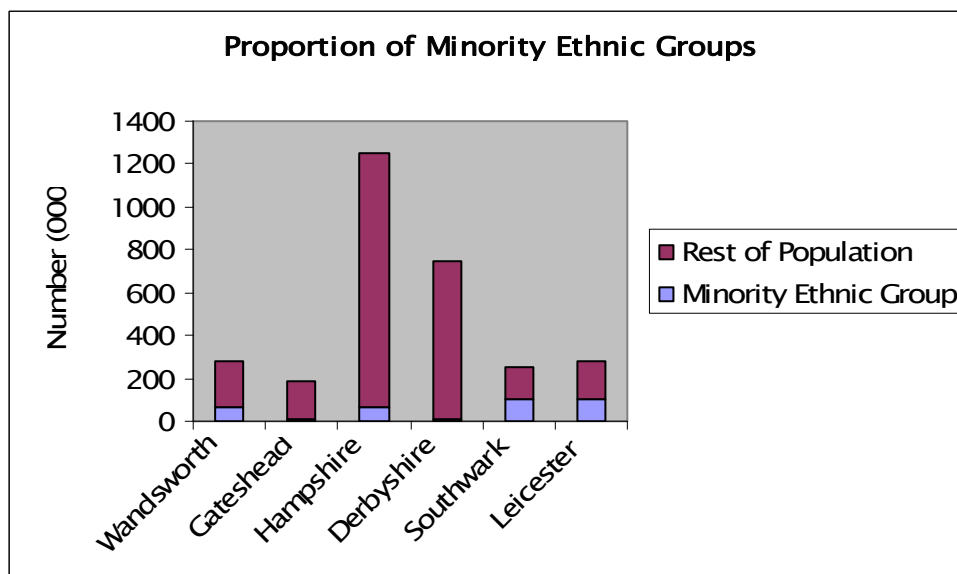
Case studies

Local Area Wide Information

- Table 1: Proportion of Children and Young People illustrates the number of young people as a proportion of the total population by each case study area. The table below shows that Hampshire has by far the largest population, at 1,251,000 people. Proportionately, Leicester has the highest number of children and young people and Wandsworth the lowest. The range is small though, with Wandsworth at 18% and Leicester at 28%.



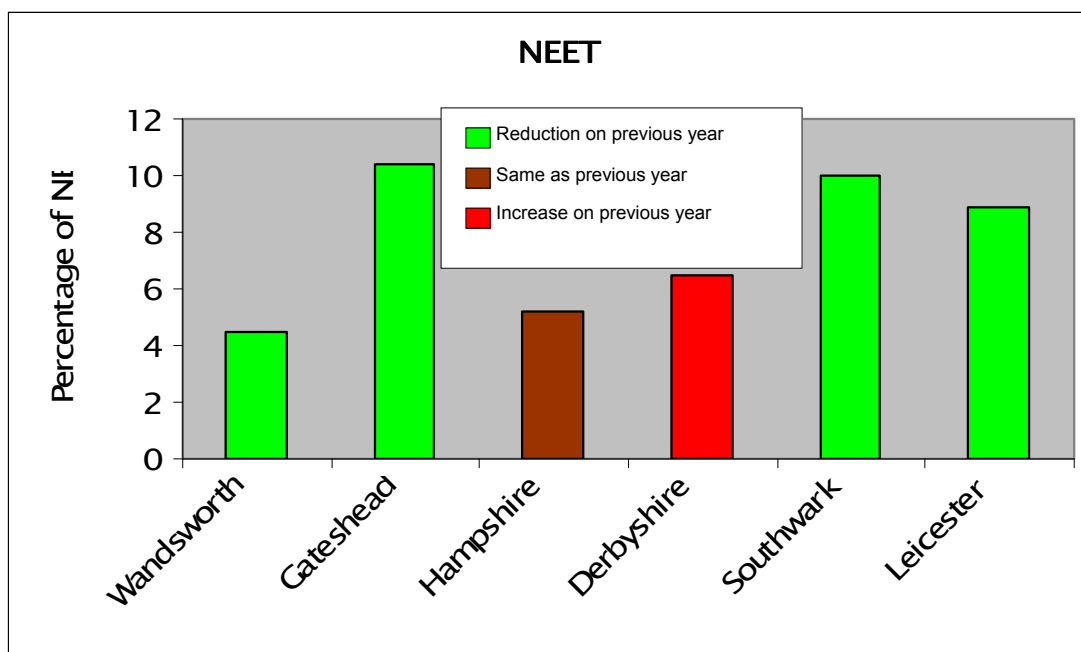
- Derbyshire has the lowest proportion of ethnic minority groups, but is still a significant number at 11,250 people. Wandsworth has a fifth from ethnic minorities and Southwark is at 40%, but by far the largest proportionately is Leicester at 63%.



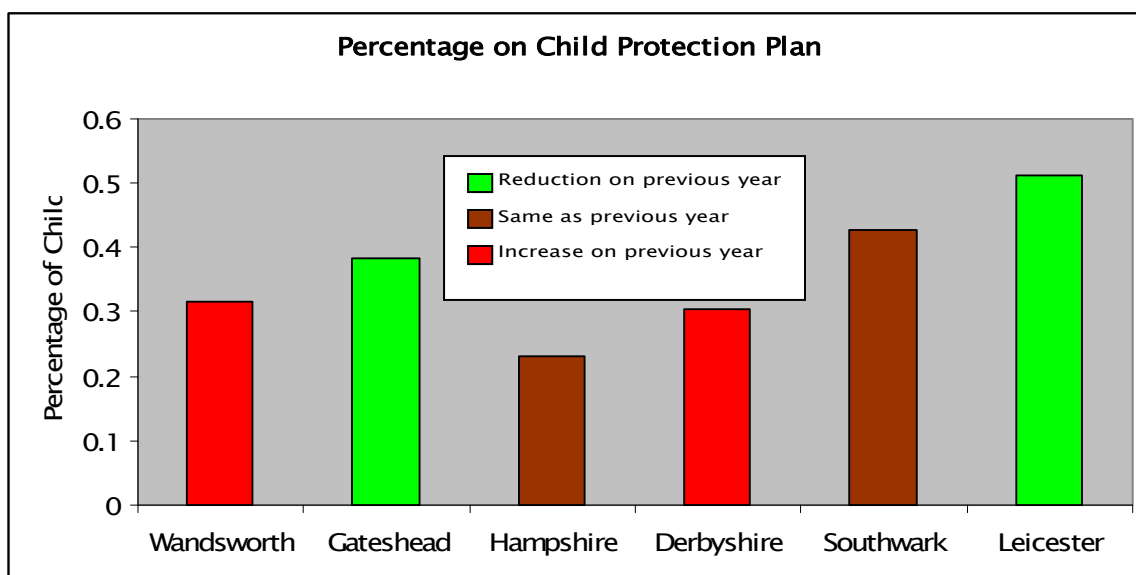
3. Some comments from local authorities about the area are shown:

- *Wandsworth contrasts between affluent residential suburbs and high levels of deprivation.*
- *Gateshead has some areas of affluence.*
- *There is severe deprivation in Hampshire's urban cores, but affluent areas exist.*
- *There are areas of social deprivation in the former coal mining and textile areas of the North East, North West and South West of Derbyshire.*
- *Although there is significant wealth and prosperity, the majority of wards in Southwark are in the 10% most deprived wards in England.*

4. The proportion of NEET (2007/08) and comparison from the previous year is illustrated below. Gateshead (10.4%) and Southwark (10%) have by far the highest proportions, with Wandsworth having the lowest (4.5%). All of these have a trend of reduction also. Derbyshire is the only area to have increased the NEET numbers from 2006/07.



5. The number of children on the Child Protection Plan (CPP) is most in Hampshire and Derbyshire; expected as they have the highest populations also. As the number of people is so small compared to total population, percentages are compared to population of children and young people, where Leicester has much higher proportions on the CPP than other areas.



6. The table below shows how CPA scores differ between local authorities. Wandsworth is achieving the best results, but none have scores below a 'good' rating.

	Direction of travel	Overall Performance	C&YP services 2005	C&YP services 2006	C&YP services 2007
Wandsworth	Improving Strongly	4*	4	4	4
Gateshead	Improving Strongly	4*	3	3	4
Hampshire	Improving Well	4*	3	3	3
Derbyshire	Improving Well	4*	3	3	3
Southwark	Improving Well	3*	3	3	3
Leicester	Improving Adequately	3*	3	3	3

Joint Annual Review

7. The Joint Annual Review (JAR) shows further indications about the performance of each Local Authority (some rated against Every Child Matters criteria). Again, Wandsworth is rated top, but Leicester needs some improvement.

	Wandsworth	Gateshead	Hampshire	Derbyshire	Southwark	Leicester
Safeguarding	4		3			3
Looked after children	4		3			3
Learning difficulties / disabilities	4		3			2
Service Management	3	3	3			2
Capacity to Improve	4	3	3	4		2
Being Healthy		3		3	3	
Staying Safe		3		3	3	
Enjoying and Achieving		3		3	3	
Making a Positive Contribution		3		3	3	
Achieving Economic Well Being		3		3	2	

ANNEX C

APPROACHES TO EARLY IDENTIFICATION

Approaches to Early Identification

1. The research identified three main mechanisms supporting identification. These were:

- **the practitioner driven approach** - based on a practitioner's knowledge of the needs and risks facing a young person, they alert other agencies of the need for support;
- **data driven approach** - through use of data on known risk factors, authorities aim to identify young people who may be at risk, sometimes before they are known to any specific support services
- **self identification by young people or their families, parents or carers** - young people or parents seek out support.

Practitioner Driven Identification

2. For practitioner driven early identification to work consistently and effectively the following elements need to be in place:

- practitioners in universal settings need to have a shared understanding of the factors which contribute to increased risk;
- practitioners in universal settings need to have an understanding of which services deliver which forms of support, and in what circumstances (i.e. thresholds of delivery);
- strong links need to be established between universal and targeted services which encourage joint working between practitioners;
- services need to have in place open information sharing practices and a shared understanding of responsibilities.

3. As we reported in Section 3, this had not yet been achieved in all areas. However, there is evidence to suggest that one model was more effective than the five others.

4. In this case study area, a co-located practitioner integrated team was established within a secondary school. To provide a structured approach to early identification, the team tapped into the school's existing systems to deal with pupils causing concern. Analysis of the young people supported (as well as evidence from the interviews with young people) indicated that the approach was effective in supporting early intervention and prevention work with vulnerable young people who previously would have been unlikely to receive attention. Further detail is provided in Figure C.1.

Figure C.1

In this area, the school in which TYS was piloted had a structured approach to support identification in place. On a weekly basis the Vice Principal for Inclusion chaired a weekly meeting involving a range of school based staff, education welfare, Connexions and the manager of the co-located team. The meeting was used to identify any pupils that were causing concern (and subsequently monitor and review their progress). The manager of the co-located team provided guidance on the support their team could provide. If considered appropriate, a CAF would be administered which would provide access to the resources and support of the multi-agency team.

5. Another area had placed a clear focus on early intervention, but as it had only been delivering for a short time at the time of reporting, there was limited evidence to indicate effectiveness. Nevertheless, the aims and structure of the model suggest it had the potential to be effective. This model (**Model C - Multi-agency Manager Model**), aimed to support early identification in two ways. Firstly by developing the skills of those in universal services, and secondly, by making the process of accessing support easier by providing each universal setting with a single point of contact. Details are provided in **Figure C.2**.

Figure C.2

The model aimed to develop the skills of practitioners in universal setting by developing a tool termed a 'vulnerability matrix'. The guide was produced for practitioners to use when deciding whether and where to identify support for a young person. This electronic and paper tool mapped out the range of issues that a young person should be experiencing to access support from a particular service. The tool aimed to support earlier and more appropriate referrals by developing the skills and knowledge of practitioners in relation to. However, whilst considered to be a useful tool, there was limited evidence of professionals actively using it.

The second element aimed to provide ongoing support advice and guidance to schools by allocating them a single point of contact that would support on both developmental issues as well as specific cases.

6. Both these models had recognised the challenges faced by staff in universal settings and put structures in place to address these. This is not to say that the other case study areas had not considered early intervention. However, the two examples provided had gone further than others in addressing some of the challenges which have prevented '*identification at the earliest possible opportunity*' becoming a reality.

Data-driven early identification models

7. A number of data driven early identification tools were identified within case study areas. The first and most simple approach identified was Education Welfare Officers (EWOs) use of attendance data. This practice was highlighted in two of the case study areas identified. In both cases, this practice had been developed at practitioner/service level. No other services were identified as using similar data in a similar, systematic way.
8. At a strategic level, four case study areas developed statistical models based on known risk factors (e.g. gender, ethnicity, deprivation, attainment) to support early identification. The approaches, which tended to analyse local school level data, intended to provide a more objective approach to identification, picking up on the factors which are known to relate to a number of negative outcomes. Whilst all considered this to be a useful and interesting exercise, only one area took the model forward embedding it into operational practice, and this was only on a relatively simple and small scale.
9. Three concerns were raised about the use of the above mentioned data models in early identification. Firstly, the data was not considered to be of sufficient quality to be reliable (in particular in terms of how up to date it was); secondly, concerns were expressed that the models developed were not sufficiently robust; and thirdly, a number of stakeholders held ethical concerns about the practice and the influence it might have on 'labelling' young people. Nevertheless, some areas are revisiting their models for the academic year 2008/09 and considering exploring their potential use further.

Self identification

10. In order to encourage self identification, young people need to know where they can go to access support, either through a trusted individual or through an open and accessible centre. Two of the co-located practitioner models have recognised the latter in setting up their teams, which are based in a school and a youth centre. However, for both, there is still potential to improve accessibility through wider promotion of their existence.

ANNEX D

IMPACT ON UNIVERSAL OUTCOMES

The Outcomes of TYS: Universal Data

1. The TYS Guide maps out a range of indicators on which it hopes to make a positive contribution. These are:

- youth offending / anti-social behaviour;
- drug or alcohol misuse
- under-18 conceptions and poor sexual health;
- poor outcomes for teenage parents and their children;
- 16-18 year-olds not in education, employment and training (NEET);
- low attainment;
- running away and youth homelessness;
- poor mental health;
- entry into care.

Our Approach

2. York Consulting identified thirteen indicators which were considered to be both a close match to potential TYS outcomes, and for which data were available at a national level. The indicators are set out in **Table D.1** drawn from the following three data sets:

- **Best Value Performance Indicators (BVPIs)** - published annually in local authority's Best Value Performance Plans;
- **CPR3 Returns** - published annually by local authorities, providing data on referrals, assessment and children and young people who are the subjects of Child Protection9s Plans;
- **NEET Data** -data on NEET young people is collected by each Connexions partnership area via their Client Caseload Information System (CCIS) database. This provides a monthly picture of NEET figures. The annually published figures are averages of the figures provided by Connexions at the end of November, December and January.

