Year Three & Service Evaluation Report

Home-Start Leeds : Parent to Parent Service

Home-Start Leeds
Hope House
69 Mabgate
Leeds
LS9 7DR

October 2023

Table of Contents

Chapter	Page Number
Acknowledgements	2
Summary	3
Introduction	4
Background	5-7
Presenting issues of families supported by Home-Start Leeds	8
Year Three Overview	9
Demographics and Statistical Data	10-11
Outputs and Outcomes	12
Budget	13
Return on investment – Understanding Home-Start Leeds potential financial savings to the wider Health and Social Sector	14-19
Return on investment – what were the potential savings of Home Start-Leeds to the wider health and social sector?	20-25
Conclusion	26
Why Home-Start Leeds is best placed to deliver Family Services	27
Challenges to the delivery of the Parent-to-Parent Service	28
Annex 1 – Home-Start Leeds	29
Annex 2 – Leeds Economic and Health Position	30
Annex 3 - Three Years – Demographics and Statistical Data	31-33
Annex 4 – Impact Web	34
Annex 5 – Case Studies	35-41
Annex 6 - Budget	42
References	43-46

Acknowledgements

Home-Start Leeds (Annex 1) would like to thank the Lottery for their funding and support of our work.

Our thanks goes to those families who agreed to share their stories as a means of showing that situations can be overcome.

Additionally, we would like to acknowledge the vital support from a range of grant making organisations and trusts who helped improve the living conditions of the families we supported through the provisions of 'goods' for their homes and clothes which made a real difference to their lives.

Lastly, we would like to thank the Home-Start Staff Team and Volunteers who have provided levels of support above that imagined of the Home-Start Model. Their dedication, experience and knowledge has made lasting change to many of those who came to our door for support.

Summary

This report includes delivery during the Coronavirus Pandemic[1] – our service launched in September 2020 - and so the restrictions placed on society and social interactions have affected how we worked and the data collection for this evaluation.

This report is a desktop study that looks at the support given over our service delivery.

Through researching families circumstances and situations, we have been able to compile an in-depth profile of those we have supported including how they have often struggled against systems that are meant to support them.

By comparing family presenting issues, possible outcomes if Home-Start Leeds intervention had not taken place and the cost of those interventions this report shows that the services provided by the Third Sector to families struggling and in crisis can save the wider health and social care sector, and society, money.

[1] https://www.who.int/europe/emergencies/situations/covid-19

Introduction

Home-Start Leeds was awarded three-year funding to deliver the 'Parent to Parent' Service; and was funded until August 2023. Year Three covers the period September 2022 to August 2023.

Home-Start Leeds is a city-wide service covering the Leeds City Council geographical areas which includes the postcodes WF3, WF10 and BD11.

Home-Start Leeds believes that children need a happy and secure childhood in which they can flourish and that their parents play a key role in giving their children a good start in life; and that parental wellbeing is important in enabling a parent to do the best they can to help their children achieve their best.

Our support model is based on early intervention and prevention, support before a situation escalates. The support offered through our Volunteer Home Visiting Service[2] is not time limited as we recognise that building a relationship can take time and enables more sustainable change to take place.

Volunteers work with families by listening, being non-judgemental and taking things at the families pace - the support from a Volunteer has a positive impact on both parents and their children. Volunteers can also signpost and support families to engage with other organisations in the area. Support visits are at a time convenient to the family and can be in the day, evening or weekend.

'Parent to Parent' is a Volunteer Home Visiting Service delivered in families homes, at Home-Start Leeds office and at venues in local communities. The service is about prevention and supports parents with low to moderate mental health issues who have at least one child aged seven years or under who do not meet the criteria for targeted specialist provision.

The key aim of 'Parent to Parent' is to meet the specific needs of parents and families experiencing mental health issues - to help reduce stress, anxiety and isolation; and improve the emotional wellbeing of parents enabling them to increase engagement with other services and their communities.

The service supports parents when they:

- do not meet the criteria for support through targeted services
- are discharged early from a service leaving them with no support
- are worried about accessing support due to the perceived stigma around mental health services; and
- when the support offered by statutory services is not right, i.e. parents not wanting/ready to access groups, telephone or internet support

'Parent to Parent' accepts both professional and self-referrals.

During the funding period the following number of families were supported:

- Year One – 79
- Year Two - 98
- Year Three - 118

---

[2] *Volunteer Home Visiting Service – all Volunteers undertake a 10-week (30 hour) Volunteer Preparation Course. Volunteers are required to provide references and undergo a DBS (Disclosure & Barring Service Check. Volunteers are careful matched with a parents to help with relationship building and support.*

Background

Our analysis shows that our families, and 22% of Leeds residents[3], were in poverty (After Housing Costs) and financial crisis; that they lacked secure housing; and few had either an income that was adequate or derived from employment even before the COVID-19 pandemic[4].

Our client profiles mirror the findings of the Joseph Rowntree Foundation's 'UK Poverty 2022'[5] report – it notes that more than 1 in 5 people (22%) experience poverty and that the impact of the COVID-19 pandemic had a worst impact on those with the least. – this equates to 14.5 million people of which 8.1 million are working-age adults, 4.3 million are children.

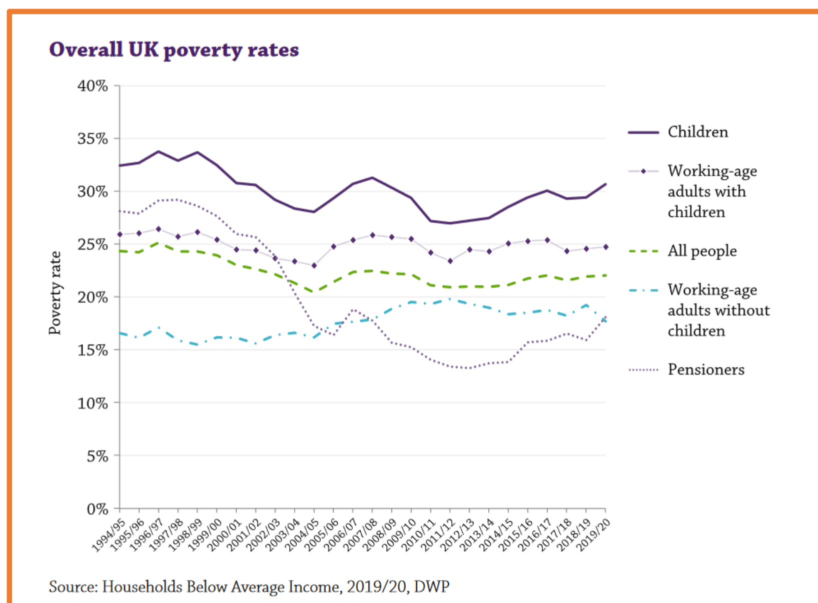


Diagram 1. Households Below Average Income 2019/2020 DWP

The report also notes child poverty continues to rise with 1 in 3 children in the UK are living in poverty (31%); and nearly half of children in lone-parent families live in poverty, compared with 1 in 4 of those in couple families. Of the working-age adults, lone parents are by far the most likely of any family type to be struggling with poverty and this is reflected in the circumstances of those we support.

'Child Poverty' and 'In-Work-Poverty' has been rising since 2010 with some groups being disproportionately pulled into poverty. Levels of poverty depend on five key economic factors:

- employment
- net earnings
- benefits
- housing costs
- inflation

all of which are driven by government legislation, and the general economic health of the country.

Poverty in the UK is seen as being in a situation where personal resources are below what is considered to be adequate to meet your minimum needs, including taking part in society. There are two definitions:

- Relative Poverty[6] – when a person's household income is below 60% of the 'Middle Household's Income (adjusted for family size and composition).
- Absolute Poverty[7] - when a person household income is below a fixed line based on an inflation-adjusted (date set) poverty line (set at 60% of median AHC income in 2010/11).

In Leeds the groups overly effected and experiencing poverty are:

- Part-time workers, low-paid workers – including sectors with historically higher rates of in-work poverty
- BAME households
- Lone Parents

[3] https://observatory.leeds.gov.uk/leeds-poverty-fact-book/relative-and-absolute-poverty/
[4] https://www.who.int/europe/emergencies/situations/covid-19
[5] file:///C:/Users/Tracey.simpson-laing/Downloads/uk_poverty_2022.pdf
[6] Poverty in the UK: statistics - House of Commons Library (parliament.uk)
[7] Poverty in the UK: statistics - House of Commons Library (parliament.uk)

- Private renters - higher housing costs and tend to have lower incomes, both leading to higher poverty rates.
- Social Housing renters – low incomes and/or economically inactive

The major effects to the household income for many of the families we support have been driven by both government legislation and the country's economic situation. Some of the changes to the Benefit System that have increased poverty include:

- the two-child limit in income-related benefits
- the Benefit Cap
- the five-week wait for the first Universal Credit payment
- unaffordable' debt deductions' from benefits
- Local Housing Allowance rates (frozen since April 2020)
- those on 'legacy' benefits (excluding Working Tax Credit) pre-dating Universal Credit have received no increased support at all.

Joseph Rowntree Foundation note that more than half of individuals in families in receipt of Universal Credit and its predecessor Legacy benefits live in poverty, with 43% of households in receipt of Universal Credit experiencing food insecure; and this this has resulted in the basic rate of out-of-work benefits being at its lowest for 30 years after adjusting for inflation, while earnings have risen by more than a quarter over the same period.

Poor Parental Mental Ill Health

Children living with parents in emotional distress is an annual Government office statistic[8].

Studies undertaken between 2014 and 2015 noted that 1 in 6 adults aged 16-64 years (England) had a 'common mental disorder' (CMD) and whilst other conditions were less prevalent, they were still prevalent being:

- 1 in 100 adults with schizophrenia
- 1 in 100 adults with affective psychosis
- 1 in 50 adults with bipolar disorder

It was also noted that CMD's were more likely to occur in women than men and that since 2000 the prevalence in women had increase whilst for males rates had remained stable. Additionally it was noted that most mental disorders start in childhood, adolescence or young adult life.

It was noted that of those with poor mental ill health (CMD) parents were the majority of these groups with women being 60% and men 57%; and that of 1,000 women giving birth it has been estimated that in the perinatal period the following would be seen:

- 2 women will experience postpartum psychosis
- 2 severe mental illness (SMI)
- 30 severe depression
- between 100 and 150 mild to moderate depressive illness and anxiety states
- 30 post traumatic stress disorder (PTSD)
- between 150 and 300 adjustment disorders and distress

Additional study noted that around 38% of first-time fathers were concerned about their mental health and between 5-10% of partners report mental health difficulties in the perinatal period.

Impact on child outcomes

It is noted in reports that there is also a confirmed link between maternal and paternal depression and an increased risk of later behavioural and emotional difficulties in children.[9]
Study results have shown that children of mothers with repeated mental health problems were more likely to:

- have poorer relations with peers at age 3 years compared with those whose mothers

---

[8] https://www.gov.uk/government/statistics/children-living-with-parents-in-emotional-distress-march-2021-update/methodology-and-supporting-information-children-living-with-parents-in-emotional-distress-2021-update
[9] Growing Up In Scotland: Maternal mental health and its impact on child behaviour and development - gov.scot (www.gov.scot)

remained mentally well or who only had 'brief episodes' of poor mental health'

- show adverse emotional and cognitive outcomes where a mother has reported mental health problems once during a 4-year period (of the survey undertaken)
- have further adverse behavioural outcomes where the mother reported repeated occurrence of mental health problems over several years (defined as a prolonged exposure)

and that

- poor maternal mental health during pregnancy affects outcomes in middle childhood
- children whose mothers experienced high levels of anxiety in late pregnancy, or after birth, had a higher prevalence of behavioural or emotional problems at age 7; and.
- parental mental health relates to adolescent child happiness found that that maternal and paternal mental distress predicts unhappiness in girls but not boys.

Additional it is noted that fathers with persistent depression[10] in the antenatal and postnatal periods children are at a higher risk of emotional and behavioural problems at age 3 ½ years

[10] The effects of pre- and postnatal depression in fathers: a natural experiment comparing the effects of exposure to depression on offspring - Ramchandani - 2008 - Journal of Child Psychology and Psychiatry - Wiley Online Library

Presenting issues of families supported by Home-Start Leeds

When we envisaged our project in 2019, we knew that support structures were reducing whilst people's ability to seek support, navigate systems and society were becoming ever more difficult; but the events that have affected families during the projects life could not have been foreseen.

During Parent-to-Parents three years funding families presented with ever more complex issues related to poor Mental and Physical Health; and nearly all relied partially or totally on Benefits which added and compounded their Mental and Physical Health. As the 'Cost of Living Crisi' grew in 2022 into 2023 families found it increasingly difficult to make their benefits/income cover their living costs and they had increasing levels of debt – where we could we supported them to make household budgets and with more serious cases referred them to local Debt Advice Services.

Our Parent-to-Parent families, similarly to our other service delivery, reported a number of issues that caused them crisis that led them to be referred by professional or self-refer:

- Poor Mental Ill Health – isolation due to finances and health; and reduction of support service and/or long waiting lists for either complimentary or medical therapies
- Benefit Caps, reduced Benefits, and the introduction of Universal Credit – inability to live on income
- Debt
- Poor, inadequate and/or overcrowded housing
- Children with undiagnosed or waiting for assessment for:
    - Social, Emotional and Mental Health conditions
    - Autism
    - Neurodiversity
    - Learning Disabilities

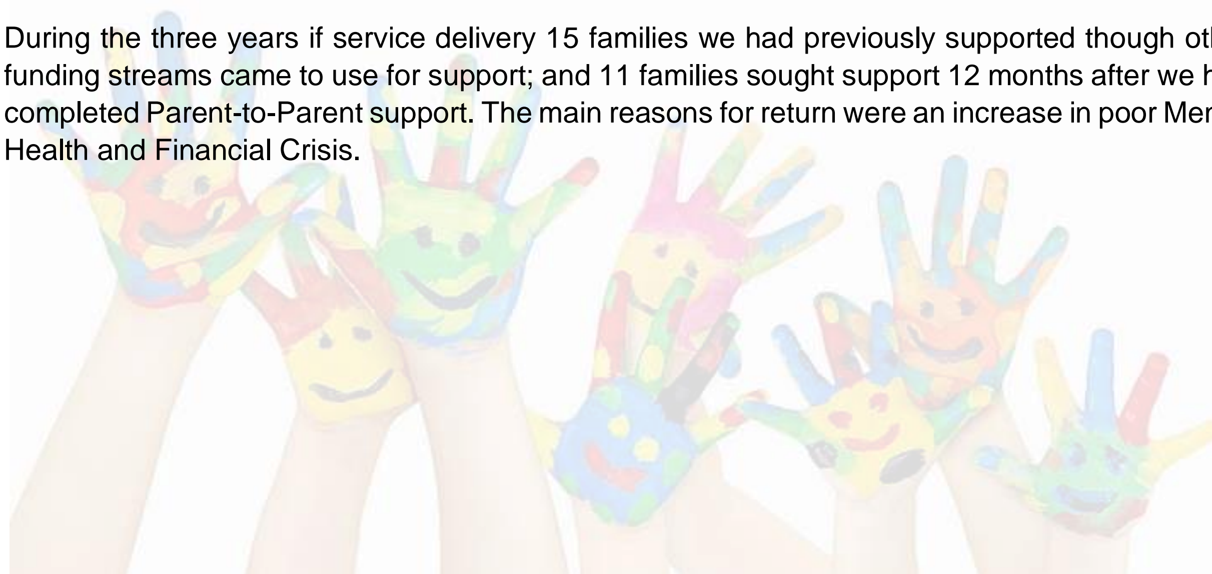
Between 2020 and 2023 families on the whole presented with more than one issue. The issue most raised were:

- Parental Mental Ill Health – struggling to parent due to lack of support services
- Child(ren) Mental and Physical Health conditions
- Inability to afford food
- Debt (including Utilities)
- Housing – including poor conditions, lack of furnishings; and inability to heat home
- Benefits – sanctions and low income

Returning Families

The aim of our services is that when we support families, we work to build knowledge, skills and resilience. However, we have found that we are now working with a small group of families we have previously supported and who have found the need to seek support again.

