

## Volunteering

### **Length of Operation:**

Various- volunteering schemes outlined below with different operational periods

### **Brief Description:**

The Volunteer Centre:

The Volunteer Centre (VC) works people of all ages and to engage those aged 14-25 years old in active citizenship through volunteering to promote community cohesion. Through the colleges, community and youth groups, and working with hard to reach and disadvantaged social background groups, the VC has set up projects to enable them to use their existing skills and to work within the local community to develop new skills. We provide a flexible framework that enables young people to build on current interests and aspirations. The participation network is a multi-agency group which works to benefit young people and has recently developed a 'Children and Young People's Charter'.

The VC have extended the number of outreach sessions, including volunteer drop in surgeries to support and encourage people living in the town to help them find placements and work. These outreaches take place in colleges, libraries, outreach sessions to groups offering services, and Jobcentre Plus, and more are planned in the near future. The VC recognise that not all people are able to visit the Volunteer Centre and believe that expanding these services across the town will ensure they are able to meet the needs of hard to reach clients looking to find voluntary work.

It is important to identify the needs of volunteers to ensure each individual is placed in the right opportunity for them and to assess the number of regularly demanded opportunities and ensure these are in good supply. New opportunities have been created in sports development, media, mentoring and working within the Criminal Justice System, including working with young offenders. This has been done by continually strengthening and sustaining partnerships with organisations, services and colleges in Darlington.

The numbers of opportunities available that provide accredited training alongside a volunteering placement have also increased. For example, many opportunities include recognisable training awards such as level 1 sports coaching for young people, level 2 client mentoring, working with both homelessness and domestic violence, training in first aid, NVQ in retail and safeguarding and protecting children to name a few. eVOLution refer volunteers to a wide number of placements with opportunities ranging from IT to Police support, from shadowing opportunities in health and social care and youth work to befriending placements.

The VC works closely with local colleges and a wide range of different community classes and groups from access course mature students, many of whom are looking to go into the health profession to IT and media students, between 16-18 years old. These students require work placements as part of their course and many are looking to progress to University or higher education. Volunteering enables them to experience a working environment, prior to entering costly training courses to provide the individual with an understanding of what that job may be like in the future. On these grounds, local colleges now recognise the role eVOLution Volunteer Centre can play in helping students enter work placements to gain vital knowledge and understanding of future job prospects.

High levels of volunteering are one sign of strong, safe communities. Volunteers are vital in supporting the range of activity undertaken by third sector organisations and within the public services. They shape and deliver local services, build community cohesion and drive social change. Volunteer development agencies, volunteering involving organisations and volunteers undertake vital roles in identifying and addressing issues within our local communities and in encouraging active citizenship.

Volunteering is an accessible way to enhance skills, experience, re-gain or build confidence and gain qualifications that support personal development and provides stepping stones into education, training and employment. The Volunteer Coordinator manages the centre performing six core functions, brokerage of volunteers, and marketing, sharing good practice, developing opportunities, policy response and strategic development.

### Vinvolved

Launched in April 2008, vinvolved, the national youth volunteering programme, aimed to get half a million more young people positively involved in their communities.

The £75 million vinvolved programme built on the success of Millennium Volunteers and created a new national framework for youth volunteering, as recommended by the Russell Commission. The vinvolved programme finished in March 2011.

The vinvolved team network:

V's England-wide network of 107 vinvolved teams ensured that young people and voluntary organisations could all access the same expert advice and help on all things youth volunteering – no matter where they lived.

Each team has three key tasks:

1. Creating new volunteering opportunities:
  - Working with community and voluntary organisations to create more high-quality, diverse volunteering opportunities for young people in their local area
  - Supporting local organisations who work with young volunteers, by offering training, building local networks and sharing good practice
2. Brokering 16-25 year olds into volunteering opportunities:
  - Finding the right opportunities for new and existing volunteers
  - Helping young people to set up their own voluntary projects
3. Championing youth-led action:
  - Each team has a Youth Action Team (YAT), made up of young volunteers who advise vinvolved teams and get involved with the work they do

vinvolved projects:

vinvolved projects were run by large, medium and small organisations and generated a wide range of short-term, part-time and full-time volunteering opportunities for 16-25s.

vinvolved projects offered opportunities which:

- Were inclusive and attract a diverse range of young volunteers;
- Respond to young people's passions and concerns and enable them to take action on the issues they care about;
- Improve skills and support progression onto further volunteering, education, employment or training;
- Encourage high levels of youth involvement;
- Strive for innovation and creativity, and
- Have a positive impact on communities across England.

### Tees Valley YMCA Options Programme:

Options will offer a flexible menu of support options, an accessible and non-conditional service that will contribute to increased learning outcomes of NEETs:

- Individual support/assessment to identify needs and plan appropriate interventions, with regular reviews;
- Accredited ICT training in “bite sized chunks”;
- Help with improving Essential Skills needed for everyday life (Literacy, Numeracy, etc.), and the opportunity to gain a recognised qualification;
- The opportunity to develop skills and confidence by taking part in voluntary activities. These might be as part of a group, or on an individual basis;
- Frequent 1:1 mentoring to raise self-awareness, self-esteem and confidence;
- Signposting to specialist support where appropriate
- Access to computers and the internet, and support to develop job search skills;
- Information on the range of options for progression, and support with accessing these, and
- All young people who access the Options programme will have access to other YMCA facilities including the Y Fit gym facilities and well-being activities (healthy eating, walking club, dance classes)

### **Data and Outcomes;**

#### **Volunteer Centre & YMCA V involved data**

In April 09-Sept 09) the Volunteer Centre referred 362 volunteers to over 130 VCS organisations in a diverse range of roles (e.g., administration, befriending, gardening, childcare, health & social care, sports development, IT, arts and youth work) of which, over 160 were below the age of 25.

For the period of April 2010 to March 2011 eVOLution registered a further 943 Volunteers with 410 being under the age of 25.

Target	Year 2	Year 3 2010 – March 2011	Total (including Year 1)
Short Term Volunteering Opportunities	240	320	600+
Part Time Volunteering Opportunities	440	366	900+
Full Time Volunteering Opportunities	0	8	30+
Organisations Supported	4	32	40+
Young people (16 – 25) into volunteering	75	150	425

#### Volunteer Numbers 1<sup>st</sup> April 2011 – 31<sup>st</sup> August 2011

Count of VolID	Age Range												Total	
	15-18	19-25	26-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Over 65	Under 15		Blank
Female	59	102	31	14	14	11	18	7	7	2	2		43	310
Male	21	28	10	6	18	3	12	7	9	4	1	1	34	154
Blank		1											19	19
<b>Total</b>	80	131	41	20	32	14	30	14	16	6	3	1	95	483

#### Case Studies:

##### Case Study A

Daniel\* came to us in October 2009 with a Key Worker from the National Probation Service, (Darlington Youth Offending Service).

Daniel was on a suspended sentence and was already serving a 12 month community service order. Volunteering had been suggested as an accompaniment to the community service order as Daniel had no qualifications and was keen to start employment or part time study at Darlington College as a mechanic. His Case Worker had advised Daniel that he would need some work experience to develop his communication skills and also to help him establish some routine activities as his lifestyle was chaotic and unregimented.

At the appointment, Daniel completed the volunteering documents including the eVOLution Volunteer Registration Form and a Data Protection Form with the help of the case worker as Daniel was severely dyslexic. The Volunteer Registration Form is designed using the V-Base format, the nationally used volunteer and opportunity database- also available to search online using the Do-It website. (eVOLution posts activities and opportunities on the site with contact details and applicants are able to search for particular skills and interests using their postal code).

Daniel, the Key Worker and I discussed possible opportunities and Daniel showed an interest in working with animals or doing some manual work. Daniel was quiet and reserved in the meeting but showed a clear interest in his bike and also enjoyed sports such as football.

We looked at a number of possibilities including working with Bike Club, a national initiative running to encourage more people to use their bikes as a primary transport. Bike Club was looking for volunteers at the workshop on the outskirts of the town to restore bikes that had been donated by members of the public and other organisations. We referred Daniel to the club as a bike restoration volunteer and also to F.R.A.D.E as a furniture restoration volunteer. Daniel was also interested in working as a sport and football coach and we discussed working with Eastbourne Sports Centre which also offers a level one coaching qualification for young people.

Daniel informed me that he had a number of past convictions and I made him aware that certain organisations, depending on the nature of the crime, may not see this as an issue as they support equal opportunities and the Rehabilitation of Offenders Act 1974. I informed Daniel that he would still be subject to a Criminal Record Bureau check (CRB) as he would be working with children but it would be at the organisation's discretion as to whether they would take him on as a volunteer as many organisations have different procedures as to how they deal with this issue.

Daniel was contacted directly by both F.R.A.D.E and the Bike Club and began to volunteer with Bike Club seven weeks after his initial contact with eVOLution. Daniel is looking to enrol with the college in September 2010 after demonstrating his ability to show dedication and motivation to a set task and I have been informed by his Case Worker that he appears to be developing more confidence and certainty and has adapted well to the role, committing to regular weekly hours to the club.

*\*The young person's real name has been altered to maintain confidentiality requirements.*

### Case Study B

Amy\* came to us whilst studying for a qualification in Nutrition & Health at college after recognising that future employers would expect potential job candidates to have a significant amount of work experience and health placements prior to commencing employment. Her ambition was to qualify as a Nutritionist and to work with the local Primary Care Trust.

She had struggled to find any relevant work in nutrition and was hoping to ascertain some work experience relative to Nutrition and Public Health as she had been volunteering in a low-level general care role for just under a year. She had applied for three jobs in Public Health & Nutrition, none of which had led to employment, before contacting eVOLution. Amy was very personable, confident and had clear goals and ambitions.

Amy initially made email contact with eVOLution after finding the details online via the Google search engine. She showed an interest in public health and provided contact details, requesting that the centre contact her to provide her with more information. On receiving the email, I made contact with Amy via telephone and we booked a one hour appointment at the eVOLution Volunteer Centre on Church Row.

At the appointment, Amy completed the volunteering documents including the eVOLution Volunteer Registration Form and a Data Protection Form. The Volunteer Registration Form is designed using the V-Base format, the nationally used volunteer and opportunity database- also available to search online using the Do-It website. (eVOLution posts activities and opportunities on the site with contact details and applicants are able to search for particular skills and interests using their postal code). Amy and I discussed possible opportunities and she demonstrated a clear interest in working with Nutrition and Public Health.

Four available roles had recently been recruited at that time in Public Health with Darlington PCT with the next volunteer drive in spring 2010. I took the initiative and contacted other local PCT's and health groups, including local nutritionists and was put in contact with a Community Health Volunteer Co-ordinator in Newton Aycliffe. Amy agreed she would be happy to travel and the team provided her with travel expenses. The team offered her a voluntary role as a Public Health Champion and she began delivering cookery courses as part of the Jamie Oliver 'Pass it On' initiative across the County Durham area. As she progressed, she was also offered the opportunity to initially supervise talks on nutrition in schools, libraries, youth centres and colleges and eventually delivering the talks herself. She also began to support a Public Health & Care Partnership steering group and contributed to developing nutrition resources for future Public Health Champion courses and information for the public.

Just three months after starting volunteering with the Partnership, she was offered some freelance paid employment as well as developing a wide number of contacts within the Public Sector, for future work and placements. Amy applied for a paid post with Durham County Council as a Healthy Food Advisor/ Parent Support Advisor working in various schools in south County Durham in late 2009 and after a successful interview, started permanent full time employment January 2010.

\*The young person's real name has been altered to maintain confidentiality requirements.

## Developing Inclusive Provision

### Length of Service:

2009-2011

### Brief Description:

The 2008 Childcare Sufficiency Assessment (CSA) revealed 2 major gaps in Darlington's childcare market:

1. Sufficient childcare / activities for school aged children / young people, and
2. Childcare for children with disabilities.