Table D.1 Indicators measuring the desired outcomes of TYS		
Outcome	Indicators	+ve Direction
Being Healthy		
Lower Pregnancy	% Change in <18 conception rate compared to the baseline of 1998, per 1,000 females aged 15-17 (BV197)	↓
Staying Safe		
Fewer Children on the CPP	Number of children and young people who became the subject of a Child Protection Plan (CPR3 Table 9a)	↓
Enjoying and Achieving		
Less Truancy	% of half days missed due to total absence in primary schools maintained by the LEA (BV046.02) ¹²	↓
	% of half days missed due to total absence in secondary schools maintained by the LEA (BV045.02)	↓
Better Attainment at KS2	% of Pupils Achieving Level 4 or above at Key Stage 2 Maths (BV040)	↑
	% of Pupils Achieving Level 4 or above in Key stage 2 English (BV041)	↑
Better Attainment at KS3	% of pupils in schools maintained by the LEA achieving Level 5 or above in KS3 English (BV181a)	↑
	% of pupils in schools maintained by the LEA achieving Level 5 or above in KS3 Maths (BV181b)	↑
	% of pupils in schools maintained by the LEA achieving Level 5 or above in KS3 Science (BV181c)	↑
	% of pupils in schools maintained by the LEA achieving Level 5 or above in KS3 ICT (BV181d)	↑
Better Attainment at KS4	% of Pupils in Authority-maintained Schools achieving 5 or more A*-C GCSEs (BV038)	↑
Making a Positive Contribution		
More Involvement in Youth Work	% of Young People aged 13-19 Gaining an Recorded Outcome compared to the % of Young People taking part in Youth Work (BV221a)	↑
Achieving Economic Well Being		
Reduced Levels of NEET	% of 16-18 year olds NEET (Not in Education, Employment or Training) in November of that year	↓

3. It was not possible to gather and compare data on, youth offending / anti-social behaviour; drug and alcohol misuse; running away and youth homelessness; mental health; and entry into care as national level data on these indicators is not published.

¹² This was only relevant to some case-studies, as not all of the case-study areas focussed TYS work in primary schools. Primary school data is relevant for the following case-study areas;

The level of change

4. The study has measured the level of change both within and across the case study areas:
 - **Measuring change within areas** - the performance of each case-study in 2007/08 was compared with both its past performance and with its statistical neighbours. Close statistical neighbours were generated using the Children's Services statistical neighbour benchmarking tool¹³. The performance of each of the case study areas is set out in Annex x;
 - **Measuring change across areas** - this was achieved by aggregating the results across the seven areas and calculating a weighted average.
5. Using these approaches our analysis indicates that the most significant impacts have been observed across the following five indicators:
 - the proportion of NEET YP has reduced by 10%, with positive change in five of the seven areas;
 - the proportion of young people gaining accredited outcomes from youth work has increased by 13%, with positive change in four of the seven areas;
 - achievement of 5 or more A*-C grades has increased by 3% across five of the seven areas;
 - unauthorised absences at secondary level has reduced by 3%, with positive change in five of the seven areas;
 - teenage pregnancy has reduced by 41% but with positive change in just two of the seven areas.
6. Positive impacts have also been seen in unauthorised absence at primary school, KS3 ICT and KS3 science in five, four and three areas respectively. There has been no change to KS2 maths and english, or KS3 english.
7. KS3 maths has performed the least well of all indicators with an overall decline of 13%, with positive change taking place in two areas.

¹³ This tool, developed by NFER in 2007, highlights other local authorities that have similar socio-economic characteristics to the authority in question. The tool selects and writes the ten closest local authorities generating what are defined as 'statistical neighbours'. York Consulting has used the five closest statistical neighbours to create a statistical neighbour average. The performance of the case-studies has been compared with the performance of the statistical neighbour average.

Measuring change within areas

8. In order to make an objective assessment on the indicators which had improved the most, the level of change was categorised into one of each of the following three grades:
 - **positive change:** the case-study's 2007/08 performance has improved since 2006/07, and at a rate of growth which is greater than their statistical neighbours;
 - **some change:** the case-study's 2007/08 performance has improved since 2006/07, but at a rate of growth which is the same as or below that of the case study's statistical neighbours;
 - **no or negative change:** the case-study's 2007/08 performance has either not improved or has declined since 2006/07.
9. In order to be able to rank the indicators in terms of the level of change, a simple weighted scoring system was devised. The following scores were applied:
 - 3 = positive change;
 - 1 = some change; and
 - 0 = no impact.
10. Each indicator could receive a maximum score of 21. To account for the fact that some data was not available or relevant for some areas, the score has then been divided by the number of local areas where the data is available to give an average weighted score.
11. Using the approach outlined earlier in this section, the indicators examined were ranked as follows:
 - **best performing indicators** - unauthorised absences in secondary schools (1.9); teenage pregnancies (1.5); NEET (1.3), and GCSE attainment (1.3);
 - **middle performing indicators** - involvement in youth work (1.1); KS2 attainment in maths and English (1.1); KS3 attainment in ICT (1.1); unauthorised absences in primary schools (1), and KS3 attainment in science (1)
 - **lower performing indicators** – KS3 attainment in maths and English (0.6).

12. **Table D.2** also outlines the change to the TYS indicators.

Table D.2: Change to the TYS Indicators						
Indicator	No. of areas where +ve change	N. of areas where some change	No of areas where no or –ve change	No. of areas where data was not available or not relevant	Weighted Scores	Average Weighted Scores
Teenage pregnancies	2	0	2	3	6	1.5
Number of children subject to Child Protection Plans	Data not available until September 16 th					
Truancy in primary schools	1	5	0	1	8	1
Truancy in secondary schools	4	1	2	0	13	1.9
KS2 attainment in Maths	2	2	3	0	8	1.1
KS2 attainment in English	2	2	3	0	8	1.1
KS3 attainment in English	1	1	5	0	4	0.6
KS3 attainment in Maths	1	1	5	0	4	0.6
KS3 attainment in Science	2	1	4	0	7	1
KS3 attainment in ICT	2	2	2	1	8	1.1
GCSE grades	2	3	2	0	9	1.3
Involvement in Youth Work	2	2	3	0	8	1.1
Levels of NEET	2	3	2	0	9	1.3

Measuring change across areas

13. A different approach to assessing the level of change is to present the change in real terms, as an average across all areas. **Table D.3** illustrates the following:
- the indicator which has improved most significantly is teenage pregnancy with a 41% net reduction. However, it should be noted that this change was achieved in just two of the seven areas;
 - young people gaining recorded outcomes through involvement in youth work increased by 13%;
 - % of NEET 16-18 year olds reduced by 10%.

Table D.3 Impact of TYS on real-term outcomes			
Outcome	Indicator	+ve Direction	Growth Rate Average
Being Healthy			
Lower Pregnancy	% change from 1997	↓	-41
Staying Safe			
Fewer Children on the CPP	Number of children who became subject to a Child Protection Plan	↓	
Enjoying and Achieving			
Less Truancy	% of half days missed in primary schools	↓	-7
	% of half days missed in secondary schools	↓	-3
Better Attainment at KS2	Maths	↑	0
	English	↑	0
Better Attainment at KS3	English	↑	0
	Maths	↑	-13
	Science	↑	1
	ICT	↑	4
Better Attainment at KS4	5 A-C GCSEs	↑	3
Making a Positive Contribution			
More Involvement in Youth Work	% of young people gaining recorded outcomes	↑	13
Achieving Economic Well Being			
Reduced Levels of NEET	% of 16-18 year olds NEET	↓	-10

14. Indicators that improved but at a less favourable rate were unauthorised absences in primary school (reduced by 7%); KS3 ICT (increased by 4%); KS4 attainment (increased by 3%); unauthorised absences in secondary school (reduced by 3%); and KS3 science (increased by 1%).
15. Indicators which declined or stayed the same were: KS2 maths and English (no change); KS3 english (no change); KS3 maths (reduced by 13%).

Attributing the change

16. It is not possible to directly attribute these changes to the establishment of targeted youth support in these areas. This is due to the following factors:
- timing of roll out;
 - locality based model;
 -
 - focus of activity.

ANNEX E

YOUNG PEOPLE CASE STUDY EXAMPLES

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NO IMPACT	Page 172

SIGNIFICANT IMPACT

CASE STUDY 1: Tracy

1. BACKGROUND

Tracy is 16 years old. When we spoke to Tracy she was on the roll of her school but educated off-site. Tracy was interviewed twice during the course of the intervention and the Lead Professional was interviewed on three occasions.

2. IDENTIFICATION AND REFERRAL

Tracy was identified by her youth worker, who later became her Lead Professional. Tracy attended the youth centre run by the youth worker. She came to the youth worker's attention because she was increasingly getting into trouble with the police, due to petty crime and vandalism; she was also drinking heavily and her behaviour at the youth centre was declining.

Both Tracy and her youth worker agreed that her behaviour was an increasing problem. The Targeted Youth Support Team (TYS) at Tracy's school provided a forum through which the Youth Worker could access additional support for her, and Tracy was referred to the team.

3. YOUNG PERSON'S NEEDS

Assessment of need

A young person must be referred to the YYS team with a CAF, and so Tracy was asked if she would complete a CAF with the youth worker.

Tracy felt that the CAF was an effective process for identifying her long standing needs. It identified a range of issues which she considered contributed to her current behaviour and anger issues.

The Lead Professional reported that this was the first CAF she had undertaken and was therefore nervous, but also keen to get it right and spent a considerable amount of time undertaking the CAF. A key challenge was that Tracy asked that her parents were not notified. Whilst this was necessary to commence support, this had implications when her parents did become involved at a later date: *"Tracy didn't want her parents to be told about the support as she didn't want them to let them know what she was getting up to. We encouraged her as far as we could to tell them but it was clear that she wasn't going to budge. This is the only case where we haven't been able to involve the parents"* (Team Manager).

Identified needs

Tracy had a wide range of needs including:

- **Learning disabilities:** Tracy felt she had Attention Deficit Hyperactivity Disorder (ADHD) but had not been diagnosed. Tracy regularly played truant, had no SATs results and was often at risk of exclusion.
- **Emotional and social development:** Tracy said that she often felt unhappy, had self-harmed and experienced loss through bereavement.
- **Behaviour:** Tracy was in trouble with the police, was difficult to control at home, caused fires, had history of bullying and being bullied, was aggressive, smoked, and drank significant quantities of alcohol at the weekends.

4. SUPPORT PROVIDED

Prior to TYS Tracy had been accessing an alternative curriculum to help address her learning and behavioural needs, but no specific interventions had been provided to address her behaviour in the community. The Lead Professional coordinated the support. The Lead Professional was responsible for the provision of one-to-one mentoring support; presenting the case to the TYS team; keeping in touch with Tracy and other agencies between meetings to chase the progress of the agreed interventions; and co-leading the CAF meetings with support of the TYS manager. The LP was also responsible for instigating a second collective plan of support when the initial interventions were unsuccessful.

At the first interview: A range of support was provided to encourage positive behaviour, manage her temper and conflict, reduce levels of alcohol intake, encourage her to stop smoking, and engage in positive activities to address issues of anti-social behaviour. Interventions included:

- Drug and alcohol awareness and consequences intervention;
- Attendance monitoring at alternative curriculum provider;
- Career planning provided by Connexions;
- Engagement in positive activities via Youth Service;
- School Nurse provided one to one counselling in relation to smoking, sexual and emotional health;
- Police provided information on consequences of anti-social behaviour.

At the second interview: The interventions moved to compulsory orders as previous levels of support had not stopped Tracy from getting into trouble with the police:

- Following additional trouble with the police, Tracy was issued with an acceptable behaviour contract. She was told she had to stay occupied by undertaking voluntary work with a football coaching programme. This was to keep her occupied so that she did not get in trouble. She had to undertake full-time voluntary work for one month with limits on her smoking and language.

Youth Offending Service provided anger management and careers advice.

5. INFORMATION SHARING

Initially, levels of information sharing were good; services came together and discussed the case through the CAF meeting. However, after the first couple of months, the immediate and pressing issues seemed to have been addressed and contact between agencies reduced: *"Loads of people did stuff with me after the first meeting, but after that things went a bit quiet. I saw the Lead Professional quite often at the Youth Centre and she asked how I was getting on, but I started to get into bits of trouble again after that"* (Tracy).

There were challenges in engaging the police due to resource issues.

6. ENGAGEMENT

Initially, engagement with support was good but dropped off when all the interventions agreed had been delivered and things seemed to have settled down; Tracy's behaviour subsequently deteriorated again: *"I had nothing to do, so started hanging out on the streets again. There's always something going on which can then lead to trouble starting. I just find it difficult not to get involved"* (Tracy).

It is possible that, following the first round of activities, a more detailed review should have been undertaken to look at the extent to which her level of risk had reduced. Although a review did take place it was not sufficiently robust and therefore it took some time to involve her in activities which engaged her.

7. EFFECTIVENESS OF TYS AND LP

The identification, referral & assessment process: The identification process was effective because the youth worker had been CAF trained and, importantly, involved in the TYS team, which provided a clear route to accessing additional support. Both the Lead Professional and the young person considered the assessment process to be effective and the first steps to support commenced within two or three weeks of referral. The Lead Professional had a detailed level of information available when she took in the case and a wide range of services provided input of their knowledge of the case.

Access to, and the delivery of, appropriate programmes of support: The initial support provided partially met Tracy's needs. However, the key challenge identified was that if Tracy was not engaged in activities which motivated her and kept her occupied, she was at risk of getting into trouble. Whilst she was already engaged in positive activities (football) it was only when she was at risk of not being able to participate that she modified her behaviour. The Team Around the Child approach developed a programme of support which meant she was given additional responsibility and trust and she knew that if she did not comply with the agreement then an ASBO would be issued. This appears to have been effective in changing her behaviour. The key here was engaging Tracy in positive activity that she particularly enjoyed, and was good at, and then giving her a significant opportunity to stretch herself (through coaching) where she was able to test out her new skills.

The coordination of services: The coordination of services was clear, all practitioners were aware who the Lead Professional was and who to update. For example, when Tracy got into more trouble with the police, the Lead Professional was contacted as a first point of call.

The management and monitoring of progress: This was fairly effective: initially progress was carefully monitored but when it appeared that things had settled down less monitoring took place and this was when issues escalated further. However, the Lead Professional was always in contact with Tracy even if other practitioners were not.

Maintaining support at key transition points: Tracy had left education but her support had continued during this transition period with no impact on the quality of support received. However, because the case was escalated to the YOS the practice, as directed by the local area, was that the CAF should be closed and the support of the team be completely handed over to the statutory service. This is not taking place in other areas and is a major concern in relation to continuity of support when needs escalate.

How different to what happened pre-TYS: Tracy's needs were identified earlier due to TYS as previously she would only have received additional support if her needs had escalated to such an extent that she required intervention from the Youth Offending Service (YOS)

Previously her issues were addressed in isolation, rather than taking a holistic approach and looking at her behaviour both in the community and school/educational placement. TYS support provided the opportunity to do both.

8. IMPACTS

At the final interview, Tracy had received a positive report for her volunteering work and had been offered three to four weeks paid work over the summer. She had also secured a place at college to do a decorating course.

Reducing non-attendance: Tracy had previously truanted at school. When Tracy moved to an alternative curriculum (pre-TYS intervention) her attendance increased significantly.

