



Devon Early Help Consultation and Engagement Report

November 2013



Devon County Council Early Help Engagement Consultation

THE AIM OF THE CONSULTATION

On 26th September 2013 Young Devon was commissioned by Devon County Council to undertake a beneficiaries engagement exercise with children, young people and families across Devon. The focus of the consultation was to gather the views of a range of the population who have or are demographically likely to access Early Help services across the County. Commissioners requested that the feedback be gathered via two methods and by working with various other agencies and services; in particular, Young Devon were asked to work with Healthwatch whose role was to lead and promote to the general public an online questionnaire, via their website. Young Devon met with Healthwatch early on in the allotted contract time to write and agree the questions for the questionnaire, ensuring that the feedback to be collated from both methods was comparable and consistent to enable analysis. The resulting document, with an accompanying Information Sharing Document already produced by DCC, was then approved for use by DCC Commissioners. Young Devon's role was then to lead on the face to face engagement in the consultation, to amalgamate the Healthwatch results with our own, analyse the combined results and write the final report by 18th November 2013.

The broad aims of this consultation can be summarised as designed to gain feedback on 5 key areas from specific cohorts:

- Experiences of asking for Early Help/support and ideas for improvements to services;
- Experiences of working with professionals;
- Experiences of being involved in statutory planning processes with professionals;
- Reactions to the proposal of a single gateway for Early Help provision and what service users think this should look like;
- Information sharing – improvements, opinions and ideas about the ethos and systems around data protection for Early Help services.

Young Devon's challenge was to engage with as wide a range of the targeted population as possible, across the age range of those seeking or experiencing such services, and particularly including hard to reach groups. This was to ensure that we captured the voice of those who might experience greater difficulties accessing and using services but who may also provide a more diverse insight about how to effectively deliver Early Help services across Devon. In particular, the target groups of Early Years, High Risk/Hard to Reach, School-generated and managed, emotional and mental health, youth crime prevention and children with special needs were identified as protective characteristics that we should aim to ensure were represented in our research the contract required that we engage with a minimum of 120 children, young people and families from at least 3 areas across the County.

METHODOLOGY

From the outset of the consultation Youth Devon was keen to ensure that as many parents, children and young people were offered the opportunity to participate in the consultation. Whilst Young Devon was commissioned to deliver a face to face consultation, we were asked to work with Healthwatch who had been commissioned to

deliver an online questionnaire. The data was then to be brought together by Young Devon in the final report. The online questionnaire was designed jointly and agreed by Devon County Council with careful consideration given to question wording due to the sensitive nature of the subject of Early Help. Healthwatch then promoted this throughout their networks.

Young Devon identified key agencies throughout Devon and once the questionnaire design and content had been agreed began to contact agencies and promote the involvement of parents, young people and children in the consultation. We were given a contacts list from Healthwatch and commissioners, as well as our own networks, and made contact with all agencies by email. Involvement was promoted through 3 methods – via the online questionnaire, through Young Devon visiting groups and running a consultation session, with Young Devon providing the resources to groups to conduct the consultation if they felt this was more appropriate given the focus of the consultation.

At the point of contacting organisations there were 5-6 weeks remaining of the consultation period. We received no reply initially from a number of organisations and so tried to re-contact these. Others were either keen to be involved or did not have capacity within the timescale. Young Devon delivers a number of projects across Devon which engage young people with multiple vulnerabilities (careleavers, homeless, NEET, disengaged) and also provides supported housing, advice services, counselling services, participation and personal development projects. We therefore worked hard to involve a proportion of these young people within the consultation as they represent many of the 6 target groups, have workers they are familiar with (and so would be supported to talk about their experiences) and enabled us to involve young people with complex and genuine experience of difficult times in their lives. As such they would be very likely to have experience of accessing help and could also represent the views of young people across the 8 areas of Devon. However, we were also clear from the outset that those young people we already had engaged within the organisation only contributed in part to total numbers engaged, and the majority of the respondents were engaged to work with us for the first time.

Within this consultation Young Devon involved 6 early years groups (Teignbridge, Exeter, North Devon), 5 Gypsy/Romany/Traveller young people, LGBT young people via Young Devon groups, young carers (South Hams), 1 pre-school (East Devon), 2 primary schools (South Hams and Teignbridge), 2 secondary schools (South Hams and Exeter), careleavers (Exeter and North Devon), Breastfeeding Support Group (Torrington), and Parents of children with special needs (South Hams and Exeter), fulfilling the requirements for the breadth of the consultation to demonstrate responses that would be representative of the whole of Devon.

Feedback was gathered through 2 different questionnaires (a paper copy of the online questionnaire and a shorter questionnaire adapted from a session plan for group work with young people). Initially the shorter questionnaire was carried out with children and young people but as the consultation progressed it was also used with parents who found this easier to complete. The shorter questionnaire also prompted many discussions and some of the quotes within this report are from these conversations.

The deadline for feedback was initially agreed as 8th November but due to low completion rates of the online questionnaire and a significant number of face to face consultation opportunities it was agreed that the deadline be extended to 13th November.

CHALLENGES

From the outset the main challenge was the completion of a meaningful consultation within the limited timescale of 7 weeks. This was both challenging for Young Devon as well as for many of the agencies, organisations and professionals that were contacted; many expressed a willingness and interest in the consultation and felt it was very important, but within the timescale available were unable to help us. This was largely due to the fact that session plans are often already in place within youth groups/youth sessions for some time in advance and so there was no time available to add an additional session. High workload amongst staff so that they were unable to promote and support young people's involvement; schools having inspections; limited capacity for engaging with outside visitors and (within some hard to reach groups) a reluctance of their communities to be involved in further consultations were all aspects and responses that we had to work with and around to complete the consultation effectively.

The consultation in part focused on people's experience of asking for and receiving help - a topic which for many people may be difficult to talk to someone they do not know about, and may also require them to revisit more difficult and potentially distressing times in their lives. Consideration and sensitivity was needed in the drafting of the questionnaire and also in the face to face engagement. Time was spent liaising with workers and identifying key contacts, and in some cases workers agreed to support children, young people and parents on Young Devon's behalf to enable participation in the consultation as this was felt more appropriate and would better meet some particularly vulnerable participants' needs.

Young Devon worked hard to make contact with groups and workers from a huge range across Devon to try and ensure as many opinions as possible could be included within this consultation. We actively promoted the opportunity to participate and those who took part consistently told us that they valued the opportunity to be involved. Initially, many were reluctant to be involved, found the questionnaires and feedback forms difficult or did not really understand what "Early Help" meant. The opportunity to explain, support and also gather qualitative information was really valuable and this is reflected in this report. The effective gathering of information in this way has relied upon Young Devon's ability to build strong and ethical relationships with workers; numerous and continued efforts to make contact; accessing existing groups across the County as well as the flexibility and an ability to engage the wider community in participation opportunities. These have all been integral to our approach, but have within a 7 week timescale been very challenging.

Young Devon wanted to engage as many children, young people and families as possible and so feedback was collected until 13th November which was also the last date the online questionnaire was live. Whilst this enabled this goal to be achieved, it resulted in a very short timescale for the collation of the two sets of data and the compiling of this report. In addition, two schools helped us to gain further feedback from their students on 14th November – this was unfortunately too late to be included within the visual and graphical statistical analysis, but we have included a short additional section to include the information gathered from these young people. This is located at the end of the overall findings.

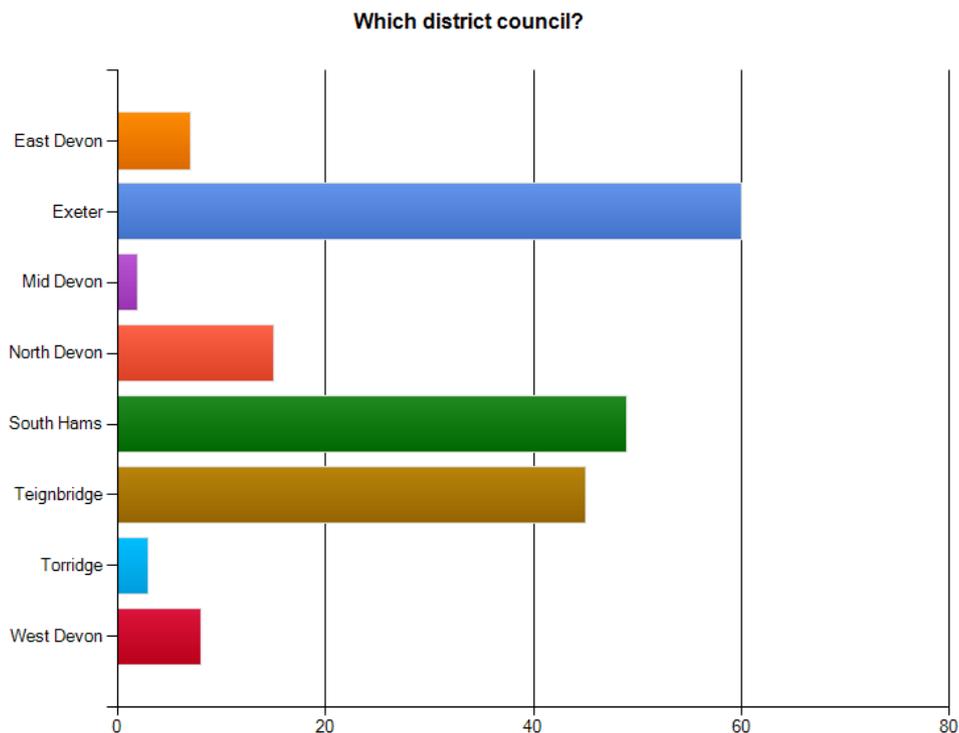
THE RESPONSES

Who took part

In total, 268 people responded to the consultation. 16 of these were completed via the online questionnaire on the Healthwatch website. However, 7 of these respondents were supported to complete this version of the questionnaire by Young Devon.