During the three years if service delivery 15 families we had previously supported though other funding streams came to use for support; and 11 families sought support 12 months after we had completed Parent-to-Parent support. The main reasons for return were an increase in poor Mental Health and Financial Crisis.



Year Three Overview

Year Three's started with no COVID-19 restrictions and thankfully continued that way. During the year we were able to fully families in their homes and communities whilst providing support by telephone, Zoom, WhatsApp when any illness arose.

As with previous years our Coordinators attended multi-agency meetings in-person and virtually – including 'Child In need Plans'; delivered essential goods to families and carried out Safeguarding and 'Welfare Checks' when Volunteers raised concerns.

As with the previous two years families approached us in ever increasing situations of crisis partly due to the 'Cost of Living Crisis' - people presented/contact use with no food in their homes and unable to put on their heating.

Likewise with Years One and Two families continued to present with multiple health and societal complexities and rather than low to moderate poor Mental Ill Health we continued to see families with moderate to high levels – as common across the country Mental Health Services have reduced and/or have long waiting lists and so families continue to be referred to us as there are no other suitable services for them. As mentioned previously these complexities mean our Coordinators are undertaking intensive work with some families before a Volunteer can be matched and these families are requiring longer periods of support.

In year we provided families with a range of items/goods including:

- Clothes (children)
- Shoes (children and adults)
- Bedding (children and adults)
- Curtains (living areas and bedrooms)
- Beds and/or mattresses
- White Goods
- Foodbank Vouchers
- Baby Bank Vouchers

We continued to offer Parents the opportunity to attend our Peer Support Group and Learning Cafes; and families were invited to a Christmas Party.

During Year Three we delivered three of our 10-week Volunteer Preparation Courses to ready people to be Home Visiting Volunteers

Demographics and Statistical Data

During the three-year period of delivery a majority of the families supported came from the Local Authority's (Leeds City Council) 'Inner Wards' which are characterised by high deprivation ONS Indices including poverty, environment, housing, health and life expectancy.

With regard to demographics our families were not representative of the averages in the Local Authority area.

Demographics and Statistical Data for Year Three is at Annex 3

Gender
Over three years the majority of those initially accessing the 'Parent to Parent' were female – 96.78% of initial contact was made by/for Mothers. Additionally we supported 7 male lone parents.

Household status
The largest 'Household Status' group seeking support over three years were Lone Parents - 54.16%. The 2021 Census noted the 'Lone Parent Households' made up 11.3%[11] of the household comparison.

Ethnicity
Across the three years Year Two saw 76.07% of Parents identifying as 'White'[i12] compared with the Leeds total of 79% (2021) (85.1% 2011)[13]. Other Ethnicity groups were around average for the city of between 1% and 4% although recognise that we may not be supporting as many Asian/Asian British families as we would expect.

Health and Wellbeing
Parent-to-Parent is aimed at families with low 'Poor Mental Ill Health' which aligns with the data over three years which shows that over 80% identified this as an 'issue'. Of this 80% over half had moderate to high levels of Mental Ill Health which required greater levels of support . This figures is above the Leeds average for adults (over 18) at 21% (2019) and 30% (2020) which is seen to have spiked due to COVID-19[14].

There was a year-on-year growth in those presenting with Substance Abuse – some parents were referred to Forward Leeds whilst others were refereed from them with the ongoing waiting lists for specialist support being a reason our support was sought.

Working Status
Throughout service delivery approximately three quarters of families were reliant on benefits as https://www.nomisweb.co.uk/reports/lmp/la/1946157127/printable.aspx (August 2023) (GB 3.7%) for Universal Credit [15] and 3.5% (March 2023) (GB 3.6%) for those registered as Unemployed[16]

Housing Status
The three-year average showed Over 66.1% of families lived in 'Social Housing' (Leeds average of 20.4% (ONS 2021)[17]) whilst 24.73% lived the 'Private Rented Sector' (Leeds average of 21.8% (ONS 2021)[18]). We continue to be concerned about the conditions that families live in – overcrowding and environmental – and during the Spring of 2023 we discussed these concerns with Leeds City Councils Senior Officers for Housing and Public Health.

---

[11] https://www.ons.gov.uk/visualisations/censusareachanges/E08000035/
[12] Note: ONS are now reporting on 'White' as a humongous group rather than separating categories
[13] https://www.ons.gov.uk/visualisations/censusareachanges/E08000035/
[14] https://observatory.leeds.gov.uk/wp-content/uploads/2022/06/JSA-Summary-Report-Oct-21-FINAL-1-1.pdf
[15] https://www.nomisweb.co.uk/reports/lmp/la/1946157127/printable.aspx
[16] https://www.nomisweb.co.uk/reports/lmp/la/1946157127/printable.aspx
[17] https://observatory.leeds.gov.uk/housing/#/view-report/85fe651fd2af40e0bf133770aaa91687/___iaFirstFeature/G3
[18] https://observatory.leeds.gov.uk/housing/#/view-report/85fe651fd2af40e0bf133770aaa91687/___iaFirstFeature/G3

Postcode / City Wedges
A majority of families supported in year resided in the city's inner electoral wards which have high levels of deprivation or from social housing in the city's outer more wealthier wards. However we did see a slight increase in those living in the outer lying more wealthier areas which rose to 8.5%.The Leeds 'East North East City Wedge' continued to have the highest numbers of families seeking support whilst the lowest came from the Leeds West North West City Wedge[19].

Referrals Pathways
Over the three years families came through 12 different pathways including Health, Statutory Social Care, Education, Children Centres and a range of Leeds based Third Sector Organisations; and over 43 organisations in total.

Referrals
'Parent to Parent' received 333 requests for service for families and worked with 295. Our work supported 624 children.

Table 1: Families

	Year One	Year Two	Year Three
Families engaged in support	79	98	118
Families who said they did not want support	8	5	9
Families referred to other agencies for more appropriate support	3	2	11
Number of children supported	195	217	212

Presenting Issues
The main presenting issues of 'Parent to Parent' families over the three-year period are in the table 2. Families presented on the whole with at least two presenting issues.

Table 2: ***Presenting Issues***

	Year One	Year Two	Year Three	Three Year Average
Domestic Abuse	51%	53%	46%	50%
Debt	67%	71%	70%	69.33%
Lone Parent	45%	52%	53%	53%
Mental Ill Health	79%	80%	81%	80%
Physical Ill Health	7%	11%	19%	12.33%
Benefit issues/Low Income	59%	63%	61%	61%
Pregnant	2%	3%	13%	6%
Substance Misuse	7%	9%	12%	9.33%

Families whether self-referral or referred were more likely to be at points of crisis than the average percentage pre the COVID-19 pandemic. Additional issues that families raised as exacerbating their situation included:

- Welfare Benefits – the loss of the £20 uplift to Universal Credit caused financial hardship for many families and led them to making decisions about what they could and could not afford to buy.
- Many families had used their allowance of Foodbank Vouchers, and we are having to seek sources of food – we were able to attract small pots of funds to purchase Supermarket Vouchers
- Travel costs – a number of families were finding traveling to appointments a barrier. We have been able to provide Pre-paid Bus Ticket to support this.
- GP access – many parents said they had not been able to seek support for their poor Mental Ill Health due to the lack of face-to-face GP appointment.

[19] https://i.pinimg.com/originals/82/5a/e3/825ae378c6e58bcde3f86576f5134655.jpg

Outputs and Outcomes

Learning - *Challenges faced and how we responded*
Throughout the three-year funding period, year on year we saw a steady and increasing number of families reaching out or being referred for support at a point of crisis.

Crisis was both a personal issue and at times exacerbated by the COVID-19 pandemic societal restrictions, a reduction in service provision; and a continued staff turnover in statutory services resulting in a lack continuity to support.

Families came to us with multiple life complexities and for many we have become a 'last or only place of support' and we work to support all and not turn people away. We have discussed that there may be a time when we will not be able to work with some families or may need to take a pure Casework approach as we would not place Volunteers with some of the families we are asked to support. We have found a rise in people experiencing trauma from Adverse Childhood Experiences and Domestic Abuse which can exacerbate behaviours and resulting risky behaviour, self-harm and/or neglect which can affect the children in their care. With such families we take a multi-agency support approach to ensure the best outcomes for parents and children.

Positives

Our support enabled a small number of parents to keep custody of their children; other families were moved of 'Plans'; and some parents felt able to move into education and employment.

Additionally we have helped families with home furnishings that have helped to improve health and wellbeing; provided food and accesses telephone and fuel vouchers; and obtained school uniforms, clothing and shoes when families have struggled to provide.

Outputs
Over the three years our outputs were:

- Families Supported 306 (Target 90)
- Volunteers recruited and trained 30 (Target 24)

Outcomes
Impact collection was limited in Year One due to COVID-19. In Year Two we moved from 'Outcome Family Starts' to 'Impact Webs' (Annex 4) which were felt to better reflected our work and the impacts being made. We measure 'Impact' on a 1-10 scale to the following categories:

9-10	Effective Parenting	7-8	Finding What Works	5-6	Trying
3-4	Aware	1-2	Stuck		

Table 3: ***Outcomes Years Two and Three ; and 2-year average***

	Av Positive change 2021/2022	Av Starting Point 2022/2023	Av End Point 2022/2023	Av Positive Change 2022/2023	**Av 2-year Positive Change**
Providing Housing, Essentials & Money	1.2	4.1	6.1	2	1.6
Meeting Emotional Needs	1.8	5.3	7.5	2.2	2
Keeping your child/children safe	2.6	5.2	7.9	2.7	2.65
Social networks	1.3	7.1	7.9	0.8	1.05
Supporting Learning	1.3	5.1	6.8	1.7	1.5
Setting Boundaries	2.9	4.1	6.7	2.6	2.75
Keeping a family routine	3.9	3.9	8.1	4.2	4.05
Promoting Good Health	2	4.9	7.4	2.5	2.25

Case Studies
During Year Three we sought permission from our Families to write a number of Case Studies to highlight our work and its outcomes. A selection of Case Studies are at Annex 5

Feedback
Families are encouraged to complete Feedback Forms when support ends, however we do not have comprehensive data to report as often the Questionnaires are not returned.

Budget

The Budget for the three year spend is at Annex 6.

In Year Two and Three there was a need to reallocate funds to cover the high level NJC Scale increase and the introduction of the increase in Employers National Insurance. After some reallocation of budget lines this resulted in an over spend of £3,288.00 which could not have been foreseen when the service funding was applied for.

Funding breakdown
During each year the average cost of intervention per family was:
Year One - £879.16
Year Two - £687.51
Year Three - £575.32

Over the three years interventions ranged from 4-6 up to 64 with an average of 43.7
Year One – 45.9
Year Two – 38.4
Tear Three – 46.8

Return on investment – Understanding Home-Start Leeds potential financial savings to the wider Health and Social Sector

Understanding the financial value of Home-Start Leeds work is complex, however we can assume that supporting families with poor Mental Il Health and in 'crisis' saves money to other services such as GP's, A&E visits, Local Authority services, Welfare Benefits, etc.

To understand the value of our work requires an Economic Evaluation[20] to consider the different courses of action and costs to 'solve' the 'issue' - costs can include direct service costs as well as those that could be avoided by an intervention. These can be categorised in three sections:

- Avoided costs – cost caused by a problem avoided by the intervention
- Direct costs – costs to the system, community, and families
- Indirect costs – productivity losses to society caused by the issue

The benefits of an intervention – Home-Start Leeds services - can be measured in various ways such as cost savings on systems and improvements in quality of life. For example, as Mental Ill Health affects many areas in life, the consequences can be widespread meaning that services are likely to have an effect on a community level as well as improving individual outcomes.

The four most common types are detailed below:

- Cost benefit - details all benefits and costs in a common denominator, most often money. It can help weighing costs of a course of action against the benefits of a certain intervention.
- Cost consequences - such as improved quality of life, reduction in service use and/or any adverse consequences are presented together with costs for the service or intervention.
- Cost utility - the outcomes or consequences are measured in a way that displays utility, such as for example Quality Adjusted Life year measure.
- Cost effectiveness – looks at whether something is effective whilst expenses have already been made. This is often used when a programme is already running and helps assess whether the cost is justified. It can help inform funding decisions as to whether a service should continue to receive funding.

For this report the 'Cost Benefit analysis will be used.

Evaluation Question
Can services that support families struggling with poor Mental health, daily life, and in crisis, save the wider health and social care sectors, and society, money?

Counter Question
What is the cost to the wider health and social care sectors, and society, when family crisis is not supported?

Cost Comparisons

Over the three years of delivery Home-Start Leeds services cost £205.346 and supported 306 families who resided in some on Leeds most deprived communities – this equated to £671.06 per 'family.

Equating this to 'costs per intervention' can be difficult to calculate due to the number of 'support interventions' each family receives over a set period of time. Taking a random sample of 30 families, 10% of those supported by Home-Start Leeds over the three years there were 611 interventions an average of 20.36 interventions per client which included:

- Face-to-face sessions
- Telephone/emails/texts/letters to clients
- Telephone/emails/letters to external agencies (DWP, Local Authorities, etc)
- Telephone/emails/letters to external organisations (Third Sector Support)

[20] https://amhp.org.uk/demonstrating-the-value-of-the-voluntary-and-community-sectors/

- Telephone/emails/letters to Trusts for ‘goods’ for clients

If these figures are applied to the family count over three years of 306 families, this would equate to 6,230 interventions costing an average of £32.95 per intervention. See Table 1. Below.

Table 4: ***Average cost per Home-Start Leeds Family intervention (2020/2021 – 2022/2023)***

Total Cost of Service (3 years)	Family Count (3 Years)	Average appointments per client (based on 10% sample)	Average cost client intervention
£205346	306	20.36	£32.95

Health Services

The cost of health intervention varies, and a majority of Home Start-Leeds families have different single or multiple health issues. This section compares the cost of each single health intervention to the cost per family of Parent -to-Parent - it should be noted that a number of our families have interventions across a range of our services depending on their circumstances.

Mental Health Service Cost.

By far the largest ‘resenting’ issue of Parent-to-Parent families was poor Mental Ill Health and so it may be it may be simpler to quantify a cost comparison between our interventions and Mental Health services costs.

Over our three years of delivery families seeking support from Home-Start Leeds reported poor Mental Health or a Mental Health illness as a presenting issue/their reason for seeking support this was at a level of over 80%.

This figure exceeds the NICE Impact Mental Health[21] report (2019) which noted that 1 in 4 adults experiences a mental health condition in any given year; that 1 in 6 people report experiencing a common mental health problem (such as anxiety and depression) in any given week in England; and that people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people. Additionally, those experiencing severe Mental Health illness and Substance Abuse issues have some of the worst health, wellbeing, and social outcomes.