Reducing substance misuse: At the time of the first interview Tracy said that she was trying to reduce her alcohol intake but that she had not really changed her behaviour. She also reported that she did not want to give up smoking or cannabis. By the time of the second interview Tracy said that her alcohol intake had reduced significantly as hangovers were starting to affect her performance at football. She had also cut down smoking and was trying to stop smoking cannabis.

Reducing offending: At the time of the first interview Tracy was involved in low level vandalism. Work with the police and a drugs worker on the implications of her behaviour had resulted in some reduction in offending but this was a challenge to maintain. In between interviews her offending behaviour escalated and Tracy was almost issued with ASBO. However, post-interview, her offending behaviour had ceased and she had stayed out of trouble for six weeks.

Reducing NEET: At the time of first interview Tracy was at risk of becoming NEET after being declined a place at college because of her offending behaviour. Connexions and YOS worked with her to address this. As a result of her volunteering (linked to her acceptable behaviour contract) she was offered a work placement and secured a place at college.

Improving relationships: Between interviews there was some improvement in how Tracy handled relationships. Circumstances and frame of mind dictated how well she responded. Since the second interview she demonstrated in her voluntary placement that she had made significant efforts to improve her conduct and manage difficult circumstances.

It was not until Tracy was given a motivating opportunity (through coaching football), which she enjoyed and did not want to risk losing, that she was able to pull everything together. The importance of positive activities was key.

SIGNIFICANT IMPACT

CASE STUDY 2: DARREN

1. BACKGROUND

Darren is 13 years old and Black British. When we spoke to Darren he was attending school and receiving support from a Positive Activities for Young People (PAYP)¹⁴ worker. During the course of the evaluation Darren was interviewed once and his key worker was interviewed twice.

2. IDENTIFICATION AND REFERRAL

Darren received additional support whilst he was at primary school but this support only focused on primary aged children. When he transferred to secondary school Darren was referred to the PAYP worker so that support was maintained during the transition. The PAYP worker was not a lead professional but was classified as a 'key worker'.

3. YOUNG PERSON'S NEEDS

Assessment of need

A CAF was not undertaken but the PAYP worker undertook a number of consultations with Darren in order to assess his needs, identify his strengths and weaknesses, and devise an action plan of support.

The PAYP worker had considered completing a CAF but felt that he needed to build up a relationship with Darren and his family before undertaking the assessment. The key worker was concerned that Darren's mother would have a negative view of a CAF being completed.

Identified needs

- **Learning difficulties:** Darren had special educational needs and literacy difficulties.
- **Relationships:** Darren had negative relationships with his peers. His key worker felt that he needed a positive male role model. He struggled to interact positively with adults and did not understand social barriers. As a result his behaviour with adults was often inappropriate and he came across as cheeky and rude.
- **Offending:** Darren's key worker was concerned that Darren might be involved in offending behaviour, or at least could be in the future.

4. SUPPORT PROVIDED

Interventions provided included:

- One-to-one support with a particular focus on emotional support. At the time of the first interview Darren met with his key worker two to three times a week for between one and two hours at a time. By the time of the second interview these meetings had been reduced to once a week for approximately an hour. The level of support has been reduced because Darren's behaviour had improved.

¹⁴ The Positive Activities for Young People programme is aimed at 8-19-year-olds who are at risk of social exclusion and community crime.

- Engaging Darren in a range of positive activities, including: go-karting, cooking workshops, horse-riding, kick-boxing and trips to play areas. This was to keep Darren off the streets and reduce the likelihood of him offending.
- Engaging Darren on a reading and writing programme, provided by the key worker. This was an informal approach to reading and writing, mainly involving using song lyrics in order to engage Darren in reading and writing.

5. INFORMATION SHARING

There had been no contact or sharing of information between the PAYP key worker and the support worker who provided interventions for Darren whilst he was at primary school. This means that important information might not have been shared between professionals at the point of transition.

However, the sharing of information now between Darren's school, his key worker and other agencies appeared good. Information was shared through regular multi-agency team meetings.

Darren's key worker also met regularly with staff at Darren's school to discuss Darren's learning difficulties and the support they key worker could provide.

6. ENGAGEMENT

Darren had engaged well with the activities undertaken and had established a strong relationship with his key worker.

7. EFFECTIVENESS OF TYS AND LP

Lead Professional role: The key worker had developed a strong relationship with Darren. Darren said that he enjoyed spending time with his key worker and said that he felt he was someone he could confide in.

Access to, and the delivery of, appropriate programmes of support: The key worker was providing support for both Darren and his mother. Whilst this was providing a more holistic and effective programme of support, the key worker was finding it challenging in striking a balance between the support he provided for Darren and the support he provided for Darren's mother. He acknowledged that he had to be careful that his support for Darren's mother did not damage the relationship that he had with Darren.

The coordination of services: Other contacts in the TYS team were able to put the key worker in touch with Darren's school, so that the key worker was able to coordinate his support and the support provided by the school. Prior to TYS this coordinated approach would have been unlikely, as it was the TYS team that gave the key worker Darren's school's contact details.

The management and monitoring of progress: The multi-agency meetings set up as a part of TYS had enabled the key worker to make links with other practitioners and universal services who were working with Darren. This had meant that the key worker had been informed when issues had arisen and was able to address them. For example:

1) Links developed with the community police team mean that the key worker was fully aware of Darren's involvement in any offending behaviour or when he had been drawn to the attention of the police. Previously, the key worker had to rely on 'word-of-mouth' or Darren telling him what had happened. Now the key worker's manager attended multi-agency meetings with community police officers. Darren's case was raised in one of these meetings as a young person who had kept out of trouble with the police.

2) A Connexions PA who was a part of the TYS team worked in Darren's school. He provided an invaluable link between the key worker and the school and also acted as an intermediary, alerting the key worker of any issues that arose in the school that, otherwise, the key worker would not be aware of. This meant that Darren's key worker could respond promptly to any incidents or issues and discuss with Darren the reasons why he was getting into trouble. As a result of this prompt intervention, Darren's behaviour in school improved.

8. IMPACTS

Improved behaviour: Darren's key worker noted a positive change in Darren's behaviour, both in and out of school. His key worker felt that this change had occurred because he was providing Darren with a positive role model and that engagement in positive activities had helped address some of his behavioural issues. The key worker also felt that involvement in the activities had given Darren new responsibilities and kept him out of trouble (i.e. reduced his likelihood of offending).

Increased confidence: Between the first and second interviews, Darren was involved in a large number of activities. Half were PAYP activities and half were activities Darren had arranged himself, reflecting his growing independence and confidence.

Improved attainment:

Darren felt that his reading and writing skills had improved since working with his key worker.

Improved relationships: Darren's mother thought the relationship she has with the key worker was beneficial for her because she had someone to talk to about her problems with Darren. This was also beneficial for Darren because he felt that his key worker could act as an advocate for him, presenting his perspective to his mother. This support had improved Darren's relationship with his mother.

SIGNIFICANT IMPACT

CASE STUDY 3: RICHARD

1. BACKGROUND

Richard was 13 years old when we first spoke to him and at school. Richard was interviewed twice during the course of the evaluation and his mother was interviewed once. We also spoke to Richard's Lead Professional (LP) and the Family Support Worker (FSW) working with his mum.

2. IDENTIFICATION AND REFERRAL

Richard had started missing school, so his school notified the Education Welfare Officer (EWO). EWOs had just moved to working with the Locality Team and work closely with FSWs.

3. YOUNG PERSON'S NEEDS

Assessment of need

The FSW (who had previously worked with Richard's mother) completed a CAF with Richard and his mother. The Lead Professional (from the youth service) noted the important role played by FSWs in the assessment process: *"Family Support Workers are crucial as they can give holistic support"* (Lead Professional).

Identified needs

- **Relationships:** Richard's parents had separated and his father had moved away with his new partner. Richard, his mother and sister had to leave their home. Richard sees his father every other weekend but his sister is no longer speaking to their father and will not speak to Richard the week before he goes to see his father or when he comes back. This causes an atmosphere at home and Richard is caught between wanting to see his father and the views of his sister and mother.
- **School attendance:** Richard's school attendance has dropped as he did not want to leave the house. This was also having a negative impact on his learning in school.
- **Health:** Richard was suffering headaches and felt too ill to go to school. His GP said that they were stress headaches.
- **Emotional & Social:** Richard was very unhappy, experiencing lots of changes in his life due to his father moving out and Richard and his mother and sister leaving the family home. Richard was staying in bed and was 'too sad' to go to school.

4. SUPPORT PROVIDED

Prior to TYS, Richard's mother received support from the FSW but Richard did not receive any additional support. His form tutor was supportive and had noticed that Richard was becoming withdrawn and missing school.

Through TYS, the Family Support Worker provided support for Richard's mother and the LP supported Richard. At the time of the first interview the family were receiving the following support:

- Richard's mother received one-to-one support from the FSW. Richard's mother was being helped to not be too critical of Richard's father in front of Richard.

- Richard received one-to-one support from the LP, initially for an hour once a week and then this was reduced to an hour once a fortnight, but with the option of making it more frequent if necessary. The support focused on helping Richard cope with his sister's feelings and behaviour and understand why she might be behaving like she was. The sessions focused on conflict resolution; work on recognising Richard's feelings and emotions and the impact they had upon his body (e.g. the cause of his headaches) and encouraging him to talk.
- The LP liaised with Richard's school to help them support him when he was there.
- At the time of the second interview, the support was still continuing for Richard and his mother.

5. INFORMATION SHARING

Information was shared through TAC meetings every three months. These meetings were attended by the EWO, the LP, the FSW, Richard, his mother and father and the school Head of Year.

The LP and FSW also liaised closely with one another to ensure that their support for Richard and his mother was joined up.

The LP liaised closely with Richard's mother who would phone her to inform her of developments at home, in advance of the LP's one-to-one meetings with Richard. The LP would also ring Richard's mother if there was some information she required.

Liaison with Richard's school was strong. There was a pastoral support assistant for each year group. The pastoral support assistant for Richard's year booked a private room for them to meet each week. The pastoral support assistant also attended the TAC meetings if the Head of Year was unable to attend.

Challenges were noted by the LP: "*Confidentiality can become quite an issue*". She said that she had to be extremely careful about what information was shared, as Richard, his mother and father did have things they do not want shared with the others.

6. ENGAGEMENT

Richard's level of engagement with his LP was high and he said that he liked meeting with her. Richard also said that he was "*trying hard to go to school each day*" and that he liked his form tutor, which helped. Richard's mother was extremely grateful for the one-to-one support she had received. She found it difficult to engage with her son after his father left: "*He fought me the whole way. He blamed me for the marriage break-up; everything was my fault. I work with children but I didn't know how to deal with him over this; they [LP and FSW] have helped me and him*".

7. EFFECTIVENESS OF TYS AND LP

Access to, and the delivery of, appropriate programmes of support: The positive impact the interventions have had demonstrates that an appropriate programme of support was delivered.

Co-ordination of services: It is now clear who is working with Richard and what they are aiming to do. TYS had reduced the gaps between services and also reduced duplication as everyone knew who was working with whom. Richard's school had been very supportive and had taken on a monitoring role.

How different to what happened pre-TYS: Pre-TYS, Richard's case would probably have been referred to the Education Welfare Services and Richard's mother may have been prosecuted for his non-attendance. The LP would not have been brought in to support Richard.

8. IMPACTS

Improved attendance: At the first interview Richard's attendance was improving. By the second interview he was attending school full-time.

Improved relationships: By the first interview Richard's relationships were improving. His relationship with his sister was still fraught but his mother had been helping him engage positively with his father. By the second interview his relationships with his mother and sister had improved and he was engaging with his father. The support Richard's mother received was instrumental in re-building her relationship with her son, as Richard's mother had learnt new strategies for working with him.

Improved confidence By the second interview Richard was much happier with his appearance. He said that the LP and FSW had helped him a lot and he felt much better. A large contributor to this was the one one-to-one support: *"it helps me to talk to someone about how I feel and to stop bottling it all up inside"*. Richard's mother was happy that he was showing greater stability: *"he is starting to understand a lot more about what is going on and enjoys speaking to someone about his feelings. I have nothing but praise for the girls [FSW and LP]"* (Mother).

SIGNIFICANT IMPACT

CASE STUDY 4: KYLE

1. BACKGROUND

Kyle was 12 years old when we first spoke to him. We spoke to him and his Lead Professional (LP) three times over the course of the evaluation and to his mother once.

2. IDENTIFICATION AND REFERRAL

From starting at the school in September 2007, Kyle was regularly in trouble and causing problems in the classroom: refusing to undertake work and deliberately disrupting classes. His younger sibling had been identified by the 0-12 TYS team. Kyle's parents were brought in on several occasions to discuss Kyle's behaviour and from these discussions it was clear that his mother was struggling to control his behaviour. Problems with his behaviour escalated and Kyle was at risk of exclusion. His mother agreed that Kyle might benefit from additional support.

3. YOUNG PERSON'S NEEDS

Assessment of need

Kyle's needs were assessed using the CAF; Kyle, the LP and Kyle's mother were present at the time. Kyle, his mother and the LP felt that the CAF was an effective way of getting Kyle to open up about some of the issues which were troubling him.

"I found going through the CAF really helpful. Kyle won't talk to me at home but he seemed to really open up to the LP and told me lots of stuff about how he was feeling and what was upsetting him. Since then he's been much more open with me." (Mother)

Identified needs

- **Learning:** Kyle had low level literacy and numeracy skills; Kyle struggled to concentrate in class and would regularly walk out of the classroom. There were issues with non-attendance and internal truancy within school, such as not turning up for lessons.
- **Relationships:** Kyle had few friends and tended to wander off from the classroom at any opportunity. He was involved in bullying but had also been bullied himself. He had a poor relationship with his father who frequently let him down.
- **Behaviour:** Kyle could be verbally abusive in the classroom and regularly swore at teachers and other pupils. He was disruptive to other pupils in the classroom and was physically aggressive in the classroom. His mother struggled to control him at home. There was also poor discipline in the home.
- **Identity:** There were some concerns about Kyle's identity. Kyle's mum was White and his dad was Black Caribbean. There is little of his father's heritage or influences in his life.
- **Family:** Kyle's older sister (aged 17) was serving a 12 month prison sentence.

4. SUPPORT PROVIDED

Prior to TYS Kyle received support from the Learning Support Unit (LSU) at the school. As a result of TYS the following support was provided:

- 'Fun and families support': a 12 week programme involving parents and siblings, delivered by the Youth Offending Service (YOS). This programme focused on improving relationships between children and parents by providing positive fun time together.
- Involvement in positive activities over the summer holidays. Kyle's school agreed to fund this intervention on the condition that his behaviour and attendance improved. It did improve so he was signed up for the cadets over the summer holidays.
- Mentoring support from a positive role model in Year 10.
- Assessment of his learning needs from the learning support unit.
- Attending a session on dual heritage to help Kyle understand different cultural backgrounds.

The aims of the above interventions were to: improve Kyle's control of his behaviour; stop him from bullying; stop him from arguing back with teachers and his mother; and generally improve his anger management.

