

Children's Fund Briefing Document

The Children's Fund Initiative

1) Background to the Children's Fund Prevention Plan

1.1 The Children's Fund is a government preventive intervention targeted at 5 - 13 year olds and their families at risk of social exclusion. The initiative was announced by the Chancellor of the Exchequer Gordon Brown in July 2000 following a comprehensive spending review.

1.2 There are two main criteria for the Children's Fund:

- To maximise life chances for **5 - 13 year old** children and young people at risk of social exclusion
- For statutory, voluntary and community sectors to work together **in partnership** to achieve the first criteria.

1.3 Mr Brown highlighted this in his speech to the House of Commons. He said:

The war against child poverty requires not just additional cash but the support and encouragement of all forces of care and compassion in every community. It can only be won by the combined efforts of parents and private, voluntary, charitable and public sectors working together.

(The Guardian, 19th July 2000).

1.4 The Children's Fund sits between Sure Start which works with very young children and Connexions which supports 13 - 19 year olds. The initiative provides funding to be invested in preventive services outside the remit of mainstream statutory delivery.

1.5 The Children's Fund was administered by the Children and Young People's Unit (CYPU) which was formed in November 2000 with the remit to develop the government's overarching strategy for children and young people across all Government departments. The CYPU became the CYPFD (Children, Young People and Families Directorate) in 2003. The CYPFD is located in the Department for Education and Skills (DfES) and is also operationally directly responsible for Sure Start. The recent Green Paper - 'Every Child Matters' produced by the CYPU outlines the results of an inter-departmental review of policies for children and young people.

2) Principles of the Children's Fund initiative

2.1 A preventative approach to promoting children's well-being

The initiative is founded upon a proactive approach to promoting children's well-being. Using established research evidence, the approach recognises the presence of both risk factors and protective factors in the lives of children. The principle is to maximise children's exposure to protective factors and minimise their exposure to risk factors in order to secure overall improved outcomes.

2.2 Targeted at socially excluded children

The Children's Fund is not a universal fund for all 5 to 13 year olds but is targeted at children likely to be experiencing social exclusion. As there are no nationally agreed definitions of social exclusion, the means of targeting are not prescribed; it can be at the neighbourhood level (in wards of concentrated deprivation) or at the individual level, working with identified individuals or groups of children and families.

2.3 Risk factors would include:

- Special needs - learning difficulties, mental and physical disabilities
- A background of poverty
- A background of abuse
- Involvement in substance abuse
- Involvement in crime (including victims)
- Dysfunctional family backgrounds or family difficulties
- Access problems (language, cultural, geographical)
- Health problems
- A reluctance to engage with the mainstream

2.4 In their guidance on children's services planning published in 2000, the Department of Health estimated that just under one third of the 11 million children resident in England could be considered 'vulnerable' or 'at risk' (including children living in low-income households, children living with domestic violence, children experiencing mental health problems and children with disabilities). This group of vulnerable children includes the 'hard end' category - children 'in need' (300,000 - 400,000 including 53,000 Looked After Children and 32,000 on the Child Protection Register).

2.5 Local implementation of effective and accessible multi-agency working

The Children's Fund recognises the importance of flexibility in local implementation and local determination of priorities, promoting a 'bottom up' culture of planning and service delivery within an overarching strategic framework. It is hoped that the emergent local preventative strategy will link closely to effective pre-existing services and past traditions. There is a strong commitment to partnership between the statutory, voluntary and community sectors across the range of professions and disciplines working with children. This is underpinned by a belief that effective joint working to co-ordinate service delivery and the work of different professional groupings will avoid both the fragmentation and duplication of services for children.

2.6 Involving and consulting children

Working with children's perspectives and views on service planning and delivery is central to the philosophy of The Children's Fund. This approach draws on

new models of children as ‘social actors’; as innovative and creative users of the world around them and as having social rights conferred upon them through the UN Convention on the Rights of the Child. There is also a strong commitment to the close involvement of parents and carers in service planning and delivery. Implicit to this is the understanding that adults can act as effective advocates for children. It is believed that sensitivity to the ‘child’s view’ will add value to the design and delivery of services and increase sustainability.