Table 5: ***NHS reference costs for mental health services***[22]

Costs uprated to 2021/2022 prices using the NHS cost inflation index. Mean Costs per intervention	
Mental Health per day bed	£341.00
Mental Health Care Clusters (initial assessment)	£294.00
Mental Health Specialist Teams (per care contact) A&E mental health liaison services	£304.00
Mental Health Specialist Teams (per care contact) Criminal justice liaison services	£300.00
Secure Mental Health (High Dependency secure provision personality disorder)	£687.00
Specialist Mental Health Service - Eating Disorder (adults) admitted (per bed day)	£645.00
Specialist Mental Health Service - Specialist Perinatal admitted (per bed day)	£1,070.00

Across a range of studies it is difficult to ascertain how many interventions a family member would have with Mental Health Services in any one year due to the possible complexities of clinical intervention required and ‘Waiting Lists’ for intervention which can lead to people failing to access services. In 2018 the CQC[23] (Care Quality Commission) noted that the median length of stay on a Ward was 323 days but that some ‘patient’s had been in a form of Mental Health hospital continuously for more than twice as long (median of 683 days).

Noting that a Mental Health Day Bed cost is £341.00 and 82.026% of those referred stared poor Mental Ill Health as a presenting reason equates to £818.11 per individual and in terms of Parent-to-Parent this would equate to 602.18 days ‘Day Bed’ funding for 1.864 individuals.

[21] https://tinyurl.com/59rkkpmz
[22] https://www.pssru.ac.uk/unitcostsreport/
[23] https://www.cqc.org.uk/sites/default/files/20180301_mh_rehabilitation_briefing.pdf

Table 6: ***Number of Mental Health Services Horizons funding equates to over 5-year period***

Total Cost of Service (3 years)	Mental Health Day Bed cost per intervention	Total number of Mental Health Day Beds funding would pay for
£205346	£341.00	602.18
Total Cost of Service (3 years)	Mental Health Intervention (median stay)	Total number people funding would cover
£205346	323	1.864

Additionally, Local Authorities through Social Services provide 'Day Care' for adults requiring Mental Health support (age 18-64)[24]. The mean cost was £155 per client week (including capital costs).

Table 7: ***Number of Local Authority Day Care weekly places Horizons would fund .***

Total Cost of Service (3 years)	Day Service – weekly cost (mean cost)	Total weeks Home-Start funding would provide	Total number people Home-Start funding would provide in 1 year
£205346	£155.00	1,324.81	25.47

If the one-year figure is taken (1324.81 divided by 3), 441.60 weeks of Local Authority Day Care could be provided and if this is divided by 45 weeks provision per individual (taking into consideration holidays and illness) then in one-year funding in a Day Care Services would support 9.81 individuals.

Table 8: ***Private and Voluntary Sector Day Care for adults requiring mental health support (age 18-64)***

Total Cost of Service (3 years)	Day Service – weekly cost (mean cost)*	Total weeks Home-Start funding would provide over 3 years	Total weeks Home-Start funding would provide over 1 year
£205346	£103.00	1993	664.5

Taking the one-year figure, 664.5 weeks of Private and Voluntary Sector Day Care could be provided and if this is divided by 45 weeks provision per individual (taking into consideration holidays and illness) then in one-year Home-Start Leeds would fund Day Care Services for 14.76 individuals.

General Practitioners Appointment Costs

According to the Kings Fund[25] the costs of General Practitioners appointment (2021/22) was an average of £42.00. In 2021 there was an average 6.5 appointments per patient an increase of 17% on the previous year but COVID-19 can equate for this which was a large increase from 3.4 in 2018/2019. For those with vulnerabilities the figure pre COVID-19 was 8.7 consultations with an GPs, including non-face-to-face, such as telephone and online[26]. Due to the vulnerability of our families it could be surmised that appointments could equate to 10 visits per year.

Table 9: ***Average cost per Home-Start Leeds Family compared with the cost of GP appointment***

Total Cost of Service (3 years)	Appointments service funding would fund	Total number of families supported	Average cost per client (10 GP visit per year) per GP visit
£205346	4889	306	£67.10

Whilst the average cost is £67.06 and so more expensive than a GP visit, the cost does not take into consideration the additional cost savings to health and social services such as Prescription costs which equate to an additional £33 per consultation (2022)[27]

A & E Visit Costs

The cost of going to A&E[28] varies depending on the type a family member attends – from a major,

[24] https://www.pssru.ac.uk/unitcostsreport/
[25] Key facts and figures about the NHS | The King's Fund (kingsfund.org.uk)
[26] https://www.manchester.ac.uk/discover/news/four-in-ten-consultations-at-gp-clinics-were-with-frequent-attenders/
[27] https://tinyurl.com/Kentacuk
[28] https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs

consultant-led department to an Urgent Care Centre or Walk-in Clinic – and the treatment received. For someone attending an Urgent Care Centre receiving the lowest level of investigation and treatment the average cost is around £86. For an individual at a major A&E department who receives more complex investigation/treatment the average cost is £418 (2022/2023). A number of studies look at the links between deprivation, poor Mental Ill Health and A & E attendance - note a higher rate of attendance for those living in deprivation but actual attendance can range vastly. For the sake of this report we will take a lower end number of 2.

Table 10: ***Average cost per Home-Start Leeds Family compared with the cost of an A&E visit***

Total Cost of Services	A&E attendance Service would fund (higher rate £418)	Total number of clients supported	Average cost per client (2 A & E visit per year) per A & E visit
£205346	491.25	306	£335.53

This results in a cost difference of £79.08 in favour of Home-Start Leeds service . Additional it does not take into account cost of any admission - NHS 'National Costs Collection for the NHS' 2021/2022[29] noted that this was in the range of £406.00per day[30] excluding any medical interventions; or the cost of using an ambulance - in 2021/2022[31], the average cost of a patient being taken to A&E by ambulance was £367. Ambulance callouts that didn't result in a trip to A&E cost an average of £276.

Substance Abuse Service Costs

During the three years of service delivery we worked with a number of families (parents) who identified as having a Substance Abuse issue . Public Health England reported in 2017[32] that treatment can range from 12 weeks to two years and that it can make sizable savings to both health and judicial systems. Whilst Home-Start Leeds does not directly support 'treatment' our support has helped family members to feel more stable and as a result of our intervention some parents sought support whilst others said they were less likely to 'use'.

Table 11: ***Substance Abuse***[33]

Costs have been uprated to 2021/2022 prices using the NHS cost inflation index. Mean Costs	
Staff costs per hour (inc all on costs) with qualifications	£60.00 - £88.00
Alcohol services – admitted per intervention	£510.00
Alcohol services – community contacts per intervention*	£95.00
Alcohol services – outpatients per intervention	£99.00
Drug services – admitted per intervention	£499.00
Drug services – community contacts per intervention	£110.00
Drug services – outpatients per intervention**	£122.00

Due to the range of interventions, it is difficult to estimate how much Home-Start Leeds could have saved Substance Abuse Services – and service that could have incurred a cost if 'usage' had become unmanageable or lead to criminality - however what can be calculated are the number of staff hours and interventions our funding would equate to at 2021/2022 prices.

Table 12: ***Number of Substance Abuse Services Community Contacts Horizons funding equates to***

Total Cost of Services	Alcohol Services – Community Contacts per intervention*	Total number of Community Contacts Home-Start Leeds would fund
£205346	£95.00	2161.53
Total Cost of Home-Start (3 Years funding)	Drug Services – Community Contacts per intervention**	Total number of Community Contacts Home-Start would fund
£205346	£122.00	1,683.16

Whilst we have no empirical evidence that our work has reduced Substance Abuse admissions to either A & E or specialist support, we believe that it has reduced the need for it or helped to support specialist work, so reducing its intervention.

---

[29] NHS England » National Cost Collection for the NHS
[30] 2_National_schedule_of_NHS_costs_FY21-22_v3.xlsx (live.com)
[31] https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
[32] An evidence review of the outcomes that can be expected of drug misuse treatment in England (publishing.service.gov.uk)
[33] https://kar.kent.ac.uk/100519/

Homelessness Services Costs

Housing conditions, be that physical, environmental or overcrowding play are an ever-prevalent issues raised by those supported. Whilst there is poor housing stock in the Social Sector, we can on the whole make progress with improvements, however there is a growing number of families living in poor Private Sector Housing where they are more likely to be evicted both legally and illegally which can end up with a family being homeless – and may not appear on statistical data as they move in with family and friends.

The two biggest concerns raised are damp and overcrowding; but we are also seeing a rise in multiple generational households due to housing costs.

In additional to poor accommodation we find families can often lack essential furniture. The recent report by Barnardo's[34] 'No crib for a bed' (2023) noted that 1 million families had a parent who had given up a bed, so their child had somewhere to sleep and of these 422,000 parents slept on a chair or sofa and 138,000 families had parents who slept on the floor.

In researching data for this report on the cost of families being Homeless it has proved difficult to locate up to date costs - there is data based around individuals, but much is out of date and can relate to issues around Substance Abuse and rough sleeping. There are figures for Temporary Accommodation placements involving families with children – it is notably higher in England and the use of Bed and Breakfast hotels has grown four-fold over the past decade; and Temporary Accommodation placements are forecast to almost double in England over the next twenty years[35]. In June 2022 there were 94,870 households in Temporary Accommodation including 120,870 children[36]

Crisis[37] reported in 2020 that there were 86,130 families classed as homeless and that over half were in employment; and their 2016 report Better than a Cure[38] reported that people experiencing homelessness for three months or longer cost on average £4,298 per person to NHS services, £2,099 per person for Mental Health services and £11,991 per person in contact with the criminal justice system. The most recent total costs of homelessness show that in 2021 local authorities in England spent £1.6 billion on temporary accommodation[39].

Table 13 is based on the 2012 Department of Communities and Local Government published *Evidence review of the costs of homelessness* that concluded that the annual costs to the government for a homeless individual ranged from £24,000 - £30,000 (gross) – taking an average figure of £27,000. It should be noted that this cost does not include costs to DWP for Benefit payments, employment programmes, associated administration costs and payments to Local Authorities for administering housing benefit. Neither does it calculate the long-term impact costs to societal finances due to poor health and lack of educational attainment.

Table 13: Number of Homelessness interventions Home-Start Leeds funding equates to over 3-year period*

Total Cost of Home-Start Leeds	Total Homelessness interventions Home-Start Leeds would fund (based on average of £27K)	Total number of Parent-to-Parent families (parents x 13) identifying as Homeless over 3 years	Societal Cost of families (8)
£205,346	7.6	13	£216,000

**Figures include those identifying as Homeless, living in Temporary Accommodation or living with family.*

Of the 8 families noted in Table 13 we were able to support all through taking multiple Agency approach to achieve a stable housing position and in doing so reduce ongoing societal costs.

Children taken into Care (Looked After) costs.

Over the three years of our work we supported a number of complex families and whilst very few families were in a position of having their children removed or would have done so if their parents had not sought support from Home-Start it is an area that needs consideration due to the

---

[34] https://www.barnardos.org.uk/sites/default/files/2023-09/report-no-crib-bed-poverty-cost-living-crisis.pdf
[35] the-homelessness-monitor-great-britain-2022_full-report_final.pdf (crisis.org.uk)
[36] https://researchbriefings.files.parliament.uk/documents/SN02110/SN02110.pdf
[37] Homelessness Knowledge Hub - Cost of homelessness (crisis.org.uk)
[38] https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/cost-of-homelessness/better-than-cure-2016/
[39] https://researchbriefings.files.parliament.uk/documents/SN02110/SN02110.pdf

complexities that many families present to us in. Overall two families did have children removed and we believe our work reduced the future likelihood of removal for nine additional families.

In Leeds in 2021/2022 [40] it was estimated that the population of children and young people aged 0-17years was 171,822 and that the percentage of households including couple with a dependent child rose from 17.7% (2011) to 18.3% at a time the regional percentage fell from 19.2% to 18.2% In March 2022 there were:

- 1,365 Children Looked After (CLA) [41]
- 619 children subject to a Child Protection Plan (CIN)
- 3,349 children with a Child in Need Plan

Home-Start Leeds, over the three years worked with a number of families who were either referred to us with a CLA or CIN in place or about to be put in place.

There are a range of costs if children are removed from the care of their family:

- Local Authority cost of a Children taken into care (2020/2021) £4,865 per (excluding capital costs) child per week [42]
- Foster Care average £647 per week (£2,803 per month)
- Adoption fees (2020)[43] start at £32,320 for one child with ongoing supervision fees of £896 per month.
- Private Provider Residential Care can result in some children's costs being circa £1m a year[44].

Table 14: Number of weeks of residential costs (Local Authority) of Children taken into Care

Total Cost of Home-Start Leeds	Total weeks residential care Home-Start Leeds would fund	Number of children funding would cover for average stay in care
£205,346	42.20	0.81

In 2022 the average time between a child entering care and being placed for Adoption was 1 year and 6 months (547 days)[45] which equates to the funding of the Parent-to-Parent service.

Of the children taken not taken into care we can estimate that the overall saving – at Foster Care rates) was:

- Foster Care for 14 children x 78 weeks x £647.00 = £706524
- Adoption for 14 children x £32,320 (excluding any ongoing costs) = £452,480

[40] https://www.leedsscp.org.uk/the-partnership/annual-report/summary
[41] https://tinyurl.com/Looked-After-Children
[42] https://www.pssru.ac.uk/pub/uc/uc2021/services.pdf
[43] CoramBAAF Adoption and Fostering Academy (2020) Inter-agency fees for 2020/2021, CoramBAAF, London. https://corambaaf.org.uk/bookshop/corambaaf-electronic-forms/inter-agency-adoption-forms-uk-wide/inter-agency-fees .[accessed 8 December 2020.]
[44] https://www.theguardian.com/society/2022/apr/18/english-councils-pay-1m-per-child-for-places-in-private-childrens-homes
[45] https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions

Return on investment – what were the potential savings of Home Start-Leeds to the wider health and social sector?

This section takes an in-depth look at seven families supported over the three years – the Case Studies are from each year (Years One and two have been included in previous reports) and 2 new Case Studies from Year Three. These are at Annex 4

In the section the reference to an 'intervention' includes a Volunteer visits, letter, phone call, email, meeting with the family and/or agencies or organisations the client is involved with. The costs are those as detailed in the previous section '*Return on investment – Understanding Home-Start Leeds potential financial savings to the wider Health and Social Sector'.*

Whilst we cannot be 'certain' that without our intervention there would have been worse outcomes for the families - or any of the families supported over the three years of funding – it is important to have an understanding of potential savings our work makes to societal savings.

It should be noted that families in the Case Studies are some of the more complex and that there are also a lot of families who we undertake a maximum of 20 low level interventions with. Whilst these families potential costs are lower than the 'average costs' noted it is the lower levels of support that we give to them that allows us to have greater intervention with complex families.

Case Study 1
Family 1 had had 39 interventions undertaken by our Coordinator, Office Administrator and our Volunteer. Taking the average cost per invention (£32.95 based on Year Three costs) the cost of supporting Family 1 was £1,285.05.

There are a number of potential costs associated with Family 1 who presented to Home-Start Leeds as a single Parent with three children under 9 years old. When presenting they had emotional, behavioural and financial challenges.

If this support, which appeared on the surface to help Family 1 improve their circumstances, had not taken place there was a potential for homelessness; and if Mum's health had continued to deteriorate – due to not access Domestic Abuse Services - then the children may have needed to be taken into temporary care.