5. INFORMATION SHARING

Information was shared through the six-weekly CAF meetings, emails to the LP and the LP reporting to Kyle's mother in between meetings as and when appropriate/necessary.

All professionals delivering services were invited to attend the six weekly CAF meetings to ensure that they were fully aware of Kyle's situation and engagement with other services.

6. ENGAGEMENT

There was very good engagement which was maintained over time. The LP, his school, Kyle and his mother reported significant improvements in his engagement with education.

None of the interventions were compulsory. Kyle indicated that he was not enjoying one of the interventions, which he was withdrawn from. He fully engaged in the other support.

Kyle's mother and sibling engaged in the fun and families activities.

7. EFFECTIVENESS OF TYS AND LP

Access to, and the delivery of, appropriate programmes of support: A good level and range of appropriate interventions were provided, which also engaged Kyle's mother. The 'Fun and Families' activities were reported to be excellent. The balance of support with home and school life at the same time helped address his issues consistently. Kyle responded to the positive activities being used as reward for improvements in his behaviour.

The co-ordination of services: There was an excellent coordination of services, all parties fed back to the LP on progress and Kyle's mother was regularly in contact to tell the LP how things were progressing. Kyle's mother highlighted how well the interventions and professionals worked together and the positive impact this had on his behaviour:

"I have to say, they've all been brilliant, but particularly the LP... We sat round at a meeting and talked through all the problems and they suggested options which might help ... I've had dealings with social services before and just thought it would take forever so have to admit to not having much faith at first. But they all did what they said they would, some of it worked some didn't, and then we had meetings every 6 weeks so see how he was getting on, and what else they could try ... I really think they had his best interests at heart and didn't just see him as a naughty kid who was causing them grief." (Mother)

The management & monitoring of progress There was good management of behaviour. However, the targets that were set were not particularly clear or measurable and most focused on whether the intervention had been completed or not.

How different to what happened pre-TYS Kyle would have received support from the LSU and may have been allocated a mentor. However, it would have been unlikely to have led to work with family and it is unlikely that Kyle would have received support from any other services. The key difference was the whole family package of support, with support provided in the home as well as at school, a formal assessment, the provision of a range of interventions which were well coordinated, a balance of support and challenge and excellent coordination of services.

8. IMPACTS

Improved attendance: Kyle is regularly going to classes: his end of year attendance was 81% (up from 75% earlier in the year) and he nearly had full attendance over the summer term.

Improved relationships: The involvement of Kyle's mother and his sibling in the 'Fun and Families' activities has changed family dynamics; *"At home, Kyle is talking rather than arguing."* (Mother)
The work has given Kyle's mother tools to assert herself better and set clearer boundaries for the children. The mother also reported feeling much more confident to deal with Kyle's poor behaviour and had benefited from more spending fun time with him.

There have been significant improvements in Kyle's relationships with class teachers.

Behaviour: Kyle has stopped bullying other children and is now friendly with the pupil he was previously antagonistic towards. The package of support implemented prevented Kyle's exclusion from school and Kyle is now making good progress.

Learning: Kyle's reading and spelling improved from 6.9 years to 9.2 years over the four months that the intervention was provided. The support also helped Kyle to improve his concentration in the classroom.

"The improvement in Kyle since we started this is unbelievable. I was getting phoned up by the school every week before. Now, I just get phone calls telling me good things about how he's getting on. I've asked for them to take over support for my younger son as I don't think the service he's getting is nearly as good." (Mother)

SIGNIFICANT IMPACT

CASE STUDY 5: SIMON

1. BACKGROUND

Simon was 15 years old when he was first interviewed. When we spoke to Simon he was at a further education college part-time, studying for a construction NVQ. Simon was interviewed twice during the course of the intervention, in August 2007 and February 2008. Simon's Lead Professional was interviewed on three occasions, in August 2007, February 2008 and July 2008. His mother was spoken to twice, in August 2007 and February 2008.

2. IDENTIFICATION AND REFERRAL

Simon was brought to the attention of a Multi-Agency Group (MAG) when the school reported at a MAG meeting that Simon had stopped attending school. The person who took on the Lead Professional role worked for the Youth and Community Service, and had known Simon for a year, as he attended a Youth Club the Lead Professional worked at. She put her name forward at the MAG meeting as someone who would be suitable to take on the Lead Professional role.

The Lead Professional then contacted Simon and his family to check they were happy with the choice of Lead Professional. Simon was happy to work with the Lead Professional because he knew her well from the Youth Club he attended; because Simon was happy with the choice of the Lead Professional, so too were the family.

3. YOUNG PERSON'S NEEDS

Assessment of need

A CAF was completed, which *"identified a lot of things about him, some positive and some negative"* (Lead Professional). The CAF also identified that Simon was already in touch with a youth offending project. The Lead Professional also talked to Simon and his mother to further understand Simon's needs.

Identified needs

Simon's needs included:

- **Learning:** Simon had been excluded from school. He had been bored in class and had disrupted lessons. Following from his exclusion he attended a further education college part-time, studying for a construction NVQ. He also attended provision one day a week run by an independent voluntary organisation that worked to prevent crime. At this provision he engaged in positive activities, such as quad biking and go-karting.
- **Emotional and social development:** Simon displayed a lot of anger at school.
- **Behaviour:** Simon had an association with offending and spent a lot of time with substance-misusing peers. He had been given an Acceptable Behaviour Agreement (ABA, the step before an ASBO) by local wardens who said that he created disturbance and noise for local residents.
- **Family and social relationships:** Simon was experiencing problems at home due to his behaviour in the local area.

4. SUPPORT PROVIDED

Prior to Simon's referral to the lead Professional he had been in contact with the police and local housing wardens. However, this contact had not been positive or supportive, as Simon was regarded as a misbehaving teenager who caused trouble within the local estate.

The Lead Professional decided that the aims of the support needed to be:

- Enable Simon to understand the reasons for his actions and their short- and long-term consequences.
- Focus Simon to think about what he wants to do with his life.

To meet the needs outlined above, Simon's interventions included:

- Careers advice from Connexions.
- Trips from the Youth Club, such as quad biking and fishing.
- Working with a project based at a boxing club. This is a project for young people who don't attend school. Simon is going to be a learning mentor there and may even go into schools to talk about the project.

Funding from both the Budget Holding Lead Professional funds and Connexions, to support Simon in paying for his equipment and transport for college and his trips with the Youth Club.

5. INFORMATION SHARING

Regular TAC meetings are held, and information is shared at these meetings. The Lead Professional, Connexions and the local Youth Inclusion and Support Panel (YISP) attend the TAC meetings. Informal discussions also take place between the mother and the Lead Professional, and Simon and the Lead Professional.

6. ENGAGEMENT

Simon's engagement levels had been relatively strong throughout the support, though it has dipped at times. From the outset, Simon recognised the benefits and necessity of the support, and this led to his high level of engagement. He studied hard on his course and was highly regarded by the college. He studied hard because he realised the benefits it would bring, and made an active effort to avoid engaging in anti-social behaviour. *"The pay at the end will be better than others are likely to get by hanging around in the park. I'm keeping away from them as I could do better than that."* (Simon)

However, between the second and third interviews Simon's engagement with the support slightly dropped. He rejected an end-of-course test from fear of failing it. Conflict surfaced between Simon's family and the police when Simon was accused of offending, and tension further rose as Simon's family felt they were misinformed about when the ABA ended.

By the third interview, though, Simon was re-engaged with his learning, and had successfully progressed onto an Education to Employment course.

Simon's mother was engaged with support throughout the intervention. She was very positive about the support Simon and the family received. The Lead Professional commented on the added-value working with parents can bring; *"It's positive to be working with parents. I thought it would be a problem but when they see that you want to help their child, not punish them, they're very supportive. You can do a lot more for a young person with their parents' support than without it."* (Lead Professional)

7. EFFECTIVENESS OF TYS AND LP

Lead Professional role: The most appropriate practitioner was allocated for the Lead Professional role, because Simon and his family were able to choose which practitioner took on the role. The Lead Professional role also provided a consistent face for the family.

The identification, referral & assessment process: Using MAG meetings to discuss cases meant that Simon could have the most appropriate person as his Lead Professional. The CAF allowed the Lead Professional to build up a detailed picture of Simon's needs. The CAF also meant the Lead Professional could find out who had worked with Simon in the past, and contact them as necessary.

Access to, and the delivery of, appropriate programmes of support: The mixture of sanctions and reward in Simon's support was well balanced. The ABA gave Simon the incentive and motivation to modify his behaviour and avoid an ASBO. At the same time, the support from the Lead Professional and Connexions allowed him to engage in positive activities (both educational and recreational) that provided further incentives and motivations to Simon to modify his behaviour and engage in learning. *"What I did with the Youth Club kept me off the streets."* (Simon). The consistent presence of the Lead Professional meant that support was always accessible.

How different to what happened pre-TYS: Prior to TYS, the MAG meetings did not exist. These meetings provided a forum in which young people could be identified and matched with the most appropriate Lead Professional. Also, without these meetings, communication and co-ordination between the agencies may not have been as strong.

8. IMPACTS

Reducing non-attendance: Simon was not attending his school at the beginning of the interventions, but by the end of the interventions was regularly attending the further education college.

Reducing offending: Simon was no longer mixing with a disruptive peer group and was not offending.

Improving relationships: Simon was having a better relationship at home.

Improving attainment: Simon was re-engaged with learning and motivated to progress. Simon had gained NVQ level 1 in painting and decorating, plumbing, construction, brickwork and was working towards level 2 this year. *"My mum and dad say that I have achieved more out of school than when I was there."* (Simon)

Improving confidence: Simon thought that the positive activities he did with the Youth Club gave him extra confidence in his own abilities.

"It's good for the kid to have some positive feedback. His confidence is going up. He needed somebody to have faith in him. People having faith in him helps. He's a different kid. Don't get me wrong, he has his moments, but it's done him wonders." (Mother)

POSITIVE IMPACT

CASE STUDY 6: JAMIE

1. BACKGROUND

Jamie was 12 years old when we spoke to him and he was attending school. Jamie was interviewed twice during the course of the evaluation; his lead professional was interviewed three times; and we spoke to his mother once.

2. IDENTIFICATION AND REFERRAL

Jamie was identified as a potential concern by his primary school during the transition phase: *'A focus of our transition work with primary schools is to pick up children who the Year 6 teachers think will struggle to settle. We therefore knew that Jamie needed an eye keeping on as soon as he started at the school. I did some one-to-one work early on and therefore knew quite a bit about his situation before we got to the CAF stage. His behaviour was an issue right from the beginning of term'* (Lead Professional, Head of Year 7).

Issues came to a head early on in Year 7 with behaviour flare ups in the classroom, including: refusing to work, distracting others, shouting abuse, running around the classroom and refusing to do what teachers asked him to. Referral was made after repeated incidents in the classroom.

Jamie's mother met with his Head of Year to discuss his behaviour and she acknowledged that she was struggling to cope with his behaviour at home. All parties agreed that Jamie's behaviour was an issue and agreed to complete a CAF to explore the issues that were resulting in his poor behaviour.

3. YOUNG PERSON'S NEEDS

Assessment of need

The CAF was completed by the Head of Year, Jamie and his mother. The CAF was then presented to the TYS team in a meeting attended by Jamie, his mother, the Lead Professional and a group of eight professionals. Jamie said that he found the process useful and it helped him to see why he was experiencing problems with his behaviour: *"We sat down and filled out a CAF. It was quite good as it made me think about all the good and bad things going on now and stuff that has happened before. It made me realise why I get angry sometimes but I just can't help it".*

This view was reiterated by Jamie's mother: *"I thought it was very thorough. It really got us to think about what was contributing to Jamie behaving like he was. You don't often get the chance to stand back and make the linkages. The Lead Professional was really good. She wasn't at all judgemental. She just wanted to get to the route of what was going on and see what she could do to bring in other support".*

The Lead Professional also noted the benefits of Jamie's and his mother's involvement in the completion of the CAF: *"It was a very useful process for Jamie. It made him stop and think a bit about why he was getting into some of the trouble that he was. Doing the CAF with the parent's involvement is really beneficial as you all start from the same understanding"* (Lead Professional, Head of Year 7).

Identified needs / strengths

Jamie's needs included:

- **Learning:** Jamie had low level literacy and numeracy skills. His Key Stage 2 results were well below average. It was recognised that he needed catch-up support.
- **Emotional and social development:** Jamie had few friends, found it difficult to make friends, and did not socialise out of the school. He had previously said that he wanted to die and had held a knife to his throat. He had been bullied in the past.
- **Behaviour:** Jamie's mother said that he had been hard to control at home since he was aged nine and started to experience gender identity issues. He says he feels like a female, and dresses in female clothes at home. He has tried to run away on several occasions, hits out in anger at his peers and finds it difficult to concentrate. He was on an acceptable behaviour contract at school.
- **Environment:** Jamie's family were being faced with eviction, which was placing a particular strain on the family.
- **Strengths:** He has a loving and caring personality and is very loyal to his mother and friends. He has a good sense of humour and a strong and supportive relationship with his mother.

4. SUPPORT PROVIDED

Prior to referral to TYS Jamie and his mother said that they had not received any support from outside agencies. Following identification of his needs his Lead Professional provided Jamie with:

- One-to-one mentoring support (fortnightly session for 30 minutes);
- Reviewed the information on Jamie from class teachers on the EMIS system;
- Reviewed his case in the weekly school panel meetings;

At the first interview: Jamie and his family were receiving the following support:

- One-to-one support from the Head of Year;
- Tenancy advice and support from a housing support agency;
- Catch up interventions delivered by the Learning Support Unit (LSU), along with an assessment of his special educational needs.

At the second interview: Jamie and his family were receiving the following support:

- One-to-one counselling from an educational psychologist;
- Support from the school nurse;
- Liaison with the school Jamie was transferring to.

5. INFORMATION SHARING

Information sharing practices were reported to be very effective by the Lead Professional and Jamie's mother. All relevant practitioners were in regular contact with Jamie and his family at points of crisis. The support reduced once the housing issue had been resolved. There were excellent examples of information sharing at transitions between primary and secondary school in the case, and when Jamie moved to another school:

"We did a really detailed handover when the place for Jamie was secured at the new school. We thought it was really important that he swiftly be placed in catch up classes and that the school knew how best to handle his outbursts. He doesn't respond well to being shouted at. The new school and the mum were fully up to speed with the case and all relevant notes were handed over." (Lead Professional)

6. ENGAGEMENT

Jamie and his mother engaged well with the support provided.

7. EFFECTIVENESS OF TYS AND LP

Lead Professional role: The Lead Professional reported that the role was time intensive but was achievable within her remit and she estimated that she spent around an hour per week on the case: *'I've spent quite a lot of time on this case. Early on I was called to class to sort out behavioural issues quite a lot. Over time this has reduced and I've spent more time on providing support and checking things are getting better. I've had contact with about three or four different agencies, mum and Jamie every couple of weeks or so'*.