3) Children’s Fund Aims and Objectives

3.1 Mission Statement

The Children’s Fund is intended to provide a flexible and responsive approach to meeting needs and developing good practices for children at risk of social exclusion, supporting them and their families in breaking the cycle of poverty and disadvantage.

3.2 Overarching objective

The objective of the fund will be to provide additional resources over and above those provided through mainstream statutory, specific programmes and through the specific earmarked funding streams. It should engage and support voluntary and community organisations in playing an active part and should enable the full range of services to work together to help children overcome poverty and disadvantage.

3.3

Aims	Objectives
1. Joint Planning	1. Enhance and build on existing services
2. Service provision for 5-13 year olds	2. Develop services with Children, Families and Community Groups
3. Respecting Diversity	3. Service delivery based on need and including minority ethnic groups
4. Identifying need	4. Learn from best practice
5. Responding to local need	5. Develop mechanisms for identifying need and introducing Children and Families to appropriate services
6. Gathering local views	6. Evaluate effectiveness of Children and Families services
7. Involving Children and Families in service development	7. Develop and contribute to local strategic planning
8. Enabling children to reach their	

3.4 Key objectives

To ensure that in each area there is an agreed programme of effective interventions that picks up on early signs of difficulties, identifies needs and introduces children and young people and their families to appropriate services, ensuring:

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- Close and co-operative working between all relevant local agencies
- Clear responsibility for the management of each child's or family's involvement
- Services are sufficiently flexible and accessible to enable informal and self-referrals

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- To ensure that children and young people who have experienced early signs of difficulties receive appropriate services in order to gain maximum life-chance benefits from educational opportunities, health care, and social care and to ensure good outcomes; by
- Increasing provision of the right kind of preventive services which will increase the children's life chances through combating problems before they escalate
- Ensuring services are accessible to children and young people and families, particularly those most in need
- Actively involving children, young people and their families as service users, in planning and delivering services and in creating individual packages of support
- Empowering children, young people, families and communities to take responsibility and control of solutions for themselves.

3.7 Note: *It is recognised that there is potential for conflict between objectives one and two. The aim is to help partnerships find a balance between the two, so that each child or young person at risk of social exclusion can self-refer or be referred to the appropriate services without stigmatisation. It is hoped that services that might be described as "universal" will have mechanisms to identify children and young people at risk of social exclusion. Access to services may be through self-referral, peer suggestion and familial advice as well as through professional referral. (Children's Fund, Part One Guidance Page 3)*

4) Targeting the Children's Fund – what is the focus?

4.1 "The focus of the Children's Fund is on early prevention. By 'early intervention' we mean before a child's difficulties reach the stage where statutory services are required by law to intervene, but where there are risks which make this a probability. The identification of risk and protective factors are only probabilities and not absolute predictions. But intervention at an early stage can reduce the future probability of bad outcomes and maximise the chance of

good outcomes. Thus the fund's underpinning strategy is one of prevention".
(Children's Fund, Part One Guidance p14)

4.2 Taken from Children's Fund National Guidance

Levels of Prevention		
Level One: Diversionary	Here the focus is before problems can be seen – thus prevention strategies are likely to focus on whole populations.	Outside scope of Children's Fund
Level Two: Early Prevention	Implies that problems are already beginning to manifest themselves and action is needed to prevent them from becoming serious or worse	Focus of Children's Fund
Level Three: Heavy End Prevention	Would focus on where there are multiple, complex and long-standing difficulties that will require a customisation of services to meet the needs of the individual concerned.	Focus of Children's Fund
Level Four: Restorative Prevention	Focuses on reducing the impact of an intrusive intervention. This is the level of prevention that would apply to such as children and young people in public care, those permanently excluded from school or in youth offender institutions/ supervision and/or those receiving assistance within the child protection framework	Outside scope of Children's Fund

5) Core Principles of the Fund

5.1 Children's Fund Services Must:

- Focus on those children, young people and families most at risk of social exclusion through poverty and disadvantage
- Co-ordinate and add value to existing services as well as introduce new provision where this is likely to reduce the risks faced by

children and young people at risk of social exclusion in the Children's Fund area, building on, and linking to, existing Government initiatives or local projects

- Promote the participation of local families, children and young people in the design and working of the programme
- Minimise bureaucracy by building on suitable existing partnerships
- Be culturally appropriate and sensitive to particular needs.