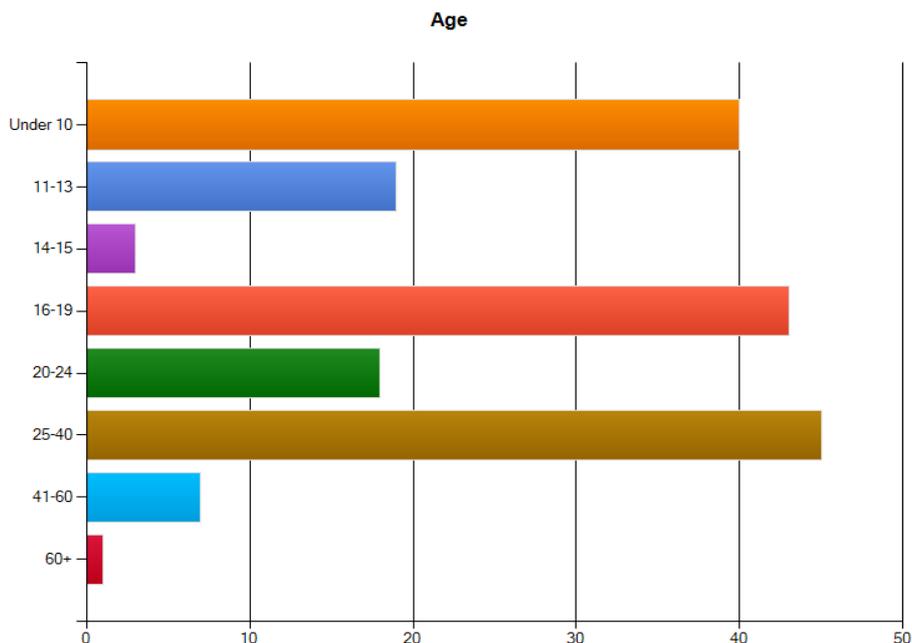
Young Devon engaged with a further 252 children, young people and families through face to face contact. Responses were gathered within either a group session or on a one to one basis, with information either gathered directly by Young Devon with participants or via workers and professionals from other organisations who supported respondents in order to gather information on our behalf. For each cohort, consideration was given to the most appropriate delivery method to enable people to express their views comfortably, honestly and taking full account of their needs. In addition, we wanted to ensure, given the focus of the consultation, that participants were able to engage in an emotionally safe and supportive way.

Young Devon were successful in gathering feedback from all 8 district council areas of Devon, with some areas more represented than others given the time available and contacts we were able to make and link with, as can be seen below:



A broad age range was covered within the consultation. We consulted directly with two groups of children in year 6 in two separate primary schools, and these respondents were the consultations youngest participants. We felt that this was an important cohort to consult with in terms of early intervention in order to gain an insight into when and how the promotion of Early Help services might be targeted. We consulted with parents of varying ages about their (and their children's) experience of asking for help, as well as young

people from the age range of 11-22 years. We aimed to ensure that as wide an age range were engaged, and therefore a wide range of experience, opinions and ideas would be represented within the feedback. The breakdown by age of respondents is as follows:



Of the 189 who took part in the consultation (before the late arrival of the two secondary schools' data) 115 were female, 60 male, 1 transgender and 16 who preferred not to say. This means there could be some gender bias within the feedback; this is largely due to the majority of parents we linked with via children's centres, pre-school and a breast-feeding group who were all female. Within the children and young people sample, however, of the 115 who took part – 52 were male, 52 female and 1 person declined to respond.

The Findings

Feedback was gathered under 4 broad headings:

- Asking for help and support and professionals
- The planning process
- Information sharing
- Accessing information – the right help at the right time

As previously stated, young people from two secondary schools participated in the consultation at a very late stage and whilst their feedback could not be incorporated within the statistics Young Devon felt it was important that their voices were heard and so we have included a short section to reflect their feedback at the end of this section. There is also a short section to include pertinent comments and experiences that we gathered from professionals who were working with the groups that we linked with. In general, their feedback very much reflected that of the people they work with but also provides a different perspective on Early Help which may also help Commissioners and inform future planning.

Working with Professionals and asking for help and support

We asked all participants “When times have been difficult for you or your family have you asked for help from professionals?” – Across all areas 66.7% responded “YES” and 33.3% responded “NO”. This figure did however vary from area to area. The highest response of “YES” was from Teignbridge at 84.1% – with the lowest being East Devon where only 14.3% replied “YES” to this question. With regard to these responses consideration should be given as to whether the early placement of this question within the consultation may have impacted on the response. It is accepted that asking for help is difficult for most – would it therefore perhaps also be difficult to confirm that you had asked for help as well? The response from Teignbridge incorporates a class of year 6 children who were supported to give feedback by their teacher. Whether this resulted in children finding it easier to talk about asking for help is unknown but should be considered as a possible factor. When gathering feedback Young Devon also experienced the need to support people to consider what “asking for help from professionals” meant; for instance, within conversations with parents in children’s centres and pre-school settings, some parents initially answered “No” to this question. After talking a little about this with them and qualifying what was meant by the term “Early Help”, a significant number then changed their response to “Yes”, with one parent commenting:

“I come in here all the time asking them things but I thought asking for help meant asking about the big things – not for help with weaning or that my son wasn’t sleeping – but that’s asking for help too.”

Respondents were then asked about the professionals that participants had asked for help from, and the response/ongoing contact that had resulted. Overall, the person most people identified as someone they had asked for help from was a Doctor, followed by a Social Worker, the Police, a Teacher and a Nurse. However, of those who responded stating that they approached a Doctor and the Police, a significant number said that they had not received the help they had asked for (26.1% and 46.7% respectively). This is in contrast to the 65% of those who replied Teacher then went on to say that the teacher they had approached for support had met them, worked with them and/or referred them on if they could not help, which would suggest that for the 65%, the contact with a teacher was positive and helpful. When we further asked “Which professional have you asked or felt most comfortable talking to?” amongst young people the positive response rates for teachers were higher still at (77.9% and 50.6%).

Recommendation 1

These findings suggest that to all groups, schools and the professionals within them are important as possible central access points for Early Help and should be considered in terms of their importance and reach in enabling a large mass of the targeted population to access Early Help successfully. This could range from the dissemination of relevant information to physically housing some branches of services within schools across the County.

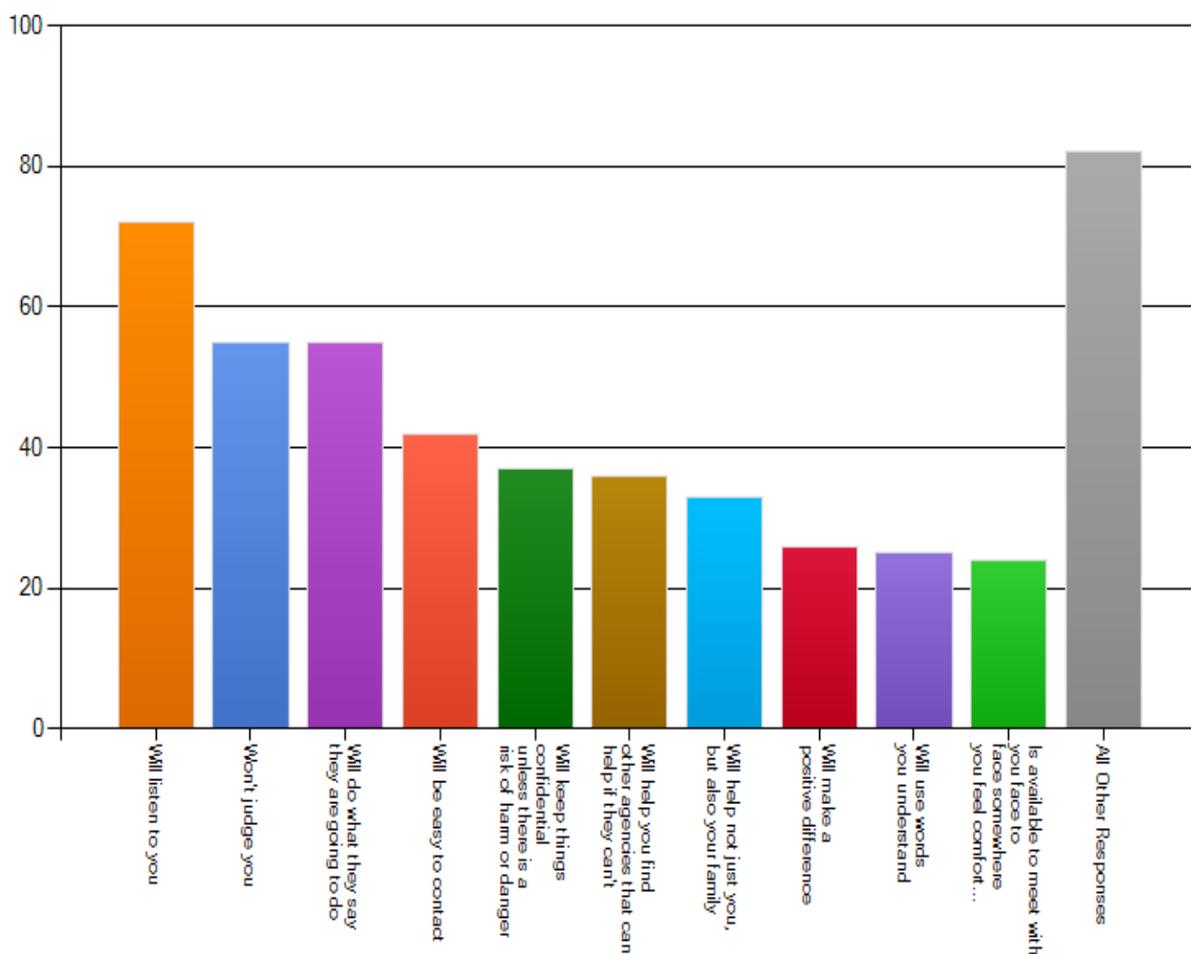
When we next asked “Why do you trust the professionals you have chosen?” one of the key responses was that the professionals were known to them, there was an existing positive and trusting relationship and that the person was easy to contact. As such, people felt not only able to approach someone for help, at the time it was needed, but also that the professional would not judge them and be there to continue to support them. Young people in particular consistently commented on how important this relationship was

to them and the difference that it made in their experiences. A young person in Exeter explained she chose youth workers because:

