



A Summary Evaluation Of Newham Children's Fund Preventative Projects

Spring 2007



Making A Difference



Aston-Mansfield

Generating community wealth for social change

Community Involvement Unit

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INTRODUCTION

The preventative work enabled by Newham Children's Fund is both varied and rich in its scope. There are 22 funded projects in total, divided into 8 workstreams. These include:

1. Anti-social behaviour and Young Offending;
2. Domestic Violence;
3. Mental Health;
4. Disabled Children;
5. Homelessness and Transient Families;
6. Promoting Educational Inclusion;
7. Refugee Families;
8. Participation.

This report seeks to broadly evaluate all the projects within their workstreams, examining the impact of projects, the referral process in each project, the 'embeddedness' of each project, (in terms of its geographical positioning and its distinctiveness as a preventative service in Newham,) and in terms of its user feedback.

The data was gathered through the use of:

- Focus groups or group discussions (9)
- In-depth interviews (17)
- Children's Fund data on referrals and intervention length.

During this process of data gathering, staff at all projects were consulted, either through attending a focus group, or, where this was not possible, through a one-to-one interview. Users of 12 projects were also interviewed, either through group discussions, or through one-to-one interviews.

The findings are presented in terms of the 8 workstreams of the Children's Fund's preventative projects. In each case, a summary framework of findings is given initially, with full interview notes following. The summary framework looks at three main areas: Impact, Referral, Embeddedness, and user feedback.

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The research was conducted by a team of Aston-Mansfield Community Involvement staff: Mark Hutin, Alistair Smyth, Anne Crisp, Caroline Rouse and Kevin Blowe.

We would like to thank the staff and users of the Children's Fund projects for giving their time to participate in the research.

SUMMARY OF FINDINGS

Key Findings

Strengths:

- Projects are strong on filling gaps in services provided by the statutory sector.
- Delivery of high quality work is achieved on modest resources
- Projects have developed links with a variety of other agencies
- Projects have built a strong relationship with their client groups

Areas for improvement:

- Projects need to identify a clearer 'preventative outcome' for their interventions for each of their individual clients and clearer plans for referring clients on to other services when this has been achieved.
- Individual 'preventative outcomes' should be based on the scope of the projects ability, experience and expertise to deliver support, the length of their planned intervention, the level of both dependency *and* exclusion of a client at the start and how far their activities will help clients will travel towards both independence and inclusion. This will enable projects to establish the limits and timescale of their interventions and when it is most appropriate to refer clients onto other services.
- Further study is necessary to establish how far projects in the Anti-Social Behaviour & Youth Offending, Disabled Children and Refugee Families workstreams help clients to move specifically towards social inclusion.
- Projects in the Domestic Violence workstream and the Art Therapy Project in the Refugee Families workstream would benefit from further in-depth clinical research on the impact of their activities.

Across the seven workstreams there are 22 projects that all have a brief to deliver projects under the preventative pathway of the Children's Fund.

At a provider forum meeting, one of the questions discussed was the definition of what constitutes "preventative" work. We believe this is a key consideration when looking at the impact and sustainability of these projects in what will soon be a far more competitive market for funding.

Two views on preventative work are:

- A project that supplies an ongoing service to stop clients deteriorating.
- A short intervention that gives clients tools to enable them to reduce or no longer require ongoing or more intensive support.

It is clear that all projects fall theoretically into one or the other of these definitions.

Preventative Outcome

In our findings, we have used the term 'preventative outcome' to describe the end point of an intervention by projects. We suggest that this could be identified for each individual client according to the following factors:

- the scope of a project's ability, experience and expertise to deliver support – projects should try to intervene in areas where they can make a difference and use other services with different specialisms where this is more appropriate.
- the length of a project's planned intervention – which may be restricted by the nature of the activity they provide or by available funding.
- the level of both dependency *and* exclusion of a client at the start of their involvement with a project.
- how far a project's activities can realistically help clients to travel towards both greater independence and inclusion.
- the point when it is most appropriate to refer clients onto other services.

The importance of referrals in assessing the move from dependence to independence

We have used the evidence from the research process to determine to what extent projects are delivering preventative work and looked at the referral patterns in each workstream to see how each project's interventions fit within the continuing care needs of clients. The key components are:

- where clients are referred from
- where they move on to following a short intervention or
- what other services are they referred to that compliment the support offered by an ongoing intervention.

A key feature of many of the projects is to provide an advocacy role to their clients, signposting and guiding them through the various maze of support, services and benefits that the individual or family are eligible to access. The difficulty with these projects is deciding where their intervention ends.

Theoretically, having found a suitable mix of other preventative services, the work with a client would be complete. However with either troubled clients or those who needs are not addressed by other service provision, finding the correct 'preventative outcome' where *all* needs are catered for and they are not developing new needs is almost impossible. Evidence suggests this is the experience of most of these type of projects and that they are in danger of becoming providers of an ongoing service. This was found in the Homeless and Transient workstream and the family work in the Educational Inclusion stream.

All projects have won the confidence of their clients and had developed links with many other agencies in both the professional care sector and the wider community. Many had a holistic approach when working with clients, looking at their wider needs. While this can be seen as a strength from the clients' point of view, this not only increased the number of referral agencies that projects worked with, but also extended the engagement with clients.

Very few projects took the view that an important aspect of a short intervention was the need to provide tools to enable the client to require less support. Exceptions were the parenting courses offered by Real Life Parenting in the Disabled Children workstream, where clients were being helped to cope with their own needs, the anti-bullying work carried out by the 'On the

Safe Side' project in the Anti-social Behaviour workstream and Conflict & Change's peer mediation work.

Short term interventions

The projects that were most successful at short interventions, by providing tools to enable clients, were those delivering a course or series of events for identified client groups. These projects also worked with larger numbers of clients for a prescribed time because of the nature of their activities. Many clients were not in need of as much support or care when referred to these projects or had sufficient support in place from other sources, enabling projects to target the support they provided. These projects clearly saw their role to tackle the one or two areas that their project represented and they used signposting and referral to address any other needs. They were the least likely to operate in 'silos' rather than seeing themselves as one of a number of different support services that might benefit individual users

All were more able to define the 'preventative outcome' of the project. One model was a finite course that children were referred to. Once completed, they were returned to the referring agency who then determined if more intervention was needed. Examples of this include the schools who took part in the NCY projects in the Anti-social Behaviour stream and the Conflict and Change work in the Educational Inclusion stream. Others, principally in the CAMHS workstream, had tackled this problem by defining the 'tiers' of support and taking the 'preventative outcome' of their intervention at the point when clients achieved the lower level of support.

Nevertheless, the referral evidence of other agencies that these projects worked with suggests that they still adopted a holistic approach to clients needs within the boundaries of their programmes, by using other service provision to support the wider range of needs their clients presented.

Ongoing support

The preventative pathways also included examples of ongoing support to stop clients deteriorating and this is an essential and intensive area of preventative work, often with the most troubled and dependent clients. In a number of cases, it was necessary to increase the level of support because of the lack of suitable places to refer clients on to, which was the case with the Art Therapy project in the Refugee Families workstream, or because of the very specialist nature of support that does not lend itself well to a multi-agency approach to the client needs, which was the case with the two projects in the Domestic Violence workstream. Arguably, this area of preventative work is not appropriate for short term funding, because of the damaging affect on clients when the funding finishes.

However, short term funding can allow projects providing intensive levels of support the opportunity to make a case for continuing funding for the work they do, by using the time to demonstrate the need of this type of work and to meet and influence potential funding providers. The Children's Fund has provided them with the opportunity to show that they should become part of permanent care provision.

Already, all of these projects were working with very few referral agencies and were exclusively referring to other statutory health and social care agencies. If they are to continue, it would be necessary for in-depth clinical research on the benefits of their programmes, as sources of funding would need to come from specialist sources and they would need more scientific evidence than we, as community researchers, were able to determine. We are aware that some of the projects have included this in their work.

Projects focusing on 'group need'

The final type of project worked with a group of clients that had an identified 'group need' and were established to meet the needs of the group in an informal way. Examples include the projects run in the Refugee Families and Participation workstreams. These were projects that were providing a less defined intervention and looking to develop peer or group support.

These projects were very successful in forming social groups within the project but then seemed to stall in providing a recognisable preventative outcome..

Clients had fewer needs that required specialist intervention and only required a lower level of support and advocacy to enable them to engage in a wider environment. The projects that supported them also seemed to be the ones that had the most difficulty in delivering an clear 'preventative outcome' to their interventions, as the groups they worked with wanted to stay together and derive the benefits of peer support. There is nothing intrinsically wrong with this as an outcome and can be seen as a testament to the confidence-building delivered by the staff of the project.

What we observed, however, was a "log jam" in service provision. All staff identified a greater need than they were able to provide but were then unable to find ways to move existing clients on, either as a group or to disperse individuals to other projects. As there was no clear definition of an end of their intervention, no decisions were made about when support was no longer needed at the level provided for by their contracts. This is a instance where referral would have been key to enabling these projects to maintain their effectiveness as preventative service providers, by actively finding the widest possible range of community-based referrals to maintain a throughput to the projects. Instead, they were in danger of becoming a 'diversion' rather than a prevention intervention.

There is a good case for this area of work to be carried out by third sector organisations, which would then have a wider funding base to access ongoing funding that is more available for these type of activities.

Geographic factors

One of our interim findings was that the preventative element of projects' activities was not sufficiently embedded geographically or within specialist service areas. It is worth noting that the degree of specialist support provided correlates to the geographical spread of the project. Those projects providing ongoing, intensive or specialist support tended to draw their clients from a wider geographical area. Those providing less support worked in tighter geographical boundaries such as an individual school.

This would need to be considered if future children's services were to be delivered geographically across the borough.

Defining Impact

It is clear from the feedback from users that all the projects were valued by those who participated in them and brought about positive change beyond the boundaries of each particular target group. Projects delivered high quality work on modest resources and had a clear intention from the start to move clients away from a position of dependency and in the general direction of greater independence.

However, there is less evidence that models for good practice have been developed in delivering preventative activities that can be shared more widely, so they can be rolled out elsewhere. This seems mainly to be a result of limited funding and the demands of delivering services, which meant that staff often found it difficult to step back and analyse the direction of their work and were unsure, as outlined earlier, where their interventions should end.

Equally, the evidence that, as well as a progression towards greater independence, projects were able to measure how far their clients moved from a position of exclusion towards greater inclusion is mixed. Those that were able to demonstrate this transition worked with clients who perhaps had less distance to travel, although projects with dependent clients that included advocacy as a central element of their work were more successful.

Short term interventions were better able to provide the tools for their clients to become more independent but it is difficult to measure the long-term impact of how successfully these tools have been used. Evidence is anecdotal and would benefit from further, more rigorous analysis over time before their degree of overall success can be fully understood.

Impact by Pathway

Pathway	Impact
Anti-Social Behaviour & Youth Offending	Both Safer Schools and Strong Voices provided short term interventions, whilst the Youth Inclusion & Support Panel was more likely to provide ongoing support. All projects were seen as having a positive effect on young people's confidence, enabling them to make new friends and to talk with others who have shared experiences. Users perceived the projects would have a long term impact, providing young people with knowledge and skills to enable them to combat social exclusion and increase their sense of independence. However, more work needs to be undertaken to measure the extent of this impact.
Domestic Violence	Both projects provided ongoing support through unique services that may have been the least suitable for short term funding. However, the Children's Fund has enabled them to pilot the services they have provided. Both would benefit the most from further in-depth clinical research.
Homelessness & Transient Families	All three projects in this workstream offered ongoing support and provided comprehensive and holistic services to their clients, increasing their understanding of rights and how to secure their needs from 'the system'. The level of dependency was arguably the highest in this workstream, clients had the furthest distance to travel towards greater independence and currently there remains a high degree of 'hand-holding'. However, the case study conducted as part of the research points to the positive movement towards greater inclusion that projects in this workstream were able to achieve because of the advocacy that they provided.
Disabled Children	GLL Therapeutic Outreach provided short term interventions that it acknowledges are not preventative but diversionary, whilst support from the Hartley Centre was more ongoing. Real Life Parenting's courses, although short term, tended to extend into ongoing support but was strong on offering its clients tools to enable them to become more independent. Each project has aimed at combating social exclusion for disabled children and their families, although there is only anecdotal evidence of the long-term impact. This would require further research and analysis.

Refugee Families	<p>The projects run by Progressive Women’s Association and Refugee Homeless Support both facilitate refugee children’s adjustment into their new environment, raise self esteem and sense of belonging foster integration and confidence and build new relationships. Both provide ongoing support and both have had some success in improving the level of social inclusion of its clients, but again this is anecdotal and needs further work and analysis.</p> <p>RAMP’s Art Therapy Project has enabled young people children who may have experienced extreme emotional trauma to start to process their subconscious feelings and has had a positive impact in prevention of psychological damage through expressing their experiences artistically. It is a highly specialist service with highly dependent clients that has struggled to find other services to make referrals to, which means that measuring the extent that users become more independent from the service it provides is difficult to gauge.</p>
Promoting Educational Inclusion	<p>Conflict & Change’s peer mediation project provides a short term intervention that offers the basis for children and young people to develop more positive sense of citizenship. Users identified the positive effect that learning useful life skills. Interventions by the Family Support and Escort Service (FSES) also tend to be short-term, whilst Langdon Family Support Project offers more ongoing support.</p> <p><i>“If you want to solve a problem it’s not about saying sorry and shaking hands. You have to go into detail and find out what caused it and find a solution.”</i></p> <p>Peer mediation provides tools for the clients it works with, has a clearer ‘preventative outcome’ for the support that Conflict & Change provides and helps participants become more confident. The range of support offered by FSES is very broad and its advocacy role has a beneficial impact on reducing social exclusion. Langdon Family Support Project’s activities are localised and also diverse in seeking to tackle barrier of low self and worth, but is less clear about when its intervention ends.</p>
CAMHS	<p>The projects under this workstream both offered short term intervention with very different aims – one seeking to prevent an escalation of mental health problems and the other and the other providing information and education for young people about substance misuse. However, they were also the clearest in measuring the impact of their interventions in terms of both independence and inclusion.</p>

Participation	Projects in this workstream worked with a group of clients that had an identified 'group need'. Kidz Krew's activities are less preventative than diversionary, but offer a mechanism for reducing exclusion by enabling clients to seek to have a greater influence over decision-making. The Parents Support Group also has an impact in reducing isolation by bringing parents together. Clients for both projects did not seem to have the same degree of dependence as experienced by other Children's Fund projects, but neither project was clear where the limit of their interventions was and there was no information on referrals to other services.
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A Preventative Outcomes Model

In order to effectively deliver a preventative outcome, a delivery organisation must have a clear definition, before starting the programme, of

- the client group that it works with,
- the type of intervention it will be making available,
- the starting point of the project, and
- the end point of the project.

It should also be able to demonstrate links with referral organisations and signposting contacts for clients at all stages of the programme. It should be able to define the clients that it will be able to work with and those that will not be suitable.

Once the programme starts, clients arriving should have an initial interview that would determine their position at the start of the programme. This would be analysed by a project worker who would then define the intervention the programme was able to delivery and what the expected outcome would be for the client.

Every client should have a record from this initial assessment of

- **A baseline:** what are the overall needs of a client when join the programme?
- **An intervention:** what support can the delivery organisation provide, how long can it do so and what other support is available for the needs it is unable to address?
- **A preventative outcome:** how far does the delivery organisation hope a client will have progressed as a result of the intervention that has been made?

This could take the form of a contract outlining commitments of both parties or could be less formal and more of a task sheet or road map to the end point.

The important element is the identified 'preventative outcome' of the activity by the delivery organisation, which should be seen as the point when a progression is reached and a planned move to the next level of care or support takes place. If this is not clear then neither the client nor the delivery organisation will know when their intervention is having an impact or what the best signposting or referral path are for clients.

Throughout the delivery programme, there should be review of progress toward the preventative outcome. Depending on the nature of the project, this could be an obvious outcome, such as the end of a course, or less obviously a point that has been negotiated between the client and the delivery organisation.

A clearly identified 'preventative outcome' should reduce any tendency for clients to avoid addressing their needs but instead encourage them to 'aim higher' throughout the programme. This is where empowering clients to achieve more or have greater ownership over their lives

would play an important role. As the research showed, clients we spoke to who had moved from one level to another in the course of their participation in projects were far more confident because they had gained a sense of achievement. This is also where the research showed that projects that were embedded in their locality or specialist field were better able to move clients to a less supported - or next level - of care.

Empowering Clients

We have already identified that a number of projects have provided tools to enable the client to require less support. Central to their interventions is a clear understanding that they are providing 'development learning'. This means passing on skills to help individuals to learn how to better cope and to manage their lives more effectively, rather than creating a dependency upon the project and its staff.

Projects that were most successful in demonstrating good practice in empowering their clients tended to look at the causes rather than just the symptoms of the difficulties their clients faced. They included:

Real Life Parenting

Rather than the traditional route of providing respite care, parenting courses provided practical skills for parents with a disabled child, enabling clients to cope with their own needs and to address children's behaviour by encouraging a more positive view of disability.

On the Safe Side

The in-depth anti-bullying and weapons awareness workshops focused on encouraging children to think about why bullying takes place and to develop skills to tackle instances of bullying. Learning involved encouraging young people to find more positive ways of interacting with each other.

Conflict & Change

The project's peer mediation focused specifically on developing the skills of its participants through workshop training on areas such as peace-making techniques and emotional literacy. Training peer mediators had a clear impact on levels of confidence and on relationships at school.

The fact that the ways these particular projects were delivered more readily lent itself to 'development learning' does not mean that the same principle cannot be applied to other preventative outcomes. For example, the Progressive Women's Association identified the preventative element of their work as encouragement of young people from refugee communities to be involved in the community and to improve themselves. The Forest Gate Refugee Homework Support also identified integration and opportunities for young people to make friends. Setting preventative outcomes that specifically aim to move their clients on – by introducing them to other youth and community activities that individuals can join and participate in themselves, without the need for close support, is a measurable progression.

This would apply not only to individuals but could also be approached as a group activity, involving visits to other projects –the Youth Services, as an introduction to less supported support. There are examples of projects in Newham that have tackled this transition with young people to another unknown experience such as Aston-Mansfield's Transitional Youth programme.

In projects working with clients with more complex issues, a preventative outcome might be to aim towards a 'transition' period after a certain level or length of support, when clients are encouraged to use other, more mainstream services in conjunction with their involvement in a preventative programme.