The Lead Professional played a key role in supporting Jamie, his mother and teachers when Jamie's behaviour deteriorated, particularly around challenging Jamie's behaviour. Jamie's mother was grateful for the support provided: *'The Lead Professional has been fantastic. She's been so helpful in getting us the help we needed. I didn't know where to turn to and she got all the right people around a table. I couldn't believe how quickly it all happened. I can't speak highly enough of her'*. (Mother)

The identification, referral & assessment process: There were very effective practices for early identification and quick access to support. The Lead Professional reported that, *"Previously it would have taken a couple of months to get anywhere. Within three weeks we had everyone sat round the table, mum included, and things started to get better straight away."* (Lead Professional).

The assessment process was considered by the LP, Jamie and his mother to have been effective at bringing everyone together and starting from common ground.

Access to, and the delivery of, appropriate programmes of support: The support provided was sufficient to address the immediate pressing needs. Long-term support will be required to address Jamie's learning needs and catch-up in literacy and numeracy. Systems were in place but were not yet achieved.

The co-ordination of services: There was a very clear and effective coordination of services, facilitated by the role of a good Lead Professional and regular (six-weekly) CAF meetings.

The management and monitoring of progress: This was very effective, led by good Lead Professional.

Maintaining support at key transition points: There was effective covering the transition between schools.

How different to what happened pre-TYS: The Lead Professional reported that the support was significantly different to pre-TYS. Housing support would not have been provided pre-TYS and the support would not have been coordinated. It would have been likely to have resulted in repeated assessments, and a much slower response. The Lead Professional felt that this case would have escalated to social services involvement. There was much quicker access to support (2-3 weeks rather than 2 to 3 months), there was the provision of on-site support; Jamie's mother and his school supported him collectively and worked to the same aims with multiple agencies.

8. IMPACTS

Reducing non-attendance: There was some improvement in Jamie's attendance, rising from 80% in February to 84.8% by the end of the year. His attendance suffered slightly due to Jamie being moved to a school on the other of the city.

Improving attainment: The Lead Professional reported that Jamie's concentration levels and application to tasks had improved considerably.

Improving relationships: Jamie's mother reported that her relationship with Jamie had improved significantly. His teachers had a much more positive attitude towards him in lessons.

Family impact: The housing support prevented the family from becoming homeless, and their housing issues were resolved.

Improved behaviour: Jamie's behaviour improved in school and at home. Incidences of unacceptable behaviour decreased significantly; in the first term there was, on average, one reported incident per week, whereas between March and May there were no reported incidents. Comments on EMIS changed from being all negative to being more positive.

The Lead Professional and Jamie's mother attributed this reduction in unacceptable behaviour to Jamie feeling more settled at home and also to having his learning needs met more effectively through the LSU. Jamie confirmed this: *'I think I get less angry than before. I found lessons more interesting because the work is more interesting and I know what I'm supposed to be doing. I still get distracted sometimes though and can get angry. I think going to new school will be good for me.'*

Family needs met: Family involvement in his support meant that his mother was well supported and their housing needs and issues were addressed.

POSITIVE IMPACT

CASE STUDY 7: LEE

1. BACKGROUND

Lee is 14 years old. When we spoke to Lee he was in year nine at a secondary school. Lee was interviewed twice during the course of the intervention and his lead professional was also interviewed on two occasions. Lee's mother and father declined to be interviewed at the time of the intervention.

2. IDENTIFICATION AND REFERRAL

Lee was Identified by his Head of Year. He was already being seen by the Youth Inclusion and Support Panel (YISP). The aim of YISP was to improve the family conflict.

The school Head of year raised concerns about Lee through the referral panel. They had concerns with the family situation (following a school trip) and that he had started to stammer and withdraw from involvement in school life. After discussion with Lee the Head of Year was aware that he was being supported by YISP. YISP considered that he was no longer appropriate for support and withdrew him from their services (as he showed no risk of offending), but stated that he definitely needed some level of intervention.

A Lead Professional was assigned at the referral panel.

3. YOUNG PERSON'S NEEDS

Assessment of need

Assessment was undertaken using the CAF. Lee's parents provided consent for this, but did not attend the meeting. His mum did not attend a number of initial follow up meetings, but following visits to the house, she agreed to attend. Lee reported that, *"it was very detailed. It covered all bits of our life, stuff I hadn't thought about for a while. I didn't mind it."*

Prior to this, Lee had been assessed by YISP and the ONSET tool. The Lead Professional initially used the information from this, but felt that the CAF may provide more relevant information on the family.

Identified needs

Lee's needs included:

- **Emotional and social development:** Lee had started to stammer and lacked confidence. He had large concerns about his mum, who told him that she was going to die and placed significant emotional pressures on him.
- **Behaviour:** His mum reported Lee was bullying his two younger half sisters; Lee thought they were receiving preferential treatment.
- **Relationships:** Lee's step dad was often aggressive towards Lee.
- **Identity:** He had low levels of self esteem, and became very withdrawn.
- **Health:** There were concerns with Lee's sleeping situation and hygiene. He appeared to sleep in an un-converted attic (no heating) and slept with his clothes on. Poor hygiene had been identified.

4. SUPPORT PROVIDED

The Lead Professional spent around one hour per week with Lee at the beginning of the support, though this declined over time. The Lead Professional also tried to stay in regular contact with Lee's mum, although his mum missed several appointments.

At the first interview: Lee's Interventions included:

- School nurse and housing officer made home visits to assess the housing conditions;
- Connexions were to organise counselling support which Lee had previously been referred for but not received;
- Educational Psychologist was to provide support;
- Youth Service was to involve Lee in positive activities;
- School nurse and Connexions were to provide guidance on hygiene;
- Family therapy for Lee and his family was suggested.

At the second interview: Lee's mother withdrew consent and requested no further house visits. However, she subsequently agreed for Lee to be provided with support if he wanted it, but declined further family support. Interventions included:

- Window and heating put in Lee's bedroom to make it into habitable room;
- Lee was advised of and encouraged to participate in summer activities ongoing in the area;
- Lee's mum declined any involvement from the school nurse, as considered that she was judging her parenting skills.

5. INFORMATION SHARING

Notes from all meetings were kept on file throughout the intervention.

The six-weekly CAF meetings were used as an opportunity for Lee and the practitioners to provide feedback on the support and, if necessary, make any alterations.

6. ENGAGEMENT

Lee engaged well with the support that was provided.

The family were less engaged. Although they initially provided consent for the CAF, they declined to participate. They did not attend early appointments until after a house visit was made and a letter of concern was issued in relation to the housing situation. Towards the end of the support the family withdrew consent for further house visits.

7. EFFECTIVENESS OF TYS AND LP

Lead Professional role: The Lead Professional had a good relationship with Lee and Lee said that he trusted her.

Access to, and the delivery of, appropriate programmes of support: A reasonable provision of support was provided.

The co-ordination of services: There was a good coordination of services facilitated through regular CAF meetings.

How different to what happened pre-TYS: The support was more coordinated and was more holistic, focusing on housing needs as well as emotional issues. Lee's involvement in the regular CAF meetings meant that Lee had a greater opportunity to tailor his support.

Areas for improvement/any changes to packages of support received: The support would have benefited from better targets and a clearer rationale and prioritisation of activities according to need.

8. IMPACTS

Reducing non-attendance: Lee's attendance increased as a result of the support;

Improving attainment: Lee was achieving better within the school;

Health: Lee's living conditions had significantly improved.

POSITIVE IMPACT

CASE STUDY 8: LOUISE

1. BACKGROUND

Louise was 14 years old and a pupil in a school when she was first interviewed. Louise and her Lead Professional were both interviewed twice during the course of the intervention, in May and July 2008.

2. IDENTIFICATION AND REFERRAL

Louise was identified through monitoring the school's attendance data. Louise's attendance fell below 92%. The Education Welfare Officer (EWO) based in the school carried out a home visit to find out the reasons why. During this home visit the EWO discovered that Louise was receiving support from the NSPCC, due to previous experiences of sexual abuse.

The EWO also found out that Louise's attendance was beginning to drop because she was being bullied on the school bus. The bullying was linked to her previous sexual abuse.

3. YOUNG PERSON'S NEEDS

Assessment of need

A CAF was not administered because Louise had already been assessed by the NSPCC, and the EWO felt that two formal assessments would be too cumbersome for Louise. However, the EWO was unable to see the NSPCC assessment because it was confidential, and so she carried out an informal assessment with Louise.

Identified needs

Louise's needs included:

- **Learning:** Louise's was attending fewer lessons as a result of being bullied.
- **Emotional and social development:** Louise was suffering emotional difficulties from being bullied and due to her past sexual abuse.

4. SUPPORT PROVIDED

A TAC meeting was held to discuss what support should be provided to meet Louise's needs. The attendees of the TAC meeting were:

- Louise
- Louise' mother;
- NSPCC;
- Police;
- Head of year;
- YOT (because Louise's older brother was also subject to abuse allegations);
- Social Care were meant to attend the meeting but didn't (the EWO didn't know why).

The attendees at the meeting decided that the NSPCC would focus on providing support to meet Louise's emotional needs, whilst the EWO would focus on providing support to meet Louise's learning needs. Louise's Interventions included:

- Counselling, provided by NSPCC.
- Informal emotional support in school, provided by the Education Welfare Officer
- Lifts to school in the school mini-bus, so Louise did not have to travel on the school bus.

5. INFORMATION SHARING

Issues of confidentiality meant that the NSPCC shared little information with the Education Welfare Officer.

6. EFFECTIVENESS OF TYS AND LP

LP Role: The Education Welfare Officer took on the Lead Professional role. She felt that the Lead Professional role was important and effective, but "*nothing new*"; she was already fulfilling the role of the Lead Professional role in cases before the term was introduced.

Louise did not have a single main point of contact during her support. The main contact was originally the police, and then it moved to the NSPCC. During the interviews the main point of contact was the Education Welfare Officer. However, the Education Welfare Officer stated that once the attendance problems had been solved, the main contact would revert back to NSPCC.

Access to, and the delivery of, appropriate programmes of support: An appropriate programme of support was designed and delivered. Louise was pleased with the support she was receiving and felt it was meeting her needs. However, the EWO did not have a designated room in the school, and so Louise struggled to find always find her when she needed support.

How different to what happened pre-TYS: The Education Welfare Officer felt that the same support would have been provided prior to TYS.

7. IMPACTS

Reducing non-attendance: Louise's attendance improved and was almost at 100% by the second interview.

Improving confidence: Louise's confidence grew as a result of the counselling from the NSPCC. Her confidence was also boosted because the bullying stopped as soon as Louise began travelling on the school mini-bus. Teachers had commented that her confidence continued to grow in class and that she was participating more within class activity.

POSITIVE IMPACT

CASE STUDY 9: BEN

1. BACKGROUND

When he was interviewed, Ben was 10 years old at attending a Primary School. Ben, his Lead Professional and his mother were all interviewed once during the intervention, all in December 2007.

2. IDENTIFICATION AND REFERRAL

Ben was identified as in need of support by the school. Ben had become the main carer for two of his younger siblings and for his mother, who was diagnosed with Multiple Sclerosis (MS). Ben was turning up to school tired, becoming emotional and fractious due to worries about mother and through tiredness. Ben sometimes kept off school to help out with his siblings.

The school decided that Education Welfare Services (EWS) were needed to provide support. The mother chose which Education Welfare Officer (EWO) should be the Lead Professional; she chose an EWO she had worked with in the past (EWS had been involved with the family previously as the mother was on methadone treatment and had been in prison).

3. YOUNG PERSON'S NEEDS

Assessment of need

A CAF was completed to assess Ben's needs.

Identified needs

Ben's needs included:

- **Learning:** Ben had poor attendance at school.
- **Health:** Ben suffered from a lot of tiredness due to lack of sleep at home.
- **Emotional and social development:** Ben's parents had been offending, and the Lead Professional was concerned of the influence this could be having on Ben.
- **Behaviour:** Ben had a lot of anger, both at school and at home.
- **Family and social relationships:** Ben had a lot of responsibilities at home, and was caring for both his younger siblings and his mother.

4. SUPPORT PROVIDED

Prior to TYS Ben had received support from EWS in finding new schools; he had moved nine times in five terms.

Local Team-Around-the-Family (TAF) meetings are held, that practitioners attend. The support for Ben was decided at a TAF meeting.

Ben's Interventions included:

- Full-time nursery provision at the Primary School for Ben's sister. Ben liked to be able to see his sister over the lunchtime (not often possible due to his lunch break time) and to see that she was happy.
- Part-time nursery provision for his brother to provide him with stimulating activities, funded by the local Children's Centre.
- Support for Ben from a local Young Carers' Group.
- Crossroads Young Carers provided information on MS which was handed to the Lead Professional to hand to Ben's mother.
- Support from school in managing the transition from primary to secondary school.
- Support from an Education Psychologist to help Ben identify his strengths and build his self esteem.

Future interventions that were being planned at the time of the interview were:

- A local charity to help with meeting the families' needs were contacted by the local Family Centre to ask if they could provide a volunteer to help with the family.
- A Health Visitor was to be contacted by the local Family Centre to provide a volunteer to help Ben care for his mother.

5. INFORMATION SHARING

Information was shared between agencies through the TAF meetings, and on an ongoing basis.

6. ENGAGEMENT

Ben responded well to the support and engaged well.

7. EFFECTIVENESS OF TYS AND LP

Access to, and the delivery of, appropriate programmes of support: The TAF meetings created a holistic support package that met the needs of both the young person and his family.

The co-ordination of services: The services had been well co-ordinated by the Lead Professional, and many services had been involved with the provision.

Maintaining support at key transition points: The Lead Professional had engaged the primary school, to ensure that Ben was supported in his transition from primary to secondary school.

How different to what happened pre-TYS: The Team-Around-the-Family (TAF) meeting did not exist prior to TYS. The TAF meetings created an opportunity for a wide range of services to come together to design a holistic, family-wide support package which was very beneficial to the family. This holistic approach may not have occurred without the TAF meetings.

8. IMPACTS

Reducing non-attendance: Ben's attendance at the primary school improved.

Improving attainment: The school reported that Ben was achieving and performing better in school.

Improving relationships: Ben's relationships with his peers improved.

Improved behaviour: Ben's emotional outbursts had reduced and he was calmer because the support for his siblings was reducing his responsibility for them. However, the Head teacher was still concerned as Ben still looked tired, which the Head teacher thought was due to the baby at home.

Improved confidence: The support for Ben from the local Young Carers' Group had increased his confidence. *"He's really starting to come out of his shell more."* (Lead Professional)

POSITIVE IMPACT

CASE STUDY 10: GEMMA

1. BACKGROUND

Gemma is 15 years old and attends a secondary school. Gemma was interviewed twice during the course of the intervention, in January and March 2008. Her Lead Professional was interviewed three times (January, March and August 2008) her mother was spoken to once (January 2008).

2. IDENTIFICATION AND REFERRAL

The Lead Professional identified Gemma as in need of co-ordinated support. The Lead Professional worked at a local Youth Club that Gemma attended. Gemma began spending time with a negative peer group and as a result left home, became involved in criminal activities and her health was seen to be at risk.

Gemma's mother had a good relationship with the Lead Professional and approached her to ask for support.

The Lead Professional approached the school to co-ordinate support for Gemma.