“they have time for you, respect you and praise you. It’s personal and not just a job to them”

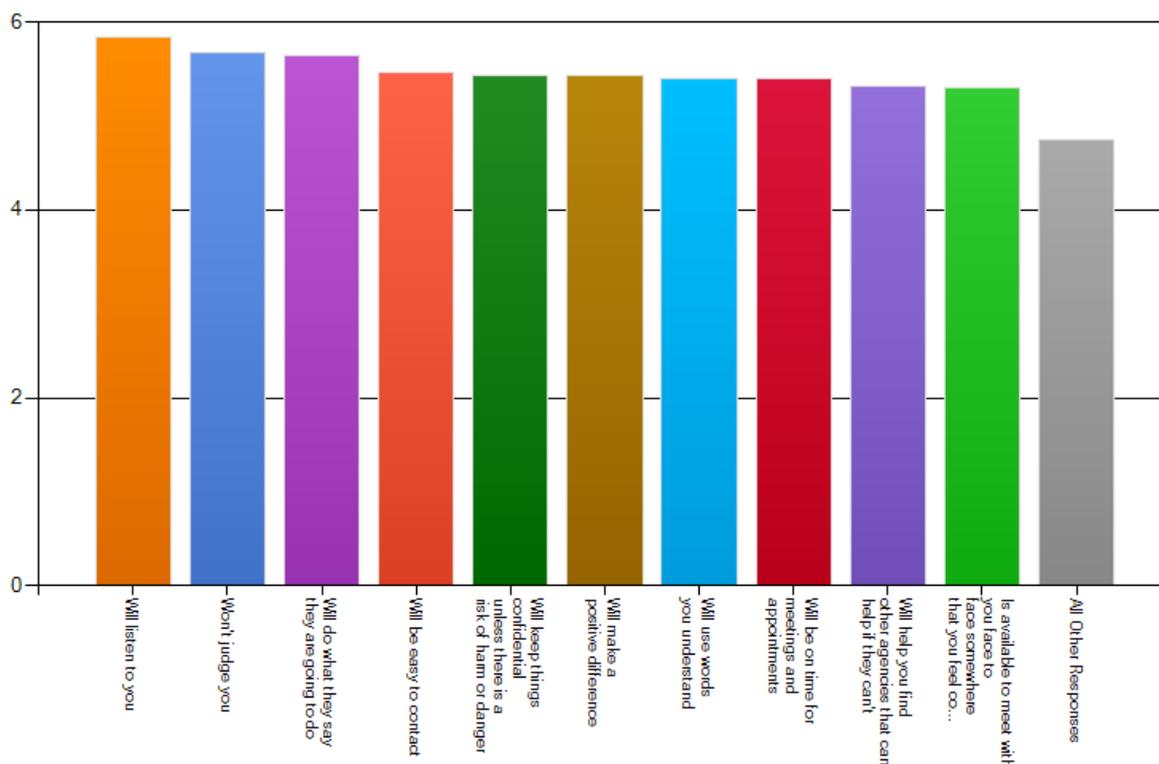
We also wanted to establish what qualities were valued and seen as most important in professionals by participants. We firstly asked participants to select the five they viewed as most important from a list of skills, qualities and attributes.

From the list below please tick which FIVE of the following are most important in professionals who will work with you. A really good professional is...



Across all 8 Devon areas these results are strikingly similar with all districts rating “will listen to you” as the most important. Amongst children and young people we asked for each quality to be scored on a 0-5 scale rather than selecting the 5 most important. The results are, however, very similar (see graph below) with the 3 most popular answers again being “will listen to you”, “won’t judge you” and “will do what they say they are going to do”.

**** How important are the following qualities in any professional you work with?(0 being not important at all and 5 being very important)**



Within the face to face meetings with children, young people and parents, all groups talked about how hard it was to ask for help in the first place and that feeling that someone had truly been listening had been really helpful. Parents in particular spoke about their fear of being judged when asking for help; in one children's centre a parent commented:

“As a first time mum I didn't know whether to ask for help, what if I was worrying about nothing and people thought I wasn't coping? It was really scary not knowing what to do for the best and having no-one I really trusted around to ask. In the end I asked someone at the Children's Centre and they were lovely – I ask them things all the time now.”

Amongst parents and children the response *“I didn't know anyone else to ask”* was given numerous times. Within several groups this was talked about a little further, with parents in particular saying that it was often difficult knowing where to go for help and often feeling that

“if you don't know the right question to ask the right person then it feels like you never get the answer you need, sometimes it's like you go round in circles with one person passing you onto the next and you feel like giving up”

We asked whether parents could identify how things could have been done differently, particularly when they had asked for help but did not receive it. Many parents talked about systems being complicated and referrals taking too long, and that they were not always kept involved or informed. A number also talked about how they felt professionals had not listened to them, with some going further and reporting that they felt they *“had not been believed”* and that *“professionals had not tried to understand”*. Parents also talked about

feeling that professionals had not “*tried to help*” and that things had sometimes got worse before they had received the help they needed. In terms of early intervention, some parents identified many opportunities when help had been asked for or referrals made and no action or help was forthcoming, and that this had left them feeling frustrated. One parent in North Devon described this ...

“you wonder why you bother asking sometimes, we get continually passed from pillar to post – so you try and sort things out yourself but you don’t always know who to ask and people don’t call you back. By the time you get help everything is worse”

For children and young people across all 8 areas the responses were very similar to those from parents. Young people talked about not feeling listened to and that professionals did not always respect their feelings. The feeling of being judged was listed by a number of young people, this being because they were a young person, and for some due to their particular circumstances. One young person encapsulated this experience by saying:

“I should have been given a fair chance to put my side of things, but because of me and my family being Gypsies, we were in the wrong.”

For some young people this has a direct impact on their confidence and levels of expectations when asking for help, with some young people reflecting “*what’s the point in asking?*”

Recommendation Two

Professionals across the range of Early Help services must make it a priority to ensure that they are actively and attentively listening and responding for requests for help and support. Improvements are particularly needed for those working with young people who may not be trained specifically or specially to do so.

The Planning Process

Devon County Council wanted to hear about the experience of being involved in any planning process with professionals. We firstly asked children, young people and parents if they had been involved in having a plan written by professionals – in total 25.6% responded “YES” (equating to 18.8% of adults and 30.3% of children and young people who responded). The percentage differed in each area as follows:

Area	% YES	% NO
East Devon	14.3	85.7
Exeter	37.0	63.0
Mid Devon	0	100
North Devon	64.3	35.7
South Hams	23.8	76.2
Teignbridge	6.7	93.3
Torridge	0	100
West Devon	42.9	57.1

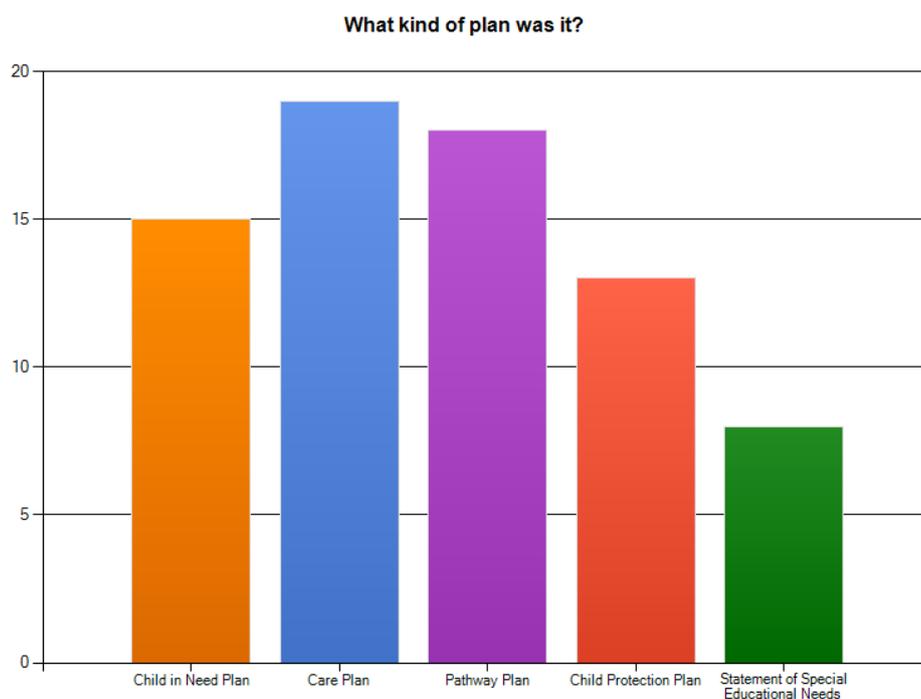
We feel it is right to contextualise fully these results. For example, one of the groups we spoke to were careleavers, who we consulted with at a careleavers event. The majority of careleavers were from Exeter and North Devon and this could account for why the

affirmative figures are higher in these areas. Further, within the consultation respondents generally found this question difficult to answer, with some young people answering “NO” before the question was further explained, or until a worker reminded them of meetings or paperwork. This was particularly evident amongst the careleavers we spoke to – young people who have keyworkers and are more likely to have been part of planning processes/meetings. If this group therefore struggled to identify that they had a plan in place, it is fair to assume that the number of adults, young people and children answering “YES” to the question may not adequately reflect the true figures and is perhaps suggesting that there is a lack of understanding around having been part of a planning process and the significance of having a plan.