In response to the needs of families with a child with disabilities, the Darlington Children and Young People's Plan aims to improve all services for these families. In addition (in response to the findings of the CSA) a Community Child Minder's Network was set up to provide flexible childcare for children/young people with disabilities as well as a project to enable 5 settings to release specific staff for specialist training. The 2010 – 2011 DCATCH funding was used to continue and enhance both developments. It was anticipated that this priming of the workforce to improve confidence in working with children with disabilities would impact on the capability of the providers working with children with disabilities whilst also offering childcare/activities to the school age population. Allying this increase in knowledge with improved capability and confidence within the third sector to provide for children with disabilities also enabled the use of direct payments. Improving parental knowledge of the financial support through benefits and tax credits then addressed the perceived barrier of affordability, with the offer of 2 free days of childcare / activities over the summer as an initial 'carrot' for parents and their school age offspring.

### Data and Outcomes:

The 2011 Childcare Sufficiency Assessment showed that parents of disabled children were 16 % less likely to be dissatisfied with childcare in Darlington than they were in 2008.

In March 2011 the Mobile Advice Cooperative advised 35 families with 62 children, 33 of which are under the age of 5. With the following queries:

Type of enquiry	No. of queries
Benefits	95
Debt	7
Employment	5
Housing	12
Legal	12
Utilities	4
Domestic Abuse	2
Immigration	8
Family	2

The income maximisation for this period was £35,606.77

### Case Studies:

3 case studies were undertaken with families accessing the Community Childminder Network.

#### Family A:

Family A has one child, Simon, aged five years with complex physical and learning disabilities. Simon's disabilities affect his daily living in many ways. Simon has no speech, is doubly incontinent and has seizures; however his physical mobility and motor skills are good.

Simon has had positive experiences of mainstream nursery provision in the past, having used care in a private day nursery from 6 months to school admission. His mother, Anna says: *"He fitted in really well, the staff were very good with him and he played alongside children his own age, the children looked out for him."*

Simon's parents both work full time in jobs involving shift work. Simon's grandmother helps out a lot, but there was a need for after school care. Anna got in touch with the inclusion officer that had supported Simon in his sessions at the day nursery and asked about options for after-school provision. The support worker signposted Anna to the FIS and explained their brokerage role. Anna feels well supported by a network of contacts built up around Simon's care since birth:

*"We have a lot of contacts we can draw on when we need to find things out, he has had portage from birth and I am very happy to ask for help, it's a very supportive network."*

School options were assessed but there were transport issues and Anna felt this environment would be too much for Simon after a long day at school *"He's tired out after school, a homely environment was better so he could just have a nap if he wanted."*

The ability to cope with Simon's seizures was a primary concern for the family. The FIS found one community network childminder in the family's immediate neighbourhood and the inclusion officer also went to meet the childminder to check on her ability to meet Simon's needs.

*"Our overall impression was good; she was doing a lot of study for extra qualifications and had a good Ofsted report."*

Simon now uses this care Mondays, Thursdays and Fridays.

*"He is very settled and confident, his relationship with the childminder is very strong and we are 100% happy with the care. It not only allows me to work but it is also respite care. It's peace of mind for me, I wouldn't send him somewhere they didn't have this training or additional background. It means we can have a normal life and Simon can have all the things he wants, he gets to be with other children and not just special needs children, they take him to different places and he has the same opportunities as other children which is really important for his development. Even part time working would be difficult to manage without this care, we need to work to manage the bills and I want to work for my own quality of life too."*

Some early issues around communication and approach have been resolved: *"We had issues in October because there was an "I know best" approach with us that wasn't working, though their relationship with Simon was great."*

The brokerage service helped resolve these issues and Anna now values the good communication and feedback she receives and the quality of the environment at the childminders:

*"There is a dedicated room for play and it opens out onto an external area which is very spacious, we feel well informed about everything that is happening."*

Anna's main concern is that Simon's care is contingent on the plans of one childcare provider: should this childminder cease trading there is little in the way of alternative provision that would be suitable:

*"If we didn't have this childminder there would be nothing suitable in the area. If they stopped trading we would be stuck."*

Looking ahead, Anna also has concerns about what provision will be available as Simon gets too old for a childminder setting.

#### Family B:

Sally is a single parent living alone and has two children with additional needs aged six years and ten months. The main impact on their daily life and care needs are around dietary and behavioural issues.

Sally works nights and needs overnight care three nights a week. She had recently moved into the area when she first raised her childcare needs with JC Plus staff who put her in touch with the Families Information Service (FIS).

Sally did not expect to be able to find suitable childcare as there was no overnight care available in the area she had recently moved from, where she relied on her extended family.

The FIS rang around childminders to find out if they would be willing to offer overnight care as a first step, and then the children's additional needs were considered.

There was *one* childminding setting available in the right location, willing to do nights and with additional experience in looking after children with disabilities and additional needs.

The FIS set up the first meeting and Sally was impressed with the interview:

*"She has a son the same age as Jack and he also has asthma and eczema so she is very understanding about his needs. The fact that there are two of them means that there is back up if one of them is ill. The settling in was handled really well, I spent time with them there and then left them for an hour or two at first."*

Sally has been very impressed with the quality of care:

*"She's fantastic, I can't praise her enough. I love the way she handles naughty behaviour, I have never once heard her raise her voice, not to her own children either. She gets down to their level and explains rather than shouting and praises good behaviour. They are always on the ball no matter what is going on in their own lives, the children come first."*

Sally also welcomed the support provided by the FIS: "They rang the week after we started to check if I was happy, they've been very good."

Sally chose employment which involved night-shifts so that she could have as much time with her children as possible during the day:

*"I couldn't have gone back to work without this care; I chose the work because it means I can be with them during the day. I missed some of Jack's development through working and I didn't want to do the same with Harry. This way I can be with them during the day and work when they are asleep"*

The community childminding provision has therefore enabled Sally to juggle work and family as a single parent, caring for children with complex additional needs and working night shifts.

#### Family C:

Jackie has two children, Molly aged seven and Robert aged ten. Molly has a disability which means she has no independent physical mobility and uses a wheelchair.

Jackie wanted to arrange after school care for Molly to give her respite from caring and to spend some quality time with her older child Robert.

Jackie raised the issue with her social worker who referred her to the FIS. The FIS introduced Jackie to a childminder and care was arranged for two sessions a week after school. The original childminder left the area and the FIS brokered a second provider whom Molly is now using.

The childminder has a daughter one year older than Molly and they get along very well so it has a lot of social benefits for Molly. The childminder has been very flexible on the timing of sessions, having Molly until 7.00 pm so that she can spend some one to one time with her when other children have been collected. She also babysits when required.

*"They have an excellent relationship, Molly loves Sarah, her independence has increased and she is less clingy with me. She treats Molly like any other child and they have really bonded with each other, she is a cuddly, warm person and Molly loves going."*

One issue with current arrangements is that the childminders home is not accessible by wheelchair. Molly has to be lifted inside the property and once inside, has no means of independent mobility.

Jackie drops off and collects Molly herself and would prefer if transport could be arranged as this limits the time she gets to spend with her son.

Molly has also been using holiday provision and has benefited significantly from the experience:

*"She loved it, couldn't wait to get in. She loves having other children to socialise with and to be getting involved in activities. She can't do anything for herself physically, but has no learning difficulties and wants to be engaged in things so she needs a lot of one to one support. She loves the company of other children or a situation where she has one to one with an adult."*

Jackie highlights a lack of information about what childcare options are available for children with disabilities:

*"I just assumed there wouldn't be any childminders out there that were suitable for Molly; I wouldn't know where to start looking."*

Looking to the future she thinks Molly would benefit from a mix of childminding and after school environments, if the latter could meet her needs. This would give Molly a good mix of care in a homely environment where she could relax, plus interaction with a wider group of children.

These case studies show that the community childminding network has significantly enhanced the childcare offer available to children with disabilities. Without exception each of the parents interviewed highlighted significant benefits for their children and

themselves. For parents this included the peace of mind that comes from having complete confidence in the provider's ability to meet the individual needs of their child, the ability to access care outside normal working hours and the respite offered to spend quality time with other family members. The economic and social benefits of freeing parents to work were considerable for some families.

For children, the benefits included mixing with children of the same or similar ages, access to mainstream activities which extend their development, increased independence from making bonds with adults outside the family group and access to a homely environment where they could choose to engage in activities, relax or sleep.

Referral to the FIS worked very well for the families interviewed, with health care, social services and JC plus all pointing families in the right direction. The brokerage service itself has been praised as supportive and straightforward.

## **Darlington Youth Offending Service**

### **Length of Operation:**

Darlington YOS was established in 2000

### **Brief Description:**

The Darlington Youth Offending Service is a part of the Darlington Community Safety Partnership made up of Police, Health, Children Services, Probation (National Offender Management Service) and Connexions. It includes staff from the majority of those agencies as well as its own staff specifically trained to work with young people who are involved with or may be involved with the criminal justice system.

It offers advice and support and works with young people at risk of offending and offers advice and support and works with parents whose children are at risk of offending or who have been involved in offending. It provides objective informed advice on sentencing to the courts. It works with young people who have committed offences to understand the consequences of their behaviour

It provides a range of interventions that address the causes of young people's misbehaviour and offending. It supervises young people who are made subject to court orders both in the community and in custody. It provides support and advice for the victims of crime. It implements and supervises reparation programmes to meet the needs of the victims of youth crime. It provides staff that can act as an appropriate adult for young people held at the police station.

Victims of Youth Crime are contacted by the Youth Offending Service so that their views are represented in any reports that are prepared for the court. Where a young offender is sentenced to a Referral Order, victims are invited to attend a Youth Offender Panel, if they so wish, where they can meet the young offender face to face and let them know what the impact their behaviour has had on the life of the victim.

Parents and Carers are provided with support from the Parenting Service. This can be on a voluntary or a statutory basis. Referrals can come from a parent or carer, a school, a social worker, a health worker or other agency and from the courts.

The Youth Offending Service offers to work on an individual basis with a parent or carer, in some cases with the family, or as part of a Parenting Programme where they can meet other parents to discuss difficulties and share ideas.

The Service strongly encourages parents and carers to work with them when a young person is made subject to a court order as this can reduce the risk of further offending.

The Courts seek information and objective advice from the Youth Offending Service court officers with regard to a young person's suitability for bail; they require the Youth Offending Service to prepare court reports to assess the risk that young person presents to others, their level of vulnerability; their risk of reoffending and to advise on a sentence that relates to the seriousness and persistence of offending.