3. YOUNG PERSON'S NEEDS

Assessment of need

A CAF was completed by the Lead Professional, in collaboration with Gemma, her mother and her school. They talked with Gemma about how they could re-engage her at home and at school.

Identified needs

Gemma's needs included:

- **Learning:** Gemma had stopped attending school.
- **Health:** The Lead Professional and mother thought Gemma was in contact with drugs and alcohol. She was having unprotected sex and was suffering from violence from her boyfriend.
- **Emotional and social development:** Gemma had been associated with offending, negative peer relations and substance misusing peers.
- **Behaviour:** Gemma had been caught up in anti-social behaviour. She had been given an Acceptable Behaviour Agreement (ABA) which included a voluntary requirement to not meet with her circle of friends (including her ex-boyfriend). She had also threatened violence towards her mother.
- **Family & social relationships** Gemma's grandmother had died and her mother was grieving. Gemma found this difficult as she had lost a major person in her own life and her mother was distant through her distress.

4. SUPPORT PROVIDED

Prior to the Lead Professional arranging the co-ordinated support, Gemma had received no support. Her mother had approached the police to ask for help, as Gemma had left home, but they couldn't do anything to help Gemma's mother as Gemma wasn't classed as a missing person.

Gemma's Interventions included:

- Flexible part-time timetable created for Gemma by school through the school's inclusion unit, to encourage her to re-engage.
- Joint counselling for Gemma and her mother.
- Parental classes for mother (voluntary), provided by the Youth Offending Team (YOT).

5. INFORMATION SHARING

Information was shared through TAC meetings and through regular one-to-one contact between the Lead Professional, Gemma and her mother.

6. ENGAGEMENT

Through the joint counselling sessions Gemma realised that it was necessary for her to change her behaviour, and became very engaged with the support.

The mother was engaged with the support throughout.

7. EFFECTIVENESS OF TYS AND LP

Lead Professional role: The Lead Professional role created a single and consistent point of contact for Gemma's mother, which was very helpful for the mother in working through the problems she had with her daughter. *"it gave an opportunity to put things down on paper and formalise them."* (Lead Professional)

The identification, referral & assessment process: The Lead Professional thought that the CAF was beneficial because it provided an opportunity for Gemma and her mother to meet and discuss their needs and issues. The CAF was also very good at raising awareness of Gemma's case with other agencies; once the police were aware that a CAF had been completed and that Gemma was receiving support from a Lead Professional, the Community Patrol Officers (CPOs) made an active effort to talk to Gemma when they saw her on the streets.

Access to, and the delivery of, appropriate programmes of support: Both Gemma and her mother were pleased with the support they received, with Gemma saying that *"The school were really good"*. Gemma did say that support was not everything, and for a real change to occur the young person must recognise that a change is necessary. *"They all did what they could, but I wasn't going to change until I decided it for myself."* (Gemma) However, it was through the joint counselling that Gemma realised that a change was necessary, and so the support did contribute to Gemma's change in attitude.

How different to what happened pre-TYS: The Lead Professional role did not exist prior to TYS, and this role created a more co-ordinated package of support. The Lead Professional role also created a contact point for the mother, and so the support for the mother would not have been as strong without the Lead Professional role.

8. IMPACTS

- **Reducing non-attendance:** Gemma began attending school and became re-engaged with learning. She completed all her GCSEs and was due to start attending college in the next academic year.
- **Reducing offending:** Gemma was no longer offending.
- **Improving relationships:** Gemma's relationship with mother was improving (though still fraught at times) and Gemma moved back into the family home.

- **Behaviour:** Gemma cut her contact with the negative peer group, and her behaviour improved as a result.
- **Strain on mother reduced:** The voluntary parenting classes for the mother reduced the mother's feelings of stress and strain, and this put her in a better position to build her relationship with her daughter. *"You realise you're not the only one".* (Mother)

SOME IMPACT

CASE STUDY 11: KATIE

1. BACKGROUND

Katie was 14 years old when she was first interviewed and was a year 9 pupil at a school. Katie was interviewed twice during the course of the intervention (May and July 2008) and her Lead Professional was interviewed on three occasions (May, June and July 2008).

2. IDENTIFICATION AND REFERRAL

Katie was identified by her head of year. Katie's behaviour in class began to become more disruptive, and after a detailed discussion with Katie, the head of year suggested a CAF should be undertaken to see if Katie would benefit from more support.

3. YOUNG PERSON'S NEEDS

Assessment of need

A CAF was used with Katie. Through completion of the CAF, it was apparent that Katie was experiencing problems at home and would benefit from support and advice. The CAF identified that her mum was becoming alcohol-dependent.

Following this, a meeting was organised with Katie, her mother and the TYS team, in which an action plan was developed.

During the assessment, Katie and her mother were completely involved, and both agreed to the family package of support.

Identified needs at first interview

At the time the CAF was completed, Katie's needs included:

- **Family and Social relationships:** The relationship between Katie and her mother was strained, as Katie felt responsible for her mother when her mother was intoxicated.
- **Emotional and social development:** Katie had started drinking alcohol with increasing frequency and occasionally smoked cigarettes. She reported having unprotected sex with her previous boyfriend.
- **Behaviour:** Anger issues were increasingly becoming more prevalent during school classes.

Katie's mothers needs included:

- Struggling to pay off large debts;
- Not involved in employment or training;
- Consuming large amounts of alcohol.

Identified needs at second interview

By the second interview, external factors meant that Katie's needs had significantly escalated. Katie's step-father had been released from prison and was harassed and seriously assaulted; an assault that was witnessed by Katie. As a result, Katie's family were forced to leave their home and were living in unsuitable accommodation; the accommodation problem increased when Katie's friend moved in with the family.

Katie's needs included:

- **Emotional and social development:** Katie was consuming more alcohol and had begun using cannabis.
- **Health:** Katie had reported sleeping outside the home until 4am.
- **Family and Social relationships:** Katie's relationship with her mother deteriorated as the mother began drinking more, and Katie was becoming an almost full-time young carer for her younger sibling.
- **Behaviour:** Katie was becoming more abusive at school and admitted feeling isolated. She was struggling to cope with witnessing the attack on her step-father.

4. SUPPORT PROVIDED

At first interview

The support package was split between actions for Katie and actions for her mother. This was because the Lead Professional identified that many of Katie's problems stemmed from her relationship and issues with her mother.

Katie's Interventions included:

- Meetings with school nurse to develop an understanding of health issues related to alcohol, smoking and sex.
- Connexions to provide support and help to identify future goals.
- Referral to anger management sessions.

Katie's mother's interventions included:

- Benefits check to ensure all benefits were being claimed.
- Information on accessing courses for mum to do during the day.
- Engage biological father in supporting the process (Lead Professional was to contact the biological father).
- Appointment with GP to discuss ways to reduce alcohol consumption.

At second interview:

Due to the escalation of Katie's needs, by the second interview the school had involved the Social Services. As a result, the TYS interventions ended and Social Services began providing the support; the main concern became finding suitable and safe accommodation. An Educational Psychologist became the Lead Professional.

5. INFORMATION SHARING

Information sharing was generally positive, although, due to the changeable circumstances in this case, more regular updates and information sharing between meetings would have been helpful to ensure everyone was aware of the changes in the case.

Social Services became involved later on and considered that they should have been made aware of the case at an earlier stage; another child had moved in with the family due to her own family problems and, due to the problems facing Katie's family at the time, Social Services considered they should have been notified by the school. This suggests that there should have been stronger information sharing links with Social Services.

6. ENGAGEMENT

Katie was very engaged in all of the support. However, once Katie had been referred to Social Services both Katie and her mother felt that they had lost control over the support.

7. EFFECTIVENESS OF TYS AND LP

The identification, referral & assessment process: Katie would not have been identified as at risk prior to TYS support. The CAF created an opportunity for the school to understand and try to tackle the problems Katie was experiencing at an early stage, when only minor problems were surfacing. Without the CAF this opportunity would not have arisen until Katie's needs had escalated and surfaced later on. Without the TYS intervention it is unlikely that the family would have been known to services at all.

Access to, and the delivery of, appropriate programmes of support: The TYS team did not have a large range of options available to them.

The co-ordination of services: There were some gaps in information sharing between targeted and specialist services.

The management & monitoring of progress: Good contact was maintained through the Lead Professional.

Maintaining support at key transition points: Local guidelines meant that once a case had been referred to statutory services the TYS team no longer had involvement unless requested by the statutory services. This created a sharp break in the interventions and support that was provided.

How different to what happened pre-TYS: The family would not have received any preventative support and the case may not have been made aware to Social Services.

Areas for improvement/any changes to packages of support received: The support would have benefited from better and earlier linkages with Social Services.

8. IMPACTS

Before Katie's needs escalated:

Reducing non-attendance: Katie's' attendance had improved and rose to 88%.

Improving relationships: Katie's' relationship with her mother improved. The support had made no impact on Katie's substance misuse, and it was reported that she was still drinking on occasions.

After Katie's needs escalated:

Katie's behaviour and her relationship with her mother both deteriorated, whilst her alcohol and drug use increased; the positive impact gained from the TYS interventions deteriorated once Katie's home circumstances escalated.

SOME IMPACT

CASE STUDY 12: SEAN

1. BACKGROUND

Sean is 16 years old. When we spoke to Sean he was excluded from his school and was receiving off-site tuition. Sean was interviewed twice during the course of the intervention (March and August 2008). In the area the main person leading the support for young people is called a Key Worker, rather than a Lead Professional. A Connexions Personal Advisor (PA) took on the role as Key Worker. The Key Worker was interviewed twice (March and July 2008).

2. IDENTIFICATION AND REFERRAL

The Key Worker knew Sean because he was the Connexions worker based in Sean's school and had provided Sean and his group of friends with careers support and advice.

At the time of the first interview, Sean was permanently excluded from school after being involved in a robbery with a weapon. As the Connexions PA had worked with Sean, he took the lead on providing support for Sean.

3. YOUNG PERSON'S NEEDS

Assessment of need

No formal assessments were used. Instead, the Key Worker held detailed discussions with Sean, his father and his school.

Identified needs

Sean's needs included:

- **Behaviour:** Sean had anger management issues.
- **Learning:** Sean was excluded from school and had been offered a place at a Pupil Referral Unit (PRU). He was not willing to take up the place, as he felt it would be detrimental to his education. Sean was also struggling to find employment.

4. SUPPORT PROVIDED

Prior to the support Sean received from the Key Worker, Sean regularly attended a youth club and had an allocated youth worker.

At the first interview:

Sean was receiving the following support:

- Anger management course;
- Key Worker liaising between Sean, the school and the PRU to decide the most suitable provision for Sean;
- Temporary tuition from a tutor, held at the Connexions hub, whilst Sean's full-time education was decided;
- Informal support from Key Worker;
- Careers support and support in applying for college and apprenticeships;
- Support in finding a Saturday job e.g. CV writing, letters etc;
- Informal support from allocated youth worker at Sean's local youth club;
- Support from an Education Welfare Officer (EWO)

At the second interview:

The interventions had declined as Sean and the Key Worker saw little of each other. Sean was attending the PRU, which was very far away from the geographical area that the Key Worker operated in. Both Sean and the Key Worker were disinclined to travel to meet each other, and so only met every three to four weeks. As a result, the interventions had declined to informal emotional support and informal careers advice from the Key Worker.

5. INFORMATION SHARING

Whilst information sharing was generally very effective, with good levels of information sharing taking place between the Key Worker, Sean, Sean's father and Sean's school, little information was shared between different local authorities. As a result, no communication or information sharing took place between the Key Worker, Sean's allocated youth worker or the EWO, as the Key Worker was based in a different local authority to the youth worker and EWO.

6. ENGAGEMENT

Sean engaged well with the support he was provided with. Sean commented that he enjoyed working with the Key Worker and found the Key Worker accessible and easy to communicate with. Sean's father was also very engaged with the support, and was pleased that support was being provided for Sean.

7. EFFECTIVENESS OF TYS AND LP

Lead Professional Role: The Lead Professional role meant that more responsibility was being held on practitioners to carry out agreed interventions. Whilst “official” Lead Professional roles were not always designated, since the establishment of the TYS team there was a larger emphasis between practitioners on who was providing the lead support for a case. This ensured that someone was responsible and accountable for the actions agreed on the case, which meant that more interventions were being carried out.

The identification, referral & assessment process: The Key Worker felt that the TYS team were receiving too many high end cases down from Social Services. The number of high end cases they were working on was hindering the number of preventative cases the team could work on. The Key Worker found this frustrating, as he saw preventative work as the main priority for the TYS team.

The co-ordination of services: There was little co-ordination of support, as the Key Worker was based in a different local authority to the other practitioners providing support (the EWO and the youth worker).

The management and monitoring of progress: The breakdown in contact between Sean and the Key Worker indicates that Sean’s progress was not effectively monitored.

How different to what happened pre-TYS: The Key Worker reported that the establishment of the TYS team had given the practitioners within the team more legitimacy in the eyes of other services. This gave the Key Worker more weight when he was talking to Sean’s PRU.

8. IMPACTS

Reducing non-attendance: Sean was engaged in tuition and had completed all of his GCSEs at the PRU by the second interview.

SOME IMPACT

CASE STUDY 13: BRIAN

1. BACKGROUND

At the first interview Brian was 16 years old. He was looking at different training options, but was interested in NVQ Level 2 in hairdressing. Brian was interviewed twice during the course of the intervention (May and July 2008). Brian's Lead Professional was not available to comment.

2. IDENTIFICATION AND REFERRAL

Brian was asked to leave his family home in December 2007 and he moved in to supported accommodation, that he found himself.

Each person who lived in the support accommodation was offered support from a Key Worker, and so Brian was referred on to a Key Worker.

3. YOUNG PERSON'S NEEDS

Assessment of need

A CAF was not completed with Brian. Instead, Brian was informally assessed by the Key Worker.

Identified needs

Brian's needs included:

Accommodation: Brian was unhappy with the accommodation he was staying in, as he felt persecuted because of his sexuality.

Learning: At the time of the assessment Brian was not in education, employment or training (NEET).

Family & social relationships: Brian had strained relationships at home due to arguments and domestic violence. His relationships with his father and some of his sisters were particularly weak. He still had contact with his family and said that, *"we are getting on better – we're okay so long as we don't live together."* (Brian)

Health: Brian was suffering from depression over the death of his boyfriend. At the time of the assessment he was on anti-depressants and slept a lot.

4. SUPPORT PROVIDED

Brian met with his Key Worker once every two weeks to discuss Brian's progress and set future targets. The Key Worker provided the following support:

- Accommodation searching and help in completing application forms;
- Course searching and help in completing application forms, with support from both the Key Worker and Connexions;
- Emotional support;
- Making doctor's appointments when Brian felt unable to do it.

5. INFORMATION SHARING

Information sharing between the Key Worker and Connexions was effective.

6. ENGAGEMENT

Brian had been fully engaged with the support.

7. EFFECTIVENESS OF TYS AND LP

The identification, referral & assessment process: Services were not appropriate in identifying Brian at an early stage. Brian said he would have benefited from receiving support before he left home to help him resolve his issues with his family before the escalated. Also, Brian was only receiving support because he self-referred to the supported accommodation.