5.2 These principles will help to establish shared values among all those delivering the Children's Fund. These should ensure that local programmes can:

- Provide effective services and adopt new ways of working not readily available in the area, which fill gaps and meet needs
- Add value to existing services (this might include supporting and extending proven successful services as long as this does not displace statutory services or already planned integration into mainstream services)
- Communicate effectively with children, young people and their families about the services available
- Provide facilities for delivering services, where needed
- Train existing professionals, new workers and volunteers to pick up warning signs, ensuring that the right children and young people get help, and deliver new services in ways that are suitable to local needs
- Improve joint working and co-ordination between existing service providers

5.3 What outcomes is the Fund designed to achieve?

Partnerships will need to tackle risk factors associated with poor outcomes for children and young people in order to achieve better outcomes. These better outcomes are outlined in the following **sub objectives**:

5.4

- **Sub-objective 1.** To promote attendance in schools attended by the majority of the 5-13 year olds living in the area;
- **Sub-objective 2.** To achieve overall improved educational performance among children and young people aged 5-13;
- **Sub-objective 3.** To ensure that fewer young people aged 10-13 commit crime and fewer children aged 5-13 are victims of crime;
- **Sub-objective 4.** To reduce health inequalities among those children and young people aged 5-13 who live within the area;
- **Sub-objective 5.** To ensure that children, young people, their families and local people feel that the preventative services being developed through the partnership are accessible;
- **Sub-objective 6.** To develop services which are experienced as effective by individual and clusters of children, young people and families commonly excluded from gaining the benefits of public services that are intended to

support children and young people at risk of social exclusion from achieving their potential;

- **Sub-objective 7.** To involve families in building the community's capacity to sustain the programme and thereby create pathways out of poverty.

(Children's Fund, Part One Guidance p4-5)

5.5 Service providers identify the sub objectives relevant to their service delivery.

It should be stated that a Programme, although expected to cover all 7 sub objectives with service delivery, is not expected to give equal weighting to them. Programmes are expected to most frequently target the sub objectives that support service delivery under the themed focus chosen for that geographical area.

6) Norfolk Children's Fund

6.1 Initially £380 million was rolled out across England over three years with funding becoming available for those areas in highest need under Wave 1 of the initiative in 2001. In January 2001 Norfolk became one of the first forty pilot areas to be invited to develop proposals to access Children's Fund funding under Wave 1. Norfolk Children's Fund (NCF) is the only wave 1 Programme in the Eastern region.

6.2 Norfolk received an initial 3 year funding allocation of £6.3 million. The first funding round terminated in March 2004. Funding rounds are linked to the 3 yearly treasury review. The next review granted a second funding round up to March 2006 at the same allocation rate. National budget reduction were applied during 2004 and the most recent allocation of £5.25 million spans 2005 - 2008.

6.3 During 2003 and 2004, twenty five percent of the Children's Fund service delivery and budget was specifically directed towards the reduction of youth crime. This particular strand of preventative work originated from the Home Office's Crime Reduction Programme and is delivered in partnership with the Norfolk Youth Offending Team. From 2005 onwards there is increased flexibility around crime prevention delivery and the '25%' is no longer ring-fenced or fixed at that percentage.

6.4 The budget allocation also covers grant payments for:
the remaining 75% of service delivery, capital spend (2%), independent local evaluation for which the University of East Anglia are the providers (3% maximum), and central costs (the operational budget has been set at 12.5% but is now subject to 2.5% reduction per year in line with the Gershon review).
The Programme is direct funded by the CYPFD.

