

We appreciate that this form may not fit everyone's needs because the services we are working with are very varied. If you feel that this form does not apply to your circumstances, or you are unsure about how to complete it, for any reason, please contact us as soon as possible. We can work with you to ensure our processes remain inclusive.

Instructions

1. If you provide a 'front line service' (work directly with children, young people and parents/carers - **please complete section A and C.**
2. If you provide a 'back office function' please **complete section A and B.**
3. **Examples of what we mean by 'back office functions' include** service development activities, staff training, conferences, provision of resources, and implementation of an action plan (to meet the aims of a strategy, policy or government guidance).
4. If you think you provide both a 'front line service' and a 'back office function' **please contact us before completing this form.**
5. There is an 'additional information box' at the end of this form to enter details that cannot be entered elsewhere.
6. If your front line service or other work is only partly funded by ABG funds (i.e. less than 100%), please tell us about the whole service or provide a comprehensive picture of your work. We need you to do this so that we can assess the place of ABG funding in the wider context of what you do.
7. Please do not send any evidence when you return this form. We will contact you at a later date to organise the collection of this.
8. Only electronic copies of this form will be accepted, unless there are special circumstances.

Contact Details

Louise Wells, Tel: 0126 252 8984/Nick Furini Tel: 0116 252 6723/Zuned Kasu Tel: 0116 252 6767/ Jennifer Williams, 0126 252 8436

Please email the completed form to: louise.wells@leicester.gov.uk
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Please ensure the form reaches us by: Wednesday 12th August 2009 @ 5:00pm.

SECTION A

Everyone to complete this section

Your Contact Details

Name of person completing this form	
Telephone Number	
Email address	
Date form completed	

Service Details

1	Name of the Service Provider	
	Guidance: Typically this is the name of the organisation that is contractually responsible for the Service named at 2, below.	

2	Name of the Service	
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3	Information Websites	
	Guidance: Please tell us the addresses of any websites that contain information about your Service.	

Background Information

4	Is your Service a statutory service?	Yes/No/Don't Know
	Guidance: A service that is required to exist by law. Please delete as necessary.	

5	Has your Service been commissioned by a local authority Board.	Yes/No/Don't Know
	If your answer is yes, please provide details of the Board's name and any contact details.	

6	Has your Service been set up through a tendering process?	Yes/No/Don't Know
	If your answer is yes, please provide details of the tender exercise (e.g. date of tender, name of the commissioning officer)	

7	Please tell us how your Service was set up, if a board or tender process was not involved.	
	Guidance: If you do not know who set up your Service and how this was achieved, please state this below.	

8	Do you have guidance that tells you how to spend your funding, (e.g. Aiming High).	Yes/No/Don't Know
If your answer is yes, please provide details of the guidance and tell us if you have implemented it.		

9	Has your Service been reviewed within the past 2 years or is a review planned to take place within the next 6 months?	Yes/No/Don't Know
If your answer is yes, please provide details of the review.		

Funding Details

10	Is your Service funded solely by the ABG?	Yes/No/Don't Know	
If your answer is no, please tell us about your other sources of funding. (We already know how much money you receive from the ABG)			
Guidance: If you do not know when funding ends please put "not known". Press the tab key in the last box in column 4 to add additional rows.			
	Amount	Name of the Funding Organisation	Date funding ends
	£		
	£		
	£		

11	Would the withdrawal of ABG funding impact on <u>additional</u> services that are delivered by your organisation/department but not funded by the ABG?	Yes/No/Don't Know
If your answer is yes, please tell us about the type of impact and level of impact (% shortfall) that would arise with loss of ABG funding.		
Guidance: This applies to organisations/departments where, for example, staff may work across different services and where fixed-costs (e.g. rent, council tax, insurance, heating) are divided between different funding streams. Loss of one funding stream can often mean that staff face reduced hours (and may move on to find alternative full time work). It can also mean that other services provided by an organisation have to face cut backs to cover the organisation's fixed cost. Please also tell us about impacts on professional expertise or availability of service options for your remaining service(s).		