Whilst Foodbank Vouchers have not been monetised the consequence of the children not being feed is this could be another potential reason for them to be taken into care.

The potential costs of health and wider social sector without Home-Start Leeds support were:

Table 15: Family 1 potential costs to Health and Social Care sector based on costs detailed in 'Return on investment – Understanding Home-Start Leeds potential financial savings to the wider health and social sector'

GP visits due to poor Mental Ill Health[46] Average 10 visits per year	£460.00
Family become homeless[47] Temporary Accommodation Costs	£27,000
Children taken into Care[48] Foster Care x 2 (78 wks. Average)	£100,908.00
Total	**£128,368.00**

Table 15 shows that Home-Start Leeds could have made a potential saving of **£127,082.95** the '*health and wider social society*'; and there is also the positivity for Family 1 of being able to find support through an Early Help Plan and an Educational Health Plan which will have a long-term positive impact on the children.

[46] Key facts and figures about the NHS | The King's Fund (kingsfund.org.uk)
[47] https://researchbriefings.files.parliament.uk/documents/SN02110/SN02110.pdf
[48] https://www.pssru.ac.uk/pub/uc/uc2021/services.pdf

The unknown factor of support with regard to Family 1 is whether the Mum's Mental Ill Health would have deteriorated more without help from Domestic Abuse Services but on the whole, these are seen to have a positive impact on survivors.

Case Study 2
Family 2 had 26 interventions undertaken by our Coordinator, Office Administrator and our Volunteer. Taking the average cost per invention (£32.95 based on Year Three costs) the cost of supporting Family 1 was £856.70.

There are a number of potential costs associated with Family 2 who presented to Home-Start Leeds as a single Family of two parents with a Baby and 10-year-old child. When presenting they had issues with home conditions, poor Mental Ill Health, isolation.

If this support, which appeared on the surface to help Family 2 improve their circumstances, had not taken place there was a potential for homelessness due to eviction if home conditions had not improved; and both Mum and Day may have needed support from Mental health Day Services. In the case of this family we do not feel that the family would have been at risk of the children being taken in to either temporary or permanent Care.

Whilst Foodbank Vouchers have not been monetised the consequence of the children not being feed is this could be another potential reason for them to be taken into care.

The potential costs of health and wider social sector without Home-Start Leeds support were:

Table 16: Family 2 potential costs to Health and Social Care sector based on costs detailed in 'Return on investment – Understanding Home-Start Leeds potential financial savings to the wider health and social sector'

GP visits due to poor Mental Ill Health[49] Average 10 visits per year	£460.00
Mental Ill Health[50] Local Authority Day Care x 45 wks. x two people	£13,950.00
Family become homeless[51] Temporary Accommodation Costs	£27,000
Total	**£41,410.00**

Table 16 shows that Home-Start Leeds could have made a potential saving of £40,553.30 to the '*health and wider social society*'; and there is also the positivity for Family 1 of use supporting the older child transition into Secondary School. Mum noted that our support made her feel less lonely, and this can be seen to have reduced GP interventions and possible Mental Health Day Care costs.

The unknown factor of support is with regard to Family 2 i.e. whether the Landlord would have sought eviction and whether the parents would have reached the threshold to access IPAT Mental health Services due to the long waiting lists.

Case Study 3
Family 3 had 42 interventions undertaken by our Coordinator, Office Administrator and our Volunteer. Taking the average cost per invention (£32.95 based on Year Three costs) the cost of supporting Family 3 was £1,383.90.

There are a number of potential costs associated with Family 3 who presented as a single Parent with three children aged 8 years and under. When presenting they had complex Mental Ill Health issues, were isolated, had challenging behaviours, childhood physical disabilities and long-term health issues.

[49] Key facts and figures about the NHS | The King's Fund (kingsfund.org.uk)
[50] https://www.pssru.ac.uk/unitcostsreport/
[51] https://researchbriefings.files.parliament.uk/documents/SN02110/SN02110.pdf

If this support, which appeared on the surface to help Family 3 improve their circumstances had not taken place there was a potential for Mum to require complex Menta Heath services and the children being taken into care with younger daughter requiring high levels of care.

The potential costs of health and wider social sector without Home-Start Leeds support were:

Table 17: Family 3 potential costs to Health and Social Care sector based on costs detailed in 'Return on investment – Understanding Home-Start Leeds potential financial savings to the wider health and social sector'

Children taken into Care[52] Foster Care x 2 (78 wks. average) Private Care setting for child with medial needs (up to £1m)[53]	£1,100,908.00
Mental Ill Health Mental Health Day Bed x 323 days[54] Local Authority Day Care x 45 wks. [55]	£110,143.00 £6,975.00
Total	**£1,218,026.00**

Table 17 shows that Home-Start Leeds could have made a potential saving of £1,216,642.10 to the '*health and wider social society*'; and there is also the positivity for Family 3 of the older children receiving support in school and improved communication between mother and child.

The unknown factor of support is with regard to Family 3 is whether Mum would have entered Mental health In-Patient Services or the need for the children to go into care if she had.

Case Study 4

Family 4 had 48 interventions undertaken by our Coordinator, Office Administrator and our Volunteer. Taking the average cost per invention ((£32.95 based on Year Three costs) the cost of supporting Family 4 was £1,581.60.

There are a number of potential costs associated with Family 4 who presented as a single Parent and two children – a Baby was born during support. When presenting they had fled two abusive relationships leading to a Child in Need Plan and a MARAC referral. Additionally Mum was Furloughed (COVID-19 Pandemic unemployment) and struggling financially.

If this support, which appears on the surface to help Family 4 improve their circumstances, had not taken place there was a potential for child removal due to the risk from prior partners – especially partner two who was the father of the Baby who had a Restraining Order on him – as Mum was seen to have made unsafe choices and was potentially putting the children at risk.

Foodbank Vouchers have not been monetised.

The potential costs of health and wider social sector without Home-Start Leeds support were:

Table 18: Family 4 potential costs to Health and Social Care sector based on costs detailed in 'Return on investment – Understanding Home-Start Leeds potential financial savings to the wider health and social sector'

Children taken into Care[56] Foster Care x 2 (78 wks. Average)	£100,908.00
Adoption fees (2020)[57] £32,320 per child Ongoing supervision fees of £896 per month.	£64,640.00 £21,504.00
Total	**£187,052.00**

[52] https://www.pssru.ac.uk/pub/uc/uc2021/services.pdf
[53] https://www.theguardian.com/society/2022/apr/18/english-councils-pay-1m-per-child-for-places-in-private-childrens-homes
[54] https://www.pssru.ac.uk/unitcostsreport/
[55] https://www.pssru.ac.uk/unitcostsreport/
[56] https://www.pssru.ac.uk/pub/uc/uc2021/services.pdf
[57] CoramBAAF Adoption and Fostering Academy (2020) Inter-agency fees for 2020/2021, CoramBAAF, London. https://corambaaf.org.uk/bookshop/corambaaf-electronic-forms/inter-agency-adoption-forms-uk-wide/inter-agency-fees .[accessed 8 December 2020.]

Table 18 shows that Home-Start Leeds could have made a potential saving of £185,470.40 to the '*health and wider social society*'; and there is also the positivity for Family 4 of being able to stay together and to help Mum access services so she could have a better understanding about abusive relationships; and to access support to improve her confidence in her children development.

The unknown factor of support is with regard to Family 4 situation with regard to Mum making safe relationships choices; and unsafe choices meaning the children were at risk of being taken into care.

Case Study 5
Family 5 had 29 interventions undertaken by our Coordinator, Office Administrator and our Volunteer. Taking the average cost per invention (£32.95 based on Year Three costs) the cost of supporting Family 1 was £955.55.

There are a number of potential costs associated with Family 5 who presented as a single Parent with three children including a 9-month-old. When presenting there was isolation, child and adult poor Mental Ill Health, Domestic Abuse.

If this support, which appeared on the surface to help Family 5 improve their circumstances had not taken place there was a potential of a Domestic Abuse incident and associated costs and that the child experiencing poor Mental Ill Health could have required services.

The potential costs of health and wider social sector without Home-Start Leeds support were:

Table 19: Family 5 potential costs to Health and Social Care sector based on costs detailed in 'Return on investment – Understanding Home-Start Leeds potential financial savings to the wider health and social sector'

Item	Cost
Hospital Inpatient due to Domestic Abuse	
Ambulance[58]	£367.00
A & E Admittance[59]	£418.00
Bed cost (no intervention) x 7 days[60]	£382.00
Child Mental Health Services[61]	
Varying interventions including Child Mental Health Services cost per patient contact x 10	£9,380.00
Total	**£10,547.00**

Table 19 shows that Home-Start Leeds could have made a potential saving of £9,591.45 to the '*health and wider social society*'; and there is also the positivity for Family 5 of Mum accessing Domestic Abuse services and advice on debt and housing; and support for the child experience poor Mental Ill Health.

The unknown factor of support is with regard to Family 5's financial situation going forward - we had some difficulty with Mum opening up about her Debt although the support was accessed helped her increase her income. Additionally Mum may have returned to employment without our support but if not, there could have been a societal cost of Welfare Benefits.

Case Study 6
Family 6 had 43 interventions undertaken by our Coordinator, Office Administrator and our Volunteer. Taking the average cost per invention (£32.95 based on Year Three costs) the cost of supporting Family 6 was £1,416.85.

There are a number of potential costs associated with Family 6 who presented initially as a single Parent with a Baby and two boys aged 9 and 12 years; and then at a later date a daughter returned

[58] https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
[59] https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
[60] https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
[61] https://www.pssru.ac.uk/unitcostsreport/

to the family after being a victim of Domestic Abuse. When presenting they had communication problems, poor housing and concerns over eviction and inflation; child behavioural issues, concerns around the Babys diet; and lack of funds to providing clothing for the children.

If this support, which appeared on the surface to help Family 6 improve their circumstances had not taken place, there was a potential for homelessness, medical interventions; and Social care interventions. Additionally there were possible societal cost related to the daughter Domestic Abuse if she had not returned to the family home.

The potential costs of health and wider social sector without Home-Start Leeds support were:

Table 20: Family 6 potential costs to Health and Social Care sector based on costs detailed in 'Return on investment – Understanding Home-Start Leeds potential financial savings to the wider health and social sector'

Family become homeless[62] Temporary Accommodation Costs	£27,000
GP visits due to poor Mental Ill Health[63] Average 10 visits per year	£460.00
Hospital Inpatient due to Domestic Abuse Ambulance[64] A & E Admittance[65] Bed cost (no intervention) x 7 days[66]	 £367.00 £418.00 £2,674.00
Total	**£30,919.00**

Table 20 shows that Home-Start Leeds could have made a potential saving of £29,502.15 to the '*health and wider social society*'; and there is also the positivity for Family 6 obtaining a Council property , improving income due to budgeting.

The unknown factor of support with regard to Family 6 is whether the children would have been taken into care for any duration of time due to the Baby's health; and issues around the older child for which there were some difficulties around due to language and culture.

Case Study 7

Family 7 had 28 interventions (to date – September 2023)undertaken by our Coordinator, Office Administrator and our Volunteer. Taking the average cost per invention (£32.95 based on Year Three costs) the cost of supporting Family 7 was £922.60.

There are a number of potential costs associated with Family 7 with regard to the Mother and the children. When presenting Mum had poor Mental Ill Health, possibility of Self Harming and there was Debt; the older child was not attended; and the home required de-cluttering.

If our support, which appears on the surface to help Family 7 improve their circumstances had not taken place, there was a potential for Mental Health medical interventions and Social care interventions due to the child not attending Nursery.

The potential costs of health and wider social sector without Home-Start Leeds support were:

Table 21: Family 7 potential costs to Health and Social Care sector based on costs detailed in 'Return on investment – Understanding Home-Start Leeds potential financial savings to the wider health and social sector'

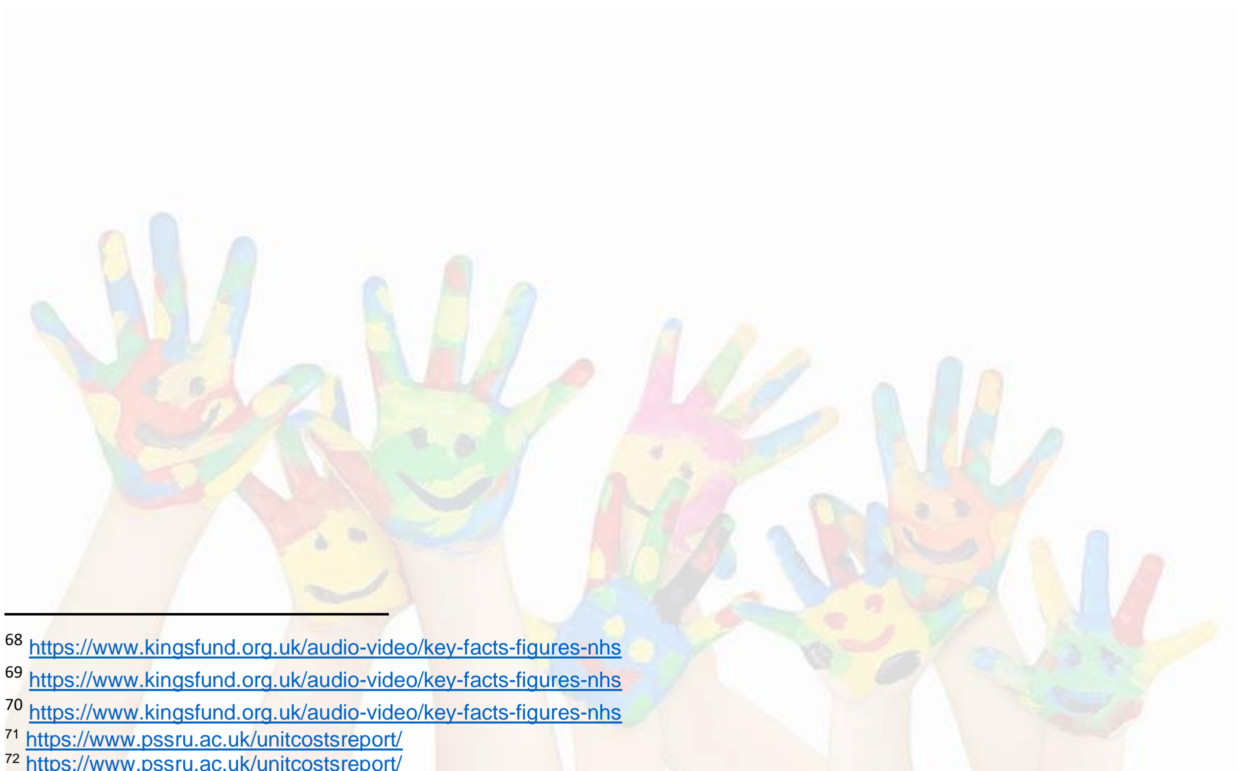
GP visits due to poor Mental Ill Health[67] Average 10 visits per year	£460.00
Hospital Inpatient due to Self-Harming	£367.00

[62] https://researchbriefings.files.parliament.uk/documents/SN02110/SN02110.pdf
[63] Key facts and figures about the NHS | The King's Fund (kingsfund.org.uk)
[64] https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
[65] https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
[66] https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
[67] Key facts and figures about the NHS | The King's Fund (kingsfund.org.uk)

Ambulance[68] A & E Admittance[69] Bed cost (no intervention) x 7 days[70]	£418.00 £2,674.00
Mental Ill Health due to Self-Harming Mental Health Day Bed x 323 days[71] Local Authority Day Care x 45 wks. [72]	 £110,143.00 £6,975.00
Total	**£121,037.00**

Table 21 shows that Home-Start Leeds could have made a potential saving of £120,114.40 to the '*health and wider social society*'; and there is also the positivity for Family 7 of their child getting back into Nursery and that the Debt position was improved.