### **Data and Outcomes:**

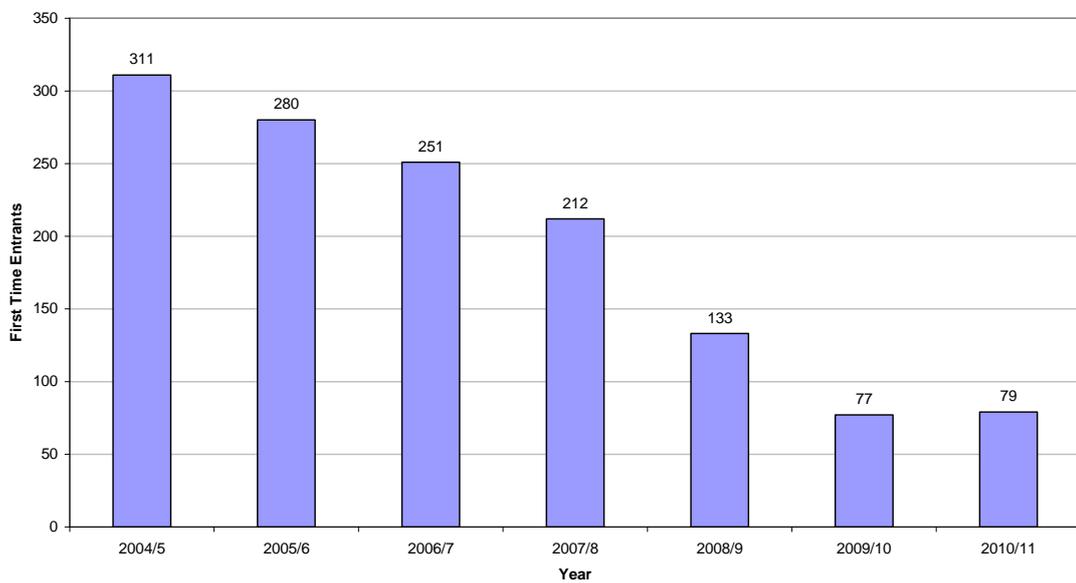
During 2010/11 the YOS made a number of significant achievements, including:

- Maintaining the confidence of the courts – A report published by the Youth Justice Board in April 2011 identified Darlington YOS as one which robustly enforced orders using appropriate breach procedures whilst at the same time

maintained low custody rates for young people, thereby gaining the confidence of the court which followed YOS recommendations in all the cases examined;

- Maintaining low custody levels for young people (only 3.9% of all court sentences);
- Improvements in victim confidence and satisfaction levels;
- Increase in the number of reparation projects undertaken by young people and increased weekend and evening work;
- Significant reductions in both the numbers of young offenders (15.1%) and the offences committed by these offenders (20.6%) being dealt with in the Criminal Justice System compared with 2009/10;
- 63.5% reduction in the number of young people being dealt with in the Criminal Justice System since 2006/07;
- Reduced the number of first time entrants to the Youth Justice System from 2004/05 to 2010/11

First Time Entrants to Darlington Youth Justice System 2004 to 2011



### **Case Studies:**

#### **JORDAN'S INVOLVEMENT IN GROUP SESSION:**

Jordan was asked to come along to the pre-court group session in order to discuss his involvement with the criminal justice system and his experiences of orders and custody. Jordan was asked to give a quick overview of his order and the young people in the group then asked him a variety of questions about custody and orders.

Jordan's attitude and the way he talked openly about custody was fantastic. He never glamorised offending or the consequences, some of the things which he said were brilliant, including how "friends might egg you on to do something that gets you in trouble, like throw a stone or hit someone, but they aren't there to egg you on in your cell, you're on your own and the people you want most are your family." This led him to say how "You hurt your family when you commit the offence and with how you treat them and then you hurt them again when you're in custody." Jordan admitted it might sound clichéd but he said that you don't know what you have 'til its too late.

Jordan also gave a really good overview of 'breaching' and how it counts as new offences and things get worse very quickly, this part included him talking about his own past attitude that the meetings he was having weren't serious and he thought it was all daft, not seeing that it was all there to try to get him sorted out.

Jordan was expected to talk for 10 minutes, however with the questions and his enthusiasm it lasted 25 minutes. This is something Jordan would like to repeat should it not clash with his ETE.

## Parenting:

### Length of Operation:

On 10<sup>th</sup> July 2008, the Children's Trust Board endorsed the Effective Parenting Strategy for Darlington.

### Brief Description:

Parenting interventions in Darlington are based on the concept of keeping the child at the centre by providing integrated services that are built around the child, the family and the community.

There are three parenting programmes available within Darlington:

- **Mellow Parenting:** The Mellow Parenting Programme is aimed at parents of children between the ages of 0-5 who have identified relationship problems. It relies on the assumption that parents' own experience of being parented, and their current relationships, help or hinder the development of their relationship with their children. Where parents have had poor childhood experiences and have little current support, then development of a good relationship with their child is difficult. This is a 14 week programme which combines personal and group support for parents with video and direct work with parents and their children on their own difficulties;
- **Webster Stratton: Incredible Years:** The Incredible Years Programme promotes the protective factors such as positive family and peer support, reduces risk factors such as harsh discipline and neglect, reduces children's aggressive and oppositional behaviour and increases their social, emotional and academic competence. The programme aims to assist parents to build a positive foundation first, with emphasis on relationship skills before discussing discipline strategies. This is a 13 week programme with parents working in a group.
- **Strengthening Families 10-14:** The Strengthening Families 10-14 Parenting Programme is aimed at parents and carers between 10 and 14, although we have extended the age range from 8 -16 years to provide early support and to encompass older children whose parents may be on a Parenting Order. The aims of the programme are to reduce children's behavioural and conduct problems: prevent substance misuse; prevent later anti-social behaviour by increasing parents' and children's self confidence and self esteem and improving parent-child interactions through better communication and the use of appropriate limits and consequences of behaviour. This is a seven week programme with facilitators supporting and working separately with a group of children and young people and group of parents and carers for one hour, the second hour is spent working with the combined groups on family issues.

Darlington have 56 practitioners trained in the three programmes. Practitioners come from a wide range of agencies including Health, Early Years Practitioners , Parent Engagement Officers, Family Intervention Team, Behaviour Support Service, eVolution, Family Support Officers, Schools and the Youth Service.

Working With Parents Core training has been developed and implemented, to date 178 practitioners from a wide range of agencies and disciplines have undertaken this training.

### Data and Outcomes:

Since 2008 410 Parents/carers, who between them have 668 children, have been referred on to the three Evidence Based Parent Programme offered in Darlington. 144 have been referred onto the Incredible Years Programme; 105 were referred

onto the Mellow Parenting Programme, and 161 were referred onto the Strengthening Families Programme.

Of the 16 case studies undertaken 25% had their children returned to them; 19% had supervised contact increased; 13% were given unsupervised contact, and 6% managed to gain employment.

Darlington has been awarded the Quality Kite Mark in Parenting Programmes and has developed Quality Standards for the delivery of Parenting Programmes. All coordinated Evidence Based Parenting Programmes are delivered by qualified practitioners who adhere to the quality standards.

Parenting interventions can cost the Local Authority as little as £194.10p per person for Mellow Parenting, £102.80p per person Incredible Years and £78.12p per person (Strengthening Families Programme).

The Family Costing tool has been used to project possible and actual savings for Evidence Based Parenting Programmes. The projected savings for five Case Studies from Strengthening Families 10-14 is £295,145.75 compared with £142,828.39 for the six families on Mellow Parenting and £15,651.12 for the one family case study participating on incredible years programme.

#### Example of one actual saving:-

DBC has made an actual saving, following a family's attendance at a parenting programme of £186,041.84. This family had two children in the care of the Local Authority and have had them returned home for over a year and a half.

#### **Feedback from Service Users:**

All Evidence Based Parenting Programmes in Darlington are evaluated and each parent completes a pre and post programme questionnaire, usually the Goodman's Strength and Difficulties Questionnaire or the Edinburgh-Warwick Mental Health Scale. Improvements in parental mental health, emotional wellbeing, parenting skills and knowledge are some of the evidenced results from attending a programme.

- *"I have gained a lot of confidence through attending the course."*
- *"I was nervous at first and I didn't think it would work but it really does, we do things together as a family now and we had never even been to the park together before. Friends and family have noticed the changes in my parenting and are saying to me "you learned that on your course didn't you" when I am using the techniques I have learned on the programme"*
- *"Invaluable support, advice and friendship at an incredibly testing time."*
- *"Made home life more relaxed and happy and made myself more confident in being a mummy"*
- *"The course has taught me not to shout, scream and criticize and to explain things properly. It has also shown me how to manage challenging behaviour and my own behaviour".*
- *"I think the group was good. Enjoyed the work and interacting with my children it showed me a lot about how I didn't interact and now I do it a lot".*
- *"I learnt only to tell them once. Not to give in to their every need. The facilitator's are really friendly to all in the group. I have learnt not to shout at the children, it gets you nowhere. I listen to what they have to say. Really good experience for us. We learnt not to think bad of ourselves."*

#### **Case Studies:**

### Case Study 1:

A referral was made to the Webster Stratton; Incredible Years Programme in 2010 by Social Care, the referral was to assist in improving Dad's parenting skills with a view to him having his children returned to him from the care of the Local Authority.

Dad is the father of three children between the ages of seven and four and was step father to a further child who was 9 years of age.

Dad had separated from his partner, who is the mother of his children, and has supervised contact three times per week. All children were removed from Mum and placed in the care of the Local Authority.

The Incredible Years Parenting Programme commenced in April 2010 and ceased in July 2010. Dad's attendance and punctuality was excellent, with him only missing one session due to a doctor's appointment.

Dad was very shy and introverted at the beginning of the programme; he did not interact with the other participants and only responded when asked a direct question. Throughout the early sessions of the programme it became apparent that he had very little self worth and had a very low opinion of himself, whilst commenting on an ice breaker question he said he was very plain and there was nothing special about him. Every positive comment was met by a negative comment from Dad.

Over the weeks Dad began relaxing and joined in more of the discussions without being asked a direct question. All topics discussed were put into action by Dad; his homework was always completed and handed in on time.

A real change came over Dad in week eight; he started to talk openly about himself, his past, his parents, family and events after his move to Darlington. Dad suffers from depression, has self-harmed and has attempted suicide; he is now on medication for his depression, which he claimed is helping him.

Attendance at the programme assisted Dad to become more equipped to deal with the behaviour difficulties exhibited by his children. Throughout the activities agreed as homework Dad regularly took his children swimming, to the park, set up house rules, reading stories and rewarding good behaviour.

Over the course of the programme, Dad experienced the delight of moving into his own home, which had space for the boys to stay, his access was increased and unsupervised and plans were being made for the children to have overnight stays, his Social Worker was also very impressed with his progress.

Dad completed the programme and commented positively that there had been a real change in his children's behaviour and he also had enjoyed doing activities with them on a regular basis. He has equipped himself well and often uses techniques learnt from the programme like ignoring certain behaviours, warnings, ten-minute rule and rewarding behaviours he wants to encourage.

Prior to the programme commencing Dad stated that there were severe difficulties with his child's emotions, concentration, behaviour and ability to get on with others, this has been the case for over one year, distresses his child quite a lot and affects all areas of the child's life. These difficulties were also noted as putting a great burden on the whole family.

Since attending the group Dad perceived the child's difficulties to be much reduced,

no reported difficulties in any of the afore mentioned categories over the past two week period and that the group had provided him with quite a lot of information to make the difficulties more manageable.

Dad reported that the group leaders made him feel respected, understood his situation and worked in partnership with him. He felt he could be honest about himself, that the group leaders were interested in what he had to say and made him feel good about himself and that he had fewer problems than before coming to the group.

Dad has had his children returned to him with additional support through the Family Intervention Team.

**This targeted intervention is projected to delivering savings of £15,650.72 for Darlington Children's Trust partners.**

#### Case Study 2:

Family 1 were referred by Social Care to the Senior Parenting Practitioner (Early Intervention) for places on the Strengthening Families 10-14 (SFP10-14) programme. Mother, Father and their two children were allocated places on the programme.

A full care order was made on the children due to father's violence towards mother which resulted in neglect and possible physical harm of the children. The children were placed in Local Authority foster care and parents had fortnightly supervised contact.

Through a Social Care Assessment it was concluded that both parents required additional support especially in relation to emotional warmth, stimulation, guidance and boundary setting. It was also identified that parents would benefit from attending the Strengthening Families 10-14 programme to raise mothers self esteem and for both parents to develop confidence in parenting along with providing an understanding of the children's needs and strategies to maintain boundaries and routines.

Family 1 attended all seven sessions of the SFP10-14, father initially presented as very domineering and out spoken and mother as timid and anxious about parenting, Father did not want to attend the programme and informed the facilitators 'he was only there because he had to come in order to get his children back'. Throughout the weeks this visibly changed with father listening more and responding more appropriately, giving mother more opportunities to take part in discussions.

Family 1 were engaged throughout the seven weeks and often commented on enjoying the programme especially the family sessions. All home tasks were diligently completed. During the seven weeks, contact time was significantly increased which included overnight stays and the children have now returned to their parents full time. A care order remains in place, Social Care make regular home visits and all reports to date are positive and demonstrate that Family 1 have made significant progress and sustained improvement.

The Children's Guardian reported to court that she had never seen such a marked improvement in a family; she attributed this to their taking part in the Strengthening Families 10-14 programme.

Two years on from the completion of the programme both children remain at home

with their parents, neither are on a Child Protection Plan and the family are making good progress.