Recommendation Three

The process and importance of any statutory plan with professionals needs to be better explained and facilitated across all cohorts. The plan itself needs to be the result of an engaged and informed response from the person working with professionals, and should represent as full a level of participation as it is safe and possible to allow the person in need of help or support to have.

Of those who answered “Yes” to having been involved in a plan, we then asked what type of plan this was. The breakdown can be seen below:

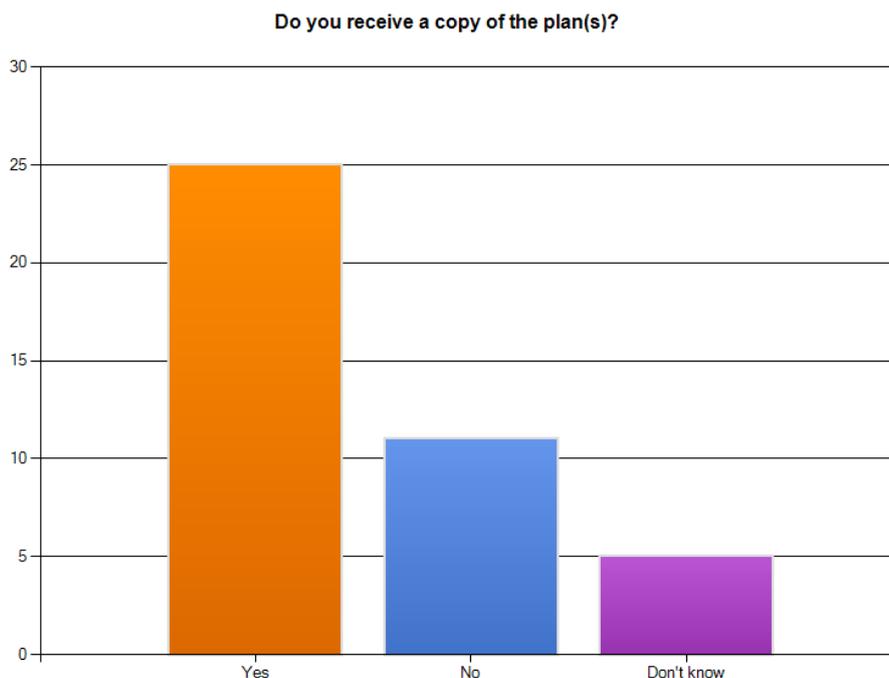


We then asked whether they had received a copy of the plan. 50% of the parents who responded “YES” to having been involved in a plan said that they had received a plan “a long time after” – when asked to define this further, all gave timescales of 7 weeks after the planning meeting or more. One person said that she had only received a copy of the plan because she had requested it. One might further question given these results whether other professionals named or being referred to also received copies of such plans quickly enough. However, it must also be noted that the other 50% of respondents to this question reported receiving their plan between 1-4 weeks after their planning meeting (one the next day) and they were happy with this.

All young people who had received a copy of their plan reported receiving it within one month. We did not ask within the consultation for an assessment of the content or quality of the plan that was received but one young person in Exeter said:

“When I got it I wasn’t happy with it. It didn’t have what I said in it and I didn’t feel people had listened to me at all.”

Within the total responses it is important to note that 37% of all participants responded that they had not received a copy, or did not know if they had received a copy of any plan they had been involved in . This is a significant number and may be worth further analysis through further work.

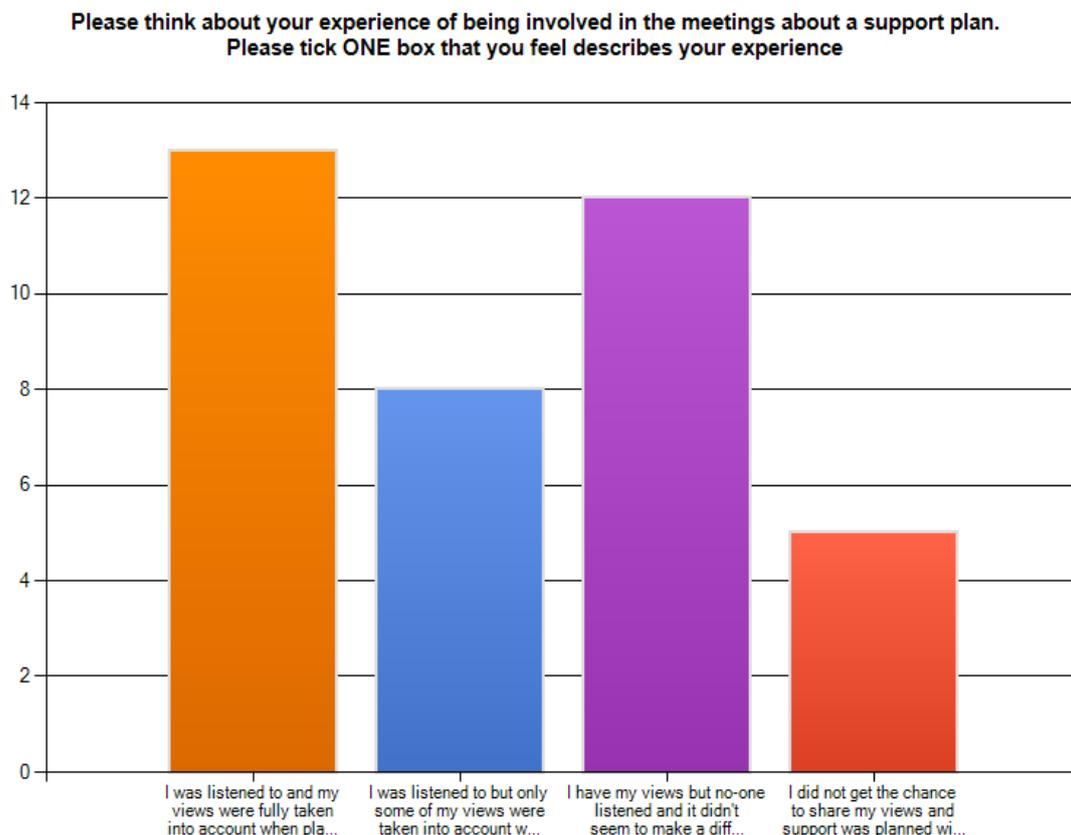


Recommendation Four

Plans that are written by professionals connected to Early Help services need to be seen as a live document that captures relevant information, contexts and agreed actions to enable effective and timely responses from all parties. As such, they need to be with all parties within 5 working days of the planning meeting if required actions are to be effective.

Overall 66.7% of all participants felt that having a plan that was personal to them was important. (We asked for a rating of 1-10 with 1 being not very important and 10 being very important and 66.7% gave a rating of 7 or above). Interestingly amongst young people, this figure was 57.1% whilst amongst parents it was 80%, perhaps reflecting a lack of understanding about the importance or function of such a plan by younger people in the County. One might also query whether this is evidence that written reports are a less effective way of communicating with this cohort generally, and whether more child and young person friendly systems and documents need to be developed to effectively engage them.

We then wanted to understand people’s experience of the planning process and how involved and listened to they had felt. We therefore asked participants to choose from 3 possible options, the results of which can be seen below:



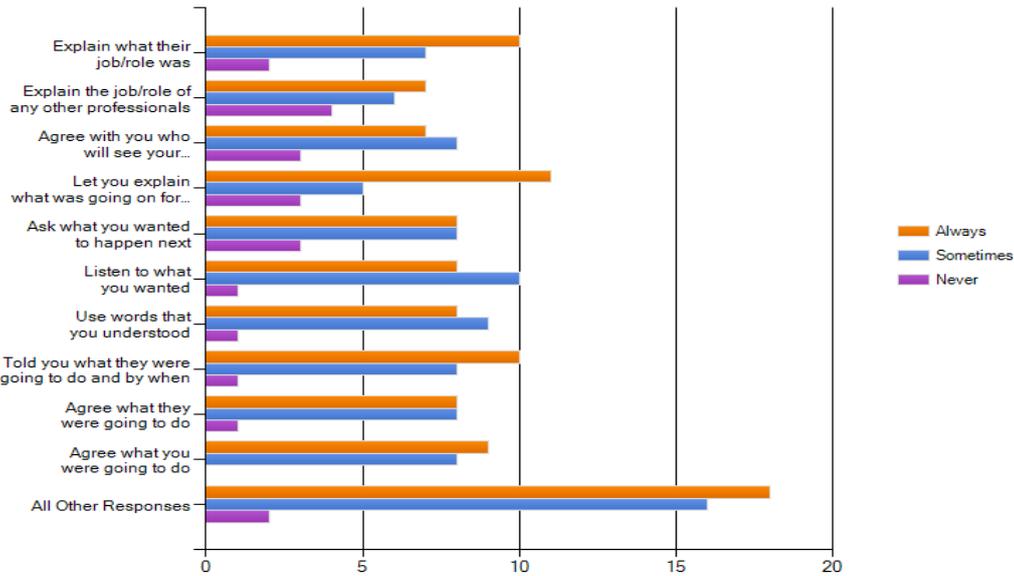
Whilst 34.2% of responses indicated that people had felt listened to, it is important to focus on the total figure of 65.8% of participants whose experience was significantly less positive. Amongst children and young people, this second figure increases to 73.7% - with 22.7% saying that they did not get the chance to share their views at all and support was planned without them. It is important to note that this is their perception about how the planning process worked for them but as such suggests that improvements in involving young people in planning meetings should be considered, perhaps in conjunction with with young people themselves being involved in designing how processes can be tailored to meet their needs.

Recommendation Five

Young people – where they are able to – need to be full participants in all planning meetings. These need to be adapted to ensure all information and consequent actions are understood, and that written plans are produced using language and formats that are accessible to this cohort. Young people themselves need to be given the opportunity to contribute to the design and implementation of differentiated and manageable paperwork and professional approaches to working with young people.