12	If you have applied for funding, but do not know the outcome of your application(s), please provide details below.		
Guidance: We do not need to know about small amounts of one-off funding.			
	Amount applied for	Name of the Funding Organisation	When do you expect to know the outcome?
	£		
	£		

Staffing

13	Please tell us the job titles of the staff employed to deliver the Service/function and how many hours they work per week.	
	Job title	Hours per week
	If you need to tell us additional information, please use the space below.	

Service Provider Information

14	Please tell us about any operational pressures impacting on your service or work – recent or current.	
	Guidance: This could relate to an external/internal issue that has impacted on your service delivery or work. An example could be that a referral organisation has recently closed down impacting on your intake of service users.	

15	Please tell us about any recent service achievements that have been made over the past 2 years.	
	Guidance: We would like to know about your Service's <u>operational successes</u> . For example, your service could have received an award or some sort of special recognition. Equally, all your staff may have been successfully trained in a specialist area.	

16	Please provide details of any 'service development plans' that you are currently implementing.	
	Guidance: You may use a different term for this, such as a business improvement plan. These often set out what changes/updates are going to be made to a service and may include intended staff training or development of a monitoring system.	

SECTION B

Only complete this section if you provide 'back office functions'

17 What is the aim of your work?

Guidance: Please tell us what you are trying to achieve? (Word limit: 200)

18 Why are you doing this work?

Guidance: For example, your work could be driven by the need to implement policy, a strategy or government guidance. In such cases as these please provide us with an outline. (Word limit: 150)

19 Please tell us in detail about the work you undertake to deliver the aims identified at 17 above.

Guidance: (Word limit: 350)

20 How does your work support better outcomes for children, young people, parents/carers?

Guidance: Please list the different types of outcomes (and beneficiaries) and explain how your work contributes towards securing each one. If you work to any National Indicators please make reference to them here. (Word limit: 300)

21 What evidence do you have that shows how your work supports these outcomes?

Guidance: Please tell us about the type(s) of evidence that you have available and what it shows. You will be asked to provide this evidence at a later date. If you do not have any evidence please tell us below. (Word limit: 150)

SECTION C

Only complete this section if you provide a 'front line service' to children, young people, parents/carers'

Service Users

22	Do you work with children and young people?	Yes/No
If you need to tell us additional information, please use the space below.		

23	Do you work with parents/carers?	Yes/No
Guidance: Please tell us below if your work with adults is not based on them being a parent/carer.		
If you need to tell us additional information, please use the space below.		

24	How many service users access your Service over a year (e.g. financial year)?		
Guidance: The answer to this can be based on your service specification or your monitoring figures. If your Service is only partly funded by the ABG (e.g. 50%) still tell us about all your service users.			
Children and Young people		Parents/carers	
If you need to tell us additional information, please use the space below.			

25	What is the capacity of your Service – this is the maximum number of service users that your Service can engage at any one time?		
Guidance: If your Service is only partly funded by the ABG (e.g. 50%) still tell us about all your service users.			
Children and Young people		Parents/carers	
If you need to tell us additional information, please use the space below.			

26	For how long do service users access/engage with the Service?

Service Location and Coverage

27 Is the service offered to residents living in the County? e.g. Oadby **Yes/No**

28	Is your Service offered citywide?	Yes/No
If your answer is no, please tell us about the areas of Leicester where a potential service user can live to access your Service.		

29	Where is the Service accessed in Leicester?
Guidance: We would like to know about the place(s) where the Service is located/accessed. This could be a service-user's home, or at one or more venues (e.g. schools/youth centres).	

Targeting of Service User Groups

30	Which age groups can access your Service?

31	Does your Service target specific equality (gender, ethnic/disabled) user groups?	Yes/No
If your answer is yes, please provide details about the equality groups that you target.		