**This targeted intervention delivered actual savings for Darlington Children's Trust partners of £186,041.84.**

Case Study 3:

Family 2 were referred to the Mellow Parenting Programme by a Children and Families Social Worker in January 2010.

The family had been known to social care for some time and Child 1 and her sister were subject to Child Protection Plans, due to neglect. There were concerns about Mum's substance misuse, home conditions and ability to prioritise her children's needs. Mum had continued to use illicit drugs despite being pregnant, at the time, with her second child. A referral was made to Mellow Parenting to further support Mum in this process.

Historically, Mum has found it difficult to manage Child 1's behaviour and admittedly has avoided setting boundaries. Due to substance misuse, Mum has been unable to parent her children effectively. In the past Mum has not been able to understand how her actions and behaviours were having a negative impact on her children's lives.

Mum started the Mellow Parenting programme on 1st February 2010 and attended for 14 weeks one full day a week.

Mum has continued to show commitment to the methadone programme and engages with other agencies to support her children's health and educational needs.

Mum's comments on completion of the course. *"The course has taught me not to shout, scream and criticize and to explain things properly. It has also shown me how to manage challenging behaviour and my own behaviour".*

*"I think the group was good. Enjoyed the work and interacting with my children it showed me a lot about how I didn't interact before and now I do it a lot".*

**This targeted intervention is projected to deliver savings for Darlington Children's Trust partners of £38,714.39**

## **Family Intervention Team:**

### **Length of Operation:**

Since 23<sup>rd</sup> April 2010

### **Brief Description:**

The primary objective of the Family Intervention Team is to stop anti-social behaviour of families and restore safety to their home and wider community. As a result the team delivers other objectives such as preventing homelessness, enabling families to sustain tenancies and helping achieve the Every Child Matters outcomes for children and young people. They work with families where interventions from various agencies have failed to result in long term change.

The Darlington FIT consists of:

- 1 x FIT Manager;
- 1 x Team Administrator;
- 3 x FIT Workers;
- 1 x Child Care Social Worker (Agency);
- 1 x Adult Mental Health Social Worker (Seconded);
- 1 x Health Visitor/Family Therapist (Health Sector);
- 1 x Social Work Student (on placement);
- 1 x Sexual Exploitation Worker (seconded by Barnardo's)

The team uses a Whole Family Approach which is both intensive and intrusive in order to manage the family's problems and determine the issues which underpin their behaviour. A Family Action Plan is developed which identifies the actions of all those involved, whether it be family members, FIT staff and any other statutory or third sector agencies.

Support offered by FIT staff can include one-to-one sessions; parenting advice and support; support with education and employment; family therapy sessions; mentoring; benefits advice; referrals to other agencies, and advocacy.

FIT offers 3 types of intervention:

- a) Family Intervention Project;
- b) Option 2;
- c) Family Therapy;

Referrals to the FIT can be directly made by any agency. A multi-agency panel meets fortnightly to decide if the referrals are appropriate for FIT intervention. The panel's membership includes:

- FIT Manager;
- FIT Workers;
- Representatives from the following agencies:
  - a. Housing;
  - b. Anti-Social Behaviour Team;
  - c. Probation;
  - d. Police;
  - e. YOS;
  - f. Adult mental health;
  - g. Educational psychology, and
  - h. 'Turnaround'

### **Output Data:**

As at January 2011 72 families had been referred to the FIT whilst 54 families had accepted FIT intervention including: 47 ASB FIT families, 4 Youth Crime FIT families and 1 Child Poverty FIT family. Over half (52%) of the 54 families who had been offered and accepted FIT intervention were described as 'lone parents', 35% were described as 'couples', whilst 13% of families were described as 'other'.

The most common reasons for referrals into the FIT include 'poor parenting' (42.6%); 'anti-social behaviour of families' (38.9%); family is without paid employment (29.6%); children are at risk of school exclusion/'serious problems' (25.9%), and children are at risk of going into care (25.9%).

As of 11<sup>th</sup> January 2011 13 families had completed at least one review and were still working with the FIT. Over two-thirds of families receive support to challenge anti-social behaviour (69.2%), other families have received support with mental health issues (46.2%); mentoring (46.2%); financial management support (38.5%), and support with other health issues (38.5%).

### **Case Studies:**

#### **Case-study 1:**

The Jones family consists of 5 people: Mother A, Son C (14), Daughter D (11) and Daughter E (10). Father B is separated from his wife and resides elsewhere.

In May 2010 the family was referred to the FIT by Children's Services. The family finally received respite support for daughter D two nights per month. Son C had respite care for two nights a month, but is currently residing in foster-carer.

The desired outcomes of the Family Plan are:

- For the family to live together in one household in a safe and appropriate manner;
- For Son C to return home from foster care;
- For the relationships issues between father and Son C to be resolved, and
- For the father's to get help for serious issues deriving from his childhood.

The family has complex support needs. Son C suffers from Attention Deficit Hyperactivity Disorder (ADHD) and is in foster care. Daughter D suffers from autism. The mother has mental health issues, whilst the father has a history of mental health issues relating to his childhood.

Son C was referred to the FIT by his Social Worker. He is currently living in foster care. A core assessment was on-going at the time of referral. His behaviour has been regarded as extremely challenging by both his parents and professionals. According to his case-notes the risks regarding son C included:

- Risk of becoming subject to a child protection plan;
- Relationship conflict or family breakdown;
- Parental mental health issues;
- Domestic abuse;
- Parental self-harm, and
- Parental long standing worklessness.

The mother explained that she and her ex-husband separated because of issues with son C's behaviour. Her ex-husband left home and refuses to engage with any professional including FIT workers. She believes that FIT involvement meant that both Son C and daughter D will remain within the family:

*"If they hadn't got involved I would have lost [son C] altogether. I might also have lost [daughter D] and maybe the other kids as well. I would have got a bad name of not being able to cope with the kids. Okay, I already had. I wasn't well myself. But there are coping things that I've learnt, we've all learnt. It doesn't mean I'm a bad mother. I have two kids with disabilities. I've never seen it as that, and I don't think the previous support workers saw it like that. I've realised that and what I have to deal with."*

She described how being supported by the FIT had increased her confidence:

*"I feel confident – more confident than I've been before. Things are coming on with the kids. We are all learning to cope with their behavioural issues. I feel more involved in the processes than before. I am more comfortable about what they say or write about me. They write a more balanced report. It's important being listened to. They also let me see what they've written and check if I'm ok with it. They see us all face-to-face and really see what is going on. It helps that they are working with all of us. [Daughter E] got a certificate learning about the autism and she really liked that and she's learning about her sister. She stops and thinks now rather than copying her and making things worse."*

The mother acknowledged that she can sometimes: "...take things the wrong way". However, her FIT Key Worker talks things through with her: "...they are very good because they listen to me and don't talk down to me. They ask me my advice. At the end of the day I'm the mother and I know what I need and what is best".

Similar to other FIT families she appreciates the regular contact she has with her FIT Key Worker: "...it's good having the same person. It's a trust thing. It's about learning to trust someone. I never could trust anyone before and I can her. I know that I can contact any of them, but I feel more comfortable contacting the same person".

Again, she appreciates the coordinating role that FIT provides:

*"FIT have been good linking with other agencies and got some involved that I never even knew about. I've got access to agencies and services that I didn't even know existed. Without FIT I would never have got all that help. We've been asking for respite since he was 5, but we never got it. It was just put down as bad behaviour or that we couldn't cope and were bad parents. On a report they just put that mother and father need respite. The whole family needed it. We couldn't find or get the right help and support. But with FITs we are getting it. They don't judge you. They don't just go by reports."*

Her final comments about the FIT were:

*"I can't think of anything negative. I would recommend them to others. And yes, they are definitely cost effective. They save agencies so much money and time. If I was with a different support worker it wouldn't work."*

#### Case-study 2:

The family consists of 7 people in two households: Mother A, Daughter C (6), Son D (4) and Daughter E (2). Son F (13) is currently residing in care and is waiting to move back with mother. Father B and Daughter G (14) reside in a separate property.

At one time all five children were placed in care with family members following concerns about neglectful parenting. The key issues included alcohol and substance misuse, a lack of supervision, domestic violence and inappropriate home conditions.

However, only son F remains in care. This is not the first time the children were placed in care. According to the mother:

*“The first time I failed completely, because I had no help. It was a breakdown I had a year ago. I had my children taken away twice that year. I was getting pressure from the family to have the children back too early just before Christmas. And my mother died just before Christmas. I was telling them for years that I wasn’t coping. The schools knew I wasn’t coping. If I had had help then I wouldn’t be in this position now. My son was with his father hitting the little ones. The older ones were hitting the ones below them, then they hit the younger ones and so on. I was charged with neglect because that was all going on in the house and I wasn’t coping. “*

A gradual and phased return of the children to the mother’s care is in place. However, if the plan is not successful there is a risk that the children will be permanently put into care.

The family were referred to FIT by Social Services in March 2010 because of concerns about the safety of the children. According to the case-notes issues included:

- Anti-Social Behaviour (ASB);
- A child protection plan is currently in place;
- Poor school attendance or attainment;
- Children considered at risk of offending;
- Relationship conflict or family breakdown;
- Parental substance misuse – at risk and previously;
- Parental mental health issues;
- Domestic abuse – previously and at risk;
- Parental longstanding worklessness;
- Parental history of offending behaviour, and
- Poor housing conditions.

When her children were in care the mother was given direct help from the FITs on a regular basis so she could prepare for the return of her children. According to the mother the family had issues with boundaries and rules:

*“We never had boundaries. Because I had a bad childhood I wanted better for my kids and I was a little bit slack with them. I was in and out of care. My mother suffered domestic violence, had drink problems and lots of problems. I swore I would never get with anyone where there would be domestic violence, but it happens. It took me 9 years to get away from that. Then my son got abused by a boy in the refuge.”*

She described how she felt uncomfortable when the FIT first got involved, but soon “connected” with her FIT Key Worker. She explained that she had never had such a good relationship with any other agencies but relies on the FIT for help:

*“I’ve been getting lots of help. They’re constantly there helping. I felt they were like a friend. I was able to talk to them a lot more than to Social Services. Even though they are professionals they come over as a friend. Even my children are comfortable with her. They connected with her. They never were like that with social workers. It’s what families like mine need. It’s helped every one of us. They love their jobs and are so positive and that makes a difference. I feel 100% better and that’s down to them, they have definitely saved my family. “*

Similar to the above, the mother highlighted the coordinating role of the FIT:

*"They have sorted out so many things. They talk to agencies for me and sorted things out for me. I trust what they write about me. They see what is really happening, and you see the same person. Before, I had about 4 or 5 social workers over a few months. You hardly ever see the social worker, but FIT are always there. I might get a visit from Social worker about two or three times in about 6 weeks, and that is bad for a family whose kids are on the "at risk" list. "*

She described her apprehension about when the FIT ceases support, although it has helped her gain confidence:

*"They've already started stepping back. At first I found that hard. But I have their numbers on my phone. I know that they are there. I know I will be okay when they do move away. I didn't think I had a future a year ago. I thought I would be in a box. That's how bad it was. The FIT has completely turned my life around. It's made me stronger. It's made me look at my life and kids differently. It's also got my kids to look at things different. [Daughter G] wouldn't go to school and I think that was because she was worried about me. But now she is going to school all the time. She wants a career she's says she's going to get one, and that's not her. "*

She spoke about how the FIT has made a difference to her life:

*"If I hadn't had the FIT I wouldn't have got my kids back. Now I know they're there it makes such a difference. They don't tell you what to do – they help you see what to do. My life would have been so different had they been involved when I was a kid. But that's the past. Because of my past I found myself getting in the same routine as my mother did. I had to look after myself and walk pub to pub to find my mother and sit and wait on the door step. But my kids have never had to sit on the door step, as I've always been in. But when they were taken away I started drinking and taking drugs. It was a nightmare. Had the FIT been there the first time I wouldn't have gone down that road."*

Finally, she suggested that FIT offers good value for money, but needs to be publicised better:

*"It's better if the FIT goes into families and helps, rather than having the children taken off them and causing more problems. Also, it will save so much money. It costs an absolute bomb to have a child in care. The FIT will save a heck of a lot of money.... [But] I would change the fact that more people need to know about them. Agencies don't even know about them. Probation never mentioned them, Health visitors didn't. Even some in Social Services didn't have a clue. "*

## **Play:**

**Length of Service:** 1<sup>st</sup> September 2009

### **Brief Description:**

Darlington Children's Trust commissioned Groundwork North East to deliver inclusive play sessions for children aged 5-13 across Darlington, within the eleven most disadvantaged wards. The intended outcomes of the commission were to create a comprehensive good quality service and ensure an equitable level of provision across these targeted wards. Supervised and unsupervised indoor and outdoor play opportunities are critical for children's development; reducing obesity, building social and emotional resilience, developing social skills, strengthening friendships and helping children learn how to deal with risk.