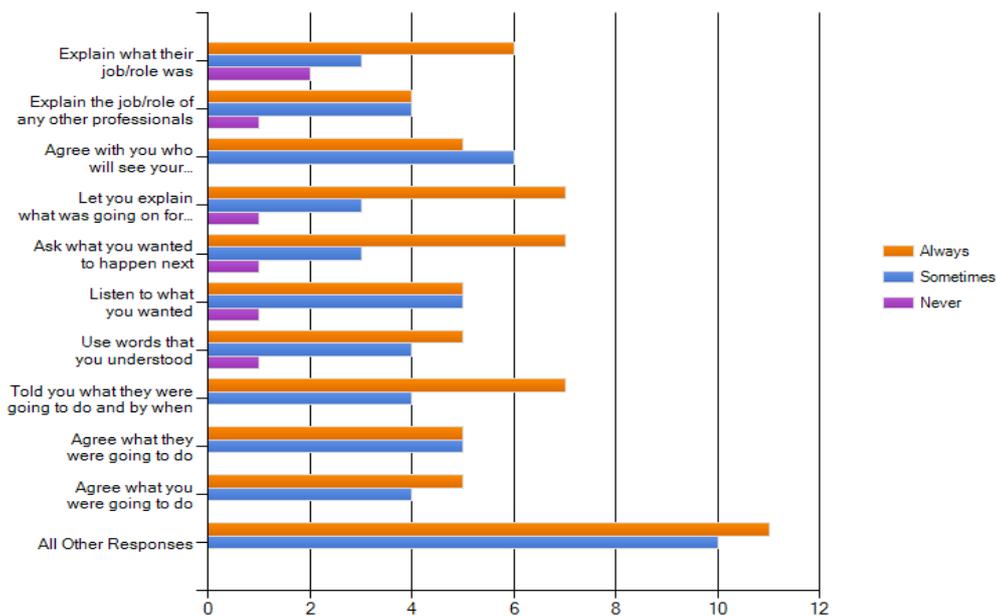
We then asked participants to look at a list of actions that would highlight good practice within planning meetings and asked that those which applied were selected. This produced the following feedback:

When there was a plan did the professionals who were writing it do the following? (tick all that apply)



Within this question results show a considerable number of positive indicators – such as 57.9% reporting that they always felt professionals allowed them to explain what was going on for them, and also with 52.9% stating that they felt that it had always been clearly agreed what would happen next. However there are also aspects of the meeting process which people felt less positive about – 15.8% (9.1%) feeling that they had never been asked what they would like to happen next, and 23.5% (11.1%) reported that the roles of other professionals at meetings had never been explained to them. Amongst young people these figures were lower, these noted above in brackets. Young people however reported that the key professional explained their role in only 54.7% of planning meetings – and 18.2% of young people reported that they had never had the role explained at all. The comparative feedback from young people is below and was consistent across all 8 districts in Devon:

When there was a plan did the professionals who were writing it do the following? (tick all that apply)



Lastly, we asked how could the experience of a planning meeting be improved? Parents talked about the need to ensure that they were listened to and the needs of the child heard by professionals. Some parents talked about the planning process being intimidating and frightening for them and feeling that professionals did not always show that they understood this. One parent in the South Hams illustrated this by saying...

“Even with my background as a social worker I find the meetings intimidating. I don’t trust professionals to have my interests at heart and because I understand how important the meetings are that’s why I find them so intimidating.”

Another parent in Exeter also talked similarly about the meetings...

“Professionals did not seem to understand how frightening things were for me and my family. We had moved into the area to escape domestic violence, we were alone and I don’t feel that professionals even tried to understand”

A number of parents talked about the plan being positive but the lack of action afterwards making it a negative experience.

*“the care plan was intended to make a positive difference but it never came into place”
“professionals sometimes need to be made to do what they say they would in the plan”
“sometimes it felt it was all about targets – parents are all different and it doesn’t always feel like professionals recognise that”*

Some further comments focused on very practical issues – one parent suggested that consideration needed to be given to the venue for meetings to ensure they were both parent and child friendly. The suggestion of there being toys there was made several times so that a parent could focus more on the meeting. Also, parents said they did not always feel that meetings were arranged around them but instead sometimes they were expected to fit around professionals...

“I know professionals are busy but I have 3 children – one at secondary, one at primary and one not yet at school – I’m busy too”

A number of young people commented on how their needs had very much been taken into account, with meetings happening in places they felt comfortable in, at times that have suited them. They then talked about how positive a difference this made for them. Young people talked about how professionals’ communication and the plan itself could be improved – with things being expressed/explained in words that were more young person friendly. Several young people also felt that workers did not always explain clearly why desired outcomes were not achievable. The other improvement suggested being shorter meetings...

“the meetings went on for a long time – this makes them harder for young people, they need to be shorter and more focused”

One young person summed up the collective comments from young people very succinctly...

“listen to me, make meetings less long and boring, talk to me in words I understand, make sure the people who should be there are there (they aren’t usually) – it makes me feel like they don’t care”

Recommendation Six

The feedback from young people suggests that at times they struggle with mixed messages – planning meetings are important and they need to be involved but at the same time, meetings are long, held in places that do not always meet their needs and professionals themselves do not always attend. A number of young people we consulted with said “I don’t go to meetings any more, there doesn’t seem much point”. Across all age ranges and cohorts, planning meeting experiences seem mixed but would we would suggest that a more positive experience is achievable if adjustments are made to the practical and physical aspects of meetings, communication improved, accountability and actions fully explored and all professionals’ commitment to physically attending is improved.

Information Sharing

We talked with children, young people and parents about their experiences of how professionals work together and share information. Whilst some participants told us of their experiences of professionals providing the help they needed, working together well and respecting confidentiality – a significant number talked to us about how they felt professionals could work together better.

A consistent theme within conversations was effective communication by professionals towards people they work with, but also between professionals also. One parent of a child with special needs said:

“professionals work together badly, social workers don’t talk the same language as CAMHS or Education. Some words mean different things and systems don’t fit together – and parents have to try and make sense of what’s happening and fight for what their child needs”.

Young people, and particularly a group of careleavers in Exeter and Devon, talked about their experiences of professionals not talking to each other very well and not passing on information as effectively as possible. Careleavers felt that young people in care often needed to repeat information to different workers which was frustrating and sometimes difficult emotionally. They also found the experience of changing workers added to this. One young person shared his thoughts:

“I don’t want a new worker to have read my file and think they know me, I want them to get to know me. What’s in my file isn’t the person I am today. What I’d like though is for someone to be aware what’s happened to me in my life and that it’s been hard”

When asked “Do you think that the sharing of information about you and your family between professionals with your consent would be a good idea” – 90.4% replied “YES”, a figure that is reflected within all 8 Devon areas. Amongst young people 94.2% replied “YES”. Particularly within groups of parents and young people in Teignbridge and Exeter there were discussions around how this did not always currently happen effectively and should perhaps be an area that is focused on for improvement due to the positive impact it would have.

Recommendation Seven

With appropriate consent, professionals working together on a case need to share promptly and efficiently any pertinent information about those they are seeking to help or support. This avoids the need for particularly young people to constantly retell often painful experiences or situations. However, an over-reliance on notes and files needs to be minimised by improving relationship building skills within these meetings.

As part of this consultation Young Devon was asked to gather specific feedback on the draft Devon Assessment Information Sharing Consent form which Devon County Council intend to use alongside the Single Access process. We did this by asking 4 key questions:

1. What is your first impression of the form?
2. Is the form easy to understand and are the words used easy to understand?
3. Is there anything missing or anything you need more information about?
4. Does the form clearly explain what will happen to the information you give to the professional?

We showed participants the DAF Information Sharing Consent Form and asked for feedback - the results of which were consistent across all 8 geographical areas:

1. What is your first impression of the form?

Approximately two thirds of parents who responded said they thought the form was easy/quite easy to understand. This is really positive but it is important to consider that this is an initial response and also that this means that at least one third of parents were less positive. The remaining third gave responses such as “*not very easy at all*”, “*lots of words – I wouldn’t read all that*”, “*off-putting*”, “*I’m not sure young people will understand it*”, “*confusing*”. Within 2 different play sessions several parents talked about English being their second language and that they would find the form very difficult and would need someone to go through it with them.

Parents in Exeter commented on the design of the form and made suggestions that the print could be clearer, the layout redesigned so it was easier to read, bold type used for each section as “*one colour makes the form seem quite intimidating*” . Another parent commented that “*it looks like a Social Services form and that would put me off reading it let alone signing it*”. Parents in 3 groups also asked what the word “DAF” in the title of the form meant. Once this was explained they then commented that to most parents “DAF” and/or “Devon Assessment Framework” will not mean anything. They instead felt the form should perhaps have the Devon County Council logo as the form had an important function and a logo would mean that parents saw it as legitimate.

Amongst young people the overwhelming initial response was that the form looked “*dull, boring and too long*”. Within the consultation young people very much needed encouragement to give feedback on the form with one young person commenting “*if I wasn’t doing giving you feedback that might help other young people there is no way I would read all this*”. Young people, were however, happy to suggest improvements. Many young people immediately suggested that to appeal more to over 12’s the form needed to be more colourful – perhaps with each point being a

different colour (or 3 or 4 colours used within the form) and also be made shorter if this was possible. Again, an initial observation was whether the form should have a Devon County Council logo was made and a teenage parent in Exeter also asked what “DAF” meant.

Whilst the form can be signed by young people aged 12 yrs and over we also asked two groups of year 6 children (aged 10 and 11) to look at the form – their initial reaction was that “ the form looked dull” and “children won’t read long paragraphs”. One child also commented “I’d have to help my mum with this form – and that would be hard”.

2. Is the form easy to understand, are the words easy to understand?

Approximately half of the children and young people asked said they thought the form was fairly easy to understand with a further 20% saying it was very easy. The remaining 30% of young people however, said they thought it was either “*not easy*” and expressed that there were parts or words they did not understand.