Anti-social behaviour and Youth Offending workstream

Summary Framework:

<p>Impact:</p> <p>1. Length of Intervention?</p> <p>2. In what way is this preventative?</p> <p>3. Extent to which project takes client from Dependence/ Exclusion to Independence/ Inclusion?</p>	<p>1. Strong Voices and Safer Schools tend to have short-term interventions (3 months or less), whereas YISP maintains contact with a significant proportion of clients over a longer period - up to 9 months.</p> <p>2. It breaks the victim-offender cycle, restores confidence, it raises awareness of issues, and teaches skills which promote safety.</p> <p>3. These projects enable the young person to live in the community with confidence, equipping them with knowledge and skills which combat social exclusion and promote independence. YISP seeks to give comprehensive, co-ordinated support to facilitate these goals. To quote a Strong Voices worker <i>"I'd say about 95% of young people afterwards say the programme has increased their confidence; they feel safer in their local community"</i>.</p>
<p>Referral:</p> <p>1. Where do referrals come from?</p> <p>2. Where does the project refer clients on to?</p> <p>3. Are there concerns expressed about referring on?</p>	<p>1. For Strong Voices, mainly from YOT. Safer Schools referrals come from schools. YISP referrals come from statutory services.</p> <p>2. For Strong Voices, mainly onto YISP.</p> <p>3. <i>"Without the support of referral networks, we'd be in a lot of trouble.. We need NCY Trust, because we often refer back to one of their programmes, as there's nothing else servicing it. There's very little out there"</i></p>
<p>Embeddedness:</p> <p>1. Geographical reach: borough-wide or local project?</p> <p>2. What is the uniqueness of project?</p>	<p>1. Strong Voices and Safer Schools are borough-wide projects. NCY YISP is local by definition (there are currently 5 YISPs in Newham). However, the Safer Schools worker also commented that <i>"In Safer Schools, in an ideal world, the schools should be embedded in the stream of where 'Safer Neighbourhoods' is, and where 'Safer Streets' is."</i></p> <p>2. Strong Voices is the only 10-12 week workshop in London which caters for young people who have been victims of crime. The ethos is unique also - it makes not distinction between victims and perpetrators of crime. Safer Schools provides distinctive, in-depth workshops (including TRUCE - anti-bullying and cultural awareness; YPAC; weapons awareness) that no other agency provides in the borough. YISP enables a young person to have a co-ordinated package of support, at the earliest opportunity, from mainstream public services, voluntary and community groups.</p>
<p>Difficulties:</p> <p>What difficulties have been encountered in the delivery of the projects?</p>	<p>With regard to Safer Schools, some schools are more proactive with their involvement than others with this initiative. Also, the project needs to be mainstreamed to be made sustainable in the long-term (ie where 'Safer Streets' and 'Safer Neighbourhoods' is). On the Safe Side would like to develop a further intensive programme to address the needs of those with deeper victimisation issues, as there is nowhere we can refer them on to.</p>
<p>Users feedback:</p>	<p>Strong Voices users were very positive about the course. It enabled users to be independent, eg go to school alone again. Users felt that they are still benefiting from the 12 week course one year on. YISP works closely with the whole family; it is an experienced agency which brings other agencies together, and helps improve communication and relationships. Safer Schools project users were very positive about their involvement on the programmes they took part in. Y-PAC attenders, for example, felt they were able to walk away, and not react to provocation.</p>

Below follows a focus group interview with two workers: one representing YISP and Safer Schools; the other Strong Voices. Following this, there is user feedback on the projects, and finally, there is a referrals analysis, using data supplied by the Children's Fund for Quarters 1-3, 2006.

Focus Group findings:

What is your understanding of what the Children's Fund preventative work is aiming to achieve?

- To achieve a reduction in crime and anti-social behaviour.
- On the Safe Side primarily are concerned with safety. Young Offenders team are interested in preventing crime; restorative justice.

What's your understanding of this particular workstream?

- Young people don't receive support after being a victim of crime - that's where we come in.
- Also evidence to suggest that victims of crime often go on to become perpetrators of crime. So interested in breaking victim-offender cycle, and also ensuring young people who are victims of crime have their confidence restored to go out in the community, by equipping them with skills to deal with things that may come up when they go out. We also support them to be able to go to school.

So what sort of things do you do to achieve that?

- We deliver the "Strong Voices" programme, which is one-on-one, victim support (which is run by the NCY YOP worker), where we go into the home. Some young people have serious victimisation issues. Also there's a programme to engage offender and victim in dialogue, to get offender to acknowledge responsibility of their crime. We build relationships with young people.
- Regarding Safer Schools work, we ask, "Why are some children bullied and others not?" We get young people to think about these issues. So we work with children as young as 8yrs old, asking them, for example, how they have felt when they've been called a name. This develops empathy through getting them to recognise how they felt. The young people are encouraged not to be a bystander, but shown how to tackle bullying in a safe way. Each school is different in terms of policy concerning bullying. So we work with children to be aware of policy, and ask them to critique it, which we take back to the school for amending. Eg getting prefects to supervise toilets, where bullying occurred.
- TRUCE programme is 2 weeks anti-bullying, 5 weeks cultural awareness. We challenge racial stereotypes in schools.
- Strong Voices group work is for victims of bullying and anti-social behaviour. The word 'victim' isn't used though with the young people concerned, because we want to empower them, so we use the phrase "experienced an unfortunate situation", and encourage them to talk about their experiences if they want to. **We take referrals from all over Newham** through various agencies, and also a police victim list of ages 8-14 who have been a victim of crime in the last quarter. We do a mail out to these young people and their families to come and join the programme. However, we don't work in schools. We've tried to keep "On the Safe Side" and "Strong Voices" as separate entities because we want young people to come along and meet other young people outside their social environment, where they're often being bullied in.
- Newham is diverse, but it has pockets of differing nationalities in parts of the borough. So each school is slightly different.

What exactly do you do in Strong Voices group work?

We give practical lessons on safety and have team based activities. In the sessions, we have two trainers who take the young people through issues of confidence, body language, negotiation. Young people are shown how to spot unsafe behaviour. So its about giving the young people confidence in their own instincts. So we do assertiveness training; we videotape them so they can observe their body language; we do lessons on public transport safety - how to read an A-Z, and tube maps; how and when to catch a cab; what to do if your mobile phone

is stolen.

With regard to **Safer Schools**, we've set up instances where police have come into a school to get everyone's mobile phone marked. We've also done mapping exercises of the school to identify unsafe spaces. We've looked at how much money a young person should carry with them into school, and if this is stolen, how to notify the police.

What's the impact of your work?

With regard to "Strong Voices", we assess the young person before they start the programme, and we then do an evaluation afterwards. We look at things related to their confidence, their sense of safety and well being; how confident they feel after dark; how confident they feel getting a cab or catching public transport. I'd say about 95% of young people afterwards say the programme has increased their confidence, they feel safer in their local community. There's a section of these who are so inspired by the programme that they become proactive, and become involved in doing something further. This is an area of development for the programme, to harness the enthusiasm of those who want to make a difference, as well as looking at how those with deeper victimisation issues can receive further help.

With regards to the anti-bullying programme (Safer Schools), a participant has gone on to run another anti-bullying/cultural awareness programme, and so the impact is big.

YISP (Youth Inclusion Support Panel) - give me a general overview of what it does:

NCY runs one YISP in the borough (out of a total of 5). Primarily its a prevention initiative from central government as an early intervention to prevent youth offending or reoffending or exclusion from school. Any young person between 8 - 13yrs can be referred to YISP - by Social Services, by police, by anti-social behaviour teams, by education, by health, and by housing.

The role of the YISP worker is to do a home visit first, because it is a voluntary service, explain what sort of support could be provided - eg providing diversionary activities, or having a learning mentor in the school etc. The worker finds out what the current situation is in school, tries to prevent the problem from getting worse, and looks for other supports inside the school. The young person may be living in temporary accommodation etc and the school may not be aware of these factors. So the YISP worker identifies all the areas of concern by doing a risk assessment - 12 areas are examined - the housing, lifestyle, family relationships, friendships, their attitudes to offending, their thinking, behaviour, attitude to substance abuse, and whether their family is involved in crime, whether there's a history of domestic violence, what their attendance is like in school.

All of this is examined, and what support is being offered to that young person. Referrals are done where needed, eg for statutory involvement, if it is lacking. The same is done where there are appropriate voluntary services through which the young person would benefit eg Reframe, DASL, Chrysalis, and Strong Voices. We hold panel meetings with representatives from organisations there eg Connexions, Newceys etc, where we can organise an integrated package of help for the young person which we then monitor for 6 months. If the risk assessment scores are going down, after 6 months we close the file; if not the situation will be reappraised, and a referral will be done. We also work with the families too, and get support for them too. The Children's Fund funds one YISP. At the moment there are 5 YISPs, but when things are restructured to 'quadrants' there will only be 4.

How are these projects distinctive?

Strong Voices is the only one of its kind anywhere in London. Its the only programme that runs workshops and activities with young people who have been victims of crime. The majority of boroughs have some sort of victim support setup - and a lot of young people we get come through victim support; but, for various reasons don't choose to continue, and are offered only up to 6 counselling sessions in any case. Its very short term counselling, which

often opens up the young person to talking about issues, but then the programme finishes, and the young person is left high and dry with nowhere else to go. These young people will often come to Strong Voices to continue what Victim Support began. This is a common scenario with the referrals that we get. We are able to take a negative experience and make it into a positive one - which doesn't happen with a few sessions, but rather, over a 10-12 week programme, this can be achieved.

There's research to suggest we contribute to breaking the Victim-Offender cycle through the programme too. We also teach them team building through activities such as arts and crafts, fencing, wall climbing etc - which the young people wouldn't normally get to do. So the programme isn't just about giving them support, its also about empowering them to access services in their area.

Safer Schools, without NCY's workers, would just be a paper exercise. Myself and 1 other are the only two workers in the whole of the borough doing Safer Schools work, so we are unique. There are lots of other voluntary organisations that go into schools and offer programmes, but under the Safer Schools banner eg, Conflict & Change go into schools and train in conflict resolution skills. But nobody does anything around the young person and the law. No-one really does an extensive anti-bullying programme. There isn't anyone who does work around weapons awareness apart from Safer Schools. We also run YPAC - Young People Affected by Crime or Confidence for primary age children. We work with children before they reach the age of responsibility for the crimes that they are committing.

With regard to **Strong Voices**, another unique aspect is that we don't make a distinction between a young person with victimisation issues, and a young offender. As far as we are concerned, they are still children up to the age of 14, so if the young offender poses no risk, they are treated equally.

So how would you sum up the distinctiveness of these projects? What would be the headline?

For **Safer Schools** workshops are designed to challenge unsafe ways of behaving and encouraging young people to find more positive ways of interacting with each other and integrating into their schools and communities. This includes the TRUCE programme which is anti-bullying and cultural awareness; our YPAC programme, and our transition programme.

So how would you sum up YISP and its distinctiveness?

The main emphasis of the panel's work is to ensure that children and their families receive at the earliest possible opportunity mainstream public services together with complementary interventions from voluntary and community groups as appropriate to meet their needs.

On the Safe Side: Its about providing services to ensure that people feel and are safer in their local communities. Providing extensive support to young people who have experienced crime or who are at risk of offending, and in doing so, ensuring that those young people are active participants in their own safety.

Where do you refer on?

YISP is about referring on to agencies, where gaps in provision have been identified.

Safer Schools - we refer on young people that need it. We receive disclosures of child abuse, or listen to children talking about deaths they haven't previously talked about to anyone (for example, one child's mother had died and the school were unaware of this). We can signpost young people to agencies that can help.

On the Safe Side - A young person may be in touch with a lot of different agencies, and it may be beneficial to refer them to YISP to enable the young person to have a co-ordinated package of support, where all agencies are aware of each other's involvement, with one plan of action.

There's a whole network of referral between projects. Without the support of the referral networks we'd be in a lot of trouble, because there are those young people with ongoing victimisation needs. Without NCY Trust we would be in trouble, because we often refer back to one of these programmes, because there's nothing else servicing it. There's very little out there.

For **Safer Schools** one of the main aims is to get children into mainstream education and keep them there. And **YISP** is about getting that young person the support they need at that time, without delay, at that moment, when the child needs it.

Are there any issues that need to be addressed in your work, and do you think there is any aspect of your work which could be improved or extended?

On the Safe Side: We evaluate our work against the "Every Child Matters" framework, and how our services fit into that. By doing this, we are able to look at development areas. The biggest issue for us is having ongoing funding. The core services we provide are vital, and without those core services, there's no point in looking at areas of development. We want to develop the project that we have, not setting up a separate project. This would mean, in terms of ECM, setting up a peer mediation group; and a young people's safety panel - where young people can take things a step further, to be engaged in their communities and give something back. So in an ideal world, that's where I'd like to see things developed.

The other aspect for development is the ongoing, deeper victimisation issues of some young people. After a 12 week programme we can identify those who, for them, experiencing crime is going to be an ongoing issue - through becoming excluded from school, become at risk of offending, or displaying anti-social behaviour.

We're also interested in developing anything to do with safety in Newham and helping vulnerable people in the community, being proactive about their own safety. There's a pilot mentoring project we've set up in the last six months, which has been done very informally, with the resources that we have, to identify those young people who need some encouragement to access things in their local community. This stemmed from the fact, that after a 12 week programme, I had nothing to introduce these young people to. They are left stranded.

In **Safer Schools**, in an ideal world, the schools should be embedded in the stream of where 'Safer Neighbourhoods' is, and where 'Safer Streets' is. A school has its own community, and so should be integrated with these initiatives.

What difference would that make? If it were mainstreamed in that way, there perhaps would be more access to funding. It isn't a part of youth work as such, it's a part of prevention work. So it needs to be embedded in some strand around policing, protection, and keeping the community safer. Ideally, I'd like to see a 'Safer Schools' working within each quadrant, when Newham goes to quadrants. This can then develop links with clusters of schools which we have been doing borough-wide, as an initiative separate from NCY, but still under NCY.

For **YISP**, NCY and YOP were the forerunners in developing YISP as it is today. In an ideal world, all the borough's YISPs would be run by NCY. When we lose one YISP by moving to quadrants, I would like to see the NCY YISP continue and having at least one quadrant, because it has an excellent track record.

So what do you think then are the specific difficulties that you've had so far in the work that you've done?

For **Safer Schools**, because primarily it was a paper partnership, and because schools have their own funding, and can decide their own funding priorities, we found that some schools

would be more proactive in their involvement with the Safer Schools initiative compared with others. Also, Safer Schools needs to be mainstreamed to make it sustainable in the long term. If we raise the profile of the work we do in the borough, it then raises the issue of capacity to deliver the work, because of increased demand.

For **On the Safe Side**, we would like to develop a further intensive programme for helping those with deeper victimisation issues. We know it needs exists, but we don't have the funds to work it out, to get someone to deliver it.

What agencies does your project's work tie in with?

Safer Schools:

- Youth Offenders Team
- Community Links, but now an independent trainer, Bob Goldsmith, on Weapons Awareness
- Chrysalis
- Parents Evenings
- Childrens' Rights
- Schools Police Officers
- School counsellors
- DASL
- Anti-Social Behaviour Team
- Forest House (for counselling)
- Healthy Schools (healthy eating and emotional health)
- Community Police
- Reframe team
- Any agency that can make school a safer place to learn in and give young people more of a voice.

USERS:

Strong Voices

Enjoyed participating*

"It was really cool."

"I didn't want it to stop."

We used to really look forward to going.

Making friends*

I made friends there – I still see them a year later.

The best thing was making new friends, and I've kept some of them even now.

Meeting others in similar circumstances*

It was good meeting people with the same problems who understood how it felt.

[I learned] "That it wasn't just me." That other people go through the same things.

Learning to be safe*

I'm aware how to use public transport safely and how to keep myself safe.

Help to express themselves*

It allowed them to express themselves without it being all pent up.(mother)

We had talking sessions about our problems to get stuff off our chest. I couldn't do that with my mum or my brother. "It's important to be listened to."

Effective referral* (explained by police; clear, welcoming introduction session)

Broadening horizons*- (doing things they wouldn't otherwise have done due to lack of money or limitations imposed by circumstances)

They had lots of experiences they wouldn't have had if they hadn't been on the project. Lots of the trips I couldn't have afforded because I'm on disability allowance.(mother)

Experienced/effective staff*

Increased confidence*

It got my confidence up a lot.

Short term input but long term impact (12 week course, changes in behaviour & increased confidence still evident a year later)*

I've learned to get along with people and talk about my problems.

- talk about feelings*
- keeping themselves safe*

I learned lots of new things – like how to understand body language, how to keep safe when I go out.

- going to school alone again

It's made a big difference – it's completely changed them in a way – it's helped them to break away and become more independent.

"It's phenomenal the difference it's made."

It's helped them through the rite of passage from being children to being teenagers – it's a difficult transition. It's been very positive.

Indirect impact / unintended outcomes*?

- parent more confident, less anxious, able to let go

It's allowed me to realise they can be out there and stay safe. I'm more open now and can give them more freedom.(mother)

- friends advised on keeping safe

We've told our friends a lot of stuff we learned on the project and it's helped them to stay safe.

Suggestions for change

Would like longer input, more similar projects*

Make available before children become victims of crime

It would have been good to go to a project like this before we got mugged – then it might not have happened.

YISP

Works closely with the whole family*:

G came to visit us at home. She explained the project and we both decided to get involved. It was our choice.

We had a big meeting near the beginning.

We discussed the project. They sent us a plan with targets and end results. We chose to take part because it sounded good.

We're kept informed of what we need to know but we don't need to know everything. We feel safe. We feel she's in safe hands. It's about working together.

It's about talking and advising and helping us to get the help we need. They involved the whole family and the school.

YISP experienced as an agency that listens and takes action*.

They got involved in all areas of x's life. It's all based on her circumstances and what she needs.

It's made a tremendous difference. With YISP we finally had somewhere to go. We know they'll help. Things finally got done. Before we didn't know where to go for help. It was absolute hell.

YISP finds out what a child needs and help them get it.

Families helped to improve communication and relationships*.

We get on better as a family. We talk more as a family.

It's brought our family closer together. We talk to each other more and we listen more.

Before I never told my mum & dad 'I love you' but now I do.

He's more confident. He's come out of himself. He's easier to talk to. We're able to discuss things now instead of shouting.

It's helped me too. I have to shout and scream less.

Young people helped to break away from damaging peer groups*

They help them break away from damaging friendship groups and make new friends.

I've changed my friends. Before the meetings I bunked school with my friends. I stopped hanging about with those girls. Now I go to school part-time. I've got different friends now. It's better now.

Families aware of and feel able to access appropriate resources

Now we are aware of organisations and individuals that can help. We have direct contact numbers for people, like police officers. We're in touch with DASL for drugs advice.

x has direct access to resources too. She talks to the people who work with her.

Bringing agencies and families together through panels and family conference groups was experienced as a powerful way to effect change*.

We were astonished when we came to the first panel meeting to see so many people representing so many resources. [daughter] came too. We felt they were all there to help. We got some useful advice just at that first meeting.

It was a very important meeting – it got everything out on the table.

The FGC helped me learn I should listen to other people.(young person)

Young people enjoyed participating*

What she likes most is talking out her feelings.

He enjoys the activities, especially the outdoor survival stuff. He enjoys mixing with other kids.

Six month intervention that can be re-activated if needed. Good to know there is a safety net.

It's good to know the help's still there.

Suggestions for change

Raising awareness of the project – enabling families to access it earlier.

It would be good if more people knew about YISP. x's school didn't know about it. We found out by accident. They should have leaflets in schools for teachers and parents.

NCY

I visited 2 programmes in schools TRUCE (an anti bullying programme) and Y-PAC. The Y-PAC programme had been adapted for use with primary children who are at risk of getting into trouble at school (or have been already, from talking to them).

Y-PAC

Activities

All were but one were very positive about the programme and enjoyed the trip to Stubbers. The various activities that made up the course were well received except that one person acknowledged that some were hard

People

The group were asked about all categories of people involved in the project. These included the peer group undertaking the course, staff running the course who came from NCY and the school staff who worked with them on the course.

There were mixed responses and the group were asked to clarify their responses

Good – staff (NCY) helped with problems, told me to tell teachers and made me happy. Staff showed me things. I learn't how to behave. People who ran the course were good (Peers) I made some new friends. People on the course were good. (Comments by school staff who helped with the course) – at the beginning it seemed chaotic but this was to be expected with a new way of working and NCY encouraged us to stay with it and see it through. Towards the end could see improvements and have evidence of a marked decrease in incidents of bad behaviour among participants. Some misgivings at the beginning but did change and looked forward

Not so good – (peers) Some people were silly and didn't join in. NCY staff made us laugh

Not so bad – (peer) Some people were not well behaved and called others names. Some of the games were difficult

Bad – (peer) on the trip someone from another school wasn't nice. Some group members didn't co-operate.

Place held

All courses were held on school premises with a day trip to an outdoor centre at the end of the course. Another mix of responses.

Good - YP. School was the best place so other people could come. Staff – the school was able to learn new things

Not so good – School was Ok but in a different location in the school

Not so bad – a room in the school that was dedicated to the course. Outside, may be better in a youth club with more space and less furniture.

Bad – would be better if there was more space

How get on the course

School referred. Silly and naughty people went on Y-PAC.