The commission brought together a number of existing play projects which were in receipt of short term funding or struggling to become established and consolidated the provision through Groundwork as a Play Service. This consolidation has improved the quality, quantity and consistency of provision. The Play Service was recently accredited through Play England's "Quality in Play" Quality Assurance scheme.

Darlington Play Service began actual delivery in January 2010 in the most disadvantaged areas of Darlington:

- Cockerton West
- Eastbourne
- Haughton East
- Northgate
- Park East
- Bank Top
- Central
- Cockerton East
- Lascelles
- Lingfield
- North Road

The Play Service currently provides fully inclusive open access play provision delivered through 15 weekly play sessions during term time and 33 sessions during school holidays, offering a balance of indoor and outdoor play sessions, in fully accessible venues. The sessions create the opportunity for children and young people to embark upon "free range" play, expressing their energy and emotions through play. The presence of staff means they feel safe and can increase their confidence in playing freely; this support from adults enables the children to engage in games, take risks and test boundaries, whilst enhancing their social development by engaging with a more diverse group of children and young people.

The service has been developed to ensure all staff members are appropriately qualified and have a comprehensive understanding of Playwork principles, safeguarding issues, policies and procedures, ensuring all children and young people have a voice.

Darlington Play Service strives to deliver play sessions that promote and embed the value of play, providing stimulating and enjoyable play activities which create the opportunity for children to play freely, in their own way, making sense of the environment they live in.

Delivering sessions in community based buildings helps children to understand more about the places they live and can help to create a real sense of community. This also helps children to develop and sustain relationships through play as they make new friends.

As many of the play sessions incorporate physical activity, both indoors and outdoors, staff are also aware of the need to keep children and young people healthy and active. This is promoted through energetic games as well as the option of open spaces for children to move around freely during all play sessions, making good use of bushes and trees and different levels outdoors so children can hide, or to inspire their imagination, transforming their environment to make a different play space, or build dens which is always a favourite both indoors and out.

In addition staff recognise the importance of every child's uniqueness and emotions, encouraging children to challenge themselves by setting and reaching goals. This helps children experience feelings of being in control and not in control, feelings of being scared and confident.

All the play sessions have signed up to Darlington Children and Young Peoples Charter making every effort to ensure every child and young person feels valued, respected and treated equally.

All staff have completed inclusive training delivered by Darlington Association on Disability (DAD). The Play Leaders all have a comprehensive understanding of inclusion to ensure all children can participate fully in all activities provided during sessions.

### **Links to External Organisations/Initiatives**

#### **Common Assessment Framework**

Some children have been signposted to the play sessions through the CAF process as part of a package of support to families.

All Play Leaders are fully trained in the CAF process .

#### **Looked After Children**

Many of the sessions are accessed by Foster Parents, who regularly bring the children in their care to the play sessions as often children are placed with families who live quite a distance from the schools they attend. By attending the play sessions they can make friends with children living close to their new residence, this has helped children to build confidence, enhance social skills and engage in new and innovative opportunities.

#### **Barnardo's**

As part of a Barnardo's initiative a carer has been able to access the play sessions with the child in her care, allowing her to engage in real play activities, make new friends and simply play for play sake, enjoying play as every child should.

#### **Disabled Children Team & Aiming High**

The play service have received numerous phone calls from professionals working with disabled children and their families, requesting information about play sessions . Opportunities have been created for disabled children to attend sessions initially with support workers then moving to attend alone.

### **Play Builder Sites**

Staff have utilised the new play builder sites across the town as some are located within walking distance of the play venues. Staff are able to walk the children and young people from the setting to use the new sites and encourage them to use the equipment in different ways, managing their own safety. In many instances the children had never visited the sites and are now accessing them on a regular basis as they feel comfortable using the equipment and playing there without adult supervision.

### **Partnership Working**

#### **Children's Centres**

In many of the areas links have been made with the Children's Centres, delivering sessions during school holidays in connection with the children's centre programmes. This has enabled whole families to access provision, so children can play with their siblings and parents. Parental feedback in relation to this partnership working has been popular with children and parents making new friends.

#### **Community Partnerships**

Play Leaders have regularly attended Community Partnership Meetings for the areas they deliver within, providing feedback about play sessions, activities and attendance. This has also created opportunities for the Play Service to be involved in Community Partnership Fun Days and similar events, helping to promote the play offer to children, young people, their families and the wider community to enhance greater understanding of the service.

#### **Future Jobs Fund**

The play service accessed funding through the Future Jobs Fund and employed a Play worker on a contract of 25 hours per week for six months. During his time with the organisation he attended numerous training courses relating to play and play work, inclusion, safeguarding children, first aid and manual handling. He became a valued member of the play team, working alongside all the play staff and building trusted relationships. At the end of the six month contract he was offered a playworker post with the team.

#### **Sports Development / Zone Active**

In many of the sessions sports coaches were supplied by sports development to enhance the level of provision available to children and young people, especially the outdoor sessions. This has proved to be a real asset as the children and young people were able to direct the activities facilitated by the sports coach. Unfortunately due to financial restrictions the number of sessions sports development are able to support has decreased so they now support three sessions per week.

The following comments are from Chris Parkinson from Zone Active in relation to the partnership between themselves and Groundwork.

“ Working alongside Groundwork, the Youth Service, Sports Development, Locality Forums and the Community Partnerships, Zone Active have continued to provided activities to support a comprehensive programme of delivery within the town over the School Holidays.

In the school holidays Zone Active has found working with these partners very beneficial, especially Groundwork.

The Zone Active Project has provided multi activity and sports- specific coaches to closed and open Groundwork sessions, not only in the hope that the coaches will support the ongoing hard work and commitment of the Groundwork staff, but also to provide informal and formal learning environments for the young people who take part in the activity sessions.

Since the beginning of the partnership the two Projects have been able to share marketing costs and facility hire, cut staffing costs, increasing attendance records enabling us to make contact with so many more children and young people than we would have been able to simply delivering our own sessions, and avoiding the duplication of similar activities within the town by working together.

The Zone Active Project will continue to support Groundwork and will do all it can to help the partnership grow in the future. “

**Data:**

Between 1<sup>st</sup> April and 30<sup>th</sup> June 2012, 224 sessions were delivered with 3,810 child attendances. Target attendance for 1<sup>st</sup> April 2011 to 31/3/2012 is 13,950. The service has recently ceased to deliver directly in Bank Top ward due to negligible numbers attending, but children from that area do access the provision delivered on the border with Lascelles.

**Feedback from Service Users:**

Parents and carers were asked to give their thoughts on the play projects:

*“I think the project and the activities are brilliant and very beneficial for all those who come, the parents get a chance to meet other parents and the kids get chance to be with other kids and play, they also learn to share and interact with kids of different ages, races and backgrounds.*

*The staff are friendly and welcoming, all in all the project is fantastic.”*

*“I have two sons that come to St. Thomas (North Road) every week and they always have a great time. The staff are really friendly and great with all of the children. The boys love coming and look forward to it all week. I think the play project and the people are really good and it gives children somewhere to go and something interesting to do.”*

*“My children aged 6 and 11 have been attending the play project for nearly four years now and within them years they have experienced so many varying activities and projects they would never had access to elsewhere.*

*They have met so many amazing people along the way and have forged great relationships with children from different age groups and backgrounds.*

*They attend three sessions a week and get so much from them. We have visited many places situated in and around the North East. We often go on educational visits and also to the seaside etc. Which I think gives them a wide variety of social and stimulating situations they may not have at home.*

*Both my children love coming to the play project and still will for years to come. They have learnt so much from the projects team and feel part of a very varied extended family. I as a parent could not be more pleased that this opportunity is there for my children.*

*The team are outstanding with both the children and adults alike.”*

### **Children and Young Peoples Comments:**

Children and Young People have also voiced their comments and views on the sessions they attend, below are a few examples of these comments and views.

*"I have been attending the play project for 3 years now and its still amazing to come. I also go to the holiday activities as well. Its good to come because you get to meet new people, socialise with others and have fun, also learning new skills.*

*I think its good for young people to come as it gets them out of trouble and gives them something to do. It gives people an amazing opportunity to open themselves up to others.*

*The play project isn't complete without the staff. They are lovely to work with and to be around, they work hard and participate in events. If it weren't for the staff I don't think anyone would enjoy it as much."*

*"I believe that the play project offers many positive things to children and young people. These include opportunities to meet new people, have a number of friends, there are also many trips and outings that children and young people get to take part in. Also it influences and teaches everyone who is involved right from wrong and what positive things you can do with your time.*

*It also offers people from different races and backgrounds a place of security and a sense of warmth.*

*I enjoy being involved with the project as it is somewhere to forget about things that can have a negative effect on you and concentrate on having fun and steers you on the right path. It is a place of comfort, friendship and no judgements.*

*The staff are like friends, someone to talk to and have a laugh with.*

*Overall the play project is a great place to come and enjoy, have fun, friendship, laughter and security."*

*"I love coming here cos I get to play with my friends without the teacher telling us off for not working. We do cool stuff and make things to take home for my mam. Messy play is the best, making loads of mess and the big people do it too, my teacher wouldn't do it!"*

*"My friends come here and my friends that don't go to my school as well, we play dolls and shops, and offices and travel shops! I went to turkey for a pound you know! When I get up I say to my mam is it on tonight!"*

*"Its cool, I love it! We play in the garden but I'm safe for the nasty boys cos you look after me inside the fence. I like the cars and the ramp to roll down."*

*"My mam likes me coming cos she says she knows where I am, but its good I do stuff to take home and play with my friends. I don't have toys like this, playing with the turtles is mint! And the big frisbies outside I want one but my mam said I will smash something!"*

## **Safer Schools Partnership:**

### **Length of Service:**

September 2002

### **Brief Description:**

Safer Schools Partnerships (a partnership model of Police Service/Schools/Connexions/YOS/DAT/Youth Service & Health working together) have been hugely successful since their launch in September 2002. They offer a shared collaborative response to issues affecting the school and their community. They aim to build trust and relationships with young people and their wider community. It is recognised as a useful tool to embed services into local prevention.

In summer 2006, a local pilot was identified, to be based at Eastbourne school. A range of information was used in making this decision. This included: exclusion and attendance figures, achievement rates, offending data and levels of young people with special educational needs. This was initially funded from LAA.

Darlington Children's Trust adopted a number of CYPP priorities in both the Children and Young People's Plan in 2006 and 2008 that the Safer Schools Partnership model contributes towards:

- Reduce Absence;
- Reduce exclusions;
- Improve academic progress;
- Reduce the number of young people at risk of entering the youth justice system;
- Reduce the numbers of young people offending or re-offending, and
- Reduce the perception level of anti-social behaviour.

This Safer Schools Partnership continues to be effective at St Aidan's CE Academy. Attendance is increasing and exclusions reducing. When the LAA funding ceased in March 2008 the Children's Trust agreed that this work would continue to be funded through Extended Services funding. This continues to be complemented with an allocation of police officers' time.