Amongst parents over 80% said they found the form either very easy or fairly easy. Within the 20% who said they did not find it easy, their comments would suggest that they found it quite difficult with comments such as “*it’s really long and hard*”, “*too much information*”, “*I would need it read to me*”, “*confusing*”. So whilst a large majority are happy with the content of the form the feedback suggests that approximately 20% would need help, support and further explanation.

3. Is there anything missing or anything you need more information about?

Amongst parents the issues raised included a lack of clarity as to who would see the information, whether it would be accessible to teachers, doctors etc. Four or Five parents said they did not understand what the section “*limitations*” meant and once Young Devon explained this they then felt this could perhaps be expressed more clearly. A number of parents also asked whether there should be a section to say the action required should they wish to withdraw consent or whether the form’s consent should apply for a specified time. One parent of a child with special needs said... “*what you consent to now, you don’t understand that carries on and later you may change your mind – it needs to tell you what you have to do, that’s really important*”.

A number of parents thought the form should perhaps include details of where information would be kept and also explain what “*personal details*” includes. One parent in Exeter said that without some explanation of “*personal details*” she would be reluctant to sign the form as she would be worried what information was being kept about her and her child. Another parent in Teignbridge also felt that that the term “*danger*” should also be defined more clearly as she felt it was quite a subjective word.

Parents commented that there was no request for a contact number or address for them. One parent said that she had a fairly common name and would be worried that without some more details she and her family might be confused with someone else.

Young people felt that there should be an explanation of what “Devon Assessment Framework” meant, one young person commented that “it’s not until you get to the bottom of the page that you know what DAF stands for, I think this needs to be changed”. Similarly to parents, young people talked about being concerned that personal information was to be kept on file and a number asked what would be kept, where would it be kept and for how long – they felt the form should provide

this information. One careleaver from North Devon also asked “*what if I move – who has my information then?*”.

Young people generally felt the form was aimed more at parents/adults than young people. They thought it was unclear where they were expected to sign the form and thought the layout suggested it was a form a parent signed for their child rather than a form designed for a young person. Observations were many young people aged over 12 would not understand the form sufficiently to be able to sign for themselves. One young person in South Hams also suggested a form for young people with learning difficulties should be considered.

4. Does the form clearly explain what will happen to the information you give to the professional? Amongst parents over 75% felt that the explanation was clear. Several parents said they would like more specific detail about who their information will be shared with as... “*from the way the form is written it could be anyone the professional decides and I’m not sure I like that*”. Several parents also said that they did not really understand the “limitations” box – they felt that this part of the form could perhaps be easier to understand. One parent in Exeter was also concerned about 12year olds being able to give consent as she felt “my son is nearly 12 and he would not understand this form although he might say that he did” – she felt there should be some reassurance within the form that professionals will consider a young person’s understanding/maturity. Amongst young people however, 62.5% of young people said they did not feel the form explained this clearly. This would suggest that further consultation may be needed with young people to perhaps ensure the form is clearer particularly as many young people expressed concern about information being kept about them. This was generally expressed but particularly expressed by careleavers within this consultation.

There was agreement amongst all groups that professionals working well together was central to children, young people and families getting the help they needed. Young people thought that to improve the way professionals worked together they needed to listen more to families and work together better by improving communication. Young people also felt that professionals should be better at passing on information, being honest and open with young people and taking action promptly.

Parents also talked about the importance of professionals listening and communicating well. Within 2 children’s centres parents talked about their need for professionals to work with them and to respect parents when they have concerns. One parents of a child with special needs said:

“Professionals need to work with the parent in a collaborative way because I know my daughter better than anyone else, we haven’t seen a lot of collaboration between professionals at this point, it needs to be better”.

Within the consultation parents in all areas, however, also talked about the difference professionals working together had made to them and their family at times of difficulty:

“I had help dealing with the death of my brother from Sure Start staff, a counsellor and my doctor – they worked together to help me and I got through it because they were there for me and my son.”

“the children’s centre is like a family – there’s someone who’ll try and help no matter what the problem is, they will make phone calls, support me – I have no family but they are kind of like one for me and my son”

Recommendation Eight

Whilst the overall responses to the form seemed fairly positive, the observations made by staff conducting the consultation was that many did not take the time to read the form at all. This was due to both the length and the layout, and this needs to be addressed. Differentiated versions in a variety of formats need to be generated in conjunction with the service users who will need to understand the implication of signing such a form. Professionals need then to work hard to work effectively and appropriately together.

Accessing help/making sure the right help is there at the right time

Within the consultation we asked all participants about their preferred method of accessing help and support. We presented 3 choices for access – a website, a phone number or a building/place. For each option it was explained the aim was to successfully create an initial gateway that would mean Early Help was accessible at the time it was needed and that access to appropriate help would be achieved more easily and quickly.

Overall, a phone number was chosen as the most popular method of access – with 41.3% choosing this option. Amongst parents the results differed, however, with a website being the most popular choice (39.7%) followed by a phone line (30.9%) and a building/place (29.4%). Amongst children and young people a phone number was also most popular (48.5%), with a place/building being second choice (32%) and website third choice (19.6%).

Preferences within the 8 areas varied considerably. The chart below shows the percentage of people who chose each option in each area, *though percentiles need of course to be viewed in the context of the overall number of respondents from that area:*

Area	Website %	Phone Line %	Place/Building %
East Devon	57.1	28.6	14.3
Exeter	36.7	34.7	28.6
Mid Devon	50.0	50.0	0.0
North Devon	26.7	26.7	46.7
South Hams	36.9	39	24.4
Teignbridge	4.5	68.2	27.3
Torridge	33.3	0.0	66.7
West Devon	25.0	0.0	75.0

Whilst a phone line may therefore be most popular the area preferences highlight that within the limitations of this consultation there may be districts that would be less happy with this choice given their stated preferences. Further consultation around this single gateway may therefore be beneficial in ensuring the needs of differing geographical communities are met.

We talked generally about the 3 choices with parents and young people. Feedback regarding a phone line was consistent within both groups and across areas. Discussion centred around the need for consideration on the type of number used for a help/information line. For many mobile phones are their main or only phone access and although 0800 and 0845 numbers may be free/low cost from landlines, it can often be very different when using a mobile with charges sometimes being high for those on monthly contract (and often such numbers are also not part of the inclusive minutes within contracts). The issue of being on hold and keypad selection to direct calls was also raised – with neither being positive as times when help is needed. Several parents and young people both talked of the need for phone line not to simply be an onward referral line. A young person expressed this very clearly:

“when you phone a helpline you need help, you don’t need someone giving you a number for someone else that you then need to ring and give your information all over again. It’s hard enough making the first phone call.”

Young people also talked of a phone line being young person/child friendly and felt that it would be difficult for there to be a number for parents, children and young people that would work for all 3 groups. Young people were concerned that workers on such a phone line would be more adult focused and may not understand their needs. When asked what a phone line needed to be like a young person in Exeter replied:

“it needs to be something like a YES centre or have youth workers who know how to talk to young people and understand the issues we have. I’m not sure I’d phone a number my mum would phone”

It would be fair to assume that parents may share a similar perspective – although this was not expressed within this consultation. It may be beneficial for these issues to be further considered.

Recommendation Nine

A single point of access to Early Help services would be best provided in the main by a telephone number, staffed by skilled and knowledgeable professionals who could work across cohorts and districts to give information and advice. Where more complex issues arise, these professionals need to have access to the appropriate specialist services and be able to book appointments or meetings for face to face work, avoiding at all costs merely signposting or – at worst – adding an additional step when help or support is being sought.

With regard to a place/building – all groups liked the notion of being able to talk to someone face to face and being able to go somewhere for help as they felt it would be more personal. All raised concerns as to how this would be possible across Devon. One parent of a child with special needs also thought that parents may find a building difficult to access:

“A place to go is useful but stigma can be a real problem for parents. A general place where people can go into and out of would be better – rather than a help centre. There would be less stigma then.”

Whilst accessible help and support is crucial, it was also important to include, within this consultation, feedback to help define the “right time” help and support needs to be there.

We therefore asked parents, children and young people if they thought there were times when things were more difficult and that needing help and support is therefore more likely.

The lists from both groups are similar and include – moving house, moving areas, new baby, bereavement, family breakdown/separation, financial difficulties, returning to work (as a parent), unemployment, domestic abuse, children starting school, moving school. Parents talked about all of these issues having an impact on the whole family, they also in most groups also talked of the stress of being a parent and the pressure they felt around being “a good parent”. Parents we spoke to within children’s centres talked about how invaluable the support from other parents was and how the other parents and staff became an extended family who they could turn to before concerns and worries grew. The benefit of having familiar faces to ask and who also knew them enough to sense when things were not well – was talked about very positively. Parents thought that perhaps building capacity in places such as children’s centres should be considered as they are already established in their communities and are viewed by many as friendly and approachable.

Children and young people mentioned all of the above times as more difficult. They also focused significantly on school issues – with moving schools, moving within school, exams and leaving school being identified by all ages and across all areas. Young people talked about the pressure and stress exams brought for them and the impact this has on them and their wider family. The majority of primary school children (all year 6 children – in 2 schools) all answered moving school to this question- which would suggest for them there is a level of anxiety around moving to secondary school. Young people also strongly identified exams and progression through school (transition in a wide sense) as times of difficulty. It is probable that whilst they talk about the impact upon them around these times, that there is likely to be a wider impact for families too. Within this consultation we were not able to investigate how much support was available, whether this helped and what improvements could be identified but it appears that for children and young people this is an area which may benefit from further analysis.

Lastly, to identify how professionals can ensure they are offering the right help in the right way we asked – “Is there anything professionals could do better or differently to make sure children, young people and their families get the help that they need?” Again, the overall responses were similar irrespective of age or geography. A greater level of understanding and a non-judgemental approach was mentioned by a significant number of participants. Some comments being more specific, the following came from a young person within the gypsy/romany/traveller community:

“Being open minded and have an understanding about the people they are working with. Knowing about our culture so they don’t judge us differently.”

