We collected data from 13 organisations working with children and young people between April and June 2023, and this is the story they told:



11,048 CYP received support

3,795

Sessions delivered

Youth groups
Skate sessions
1:1 counselling
Dance classes
Tea time clubs
Outreach youth work
Behavioural assessments
Play groups
Benefits advice
Assessments for mobility aids
Leadership training

### Targeting support to deprived neighbourhoods



of Children and Young People (CYP) supported live in 10% most deprived neighbourhoods

## A crucial part of mental health support



CYP are likely to need support with a mental health issue

57%

of CYP supported had improved mental health and wellbeing

### Increasing and more complex needs



were not accessing support from statutory services



29% were looking for support with self harm or suicidal thoughts, with a third of these young people having attempted this within the period



received support to reduce engagement in crime / Antisocial behaviour (ASB)



received support around misuse of alcohol or drugs

### Building trust with diverse communities



of CYP in Leeds are from diverse communities



of CYP supported by third sector organisations were from diverse communities

...there are around **667** third sector organisations supporting CYP in Leeds in total!

"F is a young male from a Portuguese background growing up and living in East Leeds with his family.

During his time living in Leeds, he has talked about gang culture within the area and experiencing knife crime firsthand. He has openly talked about how he has been involved in the 'streets lifestyle' since he was 12 years old.

He has previously been in prison and has spoken about wanting to get away from that lifestyle and focusing on football and giving back to his community

F has openly said that if he didn't take part in the programme, he feels that he would've been back in prison."



#### **Potential outcomes:**

### Victim of stabbing

If F had continued to be involved in knife crime, he could have been either the victim or the perpetrator of a stabbing.

The estimated average cost of treating a victim of stabbing is £367 - £7,196

#### **Prison sentence**

The cost of a prison sentence for a repeat offence with an offensive weapon ranges from

£24,387 (6 months) to £195,096 (four years).

#### **Outcomes instead:**

- Ongoing support from Youth Work
- Completed StreetSafe workshops and training
- Developed clear leadership qualities, reinforces respect from his peers towards team
- Completed podcasting training and produced film on knife crime

This intervention could have prevented public costs of between £24,754 and £202,292

S had been referred for counselling by her housing worker due to her anxiety and depression. She had extreme difficulty leaving the house and was on the waiting list for mental health support with CAMHS for some time due to pandemic backlog.

S has a learning disability. She described difficulties with her family relationships, who she blamed for giving her an eating disorder. S said that she had self-harmed in the past.

S received support through regular non-directive creative counselling techniques, which proved successful and S is feeling more hopeful about the future.

#### **Outcomes instead:**

- Core10 assessment score improved by 5 points, showing reduced symptoms of anxiety
- Ownership of expressing emotions, rather than S reacting to the way she was made to feel
- Started attending a women's group and hopes to make new friends



#### Potential outcomes:

## CAHMS referral/treatment

A referral to CAHMS costs on average £2,338. Time on the waiting list can cost between £500 - £3,338. In patient care costs £61,000.

# Positive behavioural support (PBS)

PBS to support S with leaving the house and other behaviour that challenges costs on average £17,264.

#### Self harm treatment

Treatment for self harm including hospital admission and a psychosocial assessment costs on average £880.

## Eating disorder treatment

This is estimated to cost **£9,500** per year with an average of 6 years treatment time.

This intervention could have prevented costs of between £77,911 and £84,749

OF is a single mother who's been on the waiting list for a council property for 2 years. OF and her daughter were asked to leave her dad's property after a breakdown in their relationship and was left sofa surfing. She was placed in supported accommodation but had to move due to anti-social behaviour from a neighbour.

OF was supported to build an NHS Jobs profile and supported with childcare allowance. She went through the Healthier Working Futures Programme and participated in the Young Person's Panel as she became more confident.





She was offered employment as Urgent Clinical Support at A&E and is optimistic about her future.

OF has also been offered a council property and feels much more financially independent and focussed on moving forward with her life.

# Potential outcome: remaining homeless

The average annual cost of a homeless young person is £27,347, taking into account the cost of homelessness services, mental health services, social security and output loss due to inactivity/ unemployment

### **Outcomes instead:**

- Offered full-time employment
- No longer homeless after being offered a council property
- Received support with childcare allowance
- Feeling much more financially indepdenent and optimistic about the future

This intervention could have saved £27,347 of public money.

### **FOOD FOR THOUGHT**



This report is intended to illustrate the impact of third sector organisations in supporting children, young people and families, and to provide material for discussion around the following key questions:

Less funding for preventative services is likely to create more expensive support needs at a later stage. How can we ensure that preventative services are protected at a time when funding and resources are scarce?

How can we ensure that youth work is better recognised as a powerful tool in supporting young people's mental health?

Should youth work be funded as a preventative health measure?

Young people from marginalised communities are more likely to trust local, rooted organisations over statutory services. How can we protect and support these organisations to continue their work?