In January 2009, the Children's Trust agreed to roll out Safer Schools Partnerships across the remaining Secondary schools including the two independent sector providers. This new model includes police officers, PCSO's and Youth Workers and is supported with the re-direction of existing staff, resources and services which enhances the sustainability of the project.

**Data and Outcomes:**

Darlington Secondary schools have improved their performance across a range of key indicators:-

<b>Secondary School Performance</b>						
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Attendance	90.6%	90.1%	91.6%	93.0%	92.9%	93.0%
Persistent Absence not including St Aidan's CE Academy	N/A	11.1%	8.1%	4.5%	4.4%	4.5%
Persistent Absence including St Aidan's CE Academy	N/A	11.1%	8.1%	5.4%	4.9%	4.6%
Permanent Exclusions	33	42	46	21	30	19
Fixed Term Exclusions Events	1196	1516	1641	845	816	612
Fixed Term Exclusions Days Lost	5556.5	5820.	5135.5	2223.	2188.5	1627.
5+ A*-C (Inc. English & Maths)	43.7%	44.7%	46.1%	47.7%	51.8%	54.7%
1+ A*-G	94.9%	95.6%	96.4%	97.1%	98.6%	99.1%
1+ Passes	96.0%	96.1%	97.3%	98.1%	99.3%	99.5%
N/A validated data not available						

**Case Studies:**Safer Schools Partnership Activity at Hummersknott School and Language College

- As dawn broke on Sunday 14<sup>th</sup> June 2009, silhouettes of pupils and staff from Hummersknott School & Language College could be seen loading the remnants of their equipment on board minibuses bound for an epic journey. The buses were destined for Land's End, where their passengers would alight to begin the cycling challenge of a lifetime – a trek that would see them bike over 1000 miles in just 14 days, up and down 74,000 feet for over 75 ½ hours.
- It was an experience that would change their lives forever. And having amassed £17,000 in sponsorship, their trip will change many other lives too – with St. Teresa's Hospice and the Teenage Cancer Trust being the main beneficiaries.
- It took a period of 2½ years to pull the challenge together. First of all a team had to be selected and assembled. The easy option of cherry-picking from among Hummersknott's top-performing athletes was not the option. Instead the project endeavoured to engage those who were deemed vulnerable or at risk, and those from deprived areas who would not normally get the chance to take part in school trips due to the limited resources of their family.
- 13 year olds, Lucy and Daniel would later comment; "The first ride we went out on was eight miles and that was really tough, and now we're doing forty miles and it's easy. I think after we finish the sponsored ride, cycling is going to be part of our lives."

Safer Schools Partnership Activity at St Aidan's CE Academy

- Another success story to emerge from the Safer Schools Partnership at Eastbourne Academy concerns the example of young students who had

arrived at the school having emigrated from Poland. It was known anecdotally by teachers at the school that there was a general mistrust of uniformed services in Poland (such as the Police) as a result of native political and social pressures.

- The school was keen to alter this perception in their new pupils and so arranged for the Safer Schools Partnership Officer (who is also a Police Officer) to befriend the pupils. However, first contact was undertaken with the Officer in civilian clothing which was felt to be more comfortable and unthreatening for the pupils concerned. It was only after the Officer had met with the pupils over the course of several weeks and gained their full and unequivocal trust that it was revealed that she was a Police officer. However, rather than reverting to their historic and deep-seated suspicion of law enforcement officers, the pupils were now more trusting and receptive to open communication.
- In this instance it was felt that the Safer Schools Partnership had successfully altered for the better the pupils' negative views of institutional authority and that furthermore, this would undoubtedly have beneficial consequences in terms of the pupils' continued adjustment to their new culture and country.

#### Safer Schools Partnership Activity at Branksome Science College

- Darlington Drug and Alcohol Action (DAAT) Team have been supporting the school with local police officers to deliver a variety of drug and alcohol intervention events for example pupils have been visited by the 'Talk to Frank' bus, healthy schools workshop which included drug/alcohol awareness session
- All pupils have participated in September 2009 in the Social Norms survey which positively challenges perceptions around drug and alcohol use by children and young people in the area.
- The Deputy Head teacher, Berni Coyne, is heavily involved in the local community partnership and champions the PACT priorities.
- Gemma Hayward was brought into post in July 2009 as part of the Youth Service Targeted team, with an aim to deliver work to identified groups of young people and individuals on alcohol and associated risks.
- Gemma Hayward works within Branksome Science College. One aim of this work is to offer advice and information to all pupils on subjects such as alcohol and drug misuse as well as related fields such as sexual health and relationships. This is mainly delivered through classroom work with teaching staff in PHSE lessons.
- Gemma also operates on a referral basis, either from teaching staff or self referrals from pupils. We are available all day on a Monday to see young people within school on a one-to-one basis offering confidential advice and information as well as alcohol and drugs screening and referrals to treatment if necessary.
- Gemma has also supported events within these schools focused on drug and alcohol. These include the Frank Bus which was in the Education Village on 12<sup>th</sup> October and in Branksome on 15<sup>th</sup> October. This event included all year 9 pupils receiving an informative talk from members of the Frank team and an opportunity to participate in interactive games to discover the facts about drugs. Lianne and Gemma were present on the Frank bus throughout the day to offer advice and information as well as to raise their profile within school.
- Gemma also offers staff support in terms of enforcing their Substances within Schools policies.

- Gemma also has plans to bring together 2 groups, one from Branksome and one from the Education Village to work together with the Youth Service to help develop an accredited OCN Alcohol Awareness course, which we can then deliver within schools and youth projects. This work is ongoing, with an event planned for the half term holiday where identified young people from each school will get a chance to come together to meet. There will be team building activities taking place as well as activities aimed at raising the self-esteem of those involved.

## Skills4Me:

### Length of Operation:

29<sup>th</sup> June 2008 to 28<sup>th</sup> February 2011

### Brief Description:

The Skills4Me project aimed to increase young people's participation in EET, through locally defined and delivered interventions focused on:

- Work to prevent young people disengaging;
- Support for young people during periods of transition, and
- Work to re-engage those young people who are NEET or at risk of NEET.

The project offered targeted, personalised, intensive and flexible programmes of support alongside individually tailored learning packages to assist in the engagement of young people, close attainment gaps, decrease levels of young unemployment and allow individuals to reach their potential and fulfil their aspirations.

The project was delivered by 8 partner organisations:

- Darlington Borough Council;
- Darlington College;
- DISC;
- NACRO;
- JHP;
- Skill Training;
- A4E, and
- CfBT.

As well as these 8 key delivery partners there was support from a wider partnership to ensure that young people accessing Skills4Me provision have had access to specialised support such as drug awareness sessions; support from Drug Action Teams and the Youth Offending Service. This wider partnership included:

- Connexions;
- Drug and alcohol services;
- Youth Offending;
- Citizen's Advice;
- PCT/Health Services;
- Mental Health Services;
- Behavioural Support Services;
- Specialist Services;
- Counselling Services;
- Financial Advice;
- Housing and Homeless Projects, and
- Employers.

The Skills4Me project successfully delivered a range of programmes, targeted at groups of young people who are over-represented within the local NEET cohort, including:

- **Young Offenders:** Working with NACRO, Connexions and the YOS has enabled Skills4Me to develop bespoke provision for young offenders;
- **Teenage Parents:** Working in partnership with Connexions, DISC, Family Learning, parenting practitioners and the youth service, Skills4Me coordinated a wrap around service for teen parents and mum to be who were NEET, and
- **Young People with LLDD:** Specialised provision was created in collaboration with partners, including charities, and the support of the

placement support worker, providing a personalised 1:1 wrap around support and guidance package.

### **Output Data:**

#### **Data:**

Overall 347 young people engaged in the programme, 41% of whom were female; 15% were LLDD; 10% were Teenage Parents; 11% were Young Offenders; 9% were Looked After Children, and 3% were Travellers.

Within the programme 170 young people started non accredited learning and 170 started accredited learning; of the 170 who started non accredited learning 82% (139) completed their course; of the 170 who started accredited learning 78% (133) completed their course. Overall 60% (208) of the 347 young people progressed into further learning while 11% (38) progressed into employment, with a further 3% (9) moving into employment 6 months after leaving Skills4Me.

### **Feedback from Service Users:**

A questionnaire was undertaken with service users upon entry to the service and a follow up questionnaire was undertaken upon exiting the service to gauge user's experiences of Skills4Me.

Service users were asked what skills they felt they had gained/improved upon by participating in the Skills4Me programme. 86% of respondents felt that they had improved their team working skills; 89% felt that they had improved their communication skills; 92% believed that they had increased motivation; 83% felt that they had increased levels of confidence, and 87% felt that they had a greater level of self awareness.

Overall 43% of respondents rated the service as excellent; 48% rated the service as good and 6% rated the service as average. No respondent felt that the service was poor.

### **Case Studies:**

#### **Case Study 1:**

Female young person aged 17 years. This young person had a family breakdown and moved out to live with her boyfriend who was a lot older than her. This young person is pregnant and has completed the Teen Parent Programme and has progressed into Foundation Learning. The young person managed to resolve issues at home with her parents and has moved home as this has been deemed the most suitable place for the young person and unborn baby by all professionals (Social Worker, Health Visitor; Nurse Partnership, Connexions PA, Skills4Me Placement Support Worker). However, the young person was able to make the decision to move home through support from all involved and working through issues using information received from the Teen Parent Programme.

#### **Case Study 2:**

Male young person aged 17 years old. This young person is a Looked After young person and has attended various training providers throughout Darlington but was unable to sustain any of these placements due to social, family and behavioural difficulties. The young person has engaged well with Skills4Me and has had full attendance at training provision. This young person is working towards Literacy and Numeracy qualification at Level 1 with the aim of progress towards a Level 2 programme.

### Case Study 3:

A young man with varied support needs entered provision; he was estranged from his family, had no qualifications and was due to become a father. The learner wanted to support his new family and requested support with literacy, numeracy and job search. A thorough assessment of need was undertaken with the Key Worker and Personal Advisor, appropriate IAG offered and the learner supported to plan his goals in achievable steps. The young man gained Level 2 literacy and numeracy and successfully gained full time employment after receiving appropriate interventions, including CV building, spec letters and interview skills. He has stated that his confidence increased as he met each aim, which has supported him to meet his ultimate goal.

## **Teenage Pregnancy & Teenage Parenting**

### **Length of Operation:**

Ongoing

### **Brief Description:**

Teenage Pregnancy Partnership:

The Primary objective of the Teenage Pregnancy Partnership Board overall is to reduce teenage pregnancy using a variety of strategies including monitoring and promoting CaSH services, better sex and relationship education for all, including workforce development, better support for young parents and media and communications.

The Partnership Board is made up of numerous partners from local authority, health, education and more to ensure effective integrated and partnership working in order to achieve the outcomes desired.

The Board meets on a quarterly basis; sub groups meet as required to carry out actions, review and develop action plans and provide feedback and updates to the Board. Information is then passed to the Children's Trust Board.

### **Healthy Lifestyle:**

There is an evidence based link between alcohol, drug misuse and sexual health issues for young people. Commissioners from the Drug and Alcohol Action Team and PCT have worked together to ensure that young people accessing treatment for substance misuse (through the SWITCH Team) have on site access to emergency contraception. This new offer has included the opening of a Saturday clinic in the substance misuse treatment centre and in time will see a full level 2 contraception and sexual health offer being available 6 days per week from the discrete town centre base (from April 2012). From this Autumn SWITCH will co-deliver the young people's Saturday emergency contraceptive service with the local Contraceptive and Sexual Health Service team (CaSH).

When the Saturday emergency contraception clinic was piloted it revealed a low but significant level of demand and importantly was accessed by a number of young people who received other interventions including screening for blood borne viruses (BBV), Chlamydia and substance misuse treatment sessions.

### **Clervaux Trust:**

The Clervaux Trust is located on 100 acre of farmland development where there is a wide range of land based and craft activities, alongside producing vegetables and keeping livestock. The Trust provides care and training using a practical life skills curriculum and providing experiences that make young people, who are seen to be vulnerable, feel valued, useful and skilful.