There was a consensus that professionals needed to offer a more bespoke service than was sometimes experienced, with situations and needs being different. The comment “treat people as individuals” was made in each group within the consultation. Several parents with children with special needs also commented they felt that schools needed more support as families and their issues had become more complex; an example of this was given:

“In our forum we notice more and more autism and sensory disorders are coming through that are having difficulties being recognised through the educational system as having a problem and are merely being recognised as having behavioural difficulties. This needs to be addressed within the system as early help is crucial.”

Parents and young people both thought that not enough help was available but also that the help that was there could be publicised better and that Devon County Council and professionals had a key role to play in this. One parent commented:

“after my son was born I received a letter with lots of information in for parents, that’s how I knew about the children’s centre. My midwife was really good too, not just giving me information but encouraging me too. Going somewhere you don’t know isn’t easy.”

The existence of a positive trusting relationship with a worker was cited by many as having made a real difference to them. This was a relationship that had developed over time and meant that help could be asked for early and worries and anxieties addressed. Parents and young people would like workers to have the capacity to spend time getting to know them. One young person said:

“It’s great that my family worker is there for the good times, not just when things aren’t going so well – she helps me feel more confident in myself so I can solve my own problems”

Young people, particularly, identified that they wanted professionals to explain things in a clearer way, using words they understood, to take agreed action and to be easier to contact (in particular to return phone calls).

Looking to the future we asked “What advice would you give to professionals who are working with children, young people and families?” Children and parents would like professionals to remember that it is often hard to ask for help and that people ask for support because they feel they need it. Professionals also needed to ensure that they were approachable and easy to talk to – children particularly identified that it was hard for them to talk to people they didn’t know:

“sometimes we don’t want to talk to strangers – it’s easier to talk to people you know when things are difficult. I like talking to my teacher, she’s known me since I was little”

All groups talked about wanting professionals to be honest and open about what they can and cannot help with. Many spoke about having expectations raised and then being disappointed with the outcomes achieved. For some, action was not taken that was agreed with no explanation. For others there were feelings that their expectations had been raised unrealistically by professionals, and this was both stressful and distressing. One parent in South Hams talked about her experience:

“my son was excluded and social workers made a referral to a service for him. The service said they would have no problem accepting him and managing his behaviour but when he was due to start they changed their mind. I felt like I’d been lied to and was back where I had started”

Parents, young people and children all identified professionals who had met their needs, listened, involved them, raised their self-confidence and helped them in times of need. They talked of the difference this had made, how they had been helped to manage challenges. But also their feelings were that there was not yet a consistency of service amongst professionals so whilst they had been helped they were concerned that others may not have had the same experience. Some young people described this as:

“it depends how lucky you are, which worker you get, some are great and some aren’t”

Recommendation Ten

There was a consensus that training, managing and evaluating workers was important in ensuring that all receive the help they need, when they need it and in skilled and friendly way. To ensure the development and improvement of Early Help services, it is recommended that further audits of individual services and groups of professionals is undertaken by service users themselves, and they be involved in designing and delivering training to ensure an enhanced service to the population of Devon. This should be regularly audited and refreshed to ensure parity and consistency across the County, between services and for all cohorts.

Additional feedback from two Secondary Schools

Within the consultation period of 7 weeks numerous attempts were made to engage several secondary schools. This was not achieved until the deadline for feedback had been reached and statistics had been collated and formatted. For this reason, the responses received from these schools is being reported separately. Young Devon was keen to ensure the voice of as many young people were included within this consultation and so whilst the feedback could not be incorporated fully within the main statistical analysis, we were keen it was not ignored. Two secondary schools, one in South Hams and one in Exeter, took part and involved a total of 76 young people in year 11 (15/16 yrs of age). In total 35 respondents were female and 41 male.

When first asked have you asked for help in one school 16 responded “YES” and 45 responded “NO”; in the other school the response was 2 “YES” and 13 “NO”. As suggested earlier in this report, the early asking of this question could have had an impact on the response. It is also important to consider that these responses were gathered within a class setting and as such peer pressure will also have had an impact. Young people generally acknowledged that asking for help is difficult but also not necessarily wanting others to be aware of their need for help from others.

In respect of which professionals young people had asked for help or would ask for help – young people mirrored the response of other young people within this consultation by choosing teacher as their most popular choice (56.6% choosing teacher as one of their responses) and doctor/nurse as their second choice (36.8%). Young people were asked to explain why they had chosen these professionals and they talked of trusting the professional, seeing them regularly and believing they will understand and be knowledgeable. Given the age of young people within this group it is perhaps surprising that only 5.3% selected youth worker. This figure is perhaps lower than would be expected and it may be helpful to ascertain what proportion of this cohort engage in youth service provision in these localities – it would then be possible to establish whether this group does not engage in provision or alternatively does not feel youth workers approachable in times of difficulty, results clearly requiring different responses.

In total, 9 young people said they had been involved in having a plan written. Of these 6 young people reported that they did not go to the meeting – the feedback given by the class teachers does not give any reasons as to why the young people did not attend. Further analysis of this maybe beneficial to establish whether it was the case that these young people chose not to attend, and if so, for what reason. Two young people reported a positive experience – having felt listened to and their views included within the plan. The

other young person reported that they felt listened to but the plan did not reflect their views.

Young people then gave feedback on information sharing, firstly giving feedback on the DAF Information Sharing Consent form. Young people's first impressions were that the form looked quite daunting, it was long and that it looked quite complex. Young people felt the form would benefit from more colour, information simplified and reduced, and were concerned that it was not very young person friendly or had been designed with young people in mind.

To ensure young people, children and parents received the best help young people suggested that professionals should communicate better (both with young people and also between themselves), listen and be more understanding of people's circumstances, provide support on a 1:1 basis wherever possible as this helps people to explain what they need and build trust with professionals. One young person asked that...

“professionals reduce the paperwork they use with us and instead make sure there is more active help – this will really make a difference”

Young people were asked their preference in terms of ways to access Early Help – this feedback being sought by Devon County Council to inform the provision of a single gateway. Within the South Hams school preference for a website was first choice (50% choosing this option) phone line second choice (26%) and a building in third place (24%). In the Exeter school the results were different with phone (39%), building (33%) and website (28%). If help was provided via a building as the access point 70% would like this within a bus journey distance (this being described as within a 30 minute journey).

Young people were then asked to identify the times when they or their family were more likely to experience difficulties (and therefore more likely to have the need for early help). Exams, school/college transitions and problems at school were identified as popular choices. When asked about “transitions”, young people felt this described moving from one year to another in school or from one school/college to another. This is a wider definition than is usually used by professionals and would suggest that young people's need for help and support is greater than currently planned. Young people also identified family issues such as finances, relationships and ill-health as being key points when they have needed or would expect to want to access Early Help services.

Areas where professionals could perhaps improve were given as a need for professionals to treat each person/case individually and recognise that *“not all young people want to involve their family”*. Young people talked about the help offered feeling like it was *“one off help”* and they felt that help should be offered regularly and for a longer period of time. Four young people thought that more support should be offered at school and there should be a recognition that the issues of anxiety and depression were more common amongst young people than professionals seemed to assume. Young people felt that:

“professionals should be less patronising around mental health issues, they need to be better informed so that there is not the stigma around asking for help”

In summary - the advice these young people wanted to give professionals mirrored the messages in the main report which were to listen, respond, get back to young people promptly, be patient and open.

Feedback from Professionals

Although not included within the consultation brief, Young Devon talked to many workers during the consultation process – both when trying to make links with parents, young people and children across Devon and also when carrying out the consultation throughout venues in Devon. Professionals we have contacted have been keen for the people they work with to have their voices heard. Had a longer time period been available it is certain that through the commitment of workers Young Devon would have been helped to link with a much larger audience across Devon.

Amongst all workers and professionals, concerns were expressed about the levels of awareness of help services by parents, young people and children. “Frontline” workers such as nursery staff and primary school teachers commented that parents often came to them as they found it difficult to find out where to get help. It is often assumed that most families now have internet access but workers talked about parents who did not have this at home. Parents were also often supported by these staff to make phone calls or sometimes to use the phone as phone systems require callers often to hold or be put in a queue. For families on a low income, this also presents a cost implication that is difficult to plan for, and so is not easy to manage. Further, although some parents discussed the advantages of the anonymity of being able to use a phone line to seek help and support, professionals and parents alike also highlighted the problem of needing both the confidence to ask for that support in the first place, and the knowledge around the issue to be able to identify what help was actually needed as barriers to accessing Early Help services. Workers found that word of mouth amongst parents was still regarded as a good source of information and local links and networks were seen by all as vital in supporting families and children holistically. Should a new Early Help service be launched it would be essential to liaise with a whole range of professionals and parent’s workers to ensure publicity is as far reaching as possible.

With regard to children and young people, workers felt that differing needs were not always recognised or responded to. For young people access via school linked services or through drop-ins (in both schools and independent providers) is a high priority if help is to be accessed at an early point. Within the consultation, young people had referred to “YES type centres” and professionals also described a “one-stop shop” model as being needed for many young people. In addition they talked about the need to increase the pastoral capacity within schools – with youth services and youth support organisations developing closer links both with schools and students. This would also have a beneficial impact on increasing resilience and encouraging a familiarity with help services amongst young people throughout their school lives. Professionals also talked about web-based help being important for children and young people. Websites, however, needed to be targeted towards this audience – with content, design and interactivity needing careful consideration. In addition, young people, particularly, also seek not just information but also advice through wider media. Professionals felt that advice provision via email or smart phone was also something that should be considered – ensuring that young people’s needs are truly met in terms of access to Early Help.

Recommendation Eleven

Early Help services need wide and varied promotion to all sectors of the communities across the whole of Devon. This needs to be via the full range of health, education and welfare services and professionals, through voluntary and community organisations, specialist service providers and across local radio,

newspapers and advertising campaigns. Targeted promotion needs to be particularly aimed at those sectors of the Devon population who may be additionally disadvantaged or isolated due to geography, protected characteristics or levels of financial deprivation, and must not rely alone on the ability to use and access the internet.