Co-ordination of services: The co-ordination of services was relatively weak. Whilst the Key Worker had contacted Connexions to provide support, Brian's support from doctors and counsellors operated separately to his support from the Key Worker; there was no co-ordination or communication between the two.

How different to what happened pre-TYS: There is no evidence to suggest that this case had operated differently since the introduction of TYS.

8. IMPACTS

Reducing NEET: By the second interview Brian was no longer NEET, as the Key Worker helped him find a place on a hairdressing Level 2 NVQ. He was also attending a business diploma course.

Improved confidence: The emotional support provided by the Key Worker had improved Brian's confidence. This had spurred him on in his task of applying for courses and accommodation.

No impact on accommodation: By the second interview Brian was still living in the supported accommodation. Brian reported being increasingly frustrated at living at the supported accommodation, but said he had no other options.

SOME IMPACT

CASE STUDY 14: MARK

1. BACKGROUND

Mark is 13 years old. Mark was interviewed twice during the intervention (in August 2007 and February 2008). His Lead Professional was interviewed on three occasions (August 2007, February 2008 and July 2008) and his mother was interviewed twice (in August 2007 and February 2008).

2. IDENTIFICATION AND REFERRAL

Mark's mother approached the Lead Professional for support with Mark, as she knew her son attended the youth club that the Lead Professional ran. Mark's mother wanted support because Mark was about to be expelled from his school, and was consuming alcohol and drugs when he was at his friend's house.

Mark's mother had initially contacted Social Services for support but did not receive a response. She then contacted the police, as she wanted their help in preventing Mark visiting his friend's house. However, the police were unable to help.

"I felt like knocking my head against a brick wall when I was trying to get help for my son." (Mother)

Following these attempts, Mark's mother contacted the youth club.

3. YOUNG PERSON'S NEEDS

Assessment of need

The Lead Professional completed a CAF with Mark. She also had an in depth discussion with Mark, to discover the underlying reasons for his behaviour. The Lead Professional visited Mark's school to discuss with the Head teacher why Mark was about to be expelled.

Identified needs

Mark's needs included:

- **Learning:** Mark had poor school attendance and was on the verge of being excluded from school;
- **Health:** Mark was taking drugs and drinking large amounts of alcohol. He was also diagnosed with having a kidney problem;
- **Behaviour:** Mark was involved in anti-social behaviour, such as breaking into buildings;
- **Self-care skills & independence:** Mark frequently slept rough when drunk.

4. SUPPORT PROVIDED

Prior to the support co-ordinated by the Lead Professional, Mark was receiving counselling provided by his school. This was having no discernible effect.

At the first interview: Interventions for Mark included:

- Half hour meetings with Lead Professional, Mark and his mother each week;
- Work with the school's inclusion unit to prevent Mark from being expelled;
- Various trips and courses arranged by the youth club, such as a boxing course;
- Funds from the BHLP meant that the Lead Professional could fund a school uniform, so that when Mark recommenced school in September 2008 he was appropriately dressed, which would ease the relationship between Mark and the school.

Regular TAC meetings took place with the relevant practitioners to discuss the support for Mark.

The Lead Professional also provided support for Mark's mother. *"I can phone the Lead Professional or see her anytime. She can also refer me to other people to help, like Supporting Families."* (Mark's mother)

This support included:

- Emotional support;
- Discretionary funding was going to be used to provide respite for the mother, but this was never used because the mother did not have time to use it.

At the second interview: Interventions for Mark included:

- Arranging a new school for Mark, as he did not re-engage with the first school due to tensions between Mark and the Head teacher. This was arranged by the Lead Professional and took approximately three months.
- Continued regular meetings with the Lead Professional to discuss Mark's behaviour.
- Counselling from CAMHS after Mark took an overdose of his mother's prescription pills.
- Support from a Social Services caseworker. However, the caseworker stopped making contact, and when the mother contacted Social Services she was told that the person had moved jobs. Mark's mother was angry as no-one had told her or her son, and no plans had been made to give the family another caseworker.
- Support from the Supporting Families charity, since Mark's attempted overdose. The charity helped Mark's mother negotiate with the Head teacher over the potential expulsion, and were successful in persuading the Head teacher to give Mark another chance.

At third interview:

Counselling provided by the ME association, as Mark was diagnosed with ME.

5. INFORMATION SHARING

Effective levels of information sharing took place through the TAC meetings and through informal discussions between Mark's mother and the Lead Professional.

6. ENGAGEMENT

Mark has engaged with the support and came to a decision to remove himself from his peer group: *"I was tired of upsetting my mum and being sick with drink."* (Mark)

7. EFFECTIVENESS OF TYS AND LP

Lead Professional role: The Lead Professional was very effective in bringing in other services, such as Supporting Families and learning mentors, to provide support for Mark and his family. This provided a holistic support package that met all of the family's needs.

How different to what happened pre-TYS: Prior to TYS the youth club worker would not have taken on the Lead Professional role, and therefore it is unlikely the package of support would have been as co-ordinated, or included as many services. It is also likely that there would have been less communication between the agencies, as TAC meetings would not have taken place.

8. IMPACTS

Reducing non-attendance: Mark did not re-engage at the first school and so was moved to another school. By the second interview he was engaging with the second school, but only attended on a part-time basis due to his ME.

Reducing substance misuse: Mark's consumption of alcohol and drugs had reduced.

Reducing offending: Mark was no longer associating himself with negative peer groups. *"I didn't do the MC course as there were some 'crews' there and I didn't want to get into trouble."* (Mark)
Mark had also stopped offending.

Improving relationships: Mark had better relationships at home and with his mother.

SOME IMPACT

CASE STUDY 15: CLAIRE

1. BACKGROUND

When we spoke to Claire she was 14 years old and attended school. Claire and her Lead Professional were both interviewed twice during the course of the intervention (in May and July 2008).

2. IDENTIFICATION AND REFERRAL

Prior to Claire's referral to the TYS team, Claire was already receiving services from a number of different agencies. Claire was being monitored by the Education Welfare Officer (EWO) based in school (because of her low attendance), was receiving support from the school nurse (due to health issues which impacted on attendance). She was also receiving support from a local charity that provided support for young carers. The family had also been receiving support from a housing officer. However, the support was un-co-ordinated and the services acted independently of each other.

A Social worker who was working with Claire's younger sibling (aged 5) and Claire's mother in Sure Start recognised that the newly set up TYS team provided the opportunity to bring these different services together to provide a co-ordinated package of support for Claire. As such, the social worker referred Claire to the TYS team.

3. YOUNG PERSON'S NEEDS

Assessment of need

The Social Worker that decided to refer Claire to the TYS team assessed Claire's needs through a CAF. The CAF was seen to be a positive process. It provided a mechanism to include Claire in the support, and raised issues people were previously unaware of, such as her negative relationship with her brother. However, the CAF would have occurred without the establishment of TYS, because it was undertaken by a Social worker in Sure Start, where CAFs were already common practice.

Identified needs

Claire's needs included:

- **Health:** Claire was frequently having recurring infections, complained of pains in her ribs and had coughs that lasted long periods of time. She reported feeling shy and anxious and thought she had an eating disorder.
- **Emotional and social:** Claire was easily distracted by peers and had arguments with her step dad and brother.
- **Learning:** Claire's attendance was at 77% at the time of the CAF. It was thought that this was due to her long standing caring role for her mother.
- **Environment:** The family were experiencing financial difficulties. They had previously lived in hostels and regularly had problems with housing. At the time of the assessment they were being threatened with eviction due to mess outside their house and for being in arrears with their rent payments.

4. SUPPORT PROVIDED

Following the CAF a TAC meeting was held. At this meeting the housing officer was allocated as the Lead Professional, because he had a good relationship with the family and wanted an opportunity to be a Lead Professional.

Claire and her mother were involved in the TAC meeting and agreed to the processes and actions.

At the first interview: Claire's Interventions included:

- Support from the EWO on attendance, self-esteem and boundary work.
- Support from the housing worker to improve the housing conditions. This support included:
 - Provision of a skip to remove rubbish;
 - Provision of a budget to redecorate the house
- Co-ordinated support from the young carers charity and Education Psychologist to provide emotional support.
- Work from Connexions to provide work on career planning.

Support for Claire's mother included:

- Practical support to help the mother her deal with her anxieties.

Support from school nurse in arranging GP appointments so they were out of school hours.

5. ENGAGEMENT

There was a good level of engagement from Claire with the support that had been provided for her. Claire and her family were very happy with the support that had been provided.

6. EFFECTIVENESS OF TYS AND LP

The identification, referral & assessment process: There were effective links between the TYS team, the 0-12 team and the school-based support. These effective links meant that Claire was identified and referred very early on, before her needs escalated, thus providing early preventative support.

Access to, and the delivery of, appropriate programmes of support: There was a good range of support options provided to Claire. However, there were low levels of support provided over the summer months.

Co-ordination of services: Clear roles and responsibilities were established from the outset, meaning there was no overlap in service provision.

How different to what happened pre-TYS: The TAC meeting brought the different services together, and, without the TAC meetings, it is unlikely that the support would have been coordinated and planned as well.

7. IMPACTS

Improving attendance: Claire's attendance rose from 77% at the time of the CAF to 100% by the second interview.

Reducing NEET: The work from Connexions was beginning to engage Claire in school, and the Lead Professional felt it had increased the probability that Claire would be in education, employment or training following from Year 11.

Improving relationships: By the second interview Claire reported being more confident at setting boundaries with her mother, so that her mother was becoming less reliant on Claire's support. Also she was more likely to avoid getting into arguments at home with her step dad and brother.

Improving confidence: The overall support that Claire had received was improving her self esteem, as she is aware that the services were trying to help her. *"It's nice to know that people are looking out for me. I feel like I've got people I can turn to about a few things if I need to."* (Claire)

NO IMPACT

CASE STUDY 16: SAM

1. BACKGROUND

When interviewed, Sam was in year 11 at a secondary school. Both Sam and his Lead Professional were interviewed once during the course of the intervention (March 2008).

2. IDENTIFICATION AND REFERRAL

Sam was identified by the Youth Offending Team (YOT), who contacted the school Sam attended. A rift had developed within the school between two gangs, one of which Sam was a member of. This rift was only minor at the outset, but escalated when Sam was involved in a robbery aimed at a member of the opposing gang. The robbery allegedly involved a gun (the victim claimed there was a gun, but Sam denied that one was present). The victim call the police and Sam was arrested and put in contact with the YOT. The YOT informed the school of the incident, and the Head of Year referred the case to the Connexions worker based in the school.

3. YOUNG PERSON'S NEEDS

Assessment of need:

The Connexions worker carried out an informal assessment of Sam's needs, which consisted of a detailed discussion with Sam. The Connexions worker reported that the discussion was eased by the fact that Sam and the Connexions worker already had a good relationship, as the Connexions worker was based in Sam's school.

The assessment process had not changed as a result of the introduction of TYS.

Identified needs

Sam's needs included:

- **Emotional and social development:** Sam was involved with negative peer relations and had poor relations with other peers within the school.
- **Behaviour:** Sam was involved in a robbery, allegedly held at gun point, and was arrested by the police.

4. SUPPORT PROVIDED

Sam's Interventions included:

- Informal support;
- A mediation event between Sam and the victim of the robbery, hosted by Connexions, to facilitate a conflict resolution between the two young people.

The mediation event was a part of a series of mediation events the Key Worker hosted between the two gangs within the school, with the aim of resolving the conflicts between the two gangs.

5. ENGAGEMENT

Sam appeared to have engaged well with the support.

6. EFFECTIVENESS OF TYS AND LP

Lead Professional Role: The Connexions PA was not officially classed as a Lead Professional, but he did lead on the mediation between Sam and the victim of the robbery. It is clear that the Connexions PA was the most appropriate person to lead on the case, as both he and Sam reported that they had a very positive relationship, and Sam claimed he felt comfortable in discussing issues with the Connexions PA.

The co-ordination of services: There was little evidence of co-ordination between the support provided by the YOT and the Connexions PA.

How different to what happened pre-TYS: There is no evidence to suggest that the support differed to what existed before the introduction of TYS.

7. IMPACTS

No Impact

Sam felt that although the mediation had helped him to express his point of view to the KW, he did not feel in the long-run that anything had changed. He expressed that he still did not feel that anything had really been resolved between himself and the victim.

NO IMPACT

CASE STUDY 17: PAUL

1. BACKGROUND

Paul is 13 years old and a pupil at a school. Paul and his Lead Professional were both interviewed twice during the course of the intervention (in May and July 2008).

2. IDENTIFICATION AND REFERRAL

The Lead Professional was an Education Welfare Officer (EWO) based in Paul's secondary school. The EWO was already aware of Paul because of his attendance issues at primary school. She was aware that Paul may struggle to cope with the transition from primary to secondary school and so closely monitored the situation. In October 2007 Paul's attendance dropped. The EWO met with the Head of Year and decided to work with Paul to increase his attendance.

3. YOUNG PERSON'S NEEDS

Assessment of need

Assessment was based around a targeted interview and home visit. In addition, the EWO discussed Paul at a multi-agency group (MAG) meeting that involved practitioners that worked on a specific housing estate. The EWO managed to access a lot of information about Paul and his family from this meeting, specifically from a housing association and the police. This assisted the EWO in building up a detailed picture of Paul's needs.

Identified needs

Paul's needs included:

- **Family & social relationships** Paul was suffering from severe neglect at home;
- **Behaviour:** Paul struggled to behave in school and socialised with negative peer groups;
- **Learning:** Paul had low attendance and special educational needs (SEN);
- **Environment:** A housing association had worked with Paul's family because of the unsanitary conditions of the home.

Because the case was very complex and involved severe neglect, the EWO completed a Children In Need (CiN) referral and referred Paul to Social Care. A CAF was not appropriate because the issue was too severe, and the mother wanted a CiN referral instead of a CAF because she thought she would get access to more services (such as a Family Resource Worker).

The case was closed by Social Care in November 2007, but when the EWO carried out a home visit at Christmas the EWO decided that that poor conditions of the home, and Paul's neglect, meant that Social Care support was required again. Social Care needed another CiN referral to take on the case again. At the second interview the EWO was gathering enough evidence on the case to provide a detailed referral and assessment for Social Care. Paul was on the child protection register for neglect and emotional abuse by the second interview.

4. SUPPORT PROVIDED

The EWO was originally the Lead Professional, but by the second interview it was expected that this would change to a Social Worker once Social Care had taken on the case.

The EWO thought that it would be most appropriate for a Family Resource Worker to be the Lead Professional. However, another referral and assessment would be required for this to happen. Due to the length of time it took to complete referral processes, the EWO thought that it would take between six weeks and three months before a Family Resource Worker would be able to take on the Lead Professional role.

Paul's Interventions included:

- Emotional support at school by the EWO;
- Support from the EWO to improve Paul's attendance. This had included providing Paul with an alarm clock to help him get up in time in the morning;
- Work by the EWO to access a Family Resource Worker to work with the family;
- The EWO recommended moving Paul to a special school because of his SEN, but the mother had refused.