What are you able to do now

YP – Able to ignore people. Can control myself and walk away. I stopped fighting , stop from starting. Not react when somebody winding me up. Now behave well and are higher in the table. Know how to be a role model. Do more writing and harder sums now – stopped making silly noises. More exciting now. Spend more time at school. Sometimes I go to reflection and do colouring (teacher explained that Reflection is the detention room and one of the children goes there and does colouring when he feels he needs to walk away from things in the playground – the school has negotiated this through this course)

How could the course be made better

YP -Not just hour sessions but whole day. Needs to be run by the same (NCY) staff. Not a mixed age group. All of one group wanted to do the course again. Tell the funders to run it again and say thank you. Would like to come again and help.

School staff – Would do it again. Valuable and think of other children that could benefit.

Needs to be much longer for a long term solution and in conjunction with the rest of things in school. Need time to sustain the ongoing support these yp need. Expectation that school staff will carry this on is unrealistic. Too soon to expect this change to be carried into classroom, playground and home. We could have identified these yp much earlier and they are just a drop in the ocean of what is needed.

School chose to get involved and is pleased with the use of external agency. Good to mix statutory and voluntary sector. Would like to extend and look at all young people who may be excluded at some time.

TRUCE

An anti-bullying programme that was delivered to a whole school year. It culminated in a presentation to the rest of the school and a small group going to town hall with presentation. The meeting took place with 5 young people and a member of staff.

Activities

All good enjoyed the role play and discussions. Teaches you to know what to do if you are being bullied – use the “I” statement. Learn’t not to bully

People

All not so bad. Some people didn’t take part so much. Some people didn’t join in the role play. Some people were silly and didn’t pay attention. School staff thought the facilitators(NCY staff) were good.

Place

There were two opinions on this and the group was equally split.

Good – All the space that was needed was in the school. School was safer, it would have been more difficult if not in a safer place. Like the open space of the hall.

Not so bad – Could have been in the park or outside. It was exciting going to the town hall. If

it was there more people could have seen it (we think this was just talking about the end of course show) If it was in a youth club there would be other people there and we could use their equipment.

What are you able to do now

Not be a bystander – have used this. Stop bullying and found not difficult. Able to ignore name calling and use the “I” statement._

Staff-Group have increased in confidence so don’t need extra support. Seen differences in this year group , able to deal with challenging behaviour

How make better

Better place outside in the fresh air – make more confident. Hold at a place where not known. Show the play to another school.

Staff – Need to keep it going so the whole school can get involved and have the same understanding. Good initiative

Staff comments

It has given the whole school more status. Outside people coming in has raised awareness and made teachers think what they want for their class.

The competition (to designs a badge for course ppts to wear across all schools involved) and presentation were good.

Recent ofsted report reported on good community relations –this course helped with this.

Referrals Analysis, Quarters 1-3 (April - Dec 2006):

STRONG VOICES:

Length of intervention:

<i>Strong Voices</i>	<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>
Regular support	52	57	33
Regularly supported previous quarter	2	18	15
Regularly supported before previous quarter	0	0	5

Strong Voices is mainly a short-term intervention. The majority of contacts do not receive support after one quarter.

Referrals from and to this project:

The majority of referrals come from YOT (44 out of 66), and the majority of those referred on ,are referred to YISP (10 out of 19). There are 7 sources of referral, and 9 sources of onward referral.

SAFER SCHOOLS:Length of intervention:

Safer Schools	Quarter 1	Quarter 2	Quarter 3
Regular support	141	393	190
Regularly supported previous quarter	11	179	0
Regularly supported before previous quarter	0	0	0

The statistics suggest that **Safer Schools** interventions are short term, one quarter interventions, with some clients continuing to be helped for a further quarter. *(No further referral information was supplied concerning origin of referrals and who users are referred on to).*

NCY YISP:Length of intervention:

NCY YISP	Quarter 1	Quarter 2	Quarter 3
Regular support	33	21	13
Regularly supported previous quarter	13	10	5
Regularly supported before previous quarter	8	10	3

The **YISP** project is in contact with referrals over the longer term, with a significant proportion (up to a third) maintaining contact with YISP over 3 quarters. *(No further referral information was supplied concerning origin of referrals and who users are referred on to).*

Domestic Violence workstream

<p>Impact:</p> <p>1. Length of Intervention?</p> <p>2. In what way is this preventative?</p> <p>3. Extent to which project takes client from Dependence/ Exclusion to Independence/ Inclusion?</p>	<p>1. For the Aban project, interventions tend to last over the longer term (up to a 9 months, possibly longer - the help offered is open ended, based on the child's needs). For Chrysalis, the majority of users stay with the project for 3 months, a few stay 6-9 months.</p> <p>2. The projects helps build self-confidence, with reference to the 5 Every Child Matters outcomes. The child realises that relationships need not be abusive, and offers the opportunity to mediate difficult discussions between child and family. The projects also help in anger management, and therefore enable the young person to remain in control.</p> <p>3. The projects' interventions raise the client's awareness of their own thoughts, feelings, behaviours and reactions, which enables the client to foster a healthier perception, resulting in a healthy outcome for that individual, for example, both in their schooling, and in their home life.</p>
<p>Referral:</p> <p>1. Where do referrals come from?</p> <p>2. Where does the project refer clients on to?</p> <p>3. Are there concerns expressed about referring on?</p>	<p>1. The majority of referrals for the Chrysalis project come from local schools, and similarly for the Aban project.</p> <p>2. No clients are referred on by Chrysalis. (There is no data to comment on the Aban project.)</p> <p>3. No comment was made on this point; however, implicitly both projects provide a specifically targeted service which is in great demand within Newham.</p>
<p>Embeddedness:</p> <p>1. Geographical reach: borough-wide or local project?</p> <p>2. What is the uniqueness of project?</p>	<p>1. Both Aban and Chrysalis are borough-wide projects.</p> <p>2. For the Aban project, its a holistic service which works flexibly within and outside schools, specialising in domestic violence, helping children as young as 5yrs. Regarding the Chrysalis project, it is the only project that works with young perpetrators in Newham, and in fact, London. (There are adult anger management projects, but this is the only one aimed at young people aged 12-18yrs).</p>
<p>Difficulties:</p> <p>What difficulties have been encountered in the delivery of the projects?</p>	<p>Funding - to be able to maintain what we are doing, and to increase capacity, since there is a proven demand for the services that are being provided. This would enable more workers to ensure safety (currently one worker facilitates group work with, by definition, angry young people), and buy in skilled workers when needed (eg, a puppeteer for holiday workshops).</p>
<p>Users feedback:</p>	<p>None.</p>

Below follows a focus group interview with three workers: one representing the Aban project, one representing the Chrysalis Project, and the third worker being the Child Support Co-

ordinator at NAADV, the umbrella organisation.

Focus Group findings:

What is your understanding of what the Children's Fund preventative work is aiming to achieve?

To support the children in their families, and to support the families. Also, to improve their self-confidence and self-esteem because children affected by domestic violence have very low self-esteem, and behavioural problems including withdrawal. So we work on improving that.

So in what sense would you say its preventative?

The support we give them helps them to build their self-confidence, so looking at the 5 ECM outcomes, that's what we're trying to achieve. That's the building of our relationship with the children.

Could you describe what you do?

Aban project - I'm an outreach worker, working with children and their families as a unit, with schools and other agencies as a link to these different areas. I go into schools to see the children on a prearranged date and time where it doesn't disrupt the child's schooling. I counsel and work with child, giving them a safe space and a time where they can express issues in their own words and in their own time. I don't ask questions, rather I provide that therapeutic space for them, using play, art therapy and counselling skills, to engage the child.

Once trust has been established, the child feels able to express feelings and problems that may be present. This gives the child a supportive outlet for them to look at their behaviour and attitudes, and to work with this. We aim to benefit the child and the family. We have seen big improvements where attitudes change, and confidence is built up where the child realises that not every relationship is as abusive. We also provide support for the relevant services that work with these children. All this provides for the child's healthy well being and environment.

We are also an outreach service, so we provide a service into the homes, and so if one worker works with the child, another may work with the mother, providing counselling and support. I may also do case work, which is not pure counselling. So the roles can be a little bit blurred - where casework intervention is needed. If the mother refuses to come into the office, which sometimes they do, or they don't have a good relationship with the school, then we could be the only voice at that time, the only support that this person has. So its about building up a relationship with the family.

We also do 6 week reviews, so if the child wants to be present and wants to communicate something to their mother that they haven't been able to say before (such as, "I don't feel that you listen to me"), we can take on essentially a mediation role in this. This is powerful and can change relationships. Also, with 6 week reviews, we can set up contracts between mother and child, where they can examine each other's behaviour and how they interact, act and react to situations.

Chrysalis Project - Its an intervention programme with perpetrators. These young people were at some stage victims themselves, so the use of the term 'perpetrators' refers to angry young people, with whom I do anger management work, group work and one-to-one. One-to-one work is necessary for individuals to disclose more fully than is possible in a group situation, because of confidentiality. There are different techniques used in group work to facilitate anger management. The project mainly works with secondary school children, either at the office or in the schools. *The work is borough-wide*, so I'm not restricted in any way. I also do home visits where necessary.

We also do psycho-drama with the younger people during the holidays, where they are able to

express themselves - which is something many children feel unable to do because of domestic violence.

What would you consider to be distinctive about what you do?

Chrysalis Project - This is the only project that works with young perpetrators in the borough, and in fact in London. There are adult projects that focus on anger management, but this is the only one aimed at young people, from 12-18yrs.

Aban project - its about working holistically, both within and outside the schools, so we are a flexible service, which works with other agencies. We are specialists in domestic violence, and the fact that we work with very young people - as young as 5yrs old, with the support of NADAV, with all the skills available to us from this agency.

Aban is still evolving - when it was started, we were providing counselling support and casework support in schools, and we were still doing the outreach work, and from this, summer trips were started to provide continuity of service. Now, we've linked with Chrysalis, and we've now got a focus group, and a couple of young people from secondary school, 12 and 17yrs old, who are young victims and considered young perpetrators, now want to join the Youth Parliament. So Aban is still evolving. It also links to the *child support project*, which is part of NADAV.

This growth and evolution of the projects demonstrate how distinctive and useful the projects are - there is a need and demand for our services.

We listen to the children - the focus group started in order to do this. Our sessions are open ended. *We don't say "you have 6 sessions, and that's it". The sessions go for as long as the clients need.*

What difference has your project's work made to the lives of users as far as you are aware, and what sort of feedback have you had?

Chrysalis Project - Young people are able to manage their anger, be in control, and recognise what triggers their anger. It builds up their self-esteem, confidence, and are able to express to a person that they are angry.

Aban Project - Working with those who've suffered domestic violence, there's a lot of fear, and loss of trust, so rebuilding the trust and relationships is the focus of the work. It benefits them in their schooling and their home lives. When we evaluate, through using evaluation sheets etc, we are able to see an improvement in their behaviour, and their school work. It has a positive effect in a variety of areas.

Thinking of one example, one victim of domestic violence, she said that she is now able to take responsibility for her own feelings and anger, and is able to walk away. This is a very powerful outcome for a 14yr old, who now understands that when she's angry about something, its her feelings, and doesn't have anything to do with her mum.

Our interventions raise an individual's awareness of their own thoughts, feelings and behaviours, and use this awareness to change the young person's view to a healthier perception. This results in a beneficial, healthy outcome for that individual.

So, a bit like throwing a pebble into a pool and watching the ripples moving outward, who else do you think benefits from the interventions that you have with an individual or a family?

If its a young person and their family, then its the relationships they decide they want to build, and then them choosing healthy relationships, rather than becoming a victim in another

unhealthy relationship. There are also positive effects with regards to the schools attended - how they interact with others - this improves tremendously, which is also true beyond the environment of the school - indeed in society generally. The work benefits the young person in all areas of their life. The child feels that life is worth living; they come to us feeling very unhappy, but when they start achieving little goals, we travel with them along the path.

When we took them to Stubbers, for the focus group weekend, that was amazing. Here were young perpetrators and victims, whose behaviour was commended by the staff at Stubbers (an outdoor activity centre). Also, a couple of young people we've worked with want to become involved with the Youth Parliament, to use their experiences in domestic violence to inform and positively affect change.

Are the any difficulties that need to be addressed in the work of the project? Could you critique your work?

The huge problem is the funding. We regularly take the young people out. Last year, the funding for the outings was withdrawn, which meant that we could offer the young people less. We like to take them out for the day, and buy them food etc, but you can't do that without money. Secondly, we have now got waiting lists, because we've only got 2.5 workers. If we had more money, and therefore more workers, we could support more young people. We've proved that there is a need, yet no-one is supporting us in what we provide.

Chrysalis Project - There is only one worker on this project, which is borough-wide. One more worker would enable the project to work with many more. There is also a waiting list for this project. In terms of safety, it would be better for the one worker to be accompanied by another when doing group work, because these are very angry young people. Group work serves a different purpose to one-to-one work and therefore is needed.

Aban project - More hours are needed for the worker, so that she can go into schools, where we get our referrals from.

We also work during the holidays, and we need experts to come in, which requires funding. For example, we had an experienced puppeteer in the last holiday, and I want to do a workshop on mask making, and music making. These activities would be excellent, but cost, so we are currently stymied without extra funding.

You've implicitly answered my next question, which was about how the projects could be improved or extended. So, moving on then, thinking about relationships with external agencies, where do you get your referrals from?

Chrysalis Project - This project's referrals come from Social Services - the FAST team, CINT (Children In Need Team), CAIT (Children's Assessment Investigation Team), Youth Offending Team, school, NCY, Behaviour school (Tunmarsh and Walton Centre), Connexion, and also from NADAV's case workers when they first do their assessment of a case of domestic violence.

Aban Project - This project's referrals come from education, SENCOs (Special Needs) head teachers, DOEWOs (Dept of Education Welfare Officer), dinner ladies, parents, self referrals, NAADAV, solicitors, police, SPINN, school nurses, Elenor Smith Best behaviour support, school psychologist, Forest counselling, CFCS, and Social Services.

(No further referral information was supplied regarding origin of referrals and who users are referred on to).

Homelessness and transient families workstream

Summary Framework:

<p>Impact:</p> <p>1. Length of Intervention?</p> <p>2. In what way is this preventative?</p> <p>3. Extent to which project takes client from Dependence/ Exclusion to Independence/ Inclusion?</p>	<p>1. For KCHP, the length of intervention varies greatly, from a one-off session to a couple of years. For the Children's Society Roma Education Project and the Children's Society Outreach project, similarly interventions range from the short term through to longer term involvement. As one worker put it, <i>"We deal with a broad spectrum of issues, and follow the families until they don't need us anymore"</i>.</p> <p>2. For the Children's Society Roma Education Project, it prevents children from missing out on education by arranging access for the child to a school in Newham, which involves surmounting barriers of language, culture, and ignorance of how systems work. For KCHP and CSOP, the projects provide holistic interventions to families which prevent problems from escalating. This involves "fighting the system" much of the time, to ensure these families receive what is rightfully theirs.</p> <p>3. All three projects provide comprehensive holistic help to their clients, educating them regarding their rights, empowering them to utilize systems to meet their needs. There is an on-going process of hand-holding, but the aim is to enable families to be able to do things for themselves, with the option of being able to fall back on support, should they need it.</p>
<p>Referral:</p> <p>1. Where do referrals come from?</p> <p>2. Where does the project refer clients on to?</p> <p>3. Are there concerns expressed about referring on?</p>	<p>1. For the Children's Society Roma Education Project, the majority are self-referrals (ie word of mouth) and through family and friends. For KCHP and CSOP, its also mainly self-referral, and the Homeless Persons Unit.</p> <p>2. For KCHP and CSOP, clients are referred on to a variety of agencies as needed. For the Children's Society Roma Education Project, the majority are referred on to the Travellers Education Service. 3.The projects have a good networking system, with trusted partners who will address the needs of those referred.</p>
<p>Embeddedness:</p> <p>1. Geographical reach: borough-wide or local project?</p> <p>2. What is the uniqueness of project?</p>	<p>1. All three projects are borough-wide projects. KCHP is exceptional in that it specifically addresses the needs of families that have been moved out of Newham.</p> <p>2. KCHP has an holistic approach, and visits families, follows them, and does resettlement work to help them adjust to their new circumstances. It also has an advocacy role, fighting on families' behalf to obtain access to services. CSOP is focused on the client's needs, across all areas, eg health, education, and housing. Clients are supported also when they are referred to other agencies. The Children's Society Roma Education Project is unique because of the community it works with, as there are few services for this group.</p>
<p>Difficulties:</p> <p>What difficulties have been encountered in the delivery of the projects?</p>	<p>Restrictions, such as age limits of clients that could be worked with, can be problematic - homeless or Roma families need a responsive service free of restrictions to be able to offer help without hindrance. Also, monitoring statistics may not reflect accurately the work that is done with families, because of the way it is structured.</p>
<p>Users feedback:</p>	<p>User feedback was sought from the CSOP and KCHP. CSOP users spoke very positively about the project, saying that it had empowered them to be able to do things for themselves. The adults had learned new skills, felt that they were now taken seriously when talking to professionals, and had a better understanding of their context. The children interviewed were happy with the activities which they now had access to, including being able to use public transport. Regarding KCHP users, a case study of a mother with two children illustrates the positive impact the project has in the lives of users. Within 7 months, a mother who was ready to 'give up', has been helped in her financial situation (tax credits, and benefits) and housing. She has also sorted out a health problem. Her children are receiving counselling after traumatic domestic violence by an ex-partner, and as a result her son is now much more settled at school. KCHP is a valuable service which turned around the lives of this case study's family.</p>

Below follows a focus group interview with three workers: one representing the Children's Society Roma Education project, the second representing the Children's Society Outreach project, and the third worker representing the Kings Cross Homelessness project. Following this, there is user feedback on the Children's Society Outreach project, and the Kings Cross Homelessness project. Finally, there is a referrals analysis, using data supplied by the Children's Fund for Quarters 1-3, 2006.

Focus Group findings:

What is your understanding of what the Children's Fund preventative work is aiming to achieve?

Tackling poverty; preventing anti-social behaviour and crime. It looks at the objectives of ECM.

What's your involvement with the Children's Fund preventative work in terms of what you do?

KCHP - We work with homeless families placed by Newham outside of the borough. We meet them in temporary B&B/hotel accommodation first, and follow them through to temporary annex accommodation, and then on to temporary long-term accommodation. There's a lot of work trying to ensure that they get their rights; ensuring that their benefits are correct, and that they've got enough money. The project works in a very holistic way, dealing with any issue that presents itself. If we don't have the expertise to deal with it, we will refer them on to many other agencies. We deal with a broad spectrum of different issues, and follow the families until they don't need us anymore. *Sometimes our intervention is fairly brief, or it could go on for a year or two*, who have multiple problems - usually when English is not their first language, and where the culture is very different. Systems don't work and are not friendly for the clients that we work with, so we spend a lot of time fighting systems, trying to get justice for the people we work with.

So is there any kind of cut-off point, or is the commitment open-ended to these families?

We generally respond to people and their needs. We will try referring on appropriately, but often other organisations don't pick up, or their interventions are not adequate, and clients end up coming back to us. An evaluation we've just completed with all of our clients say that we provide a unique service. A lot of clients experience being passed on from pillar to post with no-one taking responsibility for them, and going around in circles trying to find help, in which time their problems have got worse.

When you say they consider it as a unique service - unique in what sense?

In that we're an outreach service so will go and visit them. All clients really appreciate this - and that we're flexible and open to different ways of working.

CSREP - I work with Roma children and families who live in Newham, or children who access schools in Newham. The children range from 5 - 14. Essentially, I deal with education issues - the majority of time, it's about access to schools. We have quite a large Roma population in Newham. The majority of them are Polish, but we have quite a few Slovak families now too. The issues have changed over the last four years. In the beginning, besides the primary issue of education, we had issues like housing benefits, immigration, and health. Immigration is not an issue any more. However, there are still issues of nationality, health, benefits and housing. I will refer on regarding issues I do not have the capacity to deal with - ie housing, benefits and health. Sometimes we help out with health issues because there doesn't seem to be anyone else that could do it. There used to be one Polish health advocate for the whole borough, but there are over 500 Polish Roma families in this borough, so the help just wasn't enough, and often there were complaints that these families could not access a GP, so they would end up going to the casualty department, because there was no other way to get

medical help.