The unknown factor of support with regard to Family 7 is whether Mums Self- Harming would have led to being an in-patient and ongoing care.



[68] https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
[69] https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
[70] https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
[71] https://www.pssru.ac.uk/unitcostsreport/
[72] https://www.pssru.ac.uk/unitcostsreport/

Conclusion

This report looked at the delivery of Parent to Parent over a three-year period. and considered the hypothesis:

Can services that support people in financial crisis save the wider health and social care sector, and society, money?

The answer to the hypothesis, based on the sample (Case Studies) is that the work of Home-Start Leeds when benchmarked against the possible costs of interventions by health and social sector services if delivery had not taken place, is 'yes'.

It should be recognised that there is no single approach – whilst some families needed a limited number of interventions to help them at a single point of crisis others needed multiple interventions to reach a place that could be considered to have moved them away from crisis. However the issue that was notable throughout our work was families and individuals capability and capacity

Capability and Capacity

As with many of our organisational services people seek our support at a time of need and when the need has been addressed, they do not wish to further engage even when they have said they wish to make changes to their life in their co-produced Action Plan. The main contributing factor for this is the complexities that people live with and how these can consume any time or energy they may need to reach a place where they are empowered to find their own solutions.

A conclusion of the work conducted is that voices can be amplified through reports but that the issues of capability and capacity means many people are unable or unwilling to engage in developing a shared voice and solutions but are willing to have their 'story' told.

Poor Mental Ill Health and Income

The driving factors of families seeking our support were 'poor Mental Ill Health and Financial Crisis. This was driven by a lack of personal or community support and from earnings and Benefits not being of a sufficient level for people to live on and be regular – in 2022 40% of those on Universal Credit were in work[73].

When families are reliant on Benefits the 'system' needs to recognise the complex lives they lead Which can include Adverse Childhood Experiences, Sexual Abuse (Child and/or Adult), Domestic Abuse, Physical Disabilities and Poor Mental Ill Health which can take many forms and itself be linked to child birth and parenting. On the whole we find that families present with at least two presenting issues.

Solutions to crisis

Projects such as Parent-to-Parent were not envisaged as a solution, either in the short or long term, to family crisis but due to a lack of/reduction in services and shrinking incomes families see themselves in crisis – although it should be noted that each person defines crisis depending on their starting position and the underlying factors that lead to a point of crisis.

It is clear that 'Government' as an institution needs to support people with services and with finances that allow them to live with dignity as the societal consequences outweigh the costs of initial support. Additionally, there is a need to understand that a majority of people do not choose to be on Benefits and or in low-income employment and that was many there is little or no possibility that they will earn more eve if they take on paid employment.

Equally Government and statutory funders need to recognise that entrenched Poor Mental Ill Health and Deprivation cannot be solved within a finite period of time and that when services end people still need support. There will aways be a need for services such as Parent-to-Parent .

[73] https://www.bbc.co.uk/news/uk-41487126

Why Home-Start Leeds is best placed to deliver Family Services

It is recognised[74] that Public Services (including Government), and society, can benefit both financially and in-kind from working with Third Sector Organisations.

Whilst actual benefits can vary across an array of policies, practices, locations, and sectors there is a recognition that Voluntary Sector Organisations:

- Have an ***understanding of the needs of those who use services and of the communities*** that the public sector needs to address
- Can speak on behalf of people
- Have a ***closeness to individuals and communities*** that the public sector wants to reach
- ***Are able to deliver outcomes*** that the public sector finds difficult to deliver on its own
- ***Use innovation*** in developing solutions; and
- ***Have recognised performance*** in delivering services.

Home-Start Leeds is unique in its delivery model and has differing positive characteristics compared to the public and private sector. We are:

- Value driven
- Have a strong sense of ethics and prioritise the needs of those we support over all other objectives.
- An organisation of like-minded people who have come together to bring about social change and improve people's lives.
- We are led by local people who have lived experience

Additionally in common with the sector our Staff and Volunteers report high levels of 'satisfaction' and have an enthusiasm for and a high level of commitment to their 'work'.

As in common with the sector we have fewer bureaucratic processes and so are more able to innovate, change or course when needed and deliver; and we are 'value-for-money' as we do not have the multiple levels of management charges that large organisations and statutory bodies have meaning more of the funds requested are spent on those being supported.

With regard to 'trust'. In 2020 Third Sector [75] recorded 6.4 out of 10 compared to 3.47 out of 10 for Government [76]. Trust is key to working with people in crisis as many feel it is government systems (statutory) that have failed them or caused them distress and many of the problems people present with are as a result of disengaging with statutory services.

[74] What are third sector organisations and their benefits for commissioners?- (nao.org.uk)
[75] Public trust in charities reaches highest level since 2014 | Third Sector
[76] General government - Trust in government - OECD Data

Challenges to the delivery of the Parent-to-Parent Service

Home-Start Leeds, as with common in the Third Sector, operates in an every increasingly challenging funding environment that has not improved since the 'Financial Crash'[77] of 2008; and then has been impacted by the COVID-19 Pandemic and the current '*Cost of Living Crisis'*

The continued lack of long-term Public Sector', Government and Trust funding mean that the future of services supporting families is uncertain and hinders our ability to plan ahead. During the three years of funding we have exceeded our targets due to 'need' from a lack of services in the city and many Statutory Bodies seeing us as the '*service of last resort and crisis'* when people do not fit medical models.

As Government priorities continually change, often as a result of political thinking, it has become clear that political decisions are resulting in unmet needs for many of the families we support – and there appears to be little understanding that the provision of funds for 'x' years does not solve issues which have been entrench in individuals and families for decades and then which fall to the Third Sector. This is not only affecting those who need support but our ability to recruit and retain Volunteers due to the DWP drive to move people into employment to fill the unfilled job vacancies.

With regard to environmental factors our work was curtailed by COVID-19, its social restrictions and its lasting outcomes including social isolation.

[77] https://en.wikipedia.org/wiki/Financial_crisis_of_2007%E2%80%932008

Annex 1

Home-Start Leeds

Home-Start Leeds is part of the Home-Start UK Network of independent Charities.

In the early 1970's Margaret Harrison was granted a Winston Churchill Memorial Trust Fellowship (https://www.churchillfellowship.org/) and used it to research family support in America. On her return, she set up Home-Start Leicester (https://www.home-start.org.uk/) which started supporting families in November 1973.

Margaret Harrison believed that supporting a family was best done in their home where it can be shaped to the needs of the family. She realised that if parents get support and friendship from another parent, they will be better equipped to learn to cope with the many difficulties life can bring and will be able to give their children the best possible start to their own lives.

In the 1980s Home-Start was the fastest growing social franchise in the UK, spreading from the East Midlands to all four UK nations and British Forces bases in Germany and Cyprus.

In 1998, Margaret founded Home-Start Worldwide (https://homestartworldwide.org/) in response to requests from over 22 other countries including from Norway and Holland to Sri Lanka, and from Tanzania to Japan and Australia wishing to adopt the Home-Start approach.

Margaret led Home-Start for 25 years - she was awarded an OBE in 1989 and a CBE in 2001 – and remained life president of Home-Start until her death in 2015.

Today there are over 180 independent Home-Starts working in 71% of UK Local Authority areas who offer a variety of services to support families struggling with post-natal depression, isolation, physical health problems, poor mental health, bereavement and many other issues.

The Home-Start 'model' was set up to work with pre-school children (under 5 years) supported by Volunteers in the home. However, as family needs and funding models have changed how Home-Starts works the organisation has diversified to supporting children up to 13 years, offering group support, education and counselling.

Home-Start Leeds

Home-Start Leeds was founded in 1987 by Margaret Scally – Home-Start Leeds is an independent charity that received charitable status with the Charity Commission in July 1990. First based on Wood House Lane, then Harehills Avenue the organisation moved to Oxford Place in 1991 and to its current home on Mabgate in 2018.

Home-Start Leeds are affiliated to the Home-Start UK network who provide us with training, information, support and guidance. We are responsible for our own management and funding – which comes from a variety of sources including the Lottery, Charitable Foundations, NHS Health and Local Authorities.

During the period of time of this report our service delivery was funded through a range of contacts and grants; and we would like to thank those funders who have allowed us to support families to make positive changes in their lives.

Table 22: Service Funders April 2021 – March 2023 were:

Children in Need	Community Lottery	Leeds City Council
Leeds Community Foundation		HSUK & Brook Trust
HSUK 7 White Stuff	University of Leeds	HSUK & Pears Foundation
HSUK & Pilgrim	NHS West Yorkshire Integrated Care Board	
NHS Leeds South CCG	ESIF / LCC	Employability Partnership
Leeds Community Health Care		The Henry Smith Trust

We also received a number of smaller grants and awards to assist us in our work which enabled us to support families physically with clothes, homes furnishings, gifts and activities.

Annex 2

Leeds Economic and Health Position

Leeds is the third largest city in the UK, 811,956 population (2021 Census19)[78] and has a diverse multicultural population - 170 different languages are spoken and there are 140 ethnic groups.[79] Over the last decade there has been a rapid demographic change particularly in the most deprived communities - they are the fasted growing and have the youngest age profile.

At December 2022 Leeds had a higher than national average of economically active people 77.3% compared with 75.8%[80]. However not everyone benefits from the city's economic success as there continues to be significant issues of poverty and deprivation - Leeds has many areas in the worst 10% deprived LSOA's n England alongside the least 10% deprived[81]. Additionally, the education and skills system continue not work for everyone and 6.6% of 16-64-year-olds have no qualifications which is higher than the regional and national averages[82]

Relative Poverty in 2022 was estimated to affect 178,630 (22%)[83] Leeds residents (after housing costs). 2022 saw a small decrease in the number of children living in poverty in Leeds whilst there was a small rise nationally, however the measure previously had been 0-19 years – 32,933 children under 16 years (22%) lived in families in Relative Poverty (before housing costs); whilst those living in Absolute Poverty (before housing costs) were 25,673 (17%). Additionally the number of Dependent Children under 20 years of age living in Relative Poverty (after housing costs) was 55,780 (31.3%). Whilst Child Poverty is in all areas of the city it is concentrated in the inner electoral wards which are areas that the majority of Home-Start families live in.

In-work Poverty and Worklessness also affect the city's residents. Statistics show that 5.2 million UK adults in poverty are from households where at least 1 person is in work (after housing costs) – 13% of working age adults (2021). Applied to Leeds this equates to 68,457 working age adults[84]. Additionally the following is of note for Leeds:

- Approximately 40,258 (19.7%)FTE residents earned less than the Living Wage Foundation's Living Wage in 2022[85]
- Around 13,535 (3.4%) Leeds workers are on zero-hour contracts[86]
- Over 66,586 households claimed one or more local authority Welfare Benefit (Sept 2022)[87]
- Approximately 55,274 households were in fuel poverty (2021)[88]
- 63,332 households received Council Tax Support.
- 72,701 Universal Credit Claimants (Oct 2022) 60% (43,819) were not in employment.[89]

In 2022/2023 59,177 people accessed a Foodbank by referral a 42%[90] increase on 2021/2022. 92,353 meals were given out through drop in or Street Outreach – a 20% increase; and 67,616 food parcels were give out informally (without referral). Additionally there were 30,597 food allocations from Food Pantries, and Fuel Banks were used 13,375 times.

Leeds Life Expectancy at birth is lower than the England averages[91] - there are significant health and wellbeing inequalities across Leeds with life expectancy gaps of over 12 years for women and 10 years for men between the most/least deprived areas. In 2017-19 period life expectancy at birth was:

- Female 82 years and 1 month Male 78 years and 2 months

---

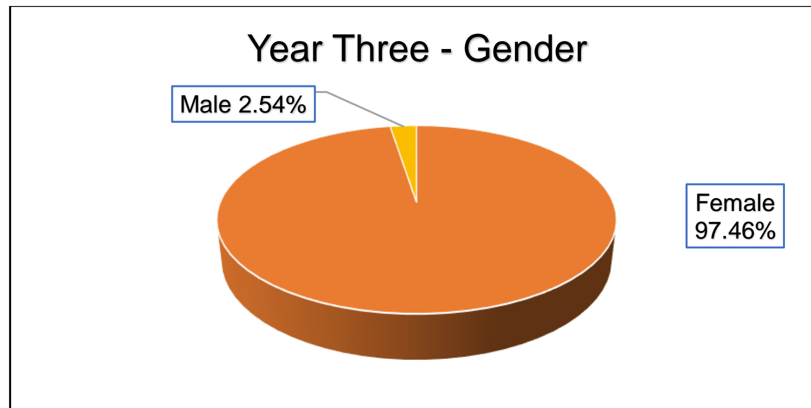
[78] Leeds Observatory – Population
[79] Leeds City Council (2019) *Best Council Plan 2019/20 – 2020/21: Tackling Poverty and Reducing Inequalities.* item 9 - appendix 2 - BCP 2019-21.pdf (leeds.gov.uk)
[80] Leeds Observatory – Economy & Employment
[81] Leeds City Council Nobody Left Behind: Good Health and a Strong Economy 2017/2018. Nobody-Left-Behind-Good-Health-and-a-Strong-Economy.pdf (leeds.gov.uk)
[82] Leeds Observatory – Economy & Employment
[83] Leeds Observatory – Leeds Poverty Fact Book – Section 1: Relative and Absolute Poverty
[84] Leeds Observatory – Leeds Poverty Fact Book – Section 5: In-work Poverty
[85] Leeds Observatory – Leeds Poverty Fact Book – Section 3: Wages, Household Income and Employment
[86] Leeds Observatory – Leeds Poverty Fact Book – Section 3: Wages, Household Income and Employment
[87] https://observatory.leeds.gov.uk/leeds-poverty-fact-book/section-4-welfare-benefits-and-universal-credit/
[88] https://observatory.leeds.gov.uk/leeds-poverty-fact-book/section-7-fuel-poverty/
[89] Leeds Observatory – Leeds Poverty Fact Book – Section 4: Welfare Benefits and Universal Credit
[90] Leeds Observatory – Leeds Poverty Fact Book – Section 6: Food Poverty
[91] https://observatory.leeds.gov.uk/wp-content/uploads/2022/06/JSA-Summary-Report-Oct-21-FINAL-1-1.pdf

Annex 3

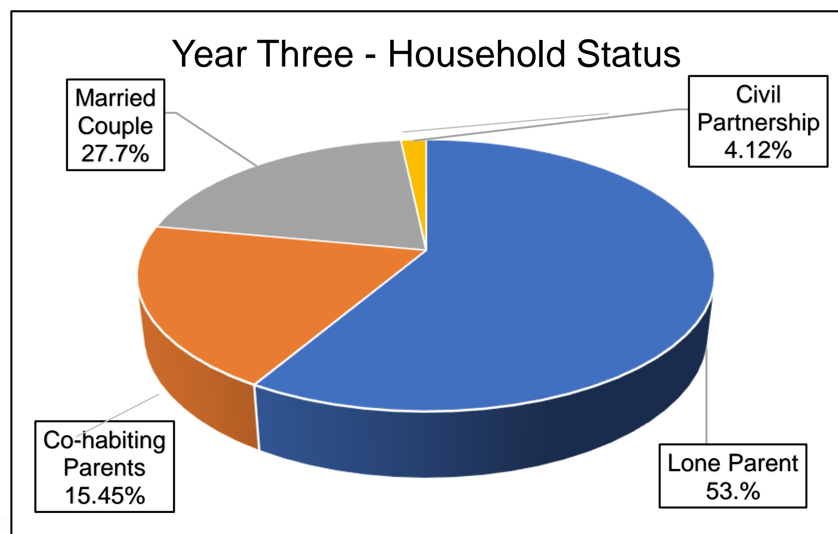
Three Years – Demographics and Statistical Data