The trust is well placed to offer educational and training support to young parents around cooking, gardening, healthy eating, social care, animal care, textiles, crafts and a range of other land based activities.

The project aims to support young women and their children by providing a nurturing environment in which to develop parenting skills and healthy living techniques. The curriculum includes cooking, gardening, healthy eating, childcare, animal care,

woodwork, textiles, arts, craft and social enterprise.

In the nurturing space, home making and mothering skills are mentored and shared between the group. The group facilitators share their knowledge and enable the participants to develop their own support group.

The project teaches nutrition and learning about and working with fresh produce; making the home beautiful using natural materials and provides nourishing activities in craft, gardening and animal care, shared between parent and child. Cooking and baking involves the toddlers and turns these household tasks into play so that the mothers can be with their children as they care for their home environment. This ultimately creates a culture around the table, eating together and bringing ideas and questions to the table as a main aspect of the home life.

By allowing the participants a free exploration in this quiet setting, with nothing pushed, the skills they learn flow back into their home and adapt their way of life and family atmosphere.

**Output Data:**

Over the ten years of the Teenage Pregnancy Strategy Darlington has had a 20.1% reduction in teenage pregnancy, with the latest data also showing we are continuing on the downward trend. This reduction would not have been possible without integrated working and partners coming together to determine actions and move forward with this agenda.

Progress has been made in many areas, new policies, pathways and procedures have been designed to ensure services are more effective in meeting people's needs. Following the appointment of a Sex and Relationship Education Officer new programmes have been designed in and out of school settings, access to training and support has been in great demand and more recently 19 members of staff within the area from a range of settings have achieved accreditation for good practice in delivering PSHE, specifically SRE.

Parents and carers are reporting they feel better equipped to discuss these issues with their children following participation in the programme designed for parents and carers, which now be more widely rolled out with more staff being trained to deliver this to parents and carers.

CaSH Services have recently been reviewed and in line with the findings services have been developed to provide more services for young people within settings they can access and feel comfortable to do so and extended hours available. Working in line with the integrated services plan, CaSH services are also being offered within the new SWITCH provision specifically for young people.

The young parents' course has now been offered 3 times. The first 2 courses ran over 20 and 12 week periods with 6 young mothers on each course. Continued funding for the second and third courses was based on the positive outcomes of the previous course and a presentation to Darlington Borough Council from the young mothers who attended the second course. The third course began on 8th February 2011 and runs for 20 weeks. There are 6 mothers and 6 children who can access the course. Of the current 6 mothers, 2 were pregnant and 1 has just now given birth.

Data from initial 3 month pilot of Saturday sessions:  
Performance against the original proposal's PIs is set out below:

Number of young people attending the drop in sessions: average 3 per session  
Number of young people receiving emergency oral hormonal contraceptive (EOHC) in the week or during drop in sessions: 2 linked to the Saturdays, none mid week

(NB additional needs assessment work during the pilot indicated that the total existing demand for U18 EOHC in Darlington last year was 121 cases. Looking at those falling within 48hrs of the Saturday clinic this brings the potential borough wide demand to in the region of 35 cases per year assuming even distribution. This would equate to a total demand across all provision in the town of roughly 9 cases relevant to the pilot period).

Number of Chlamydia screenings delivered during the Saturday drop in: 5  
Number of Young People receiving IBA for alcohol misuse: 7  
Number of new referrals to SWITCH generated through drop in: 0

Throughout the project it became clear that additional value was being delivered outside of the scope of these original indicators and accordingly the following information is also provided.

Number referrals for Long Acting Reversible Contraception: 3  
Number of Health assessments: 7  
Number of BBV screens completed: 3  
Number of needle exchange cases: 2  
Number of vaccinations delivered: 3

### **Case Study 1: Using the Social Normative Approach**

Over the last three years Darlington use of the social norms approach has been developed, providing a key example of good partnership working and providing key evidence to drive agendas forward.

The Social Norms approach collects information on the actual behaviour of young people in relation to health, including smoking, drinking alcohol, substance misuse and more recently sexual health. It also then collects what the young people perceive to be the behaviour of their peer group, asking how many people in your year do you think smoke, drink etc?

The data is collected in 6 out of 7 secondary schools within the area, it is then analysed within the DAAT and once completed taken back to each individual school for discussion. Key people participate in the discussion, including representatives from the DAAT, the Drug and Alcohol Education Officer, Sex and Relationship Education Officer, a representative from the senior leader team within each school and the PSHE curriculum lead. Within this meeting the action plan based on the findings is determined; this will include agreement of the key messages to be used to form the communication campaign. This campaign then begins with school assemblies, a review of the school scheme of work for PSHE to include key messages relevant for those pupils within their school, staff CPD, poster campaigns which ensure a whole school approach.

All of the data is then compiled together to create a town wide campaign and at present we are working towards a radio campaign to be launched in line with the survey findings in October.

The impact of this work has been monitored and risk taking behaviours reduced year on year, sexual health is now included in the survey at years 9, 10 and 11 and this will be the second year that these questions have been included which should provide key information to move forward.

Darlington has been recognised for good practice in this area and has shared examples of work and support with other areas to support them to introduce projects such as this.

Key messages used in this year's campaign include:

- 9/10 young people agree smoking is never a good thing;
- 9/10 young people have never taken drugs;
- Most young people have never been drunk;
- Most young people have never had sex, and
- Most young people believe that sex should be part of a meaningful and loving relationship.

### **Case Study 2: Family Nurse Partnership**

The Family Nurse Partnership demonstrates excellent practice in partnership working, working with Connexions and Skills for People has enabled many clients of FNP to participate in life courses which have then led to them moving into further education.

Midwives and health visitors work together in line with client wishes to provide the best package of support for each individual. Safeguarding and CAF support work together as a team ensuring that the needs of the child and parent are met and all are safe and well.

Many fathers have been engaged with services in recent times through Children's Centres, this has contributed to better outcomes for parents and children; these include increased breastfeeding rates, access to contraception and reduced second pregnancies, reduction in hospital admissions and premature babies.

### **Case Study 3: CaSH Services**

#### **Changes within delivery of Contraception and Sexual Health Services across Darlington**

##### **1. Introduction**

The paper aims to give a brief overview of service redesign and changes that are currently underway within Contraception and Sexual Health (CaSH) Services delivered by County Durham and Darlington Foundation Trust (CDDFT).

##### **2. Background**

During 2008/09 a full review of sexual health services was carried out by NHS County Durham using Lean methodology. The main findings highlighted that there was no clear

patient pathways through sexual health services and recommendations included the need for an integrated sexual health service.

Since then Commissioners have stated that the vision for sexual health services in County Durham and Darlington was to have an integrated service managed by a single provider. CaSH service transferred across to CDDFT in December 2010. Since then work has been underway to modernise to ensure that services offered are standardised across County Durham and Darlington and shaped to meet the needs of the local population.

### 3. Delivery

Currently there are 6.5 hours of clinical care delivered via mainstream clinics, per week in Darlington. Following the redesign and within the new proposed model, there will be an increase of almost half again up to 10 hours per week of clinical care delivered within mainstream clinic settings.

In addition to this the outreach service will continue to be delivered offering outreach services where required across Darlington to improve access to care for vulnerable service users to ensure they have access and support to contraception and sexual health services.

The clinics have been carefully considered and clinics' footfall have all been analysed to ensure that services are located in the right area. Reassuringly all Darlington will see an increase in clinical capacity and an increase in hours to ensure that more clients can be seen at more user friendly hours.

The service will offer a consistent equitable service across County Durham and Darlington to ensure that clients will be offered a full range of services. Within Darlington there will continue to be a complex procedure clinic running with increased access available to ensure that clients who require more specialised care will receive this locally and quickly.

All clinics in Darlington are delivered from Park Place, feedback from clients' state that this is thought to be a good central location. Clinical hours offered in Darlington location overall will increase by 3.5 hours per week.

<b>Darlington</b>	<b>Current Hours Per week</b>	<b>Proposed hours per week</b>	<b>Increase in hours of clinical delivery</b>
Park place	6.5	10	3.5
<b>Total</b>	<b>6.5</b>	<b>10</b>	<b>3.5</b>

#### Case Study 4:

Jan and John are a young couple with a 3 year old daughter who was removed from their care in October 2010 as a result of Child Protection Procedures. Jane became pregnant around this time too. The plan for the three year old girl was for her to stay with Foster Carers while work was done with the parents to see if they could bring about change.

Changes were very slow and as a last option Jan was offered a place on the Young Mum's 20 week course commissioned through the Clervaux Trust at their Eco-Centre. Jan had previously completed all courses offered to help with her parenting. Contact with her daughter was arranged to be spent for the whole day at Clervaux, which provided the opportunity to assess Jan's parenting skills and also promoted mother-child bonding. This provided Jan with the opportunity to change her parenting as actions were discussed in core group and at case conference. As John was going to be a first time dad he was given a place on the Young Father's course, again commissioned through the Clervaux Trust which enabled staff to assess how he was bonding with Jan's daughter and also how he managed with his own baby when the baby was born.

At core group and conference there had been initial concerns expressed that parent's weren't taking responsibility for the reasons why their 3 year old had been removed and it was concluded, therefore, that permanent change could not be effected. As a result, it was agreed that plans should be made for their daughter to be placed for adoption, their newborn baby to be removed at birth and care proceedings to be instigated.

It was at this point that the couple both started to work together, accepting responsibility for the changes that needed to be made. The bond improved between Jan and her child and her skills with parenting were much improved. John gained in confidence and his bond with his step child became evident.

Jan and John were able to take their new baby home after birth and care proceedings have now ceased for their 3 year old, who will now be rehabilitated back into her family. Jan and John are now able to ask for support if needed and have engaged fully with all professionals. They now take responsibility for the health needs of themselves and their children health needs for themselves and their children, with their children's needs being their focus. John continues to attend the Clervaux Trust and is gaining in confidence and ability and is planning ahead now to undertake further training when he has completed his current training at the Clervaux Trust; something which he never thought he would have the skills or confidence to do. Jan is enrolled on an Open University course in order to gain further qualifications whilst being at home with the children.

#### Case Study 5:

Jane was 18 years old with a young baby, living with her partner. Jane attended the "Bump and Babi" Teenage Parent Service initially and then after a few months of working with her on what she would like to do in the future etc. it was identified that she was ready to attend a part- time course where she could access child care on site.

Jane was initially reluctant as she had been bullied at school and was worried about being in a classroom situation again.

She started attending a Confidence in Parenting course, before joining the Young Mother's course commissioned through the Clervaux Trust. Whilst on the course, her confidence grew and she also was encouraged to attend College on an evening, managing to complete a Level 1 Youth Work Course successfully.

As a result of this work, Jane has started to do paid work this year with the Clervaux Trust, supporting young parents attending the courses.

The Teenage Parent Engagement Officer has worked quite closely with Jane, supported her with housing applications and she now feels ready to consider career options and

her future. She has successfully applied and been accepted to do an Access to Health Course starting in September 2011.

#### Case Study 6:

The Teenage Parent Support Worker worked with Jo throughout her pregnancy whilst she was initially living a very chaotic lifestyle and needed support to access housing etc. She secured a place in supported housing, and during pregnancy was supported to consider her lifestyle and the effects of this on her health. This support enabled Jo to make better choices, joined an aqua natal class and attended all health information events which resulted in her successfully breast feeding for over 4 months.

Jo had not attended school on a regular basis but after the birth of her son was engaged on the confidence course and also attended the Clervaux Trust course for Young mothers. This had a massive impact on Jo, who while attending the courses was able to complete her level 1 and 2 Maths and English as well as developing her parenting skills.

After six months Jo had the confidence to apply to college to do Motor Vehicle Level 1 something that she had never envisioned for herself. She has now successfully completed Level 1 at the college and is progressing onto Level 2 in September 2011.

Jo no longer needs support with her tenancy as she is successfully maintaining it for her and her child.