Also, we help out regarding the language barrier in terms of access, ensuring people get their rights and entitlements. Most of the time they just face this huge barrier, being turned down. The majority of the time, I help out arranging access to schools. This ranges from very practical things like filling out application forms, and also giving advice on how the system works - since these people come from different countries, where systems are different. So it helps when someone tells them how things work. Many families have been in this country for a number of months, but the children have not been to school yet, because the parents don't know where to go to register them. Or even if they have found somewhere to go, the language barrier prevents them from taking things further, so they really appreciate the service provided by REP.

Once a family gets an offer of a school place, they will contact me, and I will accompany them to the interview. But some schools will send out letters which the family may ignore because they don't speak English etc, so I am able to help out arranging such appointments.

I am in partnership with Newham Traveller Education Service, and there is a budget towards providing uniforms for the traveller children, that includes the Roma gypsies, so we are able to offer this service to all our children. I help out with free school meals. In the past there was the issue of cost for the children travelling to school by bus. We were able to apply for bus passes for them - but now that's no longer an issue. There is also the issue of school transfers, where children want to go to a school that is nearer to where they live. We are able to support them in this. Sometimes a family has several children all going to different schools, which is difficult to cope with, so transfers are necessary.

Transitions from Primary to Secondary school is another major issue. I try to ensure that every year in early September I have a list of all the children who are transitioning, to make sure they fill in the application forms on time, otherwise there is a huge problem, with them not obtaining the secondary school of their choice, and having to go to school appeals.

School appeals is another thing we help out with, representing parents where there is a good case.

I have very good contacts with the primary and secondary schools, SENCOs, by the traveller team and Welfare Education Officers, and helping out with other issues such as bullying and attendance, educational progress, and behavioural issues.

We also raise awareness of Roma issues. I have done several talks over the years on Roma culture, and we also do activities with the children every school holiday, providing we have the funds to do it. I also run a steering group, with members from the Roma community, the children, and other educational providers to discuss educational issues, achievement, attainment etc. This a broad, general overview of the things I do.

My role is changing, and from April 2007 I will concentrate more on strategic planning, since funding will be coming to an end soon, and someone else will be doing more of the casework.

CSOP - Our role is to support clients with a problem, and because clients come from overseas, there's a lot of learning they need to do in terms of how the systems work, and how they can prevent problems from escalating.

What is your role?

The CSOP does similar work to KCHP, except its done within the borough of Newham. Its helping families in temporary accommodation and supporting them with their housing needs, and health needs.

How do the clients contact you?

Mainly its word of mouth, occasionally schools, other professionals, and KCHP.

Who in the community potentially benefits from your projects?

KCHP - We work with families only, but we've negotiated with the Children's Fund to work with children of any age, because you can't exclude certain children within a family just because they don't fit in to specified criteria - a lot of agencies do this, hence people don't get services. So we work with families, a lot of whom are single families, and in most of them, English is not their first language, and they are new to the UK.

Are there wider ramifications of what you do?

CSOP - The clients do tend to pass on information to friends etc. They will seek out information on housing issues also, which we can offer training on. We also go to forums such as the Welfare Action Group and other networks of professionals where, if issues are coming up time and time again, like, for example, with tax credits and child benefit, then they have the ability to go back to agencies such as the Job Centre or tax credits, and raise the issues and report patterns that are occurring, and find out who the people are to negotiate and change that with. So there is evidence that we are gathering that we can take back to these agencies that may affect change positively in other areas.

KCHP - We're challenging systems a lot of the time, so there is a knock on effect where homeless families benefit from that, but in a wider sense, services are becoming more accessible through the work we do.

CSREP - The same applies for this project. We feed back to various educational meetings with other education providers, and we feedback on our concerns and improvements that might be possible, and those in turn are fed back to the Education department at Newham. So its more on a local level, but its making a positive difference. This affects everyone, not just the Roma community, in terms of awareness raising, through tackling prejudice, and helping toward inclusion. The community I work with live in the larger community, and by raising awareness, we're helping with inclusion, and assimilation.

When you say "raise awareness", what do you actually do to achieve this?

We go out to schools and talk about issues, and also other providers. For example, I've given talks at conferences, and meetings, such as the the Refugee Education Forum, which had members from different schools in Newham, from reception staff to head teachers. I've also been to team meetings of Welfare Education officers, who have a lot of contact with the community, explaining to them the differences in culture, and language issues, and issues of prejudice towards Roma people.

What is distinctive about each of your projects?

KCHP - We have an holistic approach and we actually visit families, and we follow families and do a lot of resettlement work to help them acclimatise and adjust and settle in an area that they move into. We also try and help them access services that they need, and fight on their behalf - act as advocates, when they are not able to get services, or other things that they have a right to have.

CSOP - We are focused on the client's needs but across all areas, not just across one area; whereas a lot of other projects would be just for health, or just for education or just for housing. Since the clients can come to us with any problem, we have them coming with problems they wouldn't take to anyone else because they haven't built up that relationship. They feel more supported because they are aware they have someone to go to irrespective of what the problem is, instead of queueing up at Community Links for benefits advice, and then go to Shelter for housing advice. Its a lot more stressful having to go to different people for different parts of you problem. But if there is one person you can go to who can sort out your housing benefit problems, your housing problems, and your child benefit problems, education issues, employment needs and so on, it is much better for them. We support the client also

when we refer them on to other agencies.

KCHP - Many clients we work with don't know how to access services- for example, they don't use Citizens Advice Bureau, or other advice agencies, and its only because we go out and meet them, that they've been able to access other services.

CSREP - The fact that we work with the Roma community is unique in itself. There are very few services for this group. They have often been excluded from many things in the past, so they very much appreciate the fact that there is someone they can turn to. We build up a very good relationship with our clients, and the majority of referrals are through word of mouth, so we having a trusting relationship. People come to us with a variety of issues, some of which we cannot deal with ourselves, but we know those we can refer them on to. Also, we have a good networking system, we very good partners who we can refer people to, who will address their other needs, and look after them.

CSOP - One to one referrals between professionals are a lot better, because clients don't have to queue at Community Links for a long time (and a lot of clients are disabled etc and find this difficult) but also, there may be a limited number of clients seen per session, which means having to go back the following week to queue again. But through direct referral, they know that they will be seen.

CSREP - We have age restrictions placed upon us by the Children's Fund, but after discussions, the age range has been extended from 4-14. Some siblings fall outside of this age range, but we will work with them. For example, someone who is 15 will still be worked with, but the majority of our clients must fall within the age range. The other restriction was that our clients must be based in Newham or be accessing a school in Newham.

KCHP - Its not helpful having these artificial boundaries, because families don't fit into neat little boxes, so why should we impose such stipulations?

Thinking about the affect of your projects, what difference has your projects' work made to the lives of users, as far as you are aware?

KCHP - In our last evaluation, a lot of people said that we were a complete lifeline, and they don't know how they would have managed without us. A lot of our clients have mental health problems, and that, I'd say, is directly down to the way they've had to live, and the uncertainty, and having to fight the system the whole time. We've stuck with them, and been flexible to take on all their needs.

When you say "fight the system", is there is an example you can of that, and are those that are involved in these systems aware of the issues?

KCHP - We should be doing a lot of campaigning work around systems and how incredibly damaging the effects have on people. People are seen as herds and not as individuals. There's huge growing poverty, and a lot of the time its not the fault of the people, its the fault of systems. For example, housing benefit and non-payment of rents; council tax payments. So many people fall fowl of these systems, and quite innocently. Another awful system is the Child Tax Credit system overpayment. I've had clients say they're going to kill themselves because they're so under pressure, because of the debt caused by being overpaid. For example, if somebody's partner moves in with them, then their claim is deemed to be null and void if they don't notify with in a one month period. If the client doesn't know that they have to notify because they're both on income support and they don't perceive a change in their income, then all the money that they received between the partner moving in, and them finding out, which could be many months, is deemed to be overpayment - which may be thousands. Unless we can find a way of challenging this, the client is liable to pay it back.

The Child Tax Credit system is particularly revolting, in that when you challenge it, you have to

take it to the ombudsman, take it right to its full extent, before you can get a positive result. It takes a very long time. It means that the families we help are completely destitute, apart from having a roof over their heads. I have a family at the moment who only have child benefit to live on - their child credit has just stopped, and they've been told that they owe £6000. Once certain benefits don't come up fast enough, it threatens housing, and everything else. So you have people living on a knife-edge.

CSOP - People also need the skills in order to counter-act this in order to prevent themselves from getting into further problems. So if you haven't got the language skills, or the personal capacity because you're ill, or depressed, or don't understand the system, you're just going to fall into bigger and bigger problems, because you need to be able to be writing letters, explaining your situation etc. If you can't do this, it escalates.

In terms of client feedback, what has been said about your work?

CSREP - We've had very positive feedback from clients, and also from service providers, with whom we've worked regularly over the years. The project underwent independent evaluation, and found to be an excellent project. Clients have said that without us they would not have known what to do. Schools have thanked us for our interventions, where we have acted as mediators between the school and parents, to resolve situations. In terms of impact, we see children attending school, perhaps for the first time, as a result of working with families and schools, where they can learn and improve their lives. Education was often perceived as the least problem by Polish Roma parents, because they were worried about being deported and not having enough money to survive, and having a place to live. Since accession and the introduction of amnesty, which a majority of my clients qualified for, they suddenly realised that immigration is no longer an issue, and now they can think about the future. As a result, clients now want to gain English skills, and go to college.

Regarding the older age group, 16-18yrs, we can't work with these because of the age restriction, but we can refer them on to Trinity Centre for educational support. For adults, we stress the importance of speaking English, not just using children as interpreters - because there are implications to this - for example, children missing school, as they have to go to the doctors, housing, landlords etc, and having to explain something for the parents. Also, the emotional impact on the children must be taken into account - for example, the child having to interpret in a situation where the family was being thrown out of their home. The trauma of this was immense. We are able to intervene in such situations to stop problems from escalating. We are able to explain, for example, that certain forms have to be filled out by a certain deadline, and filled out correctly, or else it will be rejected.

CSOP - There's a big blame culture, so the importance of contacting the correct people at the correct time is emphasised to clients.

CSREP - There are communication problems because of differences in cultures, too. We try to inform our clients of the culture they are in, and those service providers they interact with, of the Roma culture, since often there is a complete lack of understanding of one another. So REP provides a lot of mediation. Our clients and service providers appreciate this.

Are there any issues that you feel need to be addressed in the work of your project, and do you think there is an aspect of your project's work that could be improved or extended?

KCHP - Early on, the project ironed out the artificial age thing, which was fairly restrictive. The other restriction is about working with families placed outside of the borough - but we've also been able to be responsive to clients who have moved back into the borough. Homeless families need a responsive service free of restrictions to be able to help them without hindrance.

CSREP - We are talking about families with multiple needs, so a uniform approach is not the

best one, and we have to develop a flexible approach. The Children's Fund restrictions mean that we can't help all that come to us, but where possible, we refer on. Initially, we were told by the Children's Fund to only work with the children, but this was changed following one of the first evaluations of the Children's Fund, and then we were allowed to take a more holistic approach, working with families. However, a lot of this work is not being represented because the work is indirectly benefiting the children, rather than direct working with the children.

CSOP - You may be supporting a family on their basic needs, for example, securing shelter, or income for food. But you may be working directly with the parents on this, because you want to protect the children from the anxiety and stress of this, so sometimes I don't see the children for a whole term, but rather in school holidays when we do activities. However, this is not reflected in the monitoring because its about how many children you've worked with, how many new children have you seen etc. Yet you may have seen several new families, but not the children in those families, because its not really about working with the children on their housing needs, but to work with the parents of the children concerning their housing needs, so that they can provide for their children.

Is the monitoring tick box type monitoring, or is there more qualitative monitoring too?

CSREP - There's a mixture of both. There are other issues, such as funding security that we've gone through - being issued redundancy notices a couple of times, and obviously, we know that this funding is coming to an end, so we'll be looking for other sources of funding. We therefore we have to prepare the families for the possibility that the project will end. However, we don't want to create dependency, but we do get a lot of newcomers, starting with them from the beginning, who will be the most affected.

CSOP - Even with some of our existing families who are quite capable of doing things for themselves, there's always that level of reassurance, if they know that we're there in the background should they need to seek our assistance. It gives them the confidence to do things knowing we're there to give advice, should they need it. So we should not underestimate how useful the project is to those whom we don't see from one year to the next. Also, we have access to contacts of service providers which clients do not have, so we can help those who have come up against a problem and help them to resolve it more speedily.

KCHP - For example, to be able to phone up the benefit agency, you could be on the phone and spend all the credit on your mobile phone (most people just have mobiles). So in some ways, even if you have the expertise, you may not have the resources to be able to cope.

CSREP - There are charities that provide second hand furniture, for instance, that we as an organisation can access on behalf of our clients, who would need a referral letter from us. Another example is of people being offered accommodation, but completely unfurnished, and them not having any money to purchase furniture - so again, we are apply to other charities on their behalf for grants etc to help out.

Are there difficulties in the projects themselves that you like to see addressed?

KCHP - It would be nice to have some clear funding so that we can plan ahead.

CSREP - For us, the same issue of not being able to plan ahead, and a capacity issue - I have over 360 children signed up with just me. The school holidays are the busiest times for me, because I've had 40-50 new families coming. I'm doing casework, outreach, and activities with children, and awareness raising etc. So its a lot for one person to take on.

In terms of expanding the project, I would like to do more lobbying and campaigning, because we are currently helping people with day-to-day casework, but not tackling the systems.

KCHP - Its about changing the systems, because these are so unfriendly towards families. If these systems could be changed, everyone's life would be better. If there were adequate housing, there would be no need for us. But there isn't, and so there's gate keeping going on, and innocent, simple people who want to bring up their children and give them the best in life are suffering and can't understand why.

CSOP - Its difficult to see from the monitoring forms the level of intensity of work for each family - some of which need a lot of help, whilst others only require a brief session of help.

How do you get referrals?

KCHP - They self refer. At times we've gone down to the Homeless Persons Unit and find people who don't fit into nice little boxes, and so they don't get as far as bed and breakfast, because the gate keeping has been so good, hence they get nothing. So if you pick them up earlier, you can help them access housing. I've had referrals from health visitors, and homeless persons unit workers; solicitors etc. Since we work for homeless families, the issues are many and varied, and so we've built up a vast array of support and network agencies, and work out referral between us.

In order for others to be able to refer to you, you've advertised your service in some way?

We've got a leaflet, but we've also got a list from the HPU, of where people have been placed. However, recently we've not had to use that information because we've been flooded with referrals. The need is huge, and is growing. The government and local authorities will say "homelessness is not a problem any more", but the experience on the ground testifies otherwise.

Authorities are focused on fulfilling their duties as stipulated by the law. They are not client focused at all. We are working on a budget, and the services that should act as a safety net are instead used as a big stick, saying "We'll take your children into care, but we won't house you". The agencies that should be providing, are not, and we are fighting for people's rights, to get what they should have.

CSREP - In terms of referrals, we get the majority by word of mouth. In terms of external agencies, we used to get referrals from the health advocate, when there was one; traveller education teams; local schools; Education Welfare Officers; mental health providers, and other Children Society projects as well. There was never a need to advertise, and we've always exceeded our Children's Fund targets, and we've always run above full capacity. We have leaflets which we distribute to schools, but its mainly through word of mouth.

CSOP - Its mostly word of mouth; but also from KCHP, schools, occasionally from social workers and health advocates, and through occasional mailouts.

KCHP referrals:

- Support projects for food advice
- Solicitors
- Social Services
- Health Workers - health visitors/ Doctors/ Consultants/ Counsellors
- Community Organisations - in Newham and outside the borough
- Employment and training organisations
- Families/friends of clients we work with
- Funders for individuals and other resources
- Housing - Homeless Persons Unit/ Housing option
- Schools - school liaison officers

The Children's Society Roma Education Project:

- Self referrals
- Referrals from family members
- Traveller Education Teams from other boroughs
- Health Advocate
- Other Health Workers (nurses, health visitors etc)
- RAMP
- Word of Mouth
- Friends
- CFCS (and other mental health providers)
- Refugee Education Teams
- Newham schools - Secondary - Local Service Centre
- Newham schools - Primary - Pupil Services
- Home/ School Support workers
- Education Welfare Officers
- Roma Support Group
- Other TCS projects
- Trinity
- Elite
- Police
- Other community organisations, eg Community Links

Children's Society Outreach Project:

- Statutory Sector - HPU, Local Service Centre, Pupil Services, Police, Social Services
- TCS - Roma Project, Roma Education, Young Refugees
- Employment - Elite, DK
- Community Organisations - RAMP, CAB, Community Links, SRU, Trinity, Shelter, KCHP
- Solicitors
- Family and friends
- Travellers Education, Education Welfare Officers
- Health - Health Advocates, GPs, CFCS, Medical Foundation

USERS:

Children's Society Outreach project:

Three families were interviewed. The first was just the children (2), the second was just a parent and the third was a mother and daughter.

How did you find out about the programme?

Children's society Advocacy service, went to see a lady about benefits and told of programme, Worker phoned the family

What was the best thing about the programme?

(Adults) Visited new places. Help when talking to professionals – now taken seriously. Found ESOL. Worker explains things. Helps with services. Give parents space while knowing YP are safe and active.

(YP) Holiday activities. Trips. Craft. Things for families to do. Good people. Help each other and make friends.

What have you learnt / new skills gained?

(Adults) Better understanding of London. Voluntary work with the elderly – learnt lots of new skills there. Dealing with professionals and services. Not to panic. Children are happier and

able to do things on their own (with the childrens group rather than just staying with the family at all times) Get to meet happy people.
(YP)English. Working with other people. How to get to places on the bus and train. Now meet people outside the project who met through the project.

Is it easy to make contact with the project?

Yes, phone , make an appointment or visit the office
(YP) Yes phone and have easy to get to meeting places

Is this the best location for the programme?

Hub is easy to get to - but would travel to find this project. Made choice not to leave the borough because of this project. As have moved around have found ways to travel to keep in touch with the project. Hub is OK for the activities
(YP) Hub is good – has lots of space and activities

How could the project be improved?

Couldn't - be exactly the same. Tell people about it – lots of opportunities and don't worry as the people will listen and give you good advice. Will make lots of friends and can see them outside of the project (think she meant they are lasting friends, not just acquaintances)
(YP) It is better now there are activities for older children and don't have to join in with the younger ones. All different people colours and languages but really are all the same. Tell people its fun

Overall affect of the programme:

Got children into school and helped us all do things better
(YP) More happier, more friends. Make life better. Help make friends, help at school, help with homework, help with opportunities
All were clear the programme had been good for them.

Kings Cross Homeless Project

A mother of two children (an 11 year old, and a 9 yr old), was interviewed.

“I'm just putting my life back together again. I'm really happy to meet the KCHP worker – she changed my life you know.... a lot.”

'A' is a Cypriot who married in England. After having two children with her husband, 'A' decided to leave him due to his violent behaviour towards her.

'A' first found out about the KCHP around 7 months ago (June 2006) through the mother of one of the children that she used to mind. The contact she was given at the KCHP was the KCHP worker.

Before she met the KCHP worker, 'A' had been suffering from depression for two years; events had become so challenging that 'A' “was going to give up... because of my husband... kids problems... I (was not) able to work”. 'A' describes the impact that the KCHP worker had on her life as something quite drastic and dramatic; “Before I find her I was really hopeless... nobody (was) there to help me.” Initially the KCHP worker provided assistance to 'A' with numerous day to day challenges such as housing benefit, tax credits and child benefit. 'A', due to her depression, had found that she was no longer able to cope with even routine aspects of life, thus the KCHP worker's intervention was both timely and necessary.