The below data includes statistics from Year 3

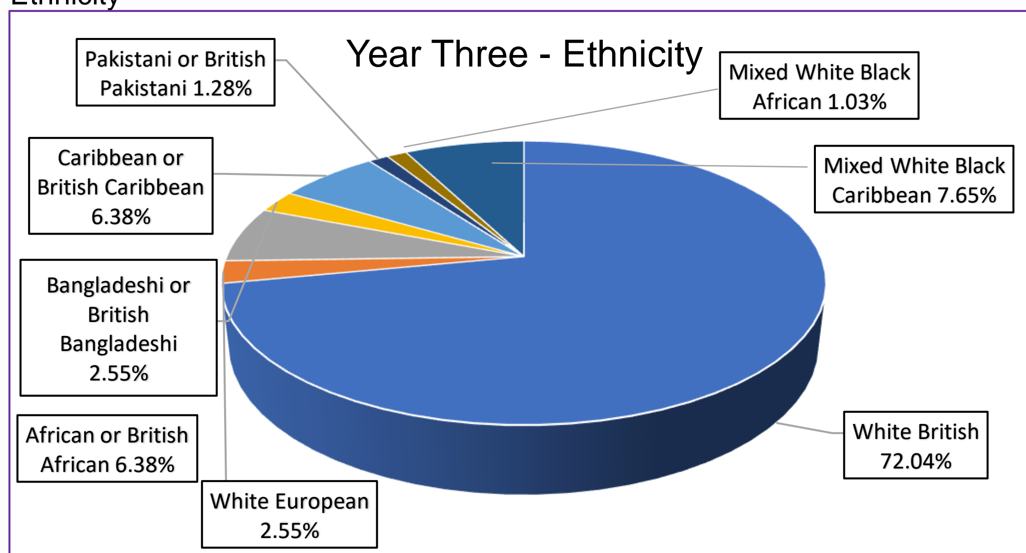
Gender

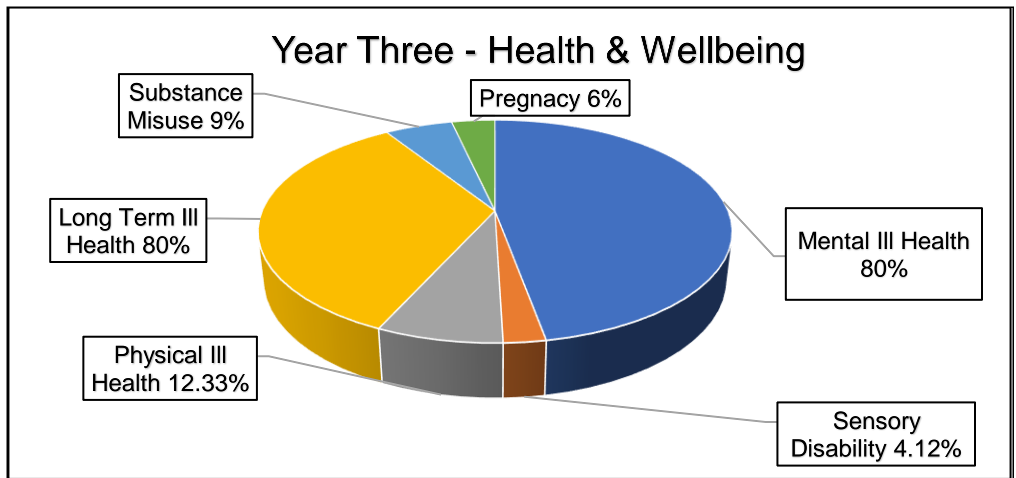


Household Status

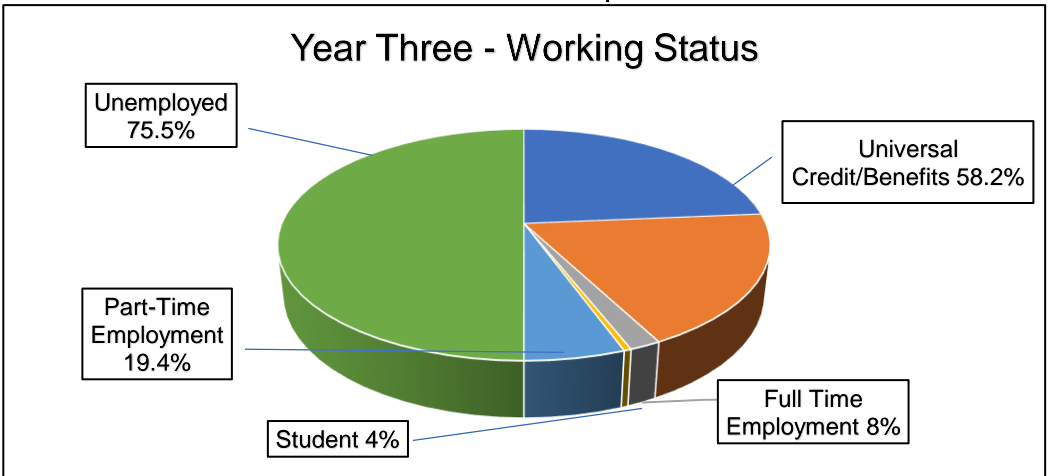


Ethnicity

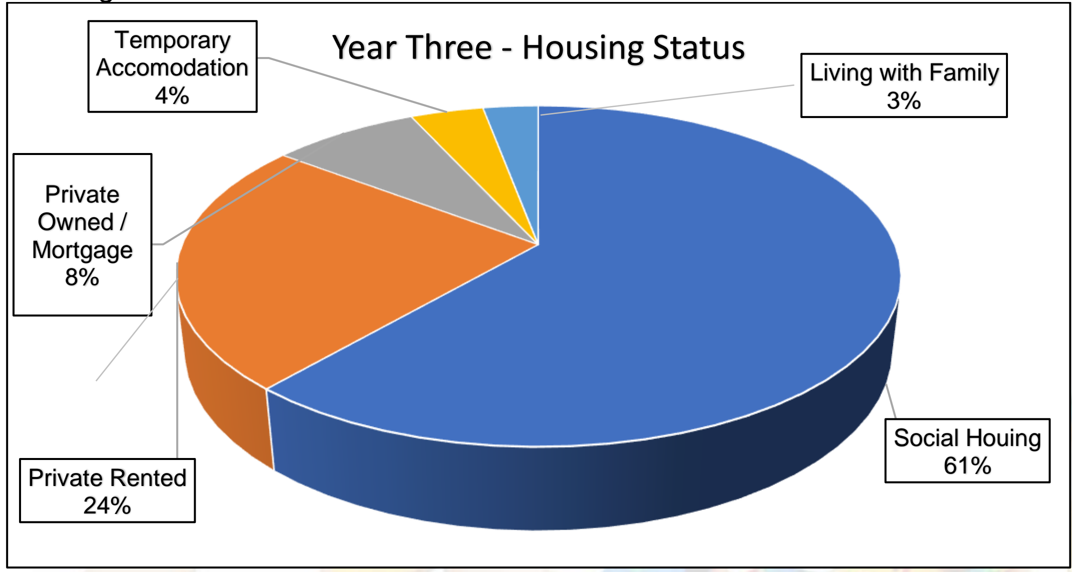




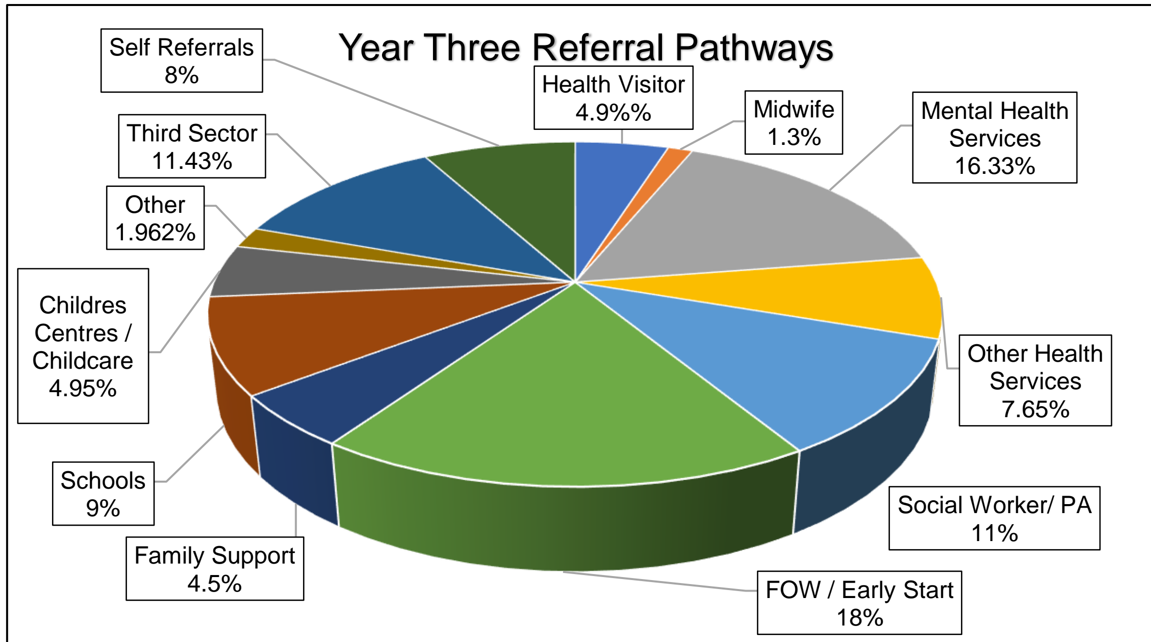
Working Status
Note: families can present with more than one status



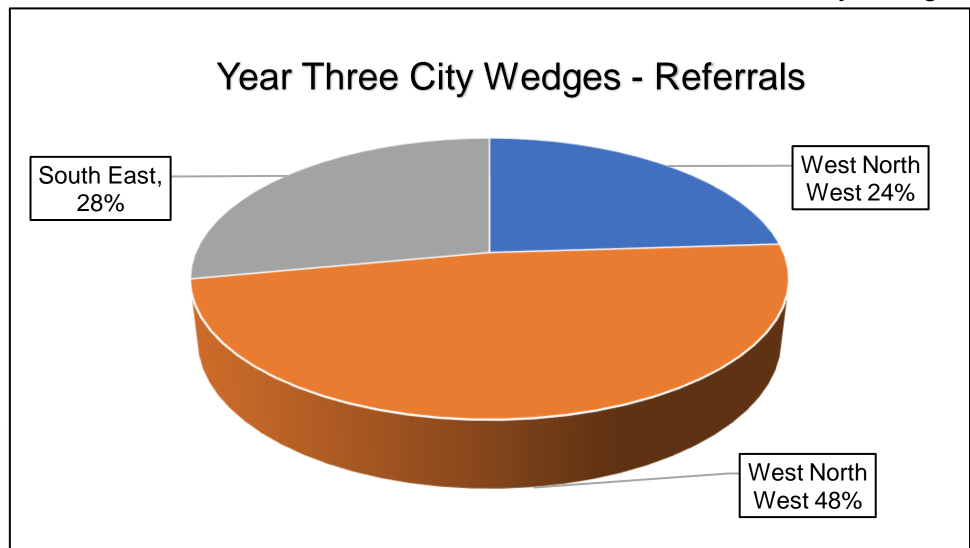
Housing Status



Referrals

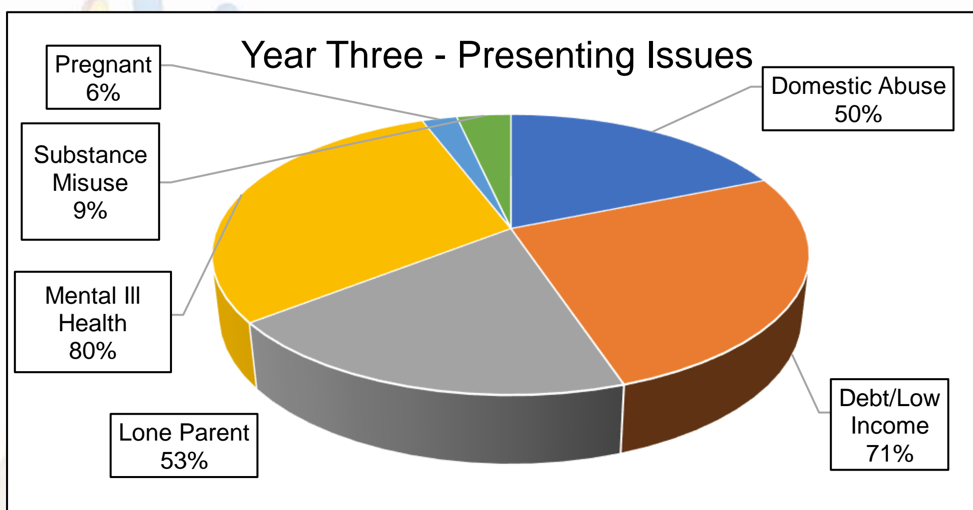


Postcode / City Wedges



Presenting Issues

Note: Parents can have more than one presenting issue



Annex 4

Impact Web

Family Impact Web

Name	
Coordinator	
Date of completion	

First		Review 3 months		Review 6 months	
Review 9months		Review 12months		Retrospective	

Completed by					
Worker & Parent		Worker alone		Parent	

- 9 - 10 Effective Parenting
- 7 - 8 Finding what works
- 5 - 6 Trying
- 3 - 4 Aware
- 1 - 2 Stuck

Parent: I was involved in completing this Wellbeing Web	

Providing Housing, Essentials & Money

Meeting emotional needs

Keeping your child/children safe

Social Networks

Supporting Learning

Setting Boundaries

Keeping a family routine

Promoting Good Health

HOME START Leeds

Family Wellbeing Web V1.0 2021

Wellbeing Web Notes

Providing Housing, Essentials & Money	Meeting emotional needs
Keeping your child/children safe	Social Networks
Supporting Learning	Setting Boundaries
Keeping a family routine	Promoting Good Health

Family Wellbeing Web V1.0 2021

Action Plan

Priority area/ Step & Stage	Goal	Action	By whom	By when (please include date)

Signatures

Parent		Date		Coordinator		Date	

Family Wellbeing Web V1.0 2021

Annex 5

Case Studies

This annex contains the already presented case Studies from year one and Two and additional case Studies from Year Three. The Case Studies from years One and Two have been updated as they had concluded support by the end of the funding period.

These studies are looked at in the section *Return on investment – what were the potential savings of Home Start-Leeds to the wider health and social sector?*

Year One

Case Study 1
Mum with 3 children: 3 years, 5 years and 8 years,

Referrer & Reason for Referral.
In November 2020 the family were referred by a Leeds City Council Cluster Family Support Worker.

Initial Observations & Assessment of Need.
Mum's mental well-being was impacted because of experiencing Domestic Abuse from her ex-partner, her children's additional needs and financial issues. Mum was very anxious and finding it difficult to manage routines, behaviours, and appointments which led at time for the older child taking care of younger siblings. Two of the children had additional needs:

- emotional well-being
- Special Educational Needs.