#### Case Study 7:

Steve was the partner of teenage parent Rachel, whose child was subject to a child protection plan. Their relationship broke down but he maintained regular contact with his child.

In October 2010 Rachel was found to be unable to manage to care for their child who was subsequently removed and placed with foster carers. Steve requested to take on sole care of his child, and following a successful period of assessment, his child was returned to him in December 2010.

The Teenage Parent Engagement Officer continued to work with Steve and although he was doing a good job it was felt that he needed more opportunities to learn parenting skills, healthy eating etc. Steve was given a place on the Clervaux Trust course for Young Fathers which he consistently attends. He is now much more confident in cooking healthy food from scratch; is learning new skills such as gardening, pottery and woodwork and has lots of opportunities to ask childcare staff and the other parents for advice regarding play. With support he is a regular attendee at Sure Start activities and intends to help in the establishment of a Dad's Group in his local area.

Steve is a full time stay- at- home Dad who intends to seek further training and or employment when his child enters the education system.

## TaMHS

### **Length of Operation:**

3 years from 2008

### **Brief Description:**

TaMHS was a three year national pathfinder programme funded through the Department for Children, Schools and Families (DCSF), now the Department for Education (DfE). It was aimed at developing innovative models of therapeutic and holistic support for pupils aged five to thirteen at risk of, or experiencing mental health problems. Its basis was a Wave model, where Wave 1 emphasised whole school training for promoting emotional wellbeing, Wave 2 focused on small group work and Wave 3 more specific individual therapeutic work.

Darlington is a small local authority area serving a total of thirty eight schools which operates a cluster based model of working. The cluster of schools selected was the south east cluster, which brings together two secondary schools (one of which is an academy), seven associated primary schools and one nursery school. The cluster is well developed and has a history of working together and had already identified mental health and emotional wellbeing as areas for significant intervention. The expectations of the cluster were that the training offered through the project would help staff to identify areas for development in relation to emotional wellbeing and build upon, share and disseminate good practice. A further expectation was that the training in building staff capacity should draw upon the expertise of a range of professionals.

The principal objectives of the project were:

- To see a change in schools in the use of a more optimistic, affirmative and preventative approach to whole school ethos and wellbeing;
- To build capacity and confidence to address issues around emotional wellbeing, and
- To adopt community and school based solutions in addressing issues relating to emotional wellbeing.

The project was delivered with the support from other colleagues in the Educational Psychology Service and a number of professionals from other agencies, including Child and Adolescent Mental Health Services (CAMHS), School Counselling Service and The Education Team from St. Teresa's Hospice.

The schools were asked to identify a teacher and a teaching assistant to act as TaMHS Leads who would attend the training, lead on the TaMHS project within their setting, devise and implement action plans and disseminate information.

Some descriptions of narrative practices and other individual and group therapeutic work undertaken through the project

### Supportive Listening

Supportive listening is a three day course to train staff in basic counselling skills to enable them to work therapeutically with children and young people in their school. The course also covers the emotional development of children, therapeutic play and loss and the development of resilience. It also highlights issues around child protection and the awareness of particularly vulnerable groups such as young people who are Looked After. Staff are encouraged to liaise with their school counsellor or Educational Psychologist for support in their role.

### The Golden Book

The Golden Book is an approach to working with children with challenging behaviour in school based on narrative and solution oriented principles. It emphasises the role of language and stories in helping children, teachers and parents arrive at solutions to problems. It is a record of those times when the problem is not present and the child is witnessed challenging difficulties.

### Circle of Friends

The process involves a “focus child” who has been identified by school staff. A group of peers are formed around the child to anchor support and assist with bringing about positive change for the child through goal setting.

The group meets weekly to discuss any points of difficulty, suggest strategies to overcome this difficulty and to share and celebrate the successes of the focus child. The meetings are facilitated by an adult in the setting, but the group is encouraged take ownership and some form of agency over the meetings and the actions they take.

“Circle of Friends” groups aim to highlight the importance of relationships and inclusion, whilst looking behind behaviours and labels in order to find the person.

### Tree of Life

A hopeful and inspiring approach to working with children who have experienced difficult times. It involves the drawing of their own ‘Tree of Life’ in which they are enabled to speak of where they come from and the activities in which they are engaged (roots and ground), their skills and knowledge (trunk), their hopes and dreams (branches) as well as the special people in their lives (leaves) and the gifts they have been given (fruits).

### Circle time

Participation in circle time in a class gives children a sense of belonging and initiates collective responsibility for the promotion of self-esteem and self-discipline.

### Bubble time

A system for one-to-one listening to enable children to speak individually to their teacher about any concerns that cannot be shared in circle time.

### Solution Circles

A narrative/solution oriented approach to problem solving which can be used with staff groups to promote collective responsibility and community solutions to problems.

### **Data and Outcomes:**

Evidence indicates that staff have adapted these ways of working through adopting them to suit their own individual school needs and circumstances. This suggests that they have valued the underlying principles of the approach and have been able to incorporate these with flexibility.

One secondary school commented on the impact they had noticed when using a ‘tree of life’ approach to open up conversation, build relationships and get to know their future pupils as part of their transition programme:

*“We did the Tree of Life as part of our transition work, so hopefully it will have an impact in the long term. The children got a lot out of it; they enjoyed the opportunity to talk about their own tree. They were quite proud to talk about where they’d come from and who was important to them. That was a massive thing, their little faces would light up and they would say ‘so you think that about me?’ it went really well. It was a self esteem thing.”*

Feedback from staff has also illustrated how they have reflected on their personal practice and how the very nature of this project has activated these reflections:

*“I’m understanding myself a little bit more is what I’ve got out of it. Probably taking stock of myself a little bit more, too. That’s really important. Because until I understand things, I can hardly be expecting other people to understand them. So it’s been very reflective to be honest.”*

*“I sort of knew a bit about it (emotional wellbeing) but it’s made me more aware, and what impact small things can have on someone’s emotional wellbeing.”*

At one primary school, staff have clearly expressed how they personally engaged with the opportunity to promote a whole school approach to wellbeing within their school:

*“We felt there was a need in this school, and the more we found out (about the TaMHS project), that it wasn’t just about the children, it was about the whole school, the more and more we bought into it.”*

Many evaluative comments echo the recognition that a whole school ethos towards emotional wellbeing includes good links and effective relationships with not only young people but between staff, with families and amongst the wider community:

*“People were working together collaboratively right through the school, and that’s just what we needed, for staff to see ‘this is good’.”*

*“I think if we can implement a lot of these ideas, we’re going to have children who are learning better and are more confident, and that’s going to have a huge impact on the class, the teacher and parents.”*

*“It’s allowed us to spread the ethos that we do care and we do value the staff and pupils.”*

One primary school shared an example of how they are beginning to develop new ways of working that they are applying to wider system levels, displaying a commitment to promoting the importance of emotional wellbeing and a whole school approach:

*“For behaviour we’ve decided to promote a whole school ethos. We’ve decided to make ‘teams’ that run through the year groups, so they’re going to be in houses, like you’d have in a secondary school, which we’d never done before, its always just been classes. We’ve decided to do that and staff will be part of these teams.”*

Individual accounts also show an array of changing ways of approaching different situations and challenges in schools, including thinking about problems and finding ways forward from these:

*“What we’ve been doing with the TaMHS project made us stop trying to fix things, not only in our role as teacher but we’re also doing the social work role as well, and then you really want to wave the magic wand and you can’t. We did this on the TaMHS project about how we can encourage the children to use their own skills to make changes, not telling them ‘this is what I can do for you.’ rather ‘what can you do for yourself?’ ‘who’s around you that can help you?’ and ‘who are your support links?’ like we used in the ‘tree of life’ approach.”*

*“Our frustration previously was that we were trying to be all things to all people, trying to do everything and not doing it well. We needed to change it around. On one particular night there was a member of staff; who had had a terrible day. We looked at helping her to turn it around, saying ‘what does it look like for you when it’s a good day?’ and ‘what will it look like when we get there’ and she started saying all these things that she hoped for and I wrote them down. It really did turn things around for that member of staff.”*

Some staff have reported that their increased confidence has extended beyond their work with other staff and children:

*“I think I’m more confident when working with parents. It’s changed my way of talking with them too, and I feel like I’m listening more. It’s definitely changed my way of working with parents!”*

One element of the project which seems to have had a particularly positive impact on staff capacity and confidence has been the Supportive Listener training. Staff have clearly outlined their views on how this training has contributed to their existing values and practices with young people and adults:

*“It’s definitely made me a better listener. Having that ability to sit back, and it didn’t come naturally to me, but I think I’m doing better at that now, with children and staff.”*

*“The listening has been a big thing for me. You always try to put it right when you talk to children don’t you? But I have got an awful lot from my role through the listening. I use it all the time, with adults as well. I don’t even think about it, I listen a lot better than I used to, definitely.”*

Staff have benefitted from the opportunity to form links with other schools and are keen for the networks to be sustained in the future:

*“I think the network is really, really important. We need to keep it sustainable and keep it at the forefront of everybody’s mind. It’s been good to listen to people in other settings and see how they have found it, their experiences, just by sharing ideas and what works and what doesn’t work, or how you’ve been able to implement it, the practicalities of it.”*

Some comments have highlighted the fact that teaching can be isolating at times and staff do not often get the opportunity to find out what their colleagues in other schools are doing:

*“...meeting other staff members from other school’s been really nice. Sometimes you can feel isolated, but they have the same daily issues as you have. Sharing ideas on what’s worked and what hasn’t worked, what you could try. You just sort of bounce off each other really.*

*“...keeping the network going, you’ve got to, because on your own, you just drift. You’ve got to be part of a network.”*

Staff have appreciated the fact that expertise can be shared through the networks:

*“In a network, there are people who have strengths in other areas, who will have instantly picked up on something, and they will know a lot because they will have practised it, and then somebody needs the advice. At least you know what kind of areas need addressing in the community, children and families. You can use the network to help support you in spreading it outwards.”*

*“at the last network meeting, even just listening to people talk about children who were having the same situations at home, and how people deal with that differently, and as well how different the children are.”*

The importance of links with the community has been a concept that has been embraced by staff who particularly appreciated the input from the hospice family worker on bereavement:

*“The lady from the hospice was great. We have got some children with difficulties around bereavement so that was good. I’ve been and spent half a morning with her. So people are aware of the things that we’ve done so they know if they want any ideas or contacts they know to come to us.”*

*“The lady who came and talked about bereavement I found very useful. Listening to her talking about the useful practical things that she did. We’ve had a lot of bereaved children in school and I’ve remembered those things. I’ve taken a lot of that on board.”*

The Circle of Friends training has been used in a number of schools and has proved invaluable for supporting the inclusion of children who may have some challenges in developing satisfactory and sustaining relationships with their peers. Parents are also seeing the benefits:

*“The Circle of Friends made huge difference with the child. Touch wood, we haven’t gone back to where we started.”*

*“The mum of the little girl I’m doing it with has come in and she is very happy with school.”*

This school have seen an improvement in the response of all the children in the group:

*“We are in to week four, and the children are very open. They like the session and talk about what’s happened to them. They talk about good and negative things that have happened to them, they talk about their home lives. They were asking last week if it could go on forever! I explained to them that the group is to give them the ideas and the tools to continue it on, and even when they go to secondary school they can still carry it on. I think they had thought that by the end of the sessions, that would be it. The focus child is a lot happier, his parents have commented on that.”*

Some staff however had many ideas for the future and looked forward to implementing them:

*“I would like to do something like that at the end of every year. It promoted such a good feel factor amongst school staff, pupils, community. (Wellbeing week). Making sure we attend these network meetings to say ‘we’ve done this and this is how we’ve*

*done it', and looking at what's going on, and maybe getting in touch with others and being supported by them."*

*"There are things that we want to do and we want to do them now and we can't. We have all these ideas that we don't want to forget."*

*'We'll have a sensory room where we can take children to do the Supportive Listening and things like that that we want to carry on with – play therapy and we want to set up parenting groups. There are some projects that we definitely want in the pipeline.'*