5. ENGAGEMENT

Paul had engaged well with the support. However, Paul's mother was reluctant to engage. She would engage with the EWO, but was wary of Social Workers and was reluctant to engage or allow them access to the home.

6. EFFECTIVENESS OF TYS AND LP

Lead Professional Role: The Lead Professional took a proactive approach in providing support for Paul and bringing in appropriate services. However, the EWO was not the appropriate person to be the Lead Professional due to the severity of the case, and the length of assessments and referrals meant that the EWO thought it would take between six weeks and three months until an appropriate person was the Lead Professional.

The identification, referral & assessment process: The assessment process had allowed the EWO to build a detailed understanding of Paul's needs, and the MAG meeting had provided the opportunity for the EWO to find out information from other services. However, the referral process between targeted and statutory services was lengthy, and this was creating a barrier to Paul gaining access to the correct services and support.

Access to, and the delivery of, appropriate programmes of support: The package of support only focussed on meeting a limited number of Paul's needs, such as attendance. His more significant needs were not being met as the appropriate services were not yet involved.

The co-ordination of services: The Lead Professional was effective in communicating with and trying to bring in other services.

How different to what happened pre-TYS: There was no evidence to suggest that this case was different since the introduction of TYS.

5. IMPACTS

Minimal Impact

The interventions had very little impact on Paul. His behaviour in class was poor and his home condition remained the same. By the second interview his attendance and punctuality had improved slightly, and the EWO thought this was because the school had issued legal proceedings against the family due to Paul's older brother's non-attendance.

At the second interview the EWO was concerned that Paul's anti-social behaviour would increase during the summer, as he would not be receiving any support from the school.

The EWO felt that Paul's condition would not improve whilst he was still living at home.

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ANNEX G
IMPACT ON SERVICE DELIVERY: SHAPE OF PROVISION

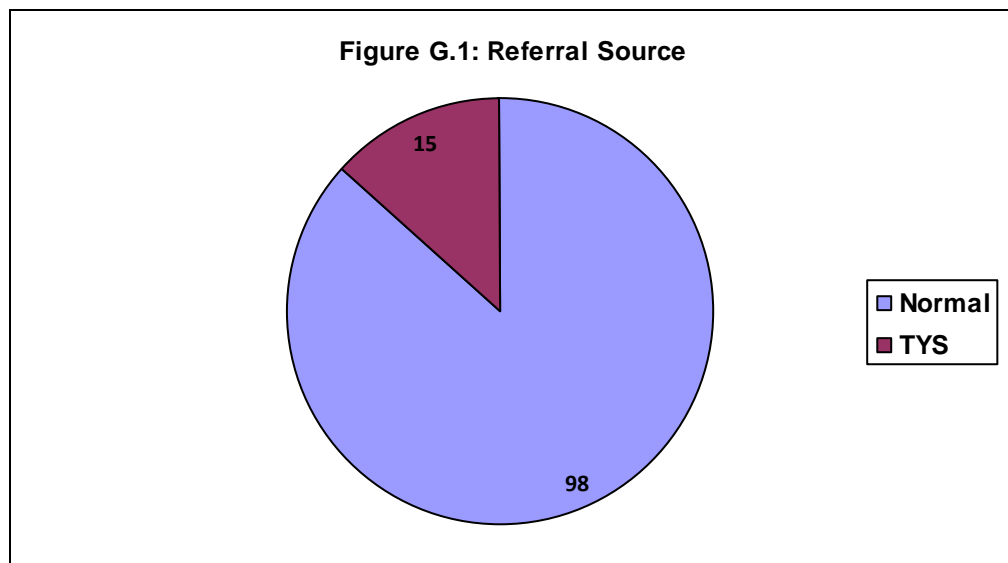
Impact on Service Delivery: Shape of Provision

1. The study aimed to examine how the changes brought about by the introduction of new systems and operational practices had led to changes in the 'shape of service delivery'. The term 'shape' was adopted as shorthand to mean the number of young people in an area receiving different services with different levels of provision.
2. Due to a range of practical issues, the approach taken to measure changes in the shape of delivery was only undertaken in one case study area. Therefore this section is included for illustrative purposes only, and should not be considered as a reflection of TYS in all areas. In addition, it should be noted that the subset of TYS cases was only small (15 cases). Therefore caution should be taken in interpreting the results. To obtain a more accurate picture, the exercise would have to be undertaken over a longer period of time, or in more areas where TYS had been rolled out.
3. Nevertheless, in this section we outline:
 - **the hypothesis;**
 - **the findings;** and
 - **the implications.**
 - **The Hypothesis**
4. By design, TYS should change the shape of delivery in an area. In the long term, with earlier identification and more integrated and effective packages of support, the intended result is that there will be fewer young people receiving intensive support from upper tier services, and potentially more young people receiving preventative and early intervention support.
5. As the study was only able to track delivery for one year, it was not possible to determine the long term impact on the shape of provision. However, it is a reasonable hypothesis to expect that in the short term the impact of TYS on service provision could lead to an increase in demand on universal and targeted services. This is based on the following assumptions:
 - **increase in number of young people requiring targeted support** - better identification in the short term could mean that more young people receive services. Some of these young people could be cases that require intensive support that had not come to the attention of services in the past;
 - **increase in the number of services involved in providing support to each case** - the introduction of the Team Around the Child approach could result in a greater range of services contributing on a case, again increasing the number of cases they work with.
6. This was an important hypothesis to test as it has potential resource implications for local areas that are setting up integrated teams. However, it should be noted that only one local area agreed to take part in this activity. Therefore, whilst this section provides interesting insights, it only applies to one model employed in that particular area. The model introduced (Model B - the Multi-Agency Practitioner Hub) involved a number of Connexions and Youth Service staff.
7. The approach to undertaking this activity is explained in more details in **Annex A: Method and Study Issues**. In short, the exercise involved asking members of the

team to examine and categorise the referral source, level of need and intensity of support of the young people supported. Six members of a co-located team participated in this exercise. These staff provided information on 113 TYS cases.

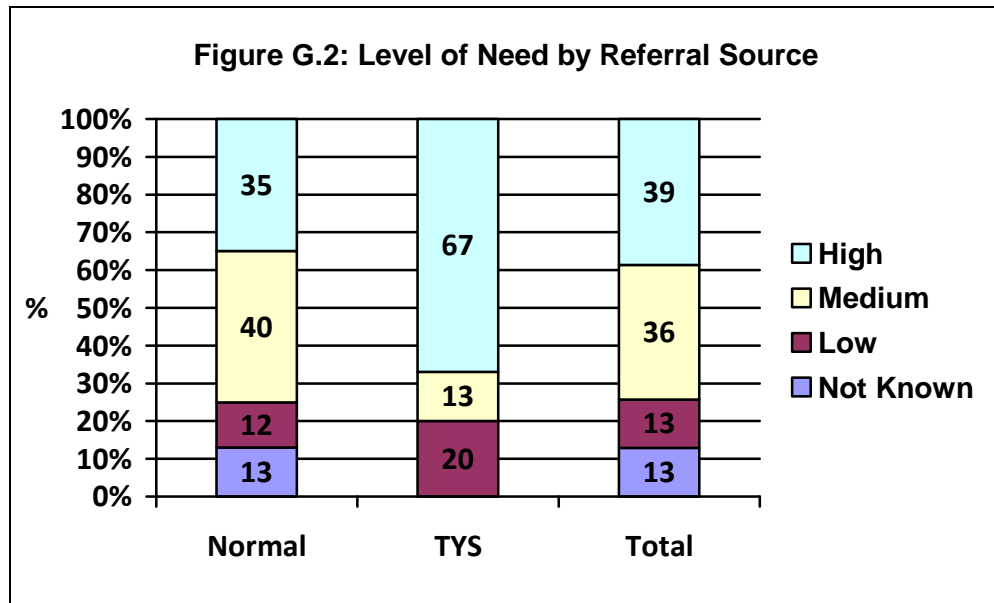
The Results

8. The data indicate that in this case study area, the establishment of the co-located team led to a small but significant increase in the number of young people being identified for support. **Figure G.1** illustrates that of the 113 cases analysed on the practitioners' caseload, 15 cases (13%) were identified as 'TYS' generated referrals and 98 (87%) as 'normal' referrals.



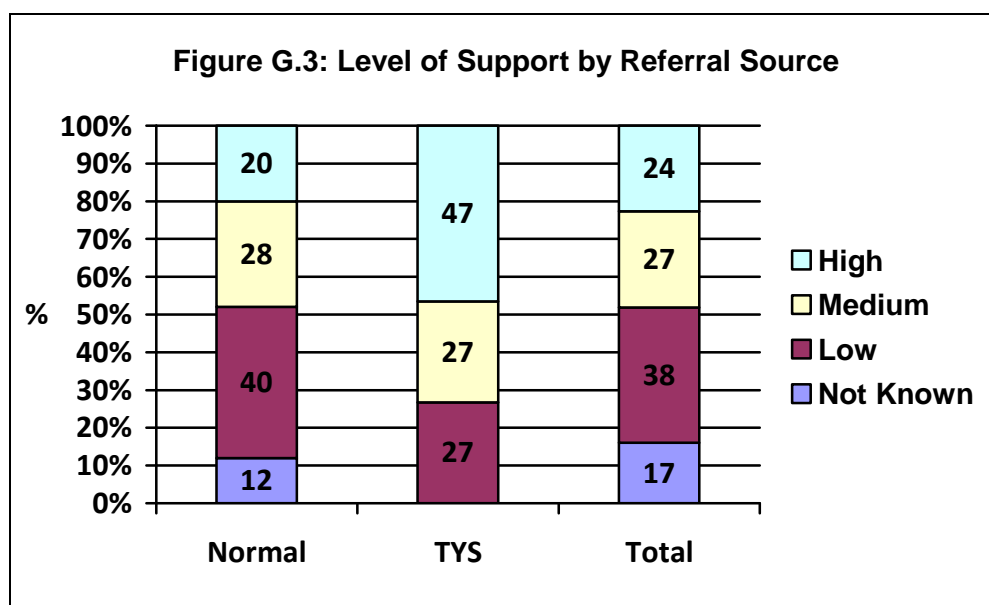
Level of Need

9. **The level of need of the TYS cases was greater than those supported through normal working practices.** Three-quarters of all cases supported by the team were categorised as high or medium level need. However, **Figure G.2** illustrates that ten (67%) of the TYS referrals were categorised as having high level needs compared to 34 (35%) of 'normal' cases. This means that around one in four (23%) of the young people that had high level needs were identified as a result of the establishment of the team.



Level of Support

10. **Of the 113 cases analysed, a little over half were receiving high (24%) or medium (27%) intensity support.** Given the higher level of needs identified, it may be expected that the young people referred through TYS were receiving a more intensive level of support. **Figure G.3** illustrates that 47% (7) of the TYS referrals were categorised as receiving high level support compared to 20% (20) of 'normal' referrals.



11. The analysis also illustrates that only around 60% of the young people identified as having high level needs and who were supported by the team were receiving high level support. In total, 44 young people were categorised as having high level needs, but only 27 received high level support. The data cannot explain why this is the case. However, the qualitative work does provide a possible explanation. See **Figure G.4**.

Figure G.4: Explanation for Disparity between Level of Need and Support Provided

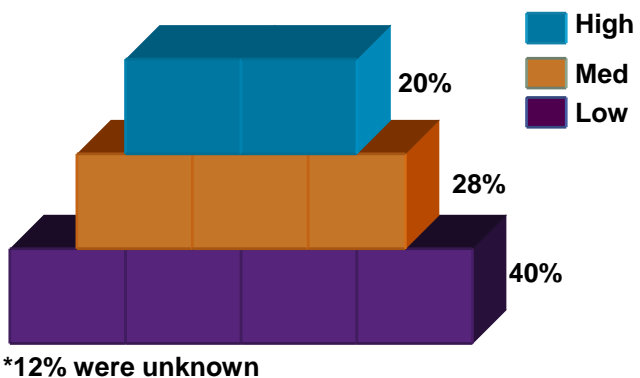
Evidence from the case study suggests a potential reason for why high need cases do not appear to be receiving high level support. High need cases may not necessarily be supported solely through the core TYST team, resulting in the level of support provided appearing to be lower than for other cases. For example, a high need TYST young person who has been referred from Social Services to TYST may still be supported by other services, such as CAMHS or the YOS. The focus may therefore be on providing supplementary support for this young person, as oppose to the core TYST team been the sole provider of this support. This goes some way to accounting for the disparity between the young person's level of need and the level of support received through TYST.

The Implications

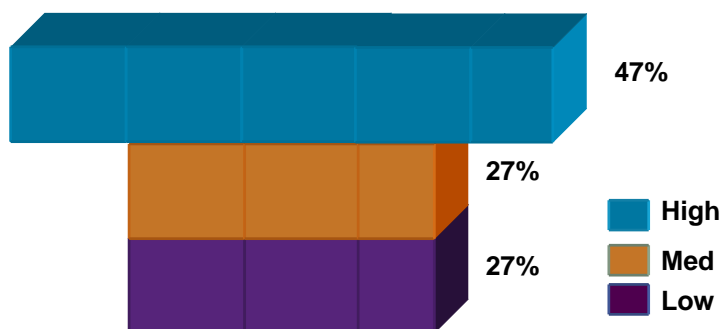
12. This exercise has identified two interesting findings. The introduction of the TYS model of working in this local area appears to have:
 - **Changed the shape of delivery** - **Figure G.5** illustrates that for this group of practitioners, the introduction of TYS has changed the shape of delivery. However, rather than providing more preventative support as was anticipated, the results indicate that team members appear to be supporting young people with higher level needs than are seen in their typical workloads. These findings provide further evidence that the TYS cases supported in this area are not characteristic of early intervention, and required a more intensive level of support than may have been expected. This is interesting information for those considering the short term implications of introducing TYS;
 - **Increased workloads disproportionate to the increase in number of YP supported** - due to the intensity of support provided, the new way of working has led to a small increase in the number of cases being supported, but a disproportionately greater increase in workloads.
13. Whilst these findings are only derived from this group of practitioners, they could have wider implications for all universal and targeted staff engaged in providing targeted youth support.

Figure G.5: Changes to Shape of Provision

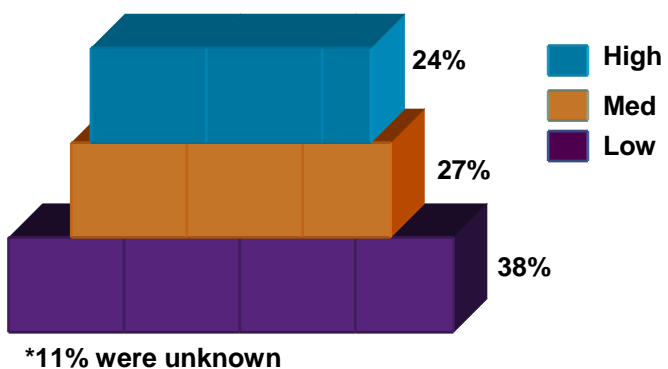
Shape of Provision: Pre-TYS



Shape of Provision: TYS - Cases



Shape of Provision: All Cases



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