Due to mum's anxiousness and poor mental wellbeing, it took a number of attempts by the Coordinator to make initial contact with mum. Once trust had been established discussions identified that mum would benefit from emotional support from a Volunteer. Mum said she would like to get out and about more and develop her parenting skills. Initially contact was made by telephone and zoom due to COVID-19 restrictions.

Actions/Interventions agreed.
At first support was given by the Coordinator to access relevant services and deliver Christmas food, presents, toys donated to Home-Start Leeds. In January 2021 a Volunteer was matched to the family - again it took time for mum to build trust with the Volunteer.

Progress and Outcomes
Through support from the Volunteer mum started to access support from specialist Domestic Abuse services. Also, through an Early Help Plan being in place support has been given around getting an Educational Health Plan in place for one of the child with additional needs.

Over Easter 2021 the family were provided with activities and Mum commented on how much she had enjoyed baking with her children. Later in the summer Mum started to attend a number of local groups on her won as her confidence had grown and she had started to make friends.

Continuing Support
Continued support moving to face-to-face once COVID-19 restrictions allowed; and the Volunteer continued to provide weekly support; and to support her to access services until October 2021 when Mum felt she could then manage.

Case Study 2
Mum, Dad, Baby and 10-year-old child.

Referrer & Reason for Referral.
The family were referred in December 2020 after a Midwife had concerned about Mum's mental well-being and the home conditions.

Initial Observations & Assessment of Need.
Mum had asked for support as she was struggling becoming a mum again and supporting her 10-year-old child during Covid-19 Pandemic.
After a very open and honest conversation with the Coordinator, mum opened up about the home conditions and how she needed support to help manage – she spoke about her own chaotic childhood, having no role models; and was never shown how to manage a house.

Actions/Interventions agreed.
With support from the Coordinator Mum created a cleaning rota to help her stay on top of the household chores. Mum was also encouraged to go to Counselling sessions at a local charity, which she found useful even though the sessions were virtual – due to COVID-9 - and the difficulty of discussing traumatic events in her own home rather than at a centre.

Mum was matched to a Volunteer in January 2021 who initially offered emotional support over the phone due to restrictions; and then face-to-face when restrictions were removed.

During discussions, it became evident that her partner, the children's Dad, would also benefit from support, whilst they do not live together the children spend time between both their houses - Dad was visually impaired, suffers from low mood and anxiety at times. On speaking with Dad, the Coordinator discovered that Dad would like support to get out more and access local groups and so he was also matched to a Volunteer (a different Volunteer).

Progress and Outcomes
Mum commented *"I have found the support from my volunteer very positive. I used to isolate myself a lot, and although this was my choice, I felt very lonely. Having someone like my Volunteer has helped break up a mundane week and I have felt less lonely as the weeks progressed. It is so good to have adult conversation, it has had such a positive effect on my mental health"*

Continuing Support
We have continued to support the family and helped with the 10 years old transition to Secondary School; and supported her and Mum due to continued poor mental ill health. There have been 'ups and downs' with home conditions as Mum has continued to struggle but on a positive note both children have remained with Mum and Dad now has the older child stay with him some weekends to give Mum time with the younger child.

Year Two

Case Study 3
Mum-36 years old   Daughter 1- 8 years old   Son- 7 years old   Daughter 2- 2 years old

Referrer & Reason for Referral.
The family are Jewish and had recently faced some difficult times - the parents had separated, and Mum's sister has passed away. This has left both Mum and the children feeling low in mood and Mum isolated from the community (faith) around her.

Mum had complex health conditions and was supported physically by Personal Assistants, and they also help with some elements of child care. However, mum did not have emotional befriending support surrounding her.

Daughter 1 was receiving wellbeing support from the Local Cluster Team; and the son had been identified on referral as having challenging behaviours - and a request had been made for support surrounding managing these behaviours in the family home.

Daughter 2 is PEG (Percutaneous Endoscopic Gastrostomy)[92] fed.

[92] https://www.leedsth.nhs.uk/a-z-of-services/endoscopy/about-your-procedure/therapeutic-endoscopy-and-colonoscopy/peg-and-feeding-tubes/

Initial Observations & Assessment of Need.
On meeting the Home-Start Leeds Coordinator Mum discussed her worries for her son and that he was masking his behaviour at school, so she is not getting the correct support - Mum discussed that she did not always feel like she was being listened to at school and was worried about an upcoming meeting she was due to attend - it was agreed that a Coordinator would support Mum at the meeting.

The Coordinator attended the meeting with Mum for emotional support. During the meeting Mum was able to share the behaviours her son was displaying at home and the worries she had in regard to him. School discussed that they were not seeing these behaviours in school, however, were aware that her son uses visual aids well. It was agreed that Home-Start would support mum with these visual aids and then school would review support with what they could do once the new school year started.

During the family Outcome Star Assessment it was agreed that a late afternoon or early evening Volunteer would be more suited to the family so that they could work with both Mum and her son to create these visual aids; and that there was a need for Mum to have some one-to-one time with the Volunteer after this activity to reduce her isolation.

Actions/Interventions agreed.
It was agreed that the Coordinator would support mum in attending school meetings if she felt that is necessary; and to match an evening Volunteer to the family.

Progress and Outcomes
A Volunteer was matched. Contact was made with the Cluster supporting the family to arrange counselling for the older children with Mum's consent and to ensure that Home-Start was working appropriately alongside with the Cluster and not duplicating work.

Continuing Support
A focus was placed on continued Volunteer support which would include:

- Creating appropriate visual aids to help support communication with the son at home
- To develop strategies to decrease the behaviours that challenge.
- For Mum to have someone to talk to on a regular basis.

Support was provided for 11 months. In that time Mum accessed counselling to help with the changes in her life and the support she needed to provide for her children.

Case Study 4
Mum – 28 years old Son- 2 years old Daughter- 5 weeks old

Referrer & Reason for Referral.
Mum was initially referred to Home-Start for emotional/ befriending support as she was a single mum who had fled Domestic Abuse with her son; and had then entered into another relationship with a Single Dad of one which had escalated into Domestic Abuse. This led to Social Care becoming involved and a 'Child In Need' plan being put into place. Mum had become pregnant by the man in the second relationship. Mum was nervous about getting out and about in the community due to her past experiences and due to her pregnancy.

Initial Observations & Assessment of Need.
It was noted that Mum needed emotional befriending support to build her confidence as over a period of time and due to COVID-19 restrictions she was unable to access the support she needed. Mum's recent trauma led to a referral resulting in a MARAC (Multi Agency Risk Assessment Conferences)[93] and a Restraining Order had been put in place against her son's father. Additionally Mum was Furloughed and had become more isolated.

Actions/Interventions agreed.
Initially it was felt appropriate that a Coordinator should support Mum whilst a suitable Volunteer

[93] https://www.leeds.gov.uk/antisocial-behaviour-and-crime/domestic-violence-and-abuse/making-a-marac-referral-for-domestic-violence-and-abuse

was matched due to the issues around Domestic Abuse. The Coordinator built a good relationship with Mum and provided support regular visits and telephone support - Mum was able to talk about her worries about herself, her son and baby and about her past relationships. The Coordinator also talked with Mum about attending local groups and Mum stated to attended a local Parent Group (from November 2021) which helped with meeting other Mum's.

When trust had been built with Mum a Volunteer was matched. When the Coordinator took the Volunteer to meet Mum, she advised that the father of the unborn baby was upstairs, but that *'they were not in a relationship at this point'* - this raised some concerns due to the previous Domestic Abuse. When the Volunteer visited the next week, as planned, Mum was not in; and when the Volunteer visited the next week Mum was able to open up about the Domestic Abuse that she was experiencing – but Mum would not report. This was reported to the Home-Start Leeds Safeguarding Lead who looked at how support could be offered going forward.

As mum was due the baby (Daughter), she requested that the Volunteer did not visit on the following week - support was temporarily stopped and then resumed 6 weeks later. At this point Mum was back in a relationship with her daughter's Dad – he was not living in the property but was often there so it was agreed for the Volunteer to go on walks or activities with Mum so she could discuss how she was feeling in a safe space.

Progress and Outcomes
The Coordinator arranged for Mum to access and completed a HENRY[94] course to give her confidence in her children's development. Mum also attended and completed a Together Women's[95] course on Domestic Abuse - Mum was apprehensive about engaging in this course initially, however with Home-Start support and encouragement she was able to complete this and have a greater depth of understanding about all forms of abuse. The course and support led Mum being able to recognise coercive control and end the relationship with her daughters farther – this also resulted to the 'Child in Need' plan being closed.

Continuing Support
Mum is continued to build her relationship with her Volunteer with support moved to a fortnightly Basis – and at that initial point ongoing support was focused on Mum's wellbeing following Domestic Abuse and empowering her to raise her self-esteem.

Mum was supported with baby until the child was one year old and it is felt that Mum would have required Perinatal Mental health support if we had not made an intervention.

Case Study 5
Single Mum– 30 years old   Children 1–9 months old   Child 2–2 years old   Child 3–9 years old

Referrer & Reason for Referral.
Mum was self-referred to Home-Start whilst she was in the process of leaving an abusive relationship - which was coercive control. Mum was on Maternity Leave and felt very isolated and her 2-year-old child was having some difficulties with nightmares/ night terrors that mum was finding difficult to understand and manage.

Initial Observations & Assessment of Need.
Mum contacted Home-Start Leeds asking for support and advice about the abusive relationship and that she felt isolated. On the initial visit to the family home by the Coordinator Mum discussed that she has ended the relationship with the two youngest children's father, however he had not been very accepting of this; and that she had lost a lot of confidence in herself due to the nature of the coercive control and gaslighting within the domestic abuse that she had experienced. Mum had tried to engage in support with Behind Closed Doors[96], a domestic violence service over lock down, but had found it difficult to engage with as they called her off different numbers each week.

[94] https://www.henry.org.uk/
[95] https://togetherwomen.org/domestic-violence/
[96] https://www.behind-closed-doors.org.uk/

Mum discussed that the father was still actively involved in childcare and on the initial visit he was present for the first 5 minutes - Mum advised the support was surrounding the needs of the 2-year-old and this was agreed to be part of the safety plan to support mum if Dad asked questions.

Home-Start Leeds provided Mum with emergency Domestic Violence numbers and discussed that contact will be made via WhatsApp prior to the Coordinator contacting mum – and she agreed to being referred into Leeds Domestic Violence service. Mum discussed that she had experience post-natal depression with her 2-year-old and had difficulties with bonding but that this as not an issue with her baby.

Mum was matched to a Volunteer with an agreement to meet every Monday. During the first few weeks of visits Mum experienced a 'domestic incident' with the children's father and found this very difficult to manage - Mum presented a very low in mood on one of the visits and the following visit cancelled.

Mum contacted her Coordinator during this time as she was worried about sharing how she was feeling with the Volunteer, as did not wish to overwhelm them - through encouragement from the Coordinator and consistency from the Volunteer the match continued, and mum was able to engage on subsequent visits and continued to build a good relationship with the volunteer.

Through 'support and supervision' the Volunteer sort support from the Coordinator on how to support mum with her mood; and a referral was made for counselling to support mum's mental wellbeing - Mum is now engaging in counselling and preparing to return to work after her maternity leave.

Progress and Outcomes
The relationship between the family and Volunteer continues to grow. Mum has attended several monthly Parent Groups with support of her Coordinator and has continued to speak to her Coordinator on occasions where she is not able to speak to her Volunteer around certain abuse related topics. Home-Start Leeds has been able to support mum in contacting local Children Centres and other services such as Better Leeds Communities[97] for support on Debt & Housing and LDVS (Leeds Domestic Violence Service)[98].

Continuing Support
Support focused on supporting Mum to attend Children Groups to increase her interaction with other parents; to support her to access emotional/befriending support surrounding Domestic Abuse; and to support with the ongoing challenges Mum has with her 2-year-olds sleeping.

Mum was supported for 9 months until she had completed her support with other agencies.

Year Three

Case Study 6
Mum and 3 boys 8 months, 9 and 12 years old. During support mum's daughter 15-year-old daughter returned to the family home.

Referrer & Reason for referral.
Mum was referred to Home-Start by school as there were worries around the home conditions and the family frequently needing food parcels. School discussed past Social Work involvement and that they believed that the middle children had been "fabricating" stories to seek support. School felt mum would benefit for support in boundaries and behaviours.

The family were also said to be in fear of eviction of the family home by the private landlord.

Initial observations & assessment of need.
When the Coordinator initially visited the home, they were unable to get into the property, however they could see that the outside of the property was in need of repair and the out houses appeared to be in use.

---

[97] https://betterleeds.org.uk/
[98] https://ldvs.uk/

On return to the property on a second visit with Home-Start Leeds Safeguarding lead they were able to gain access to the property - there were 2 large dogs on that occasion and the outer buildings had been demolished.

Prior to my second visit the Coordinator had a conversation on the telephone with the family and identified that there was a language barrier. The Coordinator thought they were talking to the Mum but on the visit to the family home it was realised that it was the 12-year-old who they had been speaking with on as Mum could not speak English.

The Coordinator made several visits and calls to the family over the summer holiday. During visits the family discussed that they are fearful of losing the house due to the landlords request for them to leave. They said that the landlord had not completed repairs to the home and that there were bed bugs - Mum showed me pictures of bugs and rashes to the youngest child. I sought support from the Health Visitor and asked if they could speak to mum about how to treat the rashes. They also asked if she would discuss appropriate weaning as Mum had been giving the youngest child cow's milk.

Actions/interventions agreed.
Over the summer the Coordinator tried to source appropriate support for the family and referred them into Better Leeds Communities for a review on mum's benefits and debt; and housing matters – at that time they were unsure if the family have engaged with this service but later found out they had.

They also spoke with Cluster, but they were unable to provide the family support, however they did provide some Morrisons food vouchers.

The children told the Coordinator - over the summer - that they did not have school clothing that fitted them. We provided mum with some baby clothes and school shoes for the boys. We did intend to support them with school clothing; however mum sourced a large amount of money from a friend to provide for this. (£300+).

Throughout conversations with the family there became an increased worry that the eldest boy was responsible for communicating with professionals due to the language barrier of Mum. Fortunately we were able to identify that one of our Volunteers spoke Romanian they supported the Coordinator with having a greater understanding of the family. The volunteer began weekly visits and supported the family in practical matters such as applying for a Council House and budgeting.

Progress and Outcomes to date.
The Volunteer completed budgeting work with the family – they were paying £162.86 per month for Council Tax – they contacted the Council to confirm if this was correct – it was - and the family were receiving the maximum Council Tax Support which suggested that there was some prior debt prior. From the budgeting work we were able to identify that there was some surplus money after bills and rent were paid and so we were not able to identify why the family have needed the regular food parcel support.

We supported the family to complete a passport renewal for the eldest child.

During support the eldest daughter returned to the family home which led Social Services to start a Child and Family assessment – they had returned due to a domestic abusive relationship. The assessment was completed, and the family agreed to go onto a Child and Need Plan.

We worked with the family for 13 months and they have now moved into a Council House.