32	Please use the space below to tell us about any criteria that a potential service user must fulfil in order to access your service.
Guidance: If there is open access to your service then please state this. You will be asked to provide evidence for the information you provide here at a later date. (Word limit: 300)	

Service Aims and Methods

33	Please tell us about the aim(s) of your Service. What is your Service set up to achieve for children and young people and/or parents/carers?
Guidance: You will be asked to provide evidence for the information you provide here at a later date. (Word limit: 200)	

34	Please tell us about the work you do to achieve the aim(s) you identify above.
Guidance: Please tell us about any 'intervention models' (e.g. programmes), activities, one-o-one support, group work etc., which you deliver as part of your service. For each type of activity, we would like to know if it is accredited and supported by evidence. We would also like to know about how many sessions take place, for how long, how many can take part and what's involved. If your Service is needs led then tell us so and provide an overview of what often happens. Please make sure your answer allows us to clearly understand what you do and why. (Word limit: 350)	

Service User Achievements/Outcomes

35	Please tell us in the boxes below about the type of achievements gained by service users as a result of taking part in your Service.
<p>General Guidance:</p> <ul style="list-style-type: none"> We use 'achievement' as an overarching term to also include 'outcomes' and/or 'impacts'. If your organisation is required to map service user achievements against the National Indicators then please provide this information here. Please tell us about each achievement separately – one per box. Please do not tell us about your outputs (e.g. numbers of activities delivered or numbers of service users taking part in the Service). Examples of what we need to know include: increased self-esteem, at lower risk of becoming a first time entrant to the youth justice system, increased attendance at school. We will ask you to provide evidence for these at a later stage. 	

Achievement 1

a) Please provide an outline of one achievement here.	
Guidance: An example could be 'increased school attendance'.	
b) Do you measure the achievement above as part of your performance management system?	Yes/No/Don't Know
c) Please tell us about the indicator you use to measure the achievement above and how you collect your evidence, (e.g. pre-post questionnaire).	
Guidance: For example 'increased attendance at school' may be evidenced by number of school reported absences in a 6 month period pre and post service intervention. Equally you may evidence this by parent reporting of child school-attendance, at initial-assessment and end-of-service meetings carried out by a project worker. If necessary, please make clear whether the beneficiary is a young person or parent/carer. (Word limit: 75)	
d) What proportion (%) of the service users that access your service in any one year are expected to make this achievement?	

Additional Achievements - one per box. Cut and paste additional boxes as required.

a) Please provide an outline of one achievement here.	
b) Do you measure the achievement above as part of your performance management system?	Yes/No/Don't Know
c) Please tell us about the indicator you use to measure the achievement above and how you collect your evidence, (e.g. pre-post questionnaire).	
d) What proportion (%) of the service users that access your service in any one year are expected to make this achievement?	

36 Please tell us if you intend providing any of the following evidence.			
Guidance: Type yes in column 3 if you intend to provide the evidence highlighted. If you intend submitting evidence not on the list below please tell us about it in the final part of the table - <u>please make sure you tell us what you are submitting and what it will tell us</u> . Please note that the Review Panel may also request to attend an activity or may arrange to interview key members of staff and/or service users.			
What we need to know	Examples of potential evidence	Yes?	How this evidence will be used
1	What service do you provide?	Service Improvement Plans	To inform panel members about your Service (intervention model).
		Promotional DVDs and leaflets	
		Business Case or Plan	
2	Is your work evidenced based?	Research about an intervention model that is the same or similar to yours.	This will be used to map your Service against the LAA's Priority Needs
		Research that your organisation has commissioned about your intervention model.	
3	Service user needs	Referral criteria (this could be set out on a referral form or guidance produced for referrers).	This will be used to assess the risk factors targeted by your intervention model. This will be used to map your Service against the LAA's Priority Needs
		Statements from referrers, stakeholders.	
		Annual reports	
		Case studies	
4	What outcomes do your service users achieve?	Feedback from a parent/carer (Participation evidence).	This will be used to map your Service against the LAA's Priority Needs
		Feedback from a young person (Participation evidence).	
		Statement from a referral organisation(s) or stakeholder.	
		Promotional DVDs and literature	
		Annual reports	
		Case studies	
5	Service user achievements/outcomes/impacts.	Monitoring information about outcomes and numbers of service users that achieved each one.	Effectiveness of the intervention model
6	Rates of success	Monitoring information about the % of service users achieving an outcome.	Effectiveness of the intervention model
7	Quality Assurance	Inspection/Review Reports	Potential for continuing development. This includes participation work, staff development, reflective practice, stakeholder involvement, partnership working.
		Picasso Standards	
Other			

Additional Information

Guidance: Please use this space to provide information that cannot be entered elsewhere.