Professionals talked to Young Devon staff about the relationship their services enabled them to develop with parents and their children. Play workers, in particular, told us they often linked parents in with wider services as their relationship meant that parents would feel comfortable enough to raise concerns or to ask for information. This relationship also enabled professionals to initiate conversations themselves with parents when the need for help at any early stage was identified. A worker talked of a parent who had come into a play session and “*just didn’t seem herself*” – through a gently initiated conversation the worker established a bereavement within the family which meant things were very difficult at home. The worker was able to support the parent to access counselling services and the children’s centre became a point of stability for a few months. This type of support is crucial to families, and early access to support made a large difference to the family. The availability of local support was also important. Though representing a higher proportion of available services than are seen in more rural areas of the County, workers in Exeter talked about help frequently being City Centre focused and that for parents with small children this still presented issues regarding access; many parents also chose not to travel into the City Centre very often due to the cost of travel or parking.

In the same way parents referred to the impact on their problems when they were faced with delays and professionals also talked to us about the delay periods between referral and actual help or support being provided. Capacity within organisations and services is limited and this can result in services not being as responsive as parents need them to be. In particular, specialist services such as drug and alcohol and advice services will often have appointment systems and waiting lists. This may result in the stability of the family being reduced further and ultimately, the need for the involvement and intervention of a greater number of professionals. The success of Early Help is not therefore only dependent upon services being accessible early but is also about services and professionals being able to deliver help as quickly as possible.

Recommendation Twelve

An integrated and graduated system of help, support and advice needs to be provided locally to ensure the earliest intervention possible is achieved for parents, children and young people. A comprehensive education and information sharing strategy is required to ensure that situations and issues that fall initially well below statutory tiers of work are dealt with to ensure the prevention as much as possible of the need for more serious and costly professional services.

Workers felt services for young people are equally stretched. Similar issues were raised around the capacity of services to meet demand. For young people life changes happen quickly and workers felt that professionals and services sometimes were unable to respond speedily to a young person’s need. In relation to the idea of a single gateway for help, concern was expressed about how effective this would be for young people with young people throughout the consultation consistently highlighting the value and need for professionals and workers in the services they accessed to be properly and intrinsically young-person centred in their approaches and systems. It was felt that young people have very specific needs and a service needs to be young person- friendly, with responses

sometimes varying from the traditional support provided to adults and parents. Concerns were expressed whether a generic service would meet this needs and be seen as accessible by young people.

Through taking part, professionals working with primary school children expressed surprise at the lack of awareness of the different professionals' roles amongst the class involved in one of the consultations. Children seemed unaware outside of school of where help could be sought and the professional thought this may also be true for parents who our findings confirm view the school as a key support system and information point within the community. The class involved in the consultation were year 6 pupils – and so will be leaving the school in June 2014. The professional expressed concerns about the possible impact on parents and children and reflected that perhaps the school needed to look at how they may be able to prepare both parents and children for the transition to secondary school, and the inevitable weakening of teaching professionals' personal knowledge of families, mirrored by the more remote relationships parents and carers have with secondary school staff in the main. A strategy to ensure support systems and information beyond education could be considered to ensure that the strengths demonstrated by effective primary schools in being holistic community champions are not lost at transition points. It is likely that this challenge is one that is not only present in this school but also in schools across Devon.

Recommendation Thirteen

Early Help strategies should consider the key link to communities that many primary schools have more seriously, and help these to be maintained and developed as conduits for information flow. Link professionals within school learning communities (such as the secondary school and their associated feeder primary schools) could be strengthened, increased in number and utilised as central figures who liaise with all services and distribute information and materials within their communities whilst also referring to those services as necessary. It is the often minimal input but long term nature of such professionals' and workers' relationships with parents, carers and children that enable the earliest and most effective types of Early Help to occur; often preventing issues ever appearing on higher tier caseloads at all.

The professional also commented that primary school children, to her knowledge, were not often given the opportunity to be involved in wider issues – such as this consultation. She felt that it was a really good opportunity for the pupils, thanked Young Devon for approaching the school and saw it as extremely positive that they had been offered an opportunity for primary schools to be part of the wider agenda outside of their education focus. She also commented on how it had highlighted for them an issue around transition which was also helpful.

Recommendation Fourteen

Beneficiaries engagement exercises and consultations, as well as service providers themselves such as Young Devon and Youth Services, should work hard to ensure that a younger cohort of children and young people are worked with to participate actively in service design and consultations. Training could easily be adapted to create a younger, more knowledgeable generation who would be able to access and advise the Council on the services that are needed. This in itself would form an effective layer of Early Help and prevention.

Within this consultation we were not successful in engaging discreet BME groups (though there is representation of various ethnicities within individual responses received), but we did receive feedback from professionals about this demographic. Workers talked about generic services being a challenge in terms of access for BME families, many of whom expressed the belief that there was a widespread lack of understanding of cultural awareness and need across Devon. For many sectors of these communities, there is also a fear of accessing services, of information being gathered and stored and assumptions being made about them on the basis of culture. BME services will often have developed relationships with individuals and families over time and as such, the continued support they offer, together with an understanding and sensitivity around personal circumstances, is invaluable. Within the consultation Young Devon was fortunate to link with an education provider for gypsy/Romany/traveller young people- we were fortunate that this worker agreed to gather feedback for us but our sense is that this is not generically occurring when services are designed or consulted on. Whilst inclusion within consultation for all groups should be aspired to, sensitivity is needed around how to involve and invite groups to participate. An existing relationship with this worker enabled some fantastic feedback to be incorporated within this consultation. Specific consultation with specialist groups on a longer term basis may therefore be beneficial, with time and resources committed to partnership working with specialist workers to ensure participation is sensitively and genuinely enabled .

Recommendation 15

Longer term consultation needs to be undertaken with specialist need groups. This consultation should be carried out over a longer period and through collaboration between an independent provider and the key agencies working with these cohorts (and having trusting and meaningful relationships already established). The mapping of Early Help needs for specialist groups could therefore be established and where necessary bespoke services could be developed and barriers to access overcome. This would then ensure inclusive Early Help provision existed across Devon.

Recommendations

In response to the findings of the Early Help Engagement Consultation Young Devon makes the following recommendations:

- Schools have been highlighted as key access points for Early Help by parents, children and young people. They have also been cited as the place where many early indicators for Early Help can be identified. Further thought as to how the central status of schools can be developed to promote Early Help access is a key strategy that needs to be fully explored. (Recommendation 1 – see within main body of report for further detail)
- Improvements in communication (and in particular active listening) has been identified across as important by all cohorts. A prompter response to requests for help is also highlighted as a priority. (Recommendation 2)
- The process and importance of any statutory plan with professionals needs to be better explained and facilitated. (Recommendation 3)
- Plans need to be actioned and copies with parents, young people and children within an agreed timescale. (Recommendation 4)

- Young people need to be full participants in all planning meetings; many do not feel involved or listened to. Timing/location, language and paperwork needs to be reviewed to take into account their needs. (Recommendations 5 and 6)
- Information sharing between professionals is not currently effective. Young people and parents talk of needing to retell stories. Young people want professionals to get to know them rather than rely upon file notes. (Recommendation 7)
- DAF Information Sharing Consent Form – a further review of the design and layout of the form is required. The ability of one form to meet varied needs/cohorts requires further review, where possible with the involvement of service users.(Recommendation 8)
- A single gateway to Early Help needs to provide information and advice and not be an onward referral point. Further thought is needed to consider whether one gateway can meet the needs of parents, young people and children. (Recommendation 9)
- It is important that future evaluations of services and professionals is undertaken to ensure the needs of communities are met. The involvement of service users in service evaluation and assessment is central to this. (Recommendation 10)
- Early Help services need to be promoted more effectively – a lack of awareness of services was identified by parents, young people, children and professionals. A promotion strategy needs to address various audiences (particularly those identified as likely to need early help services more frequently) and use a variety of media. (Recommendation 11)
- Local help, support and advice services need to be provided to ensure the earliest intervention is achieved, thus preventing the need for greater multi-agency involvement in the longer term. (Recommendation 12)
- Better links between professionals and school learning communities need to be developed – perhaps with a professional champion being linked to secondary schools and their associated feeder primary schools. This would enable more meaningful relationships with parents, young people and children to be developed and information to be effectively disseminated enabling increased access to Early Help services. (Recommendation 13)
- A younger cohort of children and young people should be engaged within beneficiaries engagement exercises and consultations – both to inform services but also to increase resilience and awareness amongst children and young people (Recommendation 14)
- Longer term consultation is undertaken with specialist need groups to ensure the needs of all groups are adequately met and maintained within Early Help provision (Recommendation 15)

Additional Recommendations

- Amongst children, young people and parents stress and anxiety was consistently referred to. Further consultation around this and the generators of these feelings may reduce the number of individuals later being referred to statutory provision.
- Children and young people referred to transition points as times when things became more difficult for them and their family. Their description of transition as moving year groups would suggest a wider support strategy around transition would reduce the need for more comprehensive help at a later date.
- Ongoing evaluation on the effectiveness of Early Help services is undertaken to ensure that services have adequate capacity and are able to meet changing need.

- Short –term consultations have a limited ability to enable participation across Devon. Should further consultation be desired a longer consultation period would be recommended.
- Face to face consultation has been demonstrated to be the most successful method for meaningful consultation. Consideration is therefore needed as to the value of online consultation amongst specific cohorts.
- The limited timescale of this consultation has meant Young Devon was not able to consult with some key groups such as fathers, teenage parents and young people with disabilities. A greater balance across Devon may also have been achieved with a longer consultation period.

Young Devon would like to thank organisations and workers throughout Devon for their help, flexibility and enthusiasm in making this consultation possible..