'A' feels that the project has helped her to take a more positive view of events. Before she met the KCHP worker, 'A' felt extremely worried about being homeless and the impact that it would have on her children. Prior to the KCHP worker helping her to find a new home, 'A' and her two children had been living with a friend and her four children; two adults and six children in one two-bedroom property.

As well as helping with day to day practicalities, the KCHP worker also became a strong source of moral and emotional support. 7 months into her involvement with the project, 'A' describes herself as "normal and happy again". Before she met the KCHP worker, 'A' describes her general emotional state as "depressed" and she "didn't want to do nothing at all... I didn't want to come of the house, kids was boring".

Children

'A's son, 'B', had also been affected by the disruption the family's life caused by their father leaving. 'B' suffers from "anger problems..... because of my husband". The KCHP helped to organise sessions with psychologists and additional reading and writing help. At school 'B' "started (secondary school) really badly" where he would "get down all the time (because) he didn't believe he (could) do something". 'B' is still having problems with some of his teachers at school but not fellow pupils. He reacts well to teachers who are calm and poorly to those who are impatient with him. the KCHP worker organised a meeting to speak with some of 'B's teachers to help get to the root of the problem. 'A' now hears from the school around once a month with complaints over 'B's behaviour. Prior to the KCHP worker's intervention she would receive calls each week. 'A' confesses that 'B's behaviour did cause her a great deal of stress, "I was waiting every day... when are they gonna call me next".

'B' and his sister 'E', according to 'A', enjoy going to KCHP sessions as they have some friends there. Owing to their move to Seven Kings in Redbridge, the children have less friends around and so enjoy the social aspect of the KCHP. However, as the project runs during the day they can only go with 'A' during the holidays. When the family lived in Upton Park, 'B' and 'E' used to play outside quite frequently – now they don't have many friends in their new area, partly because they are still attending school in Upton Park – a journey which can take up to an hour on the bus each morning.

Autonomy

"the KCHP worker gave me options.... you can do this way or that way. If you do it this way, this is what gonna happen, if you do it that way, this is what gonna happen". 'A' feels that the advice she receives is just that: advice. There is no compulsion to follow the advice given.

Improvements?

'A' is extremely satisfied with the overall level of service but feels that it is not well enough advertised; she only found out about it through word of mouth. 'A' feels quite strongly that given the amount of help she has received through the project then it could easily transform the lives of others in the same way.

Health

'A', prior to her involvement in the KCHP project, had been to the council to tell them that she was homeless. She found them unresponsiveness and unhelpful. Again, the KCHP worker made the difference when she called them and was able to get 'A' on to the housing register (check?). 'A' is currently in great pain due to a neck injury and takes painkillers on a nearly daily basis. The council apparently "didn't want to believe my neck problem.... I went to the job centre and the person (told me) 'I think you haven't got a problem, you got depression'". The KCHP were again able to provide support to 'A' by insisting that the council take 'A's problem seriously. Upon a second visit to the council's offices, 'A's pain was taken seriously.

Conclusion

The service is quite clearly offering a vital and valuable service to 'A'. While it is difficult to arrive at any certain conclusions, there are clear indicators here that 'A's life and her

children's lives have improved since the intervention of the KCHP. Measured against the objectives states in their SLA, the KCHP has improved access to healthcare and is currently seeking, in partnership with 'A', to improve access to education by successfully obtaining a transfer for 'B' and 'E' to attend schools closer to home. Advocacy and advice has clearly been given to 'A' in a number of areas relating to benefits, housing and overall wellbeing.

Referrals Analysis, Quarters 1-3 (April - Dec 2006):

KINGS CROSS HOMELESSNESS PROJECT

Length of intervention:

KCHP	Quarter 1	Quarter 2	Quarter 3
Regular support	94	103	125
Regularly supported previous quarter	96	111	0
Regularly supported before previous quarter	0	0	0

KCHP has given regular support to most contacts, the majority extending over 6 months.

(No further referral information was supplied concerning origin of referrals and who users are referred on to).

CHILDREN'S SOCIETY ROMA EDUCATION PROJECT & THE CHILDREN'S SOCIETY OUTREACH PROJECT (COMBINED)

Length of intervention:

REP & CSOP	Quarter 1	Quarter 2	Quarter 3
Regular support	103	142	112
Regularly supported previous quarter	73	96	74
Regularly supported before previous quarter	23	71	50

The majority of contacts are given support by these projects, and many clients continue with help over a longer term period (9 months or more).

Referrals to and from these projects:

REP: The majority of referrals are self-referrals (through word of mouth) - 88/156; also family and friends (43/156). There are 4 sources of referral listed altogether.

The majority of users are referred on to the Travellers Education Service (102/193), also to Pupil Services (73/193). There are 9 sources of referral in total.

CSOP: Many of the referrals to CSOP are self-referrals (through word of mouth) (44/98). There are 8 sources of referral listed in total).

Clients are referred on to a number of agencies, including KCHP (7/38), and REP (6/38). There are 12 sources of referral listed in total.

Disabled Children workstream

Summary Framework:

<p>Impact:</p> <p>1. Length of Intervention?</p> <p>2. In what way is this preventative?</p> <p>3. Extent to which project takes client from Dependence/ Exclusion to Independence/ Inclusion?</p>	<p>1. Both the Real Life Parenting project and the Hartley Centre projects offer help over a sustained period of time (over 9 months, for example). The GLL Therapeutic Outreach service offers short courses (a climbing course for deaf children over 6 weeks, for example), giving disabled children access to sporting activities.</p> <p>2. From the RLP project's view, there are huge gaps in services identified nationally and locally for disabled children and their families. So if an intervention is put in early enough, it stops issues getting gradually worse. For example, parents having a positive view of disability, will make them more supportive of their child and in turn will positively affect that child's behaviour. For the Hartley Centre, an integrated after-school club combats social isolation, and promotes integration with other children of disabilities and refugee children. This has a positive knock-on effect on children's behaviour. For GLL, the work is more about quality of life for disabled young people, rather than prevention per se, to increase independent access to leisure facilities, increase their motor skills and provide opportunities for interaction with peers.</p> <p>3. Each project works practically and in a proactive fashion to combat social exclusion and dependency. The RLP run parenting courses to empower parents; Hartley Centre actively integrates disabled children with children from other backgrounds, and helps in children's learning and play. GLL is enabling disabled young people to take part in activities they would not otherwise have accessed.</p>
<p>Referral:</p> <p>1. Where do referrals come from?</p> <p>2. Where does the project refer clients on to?</p> <p>3. Are there concerns expressed about referring on?</p>	<p>1. For GLL, referrals come through Newham's Children's Fund, Newham PCT, and local schools. For the Hartley Centre, its mostly self-referrals, and some statutory services. For RLP, its most self-referrals, but also through statutory and voluntary agencies.</p> <p>2. RLP refers on to a range of services as appropriate for each family. Hartley and GLL do not refer on users.</p> <p>3. No concerns were expressed about this in the focus group.</p>
<p>Embeddedness:</p> <p>1. Geographical reach: borough-wide or local project?</p> <p>2. What is the uniqueness of project?</p>	<p>1. The GLL and RLP projects are borough-wide, whilst the Hartley Centre project is more geographically based in the East Ham area.</p> <p>2. The GLL offer a unique service to disabled children between the ages of 9-13yrs in Newham, providing opportunities for sport and leisure access they otherwise would not have. The RLP is distinctive because it is modelling a project which enables families of disabled children to move a way from a dependent culture, to an independent one, through a range of interventions, including parenting courses and creating bespoke packages of support to families to foster independence. The Hartley Centre project offers an after school club which integrates refugee and disabled children - which is unique in the East Ham area.</p>
<p>Difficulties:</p> <p>What difficulties have been encountered in the delivery of the projects?</p>	<p>GLL has experienced a lack of effective communication and information between agencies, leading to repetition of projects, and poor monitoring of activities; also, there was no exit strategy considered for when the CF funding will end. These issues have now been rectified. RLP's work is limited by lack of financial resources, and therefore, capacity. Also there have been some issues with inappropriate referrals in the past. Hartley Centre's work is also limited because of lack of money and resources, because the project has to be staffed appropriately for the amount of children in attendance.</p>
<p>Users feedback:</p>	<p>No users were interviewed directly. However, feedback given to staff at all three projects was very positive. For example, the GLL climbing class for deaf children was full from the 2nd to 6th final week. Instructors remarked that the differences they observed in the participants was prominent. On the RLP parenting course, one parent remarked that the course had "saved my life". The Hartley Centre received feedback from a young mother who said that the after-school club gives her much needed respite in order to care for her new born child.</p>

Below follows a focus group interview with three workers: one representing the Hartley Centre, the second worker representing GLL Therapeutic Outreach, and the third, Real Life Parenting project. Following this, there is a referrals analysis of the RLP project and the Hartley Centre.

Focus Group findings:

What is your understanding of what the Children's Fund preventative work is aiming to achieve?

Real Life Parenting:

There are a whole list of factors affecting child poverty. There were a whole host of projects and funding streams working to address it. But the idea of preventative services, is that if you can get them in early enough, you can identify families that are at risk, and do some creative interventions which breaks the cycle.

GLL Therapeutic Outreach:

From my point of view, its about increasing independent access sport and leisure for children in specific groups. Depending on which six week sport we run, its a different disability group. We were asked to target specific disabilities for specific sports, but generally, if the class hasn't reached the limit, we'll accept anyone in. One of GLL's goals is to increase independent access.

Hartley Centre:

To help the disabled children to be integrated and included with other children.

What is your general understanding of this workstream?

RLP: We run a variety of things - services targeted at families with disabled children in 5-13 bracket; primarily, we do a family support service, which is a package of support to individual families - it could be working with the parent, child, or both. Some of it is home-based, so we get a referral of a family in crisis, not getting a social services package. So we do an initial assessment and offer a package of support, which could be a number of hours per week because there may be a variety of things depending on the assessment.

Its usually at a point where someone's hit a crisis. For example, we've done a lot of work with families whose child has been diagnosed with some form of disability, or where there's a transition in schools taking place. Through these events, a lot of issues about support they are or aren't getting come to the fore. Parents may be struggling with their child's behaviour, for example, in which case we'll work with the child and take them out once a week. It might be we will work with the siblings in a family, who feel that the disabled sibling is getting all the attention and they feel they're missing out.

We also run a series of parenting courses, which are targeted around issues about having a disabled child and practical issues around that, but also emotional issues around diagnosis. We run this every term, and that is always over-subscribed. We've also got an after-school playscheme programme which is an open access session but focused around the needs of disabled kids, so they set the agenda for the way the session is structured. We also offer a telephone support line, where people can phone in to ask for basic information, for example, where they can get nappies from, or where there's a youth club which their child can access.

So in what sense is this work preventative?

The issue is that there are huge gaps in services identified nationally and locally for disabled children and their families. The statistics around family poverty and breakdown are appalling.

So the theory is, if you get in early enough, and do something that is of benefit, it stops things getting progressively worse. For example, the parenting course helps to address children's behaviour, and attitudes of parents towards their disabled children. There's often negative vibes around having a disabled child, and that it's something terrible - there's a lot of stigma around it. Doing a lot of work around that, supporting parents, gives them a much more positive view of their child, and then they are able to be much more supportive of their child and parent them well, which in turn brings about positive changes in the child's behaviour. So it's about having a positive take on what it is to be a family with a disabled child.

GLL: Our work is not so much about preventing something, but more to do with quality of life issues, because leisure and sport is not a statutory service - councils do not have to offer it, that's why GLL exists in so many boroughs - they've taken over from local councils. We are a 'not for profit' society, so we are able to access external funding to run certain things. This is why we have a certain amount of money from the Children's Fund each year.

The specifics: the aim is to run two 6 week courses per financial quarter, to give various disabled children the chance to access sometimes quite novel physical activity that they would not have experienced before. For example, we've just had a very successful 6 week climbing wall activity, which was for a deaf group. The Children's Fund, our main partners, are working in schools, and Newham PCT refer children, and physiotherapists refer also.

The main three objectives of the project are to: increase independent access for disabled children; increase motor skills and co-ordination; and providing a setting where children can interact, from different schools; as well as meeting the targets of the ECM.

The sessions are proactive rather than preventative per se, although they are preventative in the sense that it works against social exclusion.

We're working on a sustainable exit strategy for these sessions - for example, for the climbing wall project, we've been in touch with other agencies, and will set up a steering group for East London to promote deaf sport. This is something that has come out of these sessions.

Hartley Centre:

We run an after-school club which includes children with special needs. We run it on Monday, Wednesday and Thursday, for 4-6pm, and we provide the children a place to play, and learn. We do sports with them, art, and computer activities. At the moment, for a period of time, we have refugee children attending on the Tuesday sessions, because another centre closed down. In terms of this work being preventative - for example, there was one child who was a real tear-away, with problematic behaviour. Within three months, with help from us, and his school, markedly improved.

Who in the community potentially benefits from what you all do?

RLP: Everybody. There's a principal emphasis on working with families with disabled children. It's filling gaps in services, improving quality of life, which has a knock-on effect in the community. The test of a community is how you treat the most disadvantaged in that community. Newham has a huge range of disadvantaged. One of the things that the Children's Fund has done very positively, is to target money where it needs to go, which has a positive impact.

GLL: The work I've done so far is going to have a knock-on effect to wider GLL policy for disabled access to our centres - so not only have the disabled children who have taken part in the project benefited, but the wider population will also benefit. We've also helped the schools provide physical education.

Do you consider the work that you are doing distinctive ie offering something

different to existing services?

GLL: Yes, because prior to the GLL having money from the Children's Fund, nothing was on offer to that age range of disabled children. This will continue, and extend to children beyond the age limits of 9-13, to adult groups as well.

RLP: Yes, of course, because what we're trying to model, and what we're seeing in practice, is the moving from a dependent culture, to an independent one. So rather than the bog-standard social services interventions (eg respite care), we look to work with the whole family, and do it in a way that's innovative, creative and tailored to the needs of the individual kids that we work with, and we are looking to see it progressing. So rather than providing a respite or babysitting service, we want to see families progressing - like empowering parents to get back to work, and getting a better quality of life.

Also, about half of the staff team at RLP are parents with disabled children themselves, so they have a lot of lifeskills to offer. So we are professional in what we do, but are able to be more empathic and more clued in, and have a flexible style of delivery. Many of our clients have had a social services package, and it is ok in a limited sense, but it often becomes a very dependent thing, whereas we have a flexible approach to delivery with a holistic feel about it.

Hartley Centre:

We offer an after-school club with refugee, and disabled children, which is the only one in the East Ham area. We try to integrate the children.

And how to you practically integrate the children? Is it a by-product of the activities t that you do?

Yes, the children are all put together, and they get on together.

We also do different activities, for example, they do music activities with a music therapist.

What difference has your project's work made to the lives of users, as far as you are aware?

GLL: The climbing wall sessions were excellent. The response from the children was fantastic. I think climbing is a great activity to learn over the course of six weeks, because you can learn different skills in each week. Throughout the six weeks, you learn team work, looking out for your mate - so it switches from instructor helping the child up the wall, to his mate. So there is a lot of trust placed in your friends, and an awful lot of personal development. The class was full from the 2nd week to the 6th. The feedback from the instructors was that the change over the course of 6 weeks in the children was marked - personalities changed, children were more careful, care for their friends more etc.

RLP: Its mostly been very positive. In terms of the parenting course, one parent said the parenting course saved her life. Other parents have said its had immensely positive effects on their kids, on their marriages, and other family relationships. The group dynamics of being with others in a similar situation, sharing experiences, learning new skills, gives people hope; and since many of the staff are in similar circumstances, the clients are able to see that its not all doom and gloom, and that there is light at the end of the tunnel.

At the kids end, they've been supported to stay in school or go back to school, or go to a different school, because education is such a huge issue. There are some cases where things haven't worked out, but on balance, the impact has been mostly positive.

Hartley Centre: We work with social workers to try to help the family as well. By contacting the school also, it is a three way helping for the child. For example, a mother who recently had a baby asked if we could help by taking her older autistic child for two hours at the after-

school club. This has helped her greatly to cope.

The feedback from the parents of the children who come to the after-school club is very good.

So, how do children engage with your projects - how do they get referred to you?

GLL: Initially, it was very ad hoc and disorganised. Now, I sit on four different steering groups, which are strategic meetings. There's a lot more information sharing going on. So the upcoming sessions next quarter will hopefully be fully attended, because the links are a lot stronger.

I've also started work with Newham 2012, doing consultation and research looking at access issues to sport and leisure.

The partnerships that being developed now will enable a sustainable exit strategy from the Children's Fund, when it comes to an end.

RLP: Social work teams, schools, SECOs, PCT, Child Development Centre, and through word of mouth. So some formal, some informal referrals. We also do a mailout now and again.

Hartley Centre: Social workers mainly, schools, surgery, library leaflets.

Are there any issues that you feel need to be addressed in the work of your project?

GLL: A lack of effective communication, and a lack of information sharing. Too many people doing similar things - repetition of projects, when people should be working together towards best practice. Also the lack of monitoring and evaluation of the 6 week projects that occurred previously, and no exit strategy. But all these issues have been addressed.

RLP: There's never enough money! We've always had capacity issues in terms of number of referrals we get and the amount of staff we have. We have some issues with inappropriate referrals - where families are referred because they're perceived as awkward or problematic, and we're asked to put them on a parenting course to teach them to look after their children better, which is very paternalistic. Also, with families, there is this issue around dependency culture, where people are so used to depending on what they can get. At crisis time, they need to do that, but its also about people being prepared to take some responsibility and move on. This is a different mind set, showing families that they can move on, and we're not about simply providing some respite care.

Hartley Centre: Money is an issue - in order to be able to staff the project appropriately. With so many children, you need the right amount of staff.

Do you think there is any aspect of your project's work that could be improved or extended?

GLL: We are looking to writing strategies now, post-children's fund money. There's a large tendency for "initiative-itus", where, for example, the Children's Fund run something for six weeks - its either very good or very poor, no evaluation is done on it so no-one knows whether its good or poor, and someone else does exactly the same thing next year because they don't know whether what was done before was good or poor. So we are trying to put something together so that long term effects are felt, not just good short term effects.

RLP: There are a lot more families that could be helped, so its about extending capacity. In terms of what we could improve - we could track or monitor better. But since we have such a heavy caseload it is difficult to find the time to do this consistently.

Hartley Centre: The service could be improved by having the after-school club every day instead of only three days a week, and maybe Saturdays. The demand is that we open every

day. Of course, we would need money to pay for this.

What agencies does your project's work tie in with?

GLL: (Community Development Officer)

- Newham Children's Fund
- Newham PCT
- Local Schools
- Newham Unit for 2012
- Access to Leisure and Culture Forum
- Strategic Inter-Agency Group: Disabled Young People.

RLP:

- Statutory: Social Services / Children and Young People's Services
- Voluntary groups - SPINN (Supporting Parents In Newham - educational support), F@CT, Forest House
- Early Start (Transition)
- European Social Fund Project (Back To Work)
- Child Development Centre
- PCT (a formal partnership)
- Referrals - social work teams; schools; PCT; In Control project
- Inter Agency Group / PCP

Hartley Centre:

- Referrals from Social workers/ schools/ doctors
- Local Network Fund
- PCT
- Upside of Downs (Down Syndrome children)
- Carer networks
- Libraries
- Leisure Centre

Referrals Analysis, Quarters 1-3 (April - Dec 2006):

REAL LIFE PARENTING:

Length of intervention:

<i>RLP</i>	<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>
Regular support	78	78	78
Regularly supported previous quarter	58	78	78
Regularly supported before previous quarter	58	58	78

The RLP project has given regular ongoing support to contacts. Nearly all clients have stayed with the project over the 9 months illustrated above.

Referrals to and from this project:

The majority of referrals are self-referrals (37/61); there are 12 sources of referral listed in total.

Clients are referred on to a range of services, including CAIT (11/77), SPINN (9/77), and Child & Family Consultation Service (9/77). 21 sources of referral are listed in total.