Case Study 6
Mum, Dad, Child 1 – 3 years, Child 2 – 18months

Referrer & Reason for referral.
Family Outreach worker referred due to Mum's poor Mental Health. Mum and Dad were young parents aged 21years and 22 years

Initial observations & assessment of need.
Mum expressed that she struggled with her Mental Health and had done since she was 13 years old. She left home at age 15 years old and went to live with a much older man – and was pregnant at 16 years but after suffering severe Domestic Abuse from her partner she suffered a miscarriage. She turned to alcohol and drugs as a way of coping and had a history of self-harm.

Mum had been with her current partner for 4 years.

Mum felt like she was not getting the right support surrounding her mental health, she had a lot of debt which she was ignoring; and the 3-year-old was not attending nursery as she could not face taking him and picking him up.

The house was untidy and cluttered. Mum said that she had not self-harmed for over a year.

Actions/interventions agreed.
Find professional support for Mum's Mental Health.
Finances
To match a Volunteer
Help with home conditions.

Progress and Outcomes to date.
At first the Coordinator spent time building Mums confidence by showing Mum that she had choices and could make change.

When it came to matching a Volunteer Mum was very anxious but then let us know that said she really liked the Volunteer and said it was a good match.

Our Coordinator supported Mum to arrange and attend a GP appointment which resulted in a diagnosis of Bi-Polar[99].

The Coordinator looked into Mums finances – the debt amounts were large, and it was agreed that professional support was needed. An appointment to see a Debt Advisor was made and the Volunteer supported Mum and Dad to access this support over a number of sessions. Although the Debt was not all 'written off' payment plans were put in place that were manageable.

Mum with the support of the Coordinator enrolled the 3-year-old child in to a different nursery closer to home which Mum felt more comfortable about taking to and collecting from.

The Volunteer supported Mum to declutter the home.

During support Mum admitted to the Coordinator that she has been self-harming again and she was supported to access more intense support from Therapeutic Services; and the Volunteer is encouraging her to continue this as she has stopped therapy sessions previously.

After 6 months the support is ongoing although a plan is being worked on with Mum to end - a plan is being put in place to help Mum in the home and with accessing services.

[99] https://www.nhs.uk/mental-health/conditions/bipolar-disorder/overview/

Annex 6 (removed)

References

1. *World Health Organisation* https://www.who.int/europe/emergencies/situations/covid-19
2. *Volunteer Home Visiting Service – all Volunteers undertake a 10-week (30 hour) Volunteer Preparation Course. Volunteers are required to provide references and undergo a DBS (Disclosure & Barring Service Check. Volunteers are careful matched with a parents to help with relationship building and support.*
3. Leeds Observatory – Poverty 2021https://observatory.leeds.gov.uk/leeds-poverty-fact-book/relative-and-absolute-poverty/
4. *World Health Organisation* https://www.who.int/europe/emergencies/situations/covid-19
5. file:///C:/Users/Tracey.simpson-laing/Downloads/uk_poverty_2022.pdf
6. UK Parliament; House of Commons Library, '*Poverty in the UK: Statistics*'; 31st March 2021 https://commonslibrary.parliament.uk/research-briefings/sn07096/
7. UK Parliament; House of Commons Library, '*Poverty in the UK: Statistics*'; 31st March 2021 https://commonslibrary.parliament.uk/research-briefings/sn07096/
8. *Methodology and supporting information: children living with parents in emotional distress, 2021 update* https://www.gov.uk/government/statistics/children-living-with-parents-in-emotional-distress-march-2021-update/methodology-and-supporting-information-children-living-with-parents-in-emotional-distress-2021-update
9. *Growing Up In Scotland: Maternal mental health and its impact on child behaviour and development* https://www.gov.scot/publications/growing-up-scotland-maternal-mental-health-impact-child-behaviour-development/
10. The Association of Child Psychology and Psychiatry_*The effects of pre- and postnatal depression in fathers: a natural experiment comparing the effects of exposure to depression on offspring - Ramchandani - 2008 - Journal of Child Psychology and Psychiatry - Wiley Online Library* https://acamh.onlinelibrary.wiley.com/doi/10.1111/j.1469-7610.2008.02000.x
11. Office for National Statistics; Census 2021 https://www.ons.gov.uk/visualisations/censusareachanges/E08000035/
12. *Note: ONS are now reporting on 'White' as a humongous group rather than separating categories*
13. *Office for National Statistics; Census 2021* https://www.ons.gov.uk/visualisations/censusareachanges/E08000035/
14. *Leeds Observatory: Census 2021* https://observatory.leeds.gov.uk/wp-content/uploads/2022/06/JSA-Summary-Report-Oct-21-FINAL-1-1.pdf
15. *Nomis – official census and labour market statistics (ONS)* https://www.nomisweb.co.uk/reports/lmp/la/1946157127/printable.aspx
16. *Nomis – official census and labour market statistics (ONS)* https://www.nomisweb.co.uk/reports/lmp/la/1946157127/printable.aspx
17. *Leeds Observatory: Census 2021* https://observatory.leeds.gov.uk/housing/#/view-report/85fe651fd2af40e0bf133770aaa91687/___iaFirstFeature/G3
18. *Leeds Observatory: Census 2021* https://observatory.leeds.gov.uk/housing/#/view-report/85fe651fd2af40e0bf133770aaa91687/___iaFirstFeature/G3
19. Leeds City Council Geographical Map https://i.pinimg.com/originals/82/5a/e3/825ae378c6e58bcde3f86576f5134655.jpg
20. Association of Mental health Providers - Demonstrating the value of the voluntary and community sectors 2016 https://amhp.org.uk/demonstrating-the-value-of-the-voluntary-and-community-sectors/
21. NICE Impact Mental Health 2019 https://tinyurl.com/59rkkpmz
22. Personal Social Services Research Unit: Unit Costs of Health; I Services. 2021 https://www.pssru.ac.uk/unitcostsreport/
23. CQC Mental health rehabilitation inpatient service https://www.cqc.org.uk/sites/default/files/20180301_mh_rehabilitation_briefing.pdf
24. Personal Social Services Research Unit: Unit Costs of Health; I Services. 2021 https://www.pssru.ac.uk/unitcostsreport/
25. The Kings Fund https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs

26. University of Manchester; Four in ten consultations at GP clinics were with frequent attenders 2021 https://www.manchester.ac.uk/discover/news/four-in-ten-consultations-at-gp-clinics-were-with-frequent-attenders/
27. Personal Social Services Research Unit: Unit Costs of Health; Manual 2022 https://tinyurl.com/Kentacuk
28. The Kings Fund https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
29. National Cost Collection for the NHS https://www.england.nhs.uk/costing-in-the-nhs/national-cost-collection/
30. NHS England 2021/2022 2_National_schedule_of_NHS_costs_FY21-22_v3.xlsx (live.com)
31. The Kings Fund https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
32. An evidence review of the outcomes that can be expected of drug misuse treatment in England 2017. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586111/PHE_Evidence_review_of_drug_treatment_outcomes.pdf
33. University of Kent, Unit Costs of Health and Social Care Manual 2022 https://kar.kent.ac.uk/100519/
34. Barnardo, No Crib for a Bad: impact of the cost-of-living crisis on bed poverty 2023. https://www.barnardos.org.uk/sites/default/files/2023-09/report-no-crib-bed-poverty-cost-living-crisis.pdf
35. The Homelessness Monitor Great Britan 2022 https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/england/the-homelessness-monitor-england-2022/
36. House of Commons Library – Households in temporary accommodation England; 2023.https://researchbriefings.files.parliament.uk/documents/SN02110/SN02110.pdf
37. Crisis - Cost of Homelessness 2016 Homelessness Knowledge Hub - Cost of homelessness (crisis.org.uk)
38. Crisis; Batter than Cure; 2016 https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/cost-of-homelessness/better-than-cure-2016/
39. House of Commons Library – Households in temporary accommodation England; 2023https://researchbriefings.files.parliament.uk/documents/SN02110/SN02110.pdf
40. Leeds Safeguarding Children Partnership. 2021 https://www.leedsscp.org.uk/the-partnership/annual-report/summary
41. Leeds City Council 2022/2023 https://tinyurl.com/Looked-After-Children
42. Personal Social Services Research Unit: Unit Costs of Health; I Services. 2021 https://www.pssru.ac.uk/pub/uc/uc2021/services.pdf
43. CoramBAAF Adoption and Fostering Academy (2020) Inter-agency fees for 2020/2021, CoramBAAF, London. https://corambaaf.org.uk/bookshop/corambaaf-electronic-forms/inter-agency-adoption-forms-uk-wide/inter-agency-fees [accessed 8 December 2020.]
44. The Guardian, English councils pay £1m per child for places in private children's homes; 2022. https://www.theguardian.com/society/2022/apr/18/english-councils-pay-1m-per-child-for-places-in-private-childrens-homes
45. GOV.UK Children looked after in England including adoptions https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions
46. The King Fund Key facts and figures about the NHS | The King's Fund (kingsfund.org.uk)
47. https://researchbriefings.files.parliament.uk/documents/SN02110/SN02110.pdf
48. Personal Social Services Research Unit: Unit Costs of Health; I Services. 2021 https://www.pssru.ac.uk/pub/uc/uc2021/services.pdf
49. Key facts and figures about the NHS | The King's Fund (kingsfund.org.uk)
50. Personal Social Services Research Unit: Unit Costs of Health; I Services. 2021https://www.pssru.ac.uk/unitcostsreport/
51. https://researchbriefings.files.parliament.uk/documents/SN02110/SN02110.pdf

52. Personal Social Services Research Unit: Unit Costs of Health; I Services. 2021 https://www.pssru.ac.uk/pub/uc/uc2021/services.pdf
53. The Guardian, English councils pay £1m per child for places in private children's homes; 2022. https://www.theguardian.com/society/2022/apr/18/english-councils-pay-1m-per-child-for-places-in-private-childrens-homes
54. Personal Social Services Research Unit: Unit Costs of Health; I Services. 2021 https://www.pssru.ac.uk/unitcostsreport/
55. Personal Social Services Research Unit: Unit Costs of Health; I Services. 2021 https://www.pssru.ac.uk/unitcostsreport/
56. Personal Social Services Research Unit: Unit Costs of Health; I Services. 2021 https://www.pssru.ac.uk/pub/uc/uc2021/services.pdf
57. CoramBAAF Adoption and Fostering Academy (2020) Inter-agency fees for 2020/2021, CoramBAAF, London. https://corambaaf.org.uk/bookshop/corambaaf-electronic-forms/inter-agency-adoption-forms-uk-wide/inter-agency-fees [accessed 8 December 2020.]
58. The Kings Fund https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
59. The Kings Fund https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
60. The Kings Fund https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
61. Personal Social Services Research Unit: Unit Costs of Health; I Services. 2021 https://www.pssru.ac.uk/unitcostsreport/
62. House of Commons Library – Households in temporary accommodation England; 2023 https://researchbriefings.files.parliament.uk/documents/SN02110/SN02110.pdf
63. Key facts and figures about the NHS | The King's Fund (kingsfund.org.uk)
64. The Kings Fund https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
65. The Kings Fund https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
66. The Kings Fund https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
67. House of Commons Library – Households in temporary accommodation England; 2023 https://researchbriefings.files.parliament.uk/documents/SN02110/SN02110.pdf
68. The Kings Fund Key facts and figures about the NHS | The King's Fund (kingsfund.org.uk)
69. The Kings Fund https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
70. The Kings Fund https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
71. The Kings Fund https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
72. Personal Social Services Research Unit: Unit Costs of Health; I Services. 2021 https://www.pssru.ac.uk/unitcostsreport/
73. Personal Social Services Research Unit: Unit Costs of Health; I Services. 2021 https://www.pssru.ac.uk/unitcostsreport/
74. BBC News https://www.bbc.co.uk/news/uk-41487126
75. The Kings Fund , Key Facts and Figures about the NHS; https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
76. The Kings Fund , Key Facts and Figures about the NHS; https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
77. The Kings Fund , Key Facts and Figures about the NHS; https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
78. The Kings Fund , Key Facts and Figures about the NHS; https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs
72. BBC News https://www.bbc.co.uk/news/uk-41487126
73. What are third sector organisations and their benefits for commissioners?- (nao.org.uk)
74. Public trust in charities reaches highest level since 2014 | Third Sector https://www.thirdsector.co.uk/public-trust-charities-reaches-highest-level-2014/fundraising/article/1722359?bulletin=finance-bulletin
75. General government - Trust in government - OECD Data https://data.oecd.org/gga/trust-in-government.htm
76. Wikipedia https://en.wikipedia.org/wiki/Financial_crisis_of_2007%E2%80%932008
77. Leeds Observatory – Population 2021Leeds Observatory – Population
78. Leeds City Council (2019) *Best Council Plan 2019/20 – 2020/21: Tackling Poverty and Reducing Inequalities*. item 9 - appendix 2 - BCP 2019-21.pdf (leeds.gov.uk)

79. Leeds Observatory – Economy & Employment 2021 Leeds Observatory – Economy & Employment
80. Leeds City Council Nobody Left Behind: Good Health and a Strong Economy 2017/2018. Leeds City Council (2018) Nobody-Left-Behind-Good-Health-and-a-Strong-Economy.pdf (leeds.gov.uk)
81. Leeds Observatory – Economy & Employment 2021 Leeds Observatory – Economy & Employment
82. Leeds Observatory – Poverty Fact Book 2021 Leeds Observatory – Leeds Poverty Fact Book – Section 1: Relative and Absolute Poverty
83. Leeds Observatory – Poverty Fact Book 2021 Leeds Observatory – Leeds Poverty Fact Book – Section 5: In-work Poverty
84. Leeds Observatory – Poverty Fact Book 2021 Leeds Observatory – Leeds Poverty Fact Book – Section 3: Wages, Household Income and Employment
85. Leeds Observatory – Poverty Fact Book 2021 Leeds Observatory – Leeds Poverty Fact Book – Section 3: Wages, Household Income and Employment
86. Leeds Observatory – Poverty Fact Book 2021 https://observatory.leeds.gov.uk/leeds-poverty-fact-book/section-4-welfare-benefits-and-universal-credit/
87. Leeds Observatory – Poverty Fact Book 2021 https://observatory.leeds.gov.uk/leeds-poverty-fact-book/section-7-fuel-poverty/
88. Leeds Observatory – Poverty Fact Book 2021 Leeds Observatory – Leeds Poverty Fact Book – Section 4: Welfare Benefits and Universal Credit
89. Leeds Observatory – Poverty Fact Book 2021 Leeds Observatory – Leeds Poverty Fact Book – Section 6: Food Poverty
90. Leeds Joint Strategic Assessment 2021 https://observatory.leeds.gov.uk/wp-content/uploads/2022/06/JSA-Summary-Report-Oct-21-FINAL-1-1.pdf
91. The Leeds Teaching Hospitals NHS Trust https://www.leedsth.nhs.uk/a-z-of-services/endoscopy/about-your-procedure/therapeutic-endoscopy-and-colonoscopy/peg-and-feeding-tubes/
92. Leeds City Council ; Making a MARAC referral for domestic violence and abuse https://www.leeds.gov.uk/antisocial-behaviour-and-crime/domestic-violence-and-abuse/making-a-marac-referral-for-domestic-violence-and-abuse
93. Henry https://www.henry.org.uk/
94. Together Women Leeds https://togetherwomen.org/domestic-violence/
95. Behind Closed Doors https://www.behind-closed-doors.org.uk/
96. Better Leeds Communities https://betterleeds.org.uk/
97. Leeds Domestic Violence Service https://ldvs.uk/
98. NHS England, Overview – Bipolar Disorder https://www.nhs.uk/mental-health/conditions/bipolar-disorder/overview/