6.5 Norfolk County Council is the Accountable Body and Lead Agency for Norfolk Children's Fund. The CYPFD directly control Programme delivery via a regional manager and her team who are based at Government Office for East of England in Cambridge.

6.6 The Programme operates through an overarching Partnership Board with an Independent Chair. The Board is supported by 5 Local Partnership Groups; Northern, Southern, Eastern, Western and Central (Norwich). The Norfolk Children's Fund Central Team are salaried staff who work with the Partnership to manage on an operational level.

6.7 The operational performance of the Programme is evaluated through quarterly monitoring and financial returns to the CYPFD and regular direct inspections and audits. The Programme has recently (December 2004) been subject to the second audit commission financial inspection receiving full certification. The most recent operational audit awarded the Programme the top possible ranking of 'Doing Well', maintaining Norfolk Children's Fund as one of the top Programmes in the country.

6.8 NCF is considered to be an exemplar Programme nationally often piloting and aiding in the development of national systems.

6.9 The independent local evaluation delivered by the UEA provides an objective report on the effectiveness of the Programme - the latest report (July 2004) provides evidence that the Programme continues to be successful despite the negative impact of funding cuts.

7) The Norfolk Plan

7.1 Norfolk County Council was asked to develop a strategic plan for the Children's Fund locally. This had to receive direct ministerial approval before funding could be granted. The original plan was based on baseline data around children in Norfolk at risk of social exclusion, and baseline data showing poverty indices in Norfolk and how certain wards were ranked nationally.

7.2 The Partnership also chose to focus more specifically on three sub objective areas or **themes** that have particular relevance to Norfolk's needs:

- Rural isolation and hard to reach groups
- Family support
- Schools focussed

7.3 Interested parties from all agencies in Norfolk came together for an initial conference on the Children's Fund. A multi-agency partnership was formed, service proposals were developed of which the CYPFD approved 11 for service delivery as Trailblazers. The Trailblazer services were launched in December 2001. The Programme delivered 53 services during the peak funding year of 2003, and has a current delivery programme of 28 services.

7.4 Grant payments

The Children's Fund is not a funding stream or a bidding agency, monies cannot be used for replacement funding or to fund a statutory mainstream service.

7.5 Services are required to be delivered in partnership (a single agency will not secure funding) and should be child centred.

7.6 Services are issued with a service level agreement outlining contractual conditions and expected outcomes (targets). All services provide Short term action plans and long term development plans from which their delivery targets are set. Targets may feed directly into the Key Performance indicators for the Children's Fund at first tier level (national or countywide) or into the second tier or local level as part of a group of services with similar objectives. Appendix 2 attached to the 2005-2008 plan demonstrates the correlation between Children's Fund sub objectives, Every Child Matters Outcomes and the National Service Framework Standards for Children, Young People and Maternity Services.

CYPFD Definition of Mainstreaming

Mainstreaming comprises 3 strands:

- a. **Cultural change** - ensuring that early intervention and prevention for vulnerable 5-13 year old children and families in a multi-agency context continues to be a priority for service commissioning and development in the long term.
- b. **Sustainability** - ensuring that where appropriate there is continuity in the delivery of preventive services with special consideration of voluntary sector provision
- c. **Embedding good practice** - Ensuring that good practice is embedded into these services and there are processes in place to learn the lessons from practice and disseminate them to all services and sectors

The CYPFD overall long term vision is:

“Children and young people at risk of social exclusion should be able to access services **before** they get into difficulty so that the problems they experience can be addressed before they become crises. Preventive services need to be provided as part of an overall strategy which identifies the needs of children and puts in place a range of services to meet these needs, and which enables children and families to easily access those services. This strategy is best developed and managed by statutory, voluntary and community organisations working together both in delivering and planning services. In order for the services to be effective they need to be owned by the community and to be informed by the needs and wishes of children themselves. Thus children and young people and their carers should be involved in the planning, monitoring and delivery of services.”