HARTLEY CENTRE:

Length of intervention:

HARTLEY CENTRE	Quarter 1	Quarter 2	Quarter 3
Regular support	66	66	76
Regularly supported previous quarter	22	22	34
Regularly supported before previous quarter	20	53	32

The majority of contacts receive ongoing support, and most contacts are involved with the project over the 9 month period above.

Referrals from and to this project:

Most referrals are self referrals (132/142), the remainder are referred from RAMP (10/142). None are referred on.

Refugee Families workstream

Summary Framework:

<p>Impact:</p> <p>1. Length of Intervention?</p> <p>2. In what way is this preventative?</p> <p>3. Extent to which project takes client from Dependence/ Exclusion to Independence/ Inclusion?</p>	<p>1. All 3 projects give ongoing, longer term support, rather than short-term interventions.</p> <p>2. For the PWA project, its preventative work encourages young people of refugee communities to be involved in the community, and improve themselves, raising their self esteem and sense of belonging. For the Art Therapy project, the aim is to prevent psychological damage for those children who may have experienced extreme emotional trauma, through expressing subconscious feelings that have not been explored, via artistic expression. For the Refugee Homework Support project, the aim is to provide a place for refugee students and their families to meet others in a safe and lively environment, which promotes learning, social interaction, and independence.</p> <p>3. For the PWA and RHS projects, it facilitates the refugee child's adjustment into their new environment by fostering integration, confidence and new relationships. The Art Therapy project enables traumatised young people to start to process their experiences, thereby enabling and empowering them.</p>
<p>Referral:</p> <p>1. Where do referrals come from?</p> <p>2. Where does the project refer clients on to?</p> <p>3. Are there concerns expressed about referring on?</p>	<p>1 & 2 For the Art Therapy project, most referrals come from local schools. There are no agencies that they refer on to, listed by the Children's Fund. For PWA & RHS, specific referral information has not been supplied. (However, both have substantial lists of who they either receive referrals from or send referrals to, listed in the interview findings below. For PWA referrals are mostly word-of-mouth)</p> <p>3. For the Art Therapy project, there are concerns about referring on to the NHS Art therapy services for children because of there is a waiting list of 3-6 months. If referral process is prolonged, the late intervention could heighten the risk of the child becoming mentally ill. These concerns exist because of the threat to funding of the art therapy project, and also because of the age criteria set by the Children's Fund, which means that children beyond 14yrs cannot be supported by the project.</p>
<p>Embeddedness:</p> <p>1. Geographical reach: borough-wide or local project?</p> <p>2. What is the uniqueness of project?</p>	<p>1. The PWA is a local project, with most involvement through word-of-mouth. The Art Therapy project is provided to 5 schools in Newham only. The Refugee Homework Support club involves several Newham schools, both from primary and secondary.</p>
<p>Difficulties:</p> <p>What difficulties have been encountered in the delivery of the projects?</p>	<p>PWA: Parents of refugee young people find it difficult to know how the systems work, and are often unwilling to learn, so encouraging them to come forward for training is difficult. Fundraising is difficult because of limited resources.</p> <p>Art Therapy: Age criteria constraints, and concern for children who need long term support beyond 14 yrs, and funding insecurity.</p> <p>RHS: Funding is coming to an end, which means that less staff will be available, and there will be no hot meal.</p>
<p>Users feedback:</p>	<p>Feedback from the Refugee Homework Support club was generally positive. Participants enjoyed the activities, and the food, although the younger children were not so keen on the homework element of the club.</p>

Below follow notes of three separate interviews carried out with workers from this workstream. One interview is with a worker from the **Progressive Women Association**; the second is an email interview with an art therapist working for the **RAMP Art Therapy project**, and thirdly, is a group interview with a school worker and two teachers involved in the **Forest Gate Refugee Homework Support club**. Following this, there is user feedback from the Refugee Homework Support club, and finally, there is a referral analysis, using data supplied by the Children's Fund for Quarters 1 -3, 2006.

Interview findings:

PROGRESSIVE WOMEN ASSOCIATION:

What is your understanding of what the CF's preventative work is aiming to achieve?

- To **reduce crime** and **help improve the children's self esteem** and **sense of belonging**. Also working around the **5 outcomes of Every Child Matters**. Its also about the welfare and well being of **children from the refugee community**.
- The preventative work of this stream is to encourage young people of refugee community to be **involved in the community and improve themselves**. Education, and **understanding how the system works**. To **integrate** with other communities.
- **What's your understanding/concept of your project?**
- **Who in the community benefits from this work?**
- **Do you consider the work of this project to be distinctive (ie offering something different to existing services?)**
- **Concentrates on activities for young people**, including after school clubs, workshops, supplementary classes (sex education, drugs education), cookery club - helps with interaction with parents and children. Also residential activities.
- **Distinctive - the project is trusted by parents** because it is of a **similar cultural background** to them, and they are able to voice their thoughts and views freely. The project deals holistically with users, and refers on to other agencies (**signposting**). Users follow up these referrals because they **trust the project**.
- **What difference has your project made to the lives of users, as far as you are aware?**
- **How do clients get referred to your project?**
- Funding is needed to help young people beyond the age of 16. Some have stayed with the project as **volunteers**. Some have **trained as youth workers**; out of what they have gained, they give.
- Young people with no qualifications have flourished, and **gained qualifications**, even starting their own project eg a football club (**entrepreneurs**).
- After school club - young people are helped to do homework with qualified teachers. They have **improved their academic performance**, demonstrated by many staying on to attend sixth form.
- We have **encouraged the talent** of an artist who we use to design posters for events we run.
- **Wider impact** - when using the local youth centre, the activities run there for refugee young people has had **positive impacts on the youth centre's activities** for other young people.
- **Referrals-** This happens **mostly through word of mouth** - young people bringing along friends. Also through **events** we run, and **leaflets** we have produced.
- We work with children **as long as they want** to be involved. We carry on with them until they are **established**, and **self-sufficient** and can get work etc.

- **Are there any issues which you feel need to be addressed in the work of your project?**
- **Do you think there is any aspect of your project's work which could be improved or extended?**
- **Parents** of refugee young people **find it difficult to know how the system works**. They are often unwilling to learn, and encouraging them to come forward for free training is difficult. As a result, they can't help this project because of **lack of skills**. They don't see this project as benefiting them, but rather, their children only.
- If we could extend our time at the Youth Centre, we could **consolidate all our activities into one venue and day**. **Currently we hold activities all over the place**.
- **Fund raising is difficult** - we have limited resources to fund raise.
- **Improved or extended?** Yes, the **football club needs to be developed** - it helps to learn discipline, contributes to Life Long Learning, improves health, helps young people to socialise, and taps into young people's talent.
- **Workshops** - We're starting a peer counselling course to give young people skills.
- **Outings/trips** - We have taken parents and young people out on trips, which have enabled parents to spend time with their children. We want to obtain more money to continue to do this.

What agencies does your project's work tie in with?

The project works with at least 11 other agencies including:

- Make Space (young people's clubs and grants source)
- London Youth (sports training and networking)
- Youth for Christ (Christian organisation supporting youth activity)
- Refugee Youth (supporting refugee young people)
- Scarman Trust (works with refugee community organisations)
- Refugee Council (works with refugee organisations)
- Newham Refugee & Homeless Project (works to build a stronger community)
- Newham Voluntary Sector Consortium (supports voluntary organisations)
- SKEIN (helps with partnership building)
- NCVO (An independent voice for the voluntary sector)
- Redbridge CVS (offers training and support)

RAMP ART THERAPY SERVICE:

What is your understanding of what the Children's Fund preventative work is aiming to achieve?

The Children's Fund aims to prevent psychological damages for those children who may have experienced emotional trauma i.e. witnessed war, abuse, murder, death or family losses. Children, who may have gone through transitional changes i.e. cultural, environmental and relationships issues, may not have been given explanations for their suffering and may not understand these changes and events that have been detrimental to their lives. The psychological support offers a space for young people, to help prevent children from developing mental health problems, by giving them an opportunity to explore their own emotional well-being.

What's your understanding/concept of the aims of your project?

The Young Refugee Art Therapy Service offer therapeutic intervention to young people. Art Therapy offers a space for children to explore their feelings and thoughts.

Art Therapy intervention is considered pivotal during a child's schooling. The impact these horrific events may have on a child's mental, emotional, physical and social state can be damaging to the child's education, i.e. some children may experience flash backs of traumatic

events, which in turn can hinder the learning process. Children need to understand and be able to express what they have experience to continue with their development process.

Art Therapy offers therapeutic intervention to prevent the trauma becoming long term psychological damage. Art Therapy sessions offer a space to process those feelings that may have not been explored, through the use of image making in a psychodynamic process with the Art Psychotherapist.

What areas of the community benefit from your work?

Newham schools, voluntary sectors and the public sectors.

Do you consider your work to be distinctive (ie offering something different to existing services)? If so, in what way?

Yes, Art therapy is very specific process for children to explore visually what is in the unconscious mind. Information that is verbalized during the session can also be explored through the image making process.

Art Therapy offers a space to reflect on issues and emotions that may have been suppressed for a long time. The therapy allows them to explore and express their feelings in a contained space, where it is confidential and safe for them to do so.

This service is free; and offered by a qualified Art Psychotherapist. Schools and staff tend to have limited experience and resources to deal with those children with emotional and behavioral difficulties. Schools have limited funding opportunities to support the child's needs on a long time basis, thus Art Therapy can be used as a long or short term intervention to prevent the child's needs being neglected.

What difference has your work made to the lives of users, as far as you are aware?

Children have been able to develop an insight into their life experiences, by exploring the cultural changes they have witnessed. This process encourages them to feel safe when expressing their thoughts and helping them to communicate with confidence about their feelings to others. The explanation and reflection process helps them to develop social interaction skills, helping to develop positive relationships with peers, teachers, parents and carers'.

Have you had any feedback from clients about your work?

The teachers and parents do feedback verbally, stating that their relationship with the child and the child's learning progress has improved, as a result of attended Art Therapy.

How do clients get referred to your project?

Schools, voluntary sectors, public sectors, parents, carers and Doctors / professionals

Are there any issues which you feel need to be addressed in the work of your project?

We are concerned for those children who may have to stop Art Therapy due to the age criteria set by the Children's Fund. Some of the children require long term support beyond the age of 14, to recover from their emotional trauma.

We are concerned for those children who may have to end Art Therapy if the funding from RAMP is terminated; we are doing our best to seek further funding, to continue the Art Therapy service. If the service is terminated, the children will be referred mainly to the NHS

Art Therapy Services for children; where there is a waiting list of 3 to 6 months. If the referral process is prolonged, the late intervention could heighten the risk of the child becoming mentally ill.

Do you think there is any aspect of your project's work which could be improved or extended?

The Young Refugee Art Therapy Programme is currently focusing on future expansion of the service we provide, endeavoring to provide Art Therapy for a wider scope of individuals.

For example; Children who are from the BME group and were refugees a long time ago, may have not have recovered from their trauma. We are exploring ways we can support those children who have developed a mental illness, to prevent it becoming out of control.

We are investigating if the service can be offered to children with extreme behaviors difficulties; where teachers have stated they can no longer support the needs of the child, due to their lack of skills in psychological intervention.

We would like to extend the age criteria, enabling us to support those on the waiting list after 15 years of age.

How does the project's work tie in with external agencies? (list agencies you liaise with, receive referrals from or send referrals on to).

We liaise with the CFCS, referring children for psychological assessments. These referrals are for children with psychotic symptoms or whom have specific family issues.

We also liaise with school departments i.e.; SEN and EMA, to make sure that all departments are working in conjunction with each other, so that all the child's needs are being meet.

We are currently exploring possibilities for supporting those children who are on the NHS waiting list for Art Therapy

RAMP currently provides the Art Therapy Service to 5 school in the Newham area.

REFUGEE HOMEWORK SUPPORT, FOREST GATE SCHOOL:

What is your understanding of what the Children's Fund preventative work is aiming to achieve?

Our interpretation of it is to provide a place for refugee students and families to meet others in a safe and lively environment. It provides and interface to the community, and integration, and enable people to make friends. We run summer activities also.

There is parental involvement, which provides them a place to socialise, and it involves students in the establishing, rule making and running of the club. Its a safe place to play (with no fear of gangs).

What do you do?

The Refugee Homework Support club happens once a week, with two groups running simultaneously (one primary, one secondary age group). The evening has three stages - 1 hour of homework, then a meal in the dining hall, and then sports activities on the Astro turf. Both groups have the same activity structure. We also do a variety of activities besides sport - such as board games, table tennis, computer games, arts and crafts, snooker, table football; plus a dj teaching mixing skills and lyric writing, and art therapy sessions for students with

special educational needs who attend.

What are the benefits?

The group is now an active one, organising events (such as an Eid party, where 200 people attended), and parents also take part in ESOL classes. The parents now socialise together without the children, so the impact has been very positive.

Students with special needs have progressed greatly, in a great atmosphere.

Also, an ex-student got a job here, teaching and helping a Bravanese student who is visually impaired. We include refugee children through the club's activities - including Somalian and Afghanistan students.

What's distinctive about this project?

We're making use of facilities at Forest Gate school eg the computers, all weather pitch, food (which we have funding for), and help with homework, health, and social aspects - so its a holistic approach.

The project worker works as an extended school worker, linking secondary with primary schools, building relationships with the community, not just with students that attend the school. This project is unique, as far as we are aware. We get students from other secondary schools, eg Rockeby and Lister. We also have a link with the Emmanuel Youth Project. Mothers and babies come along too to interact. Parents are supported with housing/immigration issues etc. Casework is found and taken on through meeting those that attend at this club.

What difference is this project making?

If clubs like this weren't available, the refugee children would find it much more difficult to settle in and be relaxed. Before this club, there were issues around school attendance, and other major problems. Students felt left out - but for those who can't speak English, football was an international language. This enabled some students to settle into school, having never been in school in their lives before. It is confidence building.

The students run the club - they create and comply to their own rules. The parents are happier that their children are making good progress because the club has helped with their literacy etc. Also the children and the parents meet people from other cultures at the homework club.

How are children referred to the project?

In terms of Secondary students, initial interviews are conducted by a school staff member who work with refugee students, and invites them along. In terms of Primary school students, its through the extended school worker, who liaises with schools through letters, posters, and word of mouth, targeted at the relevant group. SEN (Special Educational Needs) students are also targeted. 71% of the students do not speak English as their first language.

What difficulties have you experienced?

Funding is coming to an end. There will always be a homework club - this is an extension of what existed (ie extended to 3 hours, with a hot meal), plus we couldn't cater originally from Primary school children, which requires 5 staff in attendance, for Health and Safety reasons.

Its very hectic. We had to limit those who could attend, because it is very popular. It was difficult therefore to plan for. Now things have stabilised, in terms of student numbers, staff,

and ratio.

How long do you work with individuals?

We've been running for a year. Its a cyclical thing with different families benefiting all the time. After the summer holiday, new people will come, as Year 11 move on. Therefore there's a flow of new students.

How could this project be improved and extended?

Activities for older girls are needed; one more alternative space supervised which is not sports orientated - for example, being able to show international film DVDs, and music, or build links with local organisations to provide youth workers. Also, more language classes like the Arabic class - for example, Eastern European classes, and English classes for parents, and have it on the club night (currently its during the day at school).

How does the project's work tie in with external agencies? (list agencies you liaise with, receive referrals from or send referrals on to).

- Central EMA team (Ethnic Minority Achievement)
- Sandringham (Primary School)
- St James (PS)
- Earlham (PS)
- Godwin (PS)
- Lister (Secondary School)
- Rokeby (SS)
- Children's Society
- Reed in Partnership
- Emmanuel Youth Project
- Empowering Learning Arabic Class
- Children's Fund
- Refugee Migrant Project (Art Therapy)
- DJ tutor
- Newceys (ESOL)

USERS

Forest Gate Refugee Homework Support

A primary school (21) and secondary school group (20) were interviewed.

Activities:

- Generally participants enjoyed the activities. They liked the range of activities on offer and the food. The clubs was viewed as fun and had a good atmosphere, the older children noted the way the different cultures worked and played together.
- The younger children didn't like the work element of the club

People:

- The majority thought the people were helpful, kind and friendly. Helped with homework, behaviour . Other comments included "Help keep us active". "Safe", "respect" and "back up each other"
- 13% thought the people were alright but wouldn't comment further

Place:

- The club is held in Forest gate Secondary school.
- All secondary students felt the location was good with good facilities but would have liked to have gone out on trips and visits

- The primary children had mixed views 62% felt it was a good location as it was a big space with good equipment and they enjoyed being taught sports and being able to make new friends.
- 29% felt it was OK and 9% thought it was a bad place. Reasons for these results were given as
Don't always get a go on things (computers)
- Homework is difficult
- Some people make it uncomfortable when we come here and they won't change their attitude to us

How did you find out about the club?

The referrals seemed to be mainly from internal school links via teachers, newsletters posters. Some were asked by teachers and some came along with their friends and siblings.

What improvements could be made?

- Primary school children would like more time on the computers and more chance to meet new people and make friends
- Secondary children would like more time playing games – football and snooker. Opportunities to use the internet on the computers. Help with the routine of doing homework and more chances to make friends

Referrals Analysis, Quarters 1-3 (April - Dec 2006):

RAMP ART THERAPY:

Length of intervention:

ART THERAPY	Quarter 1	Quarter 2	Quarter 3
Regular support	45	48	18
Regularly supported previous quarter	30	11	17
Regularly supported before previous quarter	28	11	10

The Art Therapy project gives ongoing support to most of its users, over a long period, as illustrated above over a 3 quarter period.

Referrals to and from this project:

All (but one) referrals come from local schools (primary & secondary) (19 out of 20 referrals listed). None were referred on.

FOREST GATE REFUGEE HOMEWORK SUPPORT:

Length of intervention:

FGRHS	Quarter 1	Quarter 2	Quarter 3
Regular support	40	40	85

FGRHS	Quarter 1	Quarter 2	Quarter 3
Regularly supported previous quarter	0	40	45
Regularly supported before previous quarter	25	25	45

The Refugee Homework Support project gives regular, ongoing support to users. Nearly all users have stayed with the project over the three quarters illustrated above. *(No referral statistics on sources were supplied)*

PROGRESSIVE WOMEN ASSOCIATION

Length of intervention:

PWA	Quarter 1	Quarter 2	Quarter 3
Regular support	79	67	63
Regularly supported previous quarter	83	88	67
Regularly supported before previous quarter	84	82	88

The PWA has given regular, ongoing support to contacts. Nearly all clients have stayed with the project over the three quarters illustrated above. *(No referral statistics on sources were supplied).*

CAMHS workstream

Summary Framework:

<p>Impact:</p> <p>1. Length of Intervention?</p> <p>2. In what way is this preventative?</p> <p>3. Extent to which project takes client from Dependence/ Exclusion to Independence/ Inclusion?</p>	<p>1. The Reframe team works with children anywhere from 6 months to 2 years; anything less than 6 months does not work, because it takes time to build up trust with the child. DASL provides short-term drug education programmes in schools, lasting for three months or so.</p> <p>2. The Reframe team provides accessible mental health services for children 5-11yrs, with serious behavioural problems. The aim is to address problems the child is experiencing so that they can <i>remain</i> living in the community. DASL is a Tier 1 drugs service - an information and education service, so the service aims to educate young people about substance misuse. Research suggests that the earlier you put in place a good quality drug education preventative programme, it delays first contact with drugs.</p> <p>3. The aim of the Reframe team's work is to prevent an escalation of mental health problems leading to the child being taken out of the community. Our aim is not to prevent the problems themselves. This is a Tier 3 Service, which aims to maintain a child with serious mental health problems, in the community, and thus preventing further social exclusion and dependence, by dropping them down to a Tier 2 Service, such as school support etc. DASL aims to educate children from an early age about drugs, thereby preventing drug dependency and social exclusion.</p>
<p>Referral:</p> <p>1. Where do referrals come from?</p> <p>2. Where does the project refer clients on to?</p> <p>3. Are there concerns expressed about referring on?</p>	<p>1. For the Reframe Team, all referrals come from professionals (<i>not</i> self-referrals). The majority of referrals come from CFCS, but potentially can come from any agency. (For a full list, see the interview findings below). For DASL, referrals are through its network of drug related agencies, and schools.</p> <p>2. For the Reframe Team, according to the Children's Fund records for referrals during the April 06 and Dec 06, none were referred on. There is no specific data for DASL available to comment.</p>
<p>Embeddedness:</p> <p>1. Geographical reach: borough-wide or local project?</p> <p>2. What is the uniqueness of project?</p>	<p>1. Both projects are borough-wide, working with children across Newham.</p> <p>2. The Reframe Team is distinctive in that it provides therapy in people's homes; there is therapeutic power in being in the context of where issues are occurring; also it is a holistic service. DASL is distinctive because it targets vulnerable young people at school, with quality resources, and support for the teacher.</p>
<p>Difficulties:</p> <p>What difficulties have been encountered in the delivery of the projects?</p>	<p>The Reframe team staff are on short-term contracts, with funding ending in 2008. If this team disappears, families will not get a service. Also, work with children 13+ needs to be done, not just younger children. For DASL, more primary school work needs to be done; and the way work is documented needs to be more flexible to better reflect the quality of the work that is being done. Also, it is difficult to get an opportunity to give professional drugs training to teachers because schools cannot afford to release staff.</p>
<p>Users feedback:</p>	<p>No users were interviewed directly. However feedback from staff in the Reframe team say that parents feel more confident when dealing with their children, and the young people don't get into so much trouble.</p>

Below follow notes of two separate interviews carried out with workers from this workstream.

One interview is with a worker from the **Reframe Team**; the second is an interview with a worker from **DASL** (the Drugs and Alcohol Service for London service). Following this, there is a referral analysis, using data supplied by the Children's Fund for Quarters 1 -3, 2006.

Interview Findings:

REFRAME TEAM:

What is your understanding of what the CF's preventative work is aiming to achieve?

- Trying to **achieve better outcomes for children**, going across all **five areas of Every Child Matters**. So children **achieving more, realizing their potential, having safer environments**, and also **support for the parents**.
- This team provides **accessible Mental Health Services for children** aged 5-11yrs at time of referral, **with serious behavioural problems** ie a conduct disorder diagnosis.
- The aim is to address problems the child is experiencing so that **they can remain living in the community**. All work is done in a **preventative context**.

- **What's your understanding/concept of your project?**
- **Who in the community benefits from this work?**
- **Do you consider the work of this project to be distinctive (ie offering something different to existing services?)**

- We get **referrals from other professionals** (NOT self referrals).
- We **provide therapeutic services where the clients want it** - usually in their homes. Its therefore **accessible** - a 95% take up of the service when we offer.
- We work with all professionals involved - **therapeutic networking** (with schools, social services, mental health services. We get **a plan which everyone signs up to**.
- We get **children back into school**.
- We provide **assertive outreach** - we're very persistent, following up on missed appointments etc.
- The **intervention lasts between 6 months to 2 years**. Anything less than 6 months, and the intervention does not work, because it takes time to build up trust.
- Our aim is not to 'cure' but to **drop the user down to a Tier 2 (ie school support etc)**.
- **Who benefits?** The **children and the families**; the **surrounding social environment**, eg schools, because of the improvement in behaviour; and **the community**.
- More people who need **services are accessing them**, which indicates a **change in culture**.
- **Distinctive** - Its an **accessible service** - the model developed **provides therapy in people's homes**. So much of what goes on in a user's home helps in the therapeutic setting, because there is **power in being in the context of where the issues are occurring**; also the **client is in control** in their own environment. **Doing something in context enables skills to be transferred more easily** (learning something out of context is not as powerful).
- We provide a **holistic service**.

- **What difference has your project made to the lives of users, as far as you are aware?**
- **How do clients get referred to your project?**

- **Parents feel more confident** in dealing with children.
- **Young people don't get into so much trouble**.
- The **context of the young person is changed**, because those around them change their attitude towards the young person.
- Leisure opportunities provided for the young people did not work out because they were often excluded from these facilities because their behaviour was dangerous. **There isn't enough provision for youth with these sorts of behavioural problems**.

- **Are there any issues which you feel need to be addressed in the work of your project?**
- **Do you think there is any aspect of your project's work which could be improved or extended?**

Staff are on short term contracts, dealing with chronic issues in clients, with funding ending in 2008. **If this team disappeared, families would not get a service.**
Work with children 13+ needs to be done, not just targeting the younger age group.

What agencies does your project's work tie in with?

Referrals can potentially come from any agency, but mainly through schools.

- The project works with several agencies, including:
- The CFCS (NHS records)
- LAC (Family therapy; clinical psychology)
- YISP worker (Family therapy)
- Core Team (Conduct Disorder), who in turn work with: AWG Bilingual Co-workers; Family Therapy Team; the ADHD clinic (includes a family therapist, social worker, educational psychologist; and a clinical psychologist).
- Eleanor Smith, KS3 (family therapist)
- Tier 1 training: Newham Parenting Forum (any agency working with parents/children); Social Services; Education; Voluntary Sector.

DRUGS AND ALCOHOL SERVICE FOR LONDON (DASL):

What is your understanding of what the CF's preventative work is aiming to achieve?

We're a Tier 1 drugs service - an information and education service. Some of the young people we come into contact with have mental health issues, and these cases, we refer them on. In summary, a Tier 1 service is about education; a Tier 2 service is about providing diversionary activities and counselling; a Tier 3 service is about counselling, managing substance misuse, hospitalisation, and detox. We are a gateway into the rest of the service for the individual.

The Children's Fund work includes a primary schools, and up to years 7-8 in secondary school. We support education in substance misuse in schools, plus educating parents about substance misuse, and parental substance use. We also work with TRUCE, a substance misuse project. The connectedness is complex because of funding, which is available for specific pieces of work.

Describe what DASL does:

I'm a schools support worker, training teachers around substance misuse, and creating policy with teachers on substance misuse. I help with lesson plans, and delivery assistance of drug education.

DASL generally is a harm minimization project - we work with adults on harm reduction. When DASL put a tender in for SPARK, their ethos was around harm reduction, so we got a team together for preventative work. They wanted specifically new people to deliver this project, who are all from a preventative background. SPARK is a brand name, not an acronym.

We work with Year 1 children all the way up. We talk about safety in the home, for example, about medicines, why there's a safety cap on bleach etc; and about boundaries, rules, what's safe to touch. We deal with self-esteem, tell stories, get the children to colour in pictures, getting them to think about these things with their peers and discuss them. The teacher can

then do follow up work with them.

What's the impact of your work, as far as you are aware?

Evaluation sheets are used. We have discussions with teacher both before and after a programme is delivered. We find out if any children in the class are on the child protection register or if there is any substance misuse happening with the children. The exercises home in on specific substances, and give safe messages. For example, year 1, week 1, the children colour in pictures of things that are safe to touch, on a sheet of several pictures that are or are not safe to touch. At the end of the lesson, you can gauge what they've taken on board. Evaluating lessons like this is enjoyable for the children and increases the awareness of dangers.

We set goals of acceptable and unacceptable behaviour, which have measurable outcomes.

Long term outcomes would need a more intense programme to follow these up - for example, by looking at what other substance misuse programmes they've had.

Research suggests that the earlier you put in place a good quality drug education preventative programme, it delays first contact with drugs. The delay in smoking is a good indicator of delays in other substance misuse.

Why is this? Its the attitude towards a substance, which if not breached, is unlikely to go on to other substances.

Is the work that you do distinctive?

Yes. This service targets vulnerable young people at school, with resources which are well constructed, supporting the teacher to deliver quality drug education. There is support within and outside the school.

There is a lot of positive feedback. The SPARK support gives young people opportunities to think about substance misuse in new ways, and given them a rationale to stay away from substance misuse and resist peer pressure. For example, we worked with a community group, delivering 4 sessions on drug effects, the law, etc. They thought about substance misuse in several different ways . It brought relevance to them and pertinence.

What difficulties have the project experienced?

There needs to be more of a focus on primary schools work. Currently, 45 secondary schools are being worked with per quarter, but only 16 primary schools. This is more to do with Service Level Agreement than anything else though.

There's been a lot of transition within the team, and engaging and working with parents has proved to be very hard indeed because of the way it is documented. For example, 10 minutes with parents can't be documented; it needs to be 45 mins or more. Nonetheless, it is documented as a narrative.

Professional training work is problematic because we're not getting a large enough number of teachers, because schools can't afford to release staff. Also, inset dates are difficult because these are usually planned a long way in advance.

How can the service be extended?

There needs to be more sessions in Primary schools. We could provide support around the PHSE and citizenship part of the programme, looking at the subject in a broader sense.

There needs to be a more holistic approach to substance misuse. SPARK needs to go towards

this in the future, and have a broader focus.

Work with young women should be developed, with information pertinent to them; and for different groups of young people.

What agencies does your project's work tie in with?

- Newham Drug Action Team (DAT)
- Healthy Schools Drug Co-ordinator
- TRIP - Young Person's Arrest Referral Scheme
- CREATE - Substance misuse awareness and counselling
- Children Looked After - Substance misuse workers
- YOT - Youth Offending Team (Substance Misuse Team)
- Adolescent Specialist - Addictions Treatment Service

Referrals Analysis, Quarters 1-3 (April - Dec 2006):

REFRAME:

Length of intervention:

REFRAME	Quarter 1	Quarter 2	Quarter 3
Regular support	70	68	67
Regularly supported previous quarter	78	70	68
Regularly supported before previous quarter	60	68	61

The Reframe projects give regular, ongoing support to contacts. Nearly all clients have stayed with the project longer term (as illustrated over the three quarters above).

Referrals to and from the project:

The majority of referrals come from CFCS (37/58), with 14/58 from YISP, and 7/58 from Eleanor Smith school. None were referred on.

DASL:

Length of intervention:

DASL	Quarter 1	Quarter 2	Quarter 3
Regular support	651	90	115
Regularly supported previous quarter	90	90	0
Regularly supported before previous quarter	0	0	0

DASL's referrals change markedly each quarter. DASL generally provides short-term interventions, completed with a quarter, and at most, two quarters.

(No further referral information was supplied concerning origin of referrals and who users are referred on to).

Promoting Educational Inclusion workstream

Summary Framework:

<p>Impact:</p> <p>1. Length of Intervention?</p> <p>2. In what way is this preventative?</p> <p>3. Extent to which project takes client from Dependence/ Exclusion to Independence/ Inclusion?</p>	<p>1. The projects in this workstream provide mainly short-term interventions; the Langdon Family Support project also supports users in the longer term too.</p> <p>2. The Conflict & Change work provides a basis for children and young people to develop more positive social values and behaviours, and give them a sense of citizenship. The Family Support & Escort Service is preventative in the sense that it provides a buffer when parents need assistance, in times of illness or bereavement, for example. The service will do anything that helps families in the community, potentially preventing a further crisis, and in the long term, saving resources. The Langdon Family Support Service helps families at risk of social exclusion, to integrate them into the community.</p>
<p>Referral:</p> <p>1. Where do referrals come from?</p> <p>2. Where does the project refer clients on to?</p> <p>3. Are there concerns expressed about referring on?</p>	<p>1 & 2: The LFSS's majority of referrals come from Langdon school itself, though none were referred on between April & Dec 06, according to CF statistics. A list of agencies that the three projects work with can be found in the interview findings. Each project has a fairly diverse list of agencies that its work ties in with.</p> <p>3. There are implicit concerns about onward referral, in that the FSES worker is concerned to strengthen the work that is being done, because statutory services have little opportunity to provide preventative services.</p>
<p>Embeddedness:</p> <p>1. Geographical reach: borough-wide or local project?</p> <p>2. What is the uniqueness of project?</p>	<p>1. Both C&C and FSES are borough-wide projects; the Langdon Family Support Service is more of a locally based project, with most of its referrals coming through Langdon school.</p> <p>2. Regarding C&C, the work that is done is distinctive because it focuses on the development of the young person, including emotional literacy and mediation. It is rooted in the context of world conflicts, so that the young person can see the larger picture. Our programmes' delivery is unique also because of its interactive delivery style.</p> <p>Regarding FSES, it is a unique service because it not the sort of work which is delivered by mainstream services - family support officers can do a lot of 'hand-holding', something which is not provided elsewhere.</p> <p>Regarding LFSP, it is distinctive because its service has a preventative ethos, starting with children at an early age in order to prevent social exclusion, truanting etc.</p>
<p>Difficulties:</p> <p>What difficulties have been encountered in the delivery of the projects?</p>	<p>C&C: Negotiating tensions of agendas of the school and C&C. School staff participation is difficult to achieve.</p> <p>FSES: The strict criteria of the Children's Fund is limiting in terms of people we could help.</p> <p>LFSP: Being able to access courses to support the job role. Also, it is difficult to evaluate work performance - meeting other professionals doing similar roles would be useful.</p>
<p>Users feedback:</p>	<p>User feedback on the Peer Mediation project (Conflict & Change) included: they learned useful life skills; it had an impact beyond the project/school; they met and mixed with others; they enjoyed participating; it was a short term intervention with a long term impact.</p> <p>A user of the FSES said that their intervention has: given her guidance on child rearing; gained new clothes and a washing machine; started English classes, and been given emotional support and guidance.</p> <p>A user of the LFSS feels she now has someone she can trust. She has been helped with child rearing; been given counselling and activities for the children during holiday time.</p>

Below follow notes of three separate interviews carried out with workers from this workstream. One interview is with a worker from **Conflict & Change**; the second is an interview with a worker from **the Family Support & Escort Service**, and the third in an interview with a

worker from the **Langdon Family Support Project**. Following this, there is user feedback from all three projects. Finally, there is a referral analysis, using data supplied by the Children's Fund for Quarters 1 -3, 2006.

Interview findings:

CONFLICT & CHANGE:

What is your understanding of what the CF's preventative work is aiming to achieve?

The preventative work provides a basis for children and young people to **develop more positive social values and behaviours**. It gives them a **sense of citizenship**, undermining forces that are doing the opposite.

- **What's your understanding/concept of your project?**
- **Who in the community benefits from this work?**
- **Do you consider the work of this project to be distinctive (ie offering something different to existing services?)**

- The project delivers programmes to school children around **self esteem**. It addresses issues such as **bullying & homophobic bullying**. It trains peer mediators by providing workshop training for young people to be **peer educators on conflict resolution and communication**.
- Also **working with young people involved in gang activity**, and with Peace Direct organisation teaching **peace making skills**.
- We provide focused programmes on **valuing diversity**.
- We work with teachers **providing resources, acting as consultant** and help for the teacher.
- **We stay in a particular school for several years**, so that **staff can deliver these programmes themselves** eventually. Then we move into another school.
- **Distinctive? Yes**. We do a programme which focuses on the development of the young person - including **emotional literacy and mediation**. We **root it in the context of world conflicts**, so that they make connections. We talk about peace mediators of the world, so that **the young person sees the larger picture**.
- The way we deliver peer mediation is distinctive. **Our programmes are very interactive**, and we take participants to conferences to meet with other peace mediators.

- **What difference has your project made to the lives of users, as far as you are aware?**
- **How do clients get referred to your project?**

- **All of Newham potentially benefits** from the work that we do, because young people grow up positively in the community. From our evaluations of the work we do, we know that **young people use these skills at school and at home, so the impact is wide**.
- The feedback from participants demonstrates that **they gain confidence; relationships at school and at home improve**; they are **able to engage with peer pressure more constructively** - they think before they respond, and do not 'follow the crowd' as they may have done in the past.

- **Are there any issues which you feel need to be addressed in the work of your project?**
- **Do you think there is any aspect of your project's work which could be improved or extended?**

- **Negotiating tensions of agendas** of the school and our agenda. We could be stymied, if, for example, a school does not take ownership of the programme, because of crowded timetables, limited space etc.

- We try to get skills rooted in the structure of the school, but **staff participation is difficult to achieve sometimes** to enable this to happen.
- **How can our work be extended or improved? What we do can be extended across the borough. Our diversity programme can also be deepened** by doing a second level of work, thus addressing the Every Child Matters agenda regarding achievement.
- Schools are becoming healthier places. There's a sense of value and achievement in what we do.
- We would like to develop what we do outside of school, for example, in youth clubs, which is **outside of the formal educational context**.

What agencies does your project's work tie in with?

Agencies include:

- LEA (Training for school staff in conflict resolution, culture and communication)
- Peace Direct (peace work, Olympic truce)
- LEAP
- Connexions (Anger management and Self Esteem, and drop in activities)
- Youth Clubs (training for young people and youth workers)
- YOT (work with young people affected by crime and gangs)
- Parent Support Group (workshop for parents)
- Faith/Community Groups (eg Tamil young people)

FAMILY SUPPORT AND ESCORT SERVICE:

What is your understanding of what the Children's Fund is aiming to achieve?

Its about trying to prevent children coming to the attention of statutory services, and to assist families to care for their children. Preventative services are therefore critical.

There are times when all parents need help and assistance - say in times of illness, bereavement etc, and this is when preventative services can help.

Statutory services have certain criteria, and you may not 'fit' that service, and hence not receive help.

There are a range of issues that preventative services help with - there's less labelling, and its a more universal service, which is approachable by parents. Preventative services go a long way to help parents to cope.

Specifics about this service:

The role of the Family Support Officers is to support families in their own homes. They are referred by health visitors/ teachers/ police.

We work specifically with children who are likely to suffer significant harm. Family Support Officers work alongside parents to help them to cope. They liaise with agencies on the parent's behalf, and develop a plan to help with parenting skills.

Social workers are involved in more statutory aspects of care, such as child protection and dealing with abandoned children.

In what sense is the work that you do preventative?

Its preventative in the sense that its a buffer - it gives understanding of family functioning, or prevents further family breakdown. Statutory services have always struggled with what they feel is appropriate. In a diverse community, statutory services are not geared to meet demand.

We do anything that helps families in the community - potentially preventing a further crisis, and in the long term, this saves resources and manpower.

Who benefits from the work that you do?

A whole range of families benefit across the board. There's no particular 'theme' as such. This is the very front line, in the initial stages only, assisting in fending off a crisis through gathering information. We work with each family for 1-4 weeks, or perhaps up to 6 weeks.

Is the work that you do distinctive?

Yes - this sort of work is not provided in mainstream services. Family Support Officers can do hand-holding, something which is not provided elsewhere.

What difference has this work made to the lives of users, as far as you are aware?

We need to track families to be able to answer this question. But our re-referral rate is low, which indicates that our interventions are effective.

What difficulties have you experienced in this project?

The strict criteria is limiting in terms of people we could help.

How could this work be extended?

I would love to see this work being reinforced and strengthened, because statutory services have little opportunity to provide preventative services. The Children's Fund is pitched to those who don't have access to statutory services. This needs to be replicated 10 times over, with the safeguard of service level agreements stipulating clear targets. It would be money well spent. At the moment, there are 2 workers on this project - a drop in the ocean.

What agencies does your project's work tie in with?

- Statutory - Home Office/ Prison Service/ Immigration
- Schools
- Health Visitors
- GPs
- Probation Service
- Hospitals
- Police
- Voluntary Sector - Early Start/ Sure Start/ Children's Fund/ Mencap
- Community
- Contact centres

LANGDON FAMILY SUPPORT PROJECT:

What is your understanding of what the CF's preventative work is aiming to achieve?

Helping families who are at risk of social exclusion, to integrate into the community. Most of our parents find it difficult to interact because the children have difficulties, so we introduce them to support groups to help them make friends etc. We also promote outside classes, such as English classes, gym, aerobics.

What do you do? Describe the project.

I work with children in years 5-8. They are referred to me. For example, if I have a year 5 child where there concerns, I will also work with the sibling in year 1, and the whole family. If an older sibling is not in work, I'll help them get work, through relevant provisions (signposting them). I also help within the home, and with emotional needs, and refer on to CFCS and the Chrysalis Project.

On receiving a referral an assessment is done to figure out what support is needed. It may be as diverse as getting bedding, white goods, help with furnishing. I work out where to get support. I also help with reading- taking a group to the library to do a reading challenge programme, where the children read to each other. The children are from different schools, so this builds their social network. The child takes a book home to read. So, its based around supporting literacy to complement their reading at school. It builds self confidence, reading skills, and encourages them to use the library.

We also run a swimming group - we take 12 children to swim, and there's a certificate at the end of it, therefore it builds up self-confidence, and helps with learning about hygiene, and being able to access the leisure centre on their own. So I run a group each year, and the children get certificates in swimming a certain amount, diving etc. These are Years 7 & 8.

The swimming has been successful; parents have commented on the it, and how therapeutic it has been to some students, who love it.

How is it preventative?

It helps the students to have a more positive outlook on their own abilities - "I can do this". So it helps them to move forward. It prevents that barrier of low self worth, and from being socially excluded.

Who does it benefit?

It benefits the child, family and community. Some children have no regard for staff etc and therefore taking them out in a setting of adults in authority shows them that you must be polite outside school and therefore, inside school. It reinforces respect for the wider community and those around them.

In what way is this project distinctive?

There are similar services out there. But this service differs in that it has a preventative ethos. We grab the children at an early age, especially at Year 5, in order to start the preventative work early. These children are referred to me from junior school, in order to prevent social exclusion, truanting, and to help with emotional support etc. Therefore, going in at an early stage reduces issues children have before they come to secondary school.

How do you get referrals?

Referrals come through the senior mentor from primary schools, years 7 & 8. Langdon staff also know of family support projects, and we get self-referrals too. But also at panel meetings, where students of concern are discussed, who are having difficulties, truanting, whose appearance looks shabby or inappropriate, or if there's been lots of communication with the parents but with no response, or if the child is showing emotional problems.

What is the affect of the work that is being done?

To give some examples: We've helped a family into permanent housing, and got it furnished. Another family we worked with had 6 children, when the husband died. There were accommodation problems, because the kitchen needed refurbishing. This was achieved through asking- sometimes parents don't know that they have a right to ask for refurbishment. Therefore, these outcomes give clients confidence and empower them. Also, parents often don't have the confidence to talk about rent arrears, so we have helped in this regard too. Another example is of one lady who completed a sewing course, to earn money. So families do benefit from what we do here at Langdon. Its interesting to see how parents develop with the support we give and someone to speak to. Another example is a parent who has increased his literacy, and now reads to his children.

What difficulties has the project faced?

I would like to be able to access courses that would best support me in my job role. I would also like to access other networks, to compare and see how effective my work is. I'm the only family support worker here, so it would be useful to get a benchmark on what I do, and be able to think about ideas with other support workers. I want to build on my knowledge so that I can support families in a range of ways, so bouncing ideas off other professionals would be useful.

How can the project be extended or improved?

I would like to continue see families that I work with beyond the age limits I have been set - say go beyond year 8, to year 9. I could continue to work with them, not in an intense way, but to be able to signpost, and not to have to cut them off, so that the family still has a support to fall back on, should they need it.

What agencies does your project's work tie in with?

- Primary schools - four altogether
- Aston-Mansfield
- Langdon School
- Newham Leisure Centre
- CFS (Child and Family Consultation Services)
- Trinity Centre (After Schools Club)
- Credit Union
- Lister
- CAB
- School Counsellor
- Chrysalis
- Manor Park Library
- Conflict & Change
- YISP
- Homestart (Hartley Centre)

USERS

Peer Mediation (Conflict & Change)

Learned useful life skills*

I've learned how to manage conflict better and how to sort things when people are angry.

If you want to solve a problem it's not about saying sorry and shaking hands. You have to go into detail and find out what caused it and find a solution.

Impact beyond project/school*

It helps at home too.

I used to get into trouble at home for fighting but I fight a lot less now.

Meeting/mixing with others*

You get to help people with problems who you don't know well. You get to know others.

I've got involved in other people's religions. If anyone says anything racist or against

someone's religion I'll say something now. Before I would have kept quiet. Now I'll challenge it and say 'we're all people'.

Enjoyed participating*

Initially challenging*

At first, the first week I found it a bit hard to communicate with people that are crying. It got easier as I got used to it.

Short term intervention, long term impact*:

You don't do lots of mediations with the same people because they change how they behave – you can see they've learned and start to sort things out themselves. It's not the same ones needing help every time.

I've learned how to calm myself if I get into arguments. I've learned if I need help, to tell someone. I've learned to manage my own anger.

Suggestions for change

Recruit mediators with the potential to be sensible as well as those who already are.

Family Support and Escort Service

'B', mother of four, 'I' (12), 'A' (5), 'D' (4), 'N' (5 months)

'B' is Ghanaian and a mother of four. Prior to the intervention of her caseworker, via the Family Support and Escort Service (FSES), she had been struggling with housing problems and problems with managing her four children as a single mother. 'B' arrived in Britain from Holland in April 2005.

'B' became involved with the project following an incident with her daughter, 'I'. 'I' had been bed-wetting on a nightly basis and was hiding the sheets under her bed. On a day when 'I' was supposed to pay for a school trip, 'B', angry at her daughter for never cleaning up her own sheets, refused to give the money to her and threw a clothes hanger at her daughter in the heat of an argument. 'I' reported this action to her teacher at school, who in turn was obliged to involve social services. The social worker, satisfied that the incident did not represent anything more serious than a spat, referred the case to the caseworker at the FSES. the caseworker has been visiting 'B' for around six months now.

Domestic Help

Some of the more obvious things that have helped 'B' to better manage have been a new washing machine, acquired through the Goldsmith's Fund and organised by the caseworker, and new clothes for the children – shopping for clothes had been extremely difficult without an extra pair of hands to look after the four children.

Advice

'B' explained about an incident with her landlord that occurred one day as she was undressed in her bedroom upstairs. He let himself into the house - 'B' had no idea that as a tenant she had the right to arrange fixed appointments with the landlord so that he could not call on her without prior warning. When the caseworker found out about the incident she explained to 'B' that she had basic rights as a tenant and could tell her landlord to leave if he called at times that were not pre-arranged and convenient.

Education

"My education background is a little bit poor... so there are things I don't know... then she (the caseworker) came and explain to me." the caseworker is arranging for 'B' to attend classes at the local Hartley Centre. 'B' struggles with her English which is a problem not only in day to day life but also creates a barrier between her and her daughter. 'I', knowing that her mother cannot read English, often claims that she has finished her homework and 'B' is unable to check. 'B' hopes that with time and lessons she will be able to improve her English sufficiently to allow her to check on her children's work and offer help.

Life before and with the caseworker

"It's totally different. I was needing the help. When the social worker and the policeman was in my house I feel bad." When the caseworker arrived, "she helped... she came into my room and (helped me to tidy up). When my brother came he said 'what is happening here?'" It seems that the caseworker has helped to bring order to an extremely chaotic household and provide 'B' with a different way to manage her household; one that would improve the lives of the whole family.

The Best Thing

For 'B', the best thing about being able to call on the caseworker for help that been having "someone who cares about your children... to have someone call you and ask, 'how you doing? Is everything OK?' If the problem is coming a lot then I call her and she make me.... (calm).

The Children

the caseworker felt that one of the contributing factors to 'I's bedwetting had been that 'B' was allowing her to eat and drink late at night. She advised 'B' to place restrictions on food and drink. the caseworker has also given 'B' more confidence in her relationship with 'I'; when 'I's friends used to come round they would congregate in the lounge as 'I' was too ashamed to take them to her room where she had been stowing her sheets. 'B' felt it would be better for her and for 'I' if she asked them to go to 'I's room. This action obliged 'I' to start cleaning up her room and washing her sheets. 'B' had also been trying to put pampers on 'I' but the caseworker again advised that this would be damaging for 'I' as her younger siblings would laugh at her.

'B's overview of the service

"When something is difficult for me I don't have anyone to talk with. When I see her I am not stressing anymore.... I don't have those feelings anymore – she tell me, 'B' relax, nothing (bad) is going to happen".

Langdon Family Support Service (LFSS)

Debra, 6 Children aged 9 to 18 – two using LFSS service, 'C' (14) and 'D' (12)

Debra's husband died 7 years ago.

"I trust the LFSS worker completely. Before I didn't trust anybody and I couldn't talk to anyone. Now I've got someone I can trust."

(Question 1: How did you get involved with this project? Who told you about it?)

Debra became involved with the Langdon Family Support Service before 'C' started at Langdon school. As an eleven year old 'C' was prone to fits of violence and aggression and had

threatened strangers with knives. Debra had become so worried that she sought advice from his future school, Langdon, who referred her to the LFSS.

(Q2: What is the project about?)

Generally, the LFSS "does a lot" for Debra and her family. Whenever Debra has any problem with her children she phones the LFSS worker who offers advice and, where necessary, practical support. Activities during holidays and half-term mean that the children can spend time away from Debra, allowing her "a break" in which she does not have to worry that her children might be "on the streets".

(Q3: What has the project done for you?)

One very pertinent specific example of a time when the LFSS has been invaluable to Debra and her family is the story of her son 'D'. Around the start of 2006 'D', then eleven years old, had been threatening to jump from his bedroom window – something which caused Debra understandable alarm as she had no idea what his motives were or what she could do to stop him from carrying out his threat. The LFSS worker was able to source and provide help through an external 'Family Consultation' expert who managed to break through to 'D' in one-on-one sessions. Although 'D' could not explain why he felt the need to jump, the sessions were enough to calm him down and he has not returned to threatening to jump from his bedroom window. Debra feels that 'D' is now happier with his life.

'D' also suffers from problems with his legs and their muscles. As such he should have a lot of exercise to strengthen his legs. Debra, with six children, finds it very difficult to find the specific time to devote to 'D'. Every Friday the LFSS worker takes 'D' swimming (with a regular group) which provides him with some of the exercise that he needs. According to his mother 'D' enjoys not only the swimming but also the fun and enjoyment of swimming with other children his age.

(Q4: What has been the best thing about the project?)

Debra has found the support for her and her family in general to be fantastic. It has allowed her to spend more time with her family and enjoy their company. One fond memory that she has is on the day out that the LFSS organised to Colchester Zoo. Debra and her family attended the day - without the financial help of the LFSS Debra "wouldn't have been able to pay for the day".

(Q5: What suggestions do you have for improvements to the project?)

Debra feels that the LFSS worker does an excellent job but is constrained by her workload. More support for the LFSS worker would probably lead to an even better service and allow for more families like Debra's to receive help and assistance.

(Q6: Has the project helped you and your family to spend more time together as a family?)

The LFSS has also helped the family to function better together. "As a family we used to be at Loggerheads... but it's (the LFSS) taught us to be more of a family and we've learnt to do things together". As the family does not have much money, they don't have the opportunity to go out and do things together very often. Nevertheless, Debra is confident that the LFSS has allowed them to spend more time together at home where they "do things together like pool, snooker and board games".

(Q7: How have you felt generally since your involvement in the project began?)

Debra describes the change that she has noted in herself as something fairly remarkable. "Before I didn't know which way to turn but now I feel a lot happier in myself – I've always got someone there. I've only got to pick up the 'phone and the LFSS worker helps me as much as

she can".

The Children

(Q8: How has the project impacted upon 'C' and 'D's attitude towards school?)

'C' now has a 100% attendance record at school although Debra cannot say if this is down to the LFSS as he has always shown good attendance. 'D' also has good attendance but Debra has noticed a marked change in his attitude. Before meeting the LFSS worker and before receiving help through the service, 'D' always "came home with the hump". Now that he has the opportunity to talk to the LFSS worker he seems brighter and happier and his attitude towards school has markedly improved. While 'D' has never really had much of a problem with school in academic terms and just "gets on with it", 'C' had been having difficulties in a number of subjects. Again, the LFSS was able to help through arranging extra tuition for 'C' to help him gain confidence and understanding in his subjects. 'C' is a member of the 'Green Fingers Club' but 'D' is not keen on sports and so is not part of any club or team. 'D' and his brother have learnt how to get on much better with staff and fellow students as the LFSS worker has helped them to learn how being polite to other people can help relationships to run more smoothly and with less antagonism.

Conclusion

"Don't let the Family Support fold up. It does help a lot of people. If it wasn't for them I think I would have had a nervous breakdown."
The LFSS has been a lifeline for Debra who cannot give enough praise to the LFSS worker, her support worker, and J for supervising the service.

Referrals Analysis, Quarters 1-3 (April - Dec 2006):

CONFLICT & CHANGE:

Length of intervention:

C & C	Quarter 1	Quarter 2	Quarter 3
Regular support	195	50	110
Regularly supported previous quarter	57	0	20
Regularly supported before previous quarter	0	0	0

The Conflict & Change project provides short-term interventions, the majority of which are delivered within one quarter.

(No further referral information was supplied concerning origin of referrals and who users are referred on to).

FAMILY SUPPORT & ESCORT SERVICE:

Length of intervention:

FS&ES	Quarter 1	Quarter 2	Quarter 3
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FS&ES	Quarter 1	Quarter 2	Quarter 3
Regular support	49	50	-
Regularly supported previous quarter	3	4	-
Regularly supported before previous quarter	0	0	-

The FSES provides short-term interventions; nearly all clients are in contact with the service within one quarter only.

(No further referral information was supplied concerning origin of referrals and who users are referred on to).

LANGDON FAMILY SUPPORT SERVICE:

Length of intervention:

LFSS	Quarter 1	Quarter 2	Quarter 3
Regular support	27	40	-
Regularly supported previous quarter	10	14	-
Regularly supported before previous quarter	12	20	-

The LFSS provides both ongoing support to a proportion of clients over two quarters, and also short-term help to others.

Referrals to and from this project:

The majority of referrals come from Langdon school (40/58), with 6 sources of referral altogether, the majority of which are schools. None were referred on.

Participation workstream

Summary Framework:

<p>Impact:</p> <p>1. Length of Intervention?</p> <p>2. In what way is this preventative?</p> <p>3. Extent to which project takes client from Dependence/ Exclusion to Independence/ Inclusion?</p>	<p>1. Involvement is ongoing for both projects, for as long as participants wish to remain a part of it.</p> <p>2. In terms of the Kidz Krew, it is preventative in an indirect way, since it encourages children who take part, to voice their opinion about services offered by the local authority and make a difference in the borough.</p> <p>In terms of the Parent Support Group, it prevents social isolation by bringing parents together, and learning new skills.</p> <p>3. For the participants in the Kidz Krew, there is a sense of empowerment (they get to know their rights), and it gives the young people an opportunity to learn about council processes.</p> <p>For the Parent Support Group, having a social network, and the opportunity to learn new skills fosters inclusion and independence.</p>
<p>Referral:</p> <p>1. Where do referrals come from?</p> <p>2. Where does the project refer clients on to?</p> <p>3. Are there concerns expressed about referring on?</p>	<p>1. Referrals to the Kidz Krew came from the Children's Fund, although currently there is no active recruitment, because of a lack of continuation of funding.</p> <p>The Parent Support Group grew 'organically' out of the Early Start programme, and parents have joined since through word-of-mouth.</p> <p>2 & 3: Not applicable.</p>
<p>Embeddedness:</p> <p>1. Geographical reach: borough-wide or local project?</p> <p>2. What is the uniqueness of project?</p>	<p>1. Both the Kidz Krew and the Parents Support Group are Newham-wide groups.</p> <p>2. The Kidz Krew is distinctive because it gives children a voice, and enables them to know their rights.</p> <p>The Parent Support Group enables members of the group to impact positively on their community through staging events.</p>
<p>Difficulties:</p> <p>What difficulties have been encountered in the delivery of the projects?</p>	<p>Kidz Krew needs more money to facilitate more participation with children, and to hire more trainers who work with children in workshop sessions. There is also a question as to how younger children (from 5 years old) can be engaged in the participation process.</p>
<p>Users feedback:</p>	<p>Not applicable.</p>

Below follows two group interviews, one conducted with the Kidz Krew, the other with the Parent Support group. (Referrals analysis was not applicable for this workstream.)

Kidz Krew:

What is your understanding of what the CF's preventative work is aiming to achieve?

This project ensures that **children have a say in the decision process** regarding services that affect them, through facilitating discussions with the children who are part of this project.

- **What's your understanding/concept of your project?**
- **Who in the community benefits from this work?**
- **Do you consider the work of this project to be distinctive (ie offering something different to existing services?)**
- The project **gives the participants a view and an understanding of council processes**, and **gives them a voice** and other children.
- The **participants are referred from Children's Fund**. At the moment, there is no active recruitment happening because of lack of continuation of funding.
- **Distinctive?** This is a distinctive project which **gives children a voice**, and enables them to **know their rights**. For example, a 6 year old can tell you their rights, and have a firm understanding of processes, and then operate with this knowledge.
- **What difference has your project made to the lives of users, as far as you are aware?**
- **How do clients get referred to your project?**

The children are more **informed and informative**. For example, for a 7 year old, it has **empowered** them with issues such as bullying and issues at home. It has helped them at school and with personal issues.

Participants are able to **access council services**, and **speak on behalf of other children**.

- **Are there any issues which you feel need to be addressed in the work of your project?**
- **Do you think there is any aspect of your project's work which could be improved or extended?**
- We need **more money** to **facilitate more participation with children**, and to **hire more trainers** who work with children in workshop sessions.
- There is a question as to **how we engage younger children (from 5 years old)** in the participation process.

What agencies does your project's work tie in with?

Agencies include:

- PCT PRIMARY CARE TRUST
- N.J.P NEWHAM JUNIOR PARLIAMENT
- CRAG CHILDREN RIGHTS ALLIANCE FOR ENGLAND
- NYP NEWHAM YOUTH PARLIAMENT
- CC CONFLICT AND CHANGE
- CLLR COUNCILLORS
- P.B. PARTNERSHIP BOARD
- D.V DOMESTIC VIOLENCE
- CA CHILDREN ALLIANCE
- CYPP CHILDREN AND YOUNG PEOPLE'S PLAN
- D.C. DISABLED CHILDREN
- ASBYO ANTI-SOCIAL BEHAVIOUR AND YOUNG OFFENDING

Parent Support Group:

How did you get involved?

- Parents met through schools, clubs and services, and volunteered to help in the community, and through word of mouth.
- The Parents Support Group empowers us and other parents by learning new skills, which we use in the community.
- We have done promotional events - promoting healthy eating, dental services, doctors, opticians, and chiropodists in schools. We have also arranged face painting and hair braiding, and promotional goods. We evaluated these events through using questionnaires, and gave participants free bags at the end.
- Now, the PSG mainly does signposting and visiting services, and giving to parents.
- We're filling nursery places for Early Start via the school parents contact.
- We work through word-of-mouth, which we find more effective.

How did you start the PSG?

- Most parents were involved in Early Start as a group and wanted to take it forward once the young people were over 5.
- We have involved new parents from school, including fathers, and we meet about once a month.
- We have visited most of the other projects and partnership.
- The Children's Fund is good - all ideas are respected and its not so bureaucratic (in comparison to Early Start).
- The PSG has given a lot of confidence - we feel we can do anything now. Its easy, as a parent, to feel stuck in a rut, but this helps us support each other, and show us we're able to do things together. As a result, we don't feel as isolated. Also, the children come along too.
- The group gets new parents involved, and gets them out of the home, from all over the network, which covers Newham. Everyone's kept in touch with feedback.
- The CF gives support, listens and encourages, and helps us to promote events like the Health Roadshow, where we provided a health pack, goodies, and advice.
- We use our skills to help and liaise with other projects, and look at how we can bring new services into the school.
- We are happy now and are working towards the group's goal, to be set up as a proper group, and be stronger with more power to affect positive change. We want to educate more people to spread the work of the group. We have also encouraged the children to join groups, such as the Kidz Krew, and given them confidence to participate.