Working with parents, schools and communities – making a difference

An Evaluation of the Bromley Children Project

Pam Maras
Nathan Faulkner
Jennifer Wills

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The University of Greenwich
School of Health & Social Care
Avery Hill Campus
London SE9 2UG

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This document is the final report of an evaluation of the Bromley Children Project and associated aspects of the Bromley Children’s Fund, carried out by the University of Greenwich in 2004–06.

The Bromley Children Project successfully engages the most hard-to-reach children and families in the London Borough of Bromley, and works with schools and the community to provide a comprehensive service to improve the lives of Bromley residents.

Due to the magnitude and complexity of the project, the evaluation was a difficult but extremely pleasant experience, made much easier by the co-operation and help of all involved. I would especially like to thank the Bromley Children Project manager, Liz Davis, Deputy Manager, Rachel Dunley, and the rest of the administrative team for allowing us to make use of their extensive database of levels and type of service use, which made a significant contribution to this evaluation and clearly is a crucial feature of the project as a whole. I would also like to thank the project and fund workers and of course, the families and children of Bromley.

Professor Pam Maras
August 2006

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1: Introduction

In this section we provide an outline of the national and local context of the Bromley Children Project, followed by an overview of the project’s work and ethos. We end by outlining the purpose and structure of the report. The Bromley Children Project was initially jointly funded by Bromley Social and Education Services. Since April 2006 it has been funded by Education only. Additional resources from the Children’s Fund acquired in 2003 allowed for the development of the service to include more specialist work. Although the evaluation covers both Bromley Children Project and associated aspects of the Bromley Children’s Fund, for reasons of simplicity they are both referred to as the project.

Project co-ordinators working with families and primary schools are funded by the Borough, and specialist workers in such areas as mental health, speech and language, disability support, transitions and dietetics are now funded by the Children’s Fund. Project co-ordinators are managed by the Bromley Children Project, the Fund Workers jointly via the project and their respective statutory bodies.

Background

Services for children and young people at risk of social exclusion are a main focus of current Government initiatives. The central initiative of this kind is Every Child Matters 2003. Every Child Matters has five main goals for children:

1. Being healthy: enjoying good physical and mental health and living a healthy lifestyle
2. Staying safe: being protected from harm and neglect
3. Enjoying and achieving: getting the most out of life and developing the skills for adulthood
4. Making a positive contribution: being involved with the community and society and not engaging in anti-social or offending behaviour
5. Economic well-being: not being prevented by economic disadvantage from achieving their full potential in life.

In order to achieve these outcomes, four areas of reform have been proposed:

1. Support of parents and carers
2. Early intervention and effective protection
3. Accountability and integration - locally, regionally, and nationally
4. Workforce reform.

The Bromley Children Project is concerned mainly with the first two areas of reform: (1) Support of Parents and Carers and (2) Early Intervention and Effective Protection. In this section, we first look at national initiatives which relate to the Bromley Children’s Fund, for reasons of simplicity they are both referred to as the project.

National Context: Every Child Matters

The Government is providing support for at-risk children and their parents through the establishment of Children’s Centres and Extended Schools. Networks of Children’s Centres will be developed in disadvantaged areas to provide integrated early education, day care, health services, and family parent support, acting as a service hub for the community. They will serve families from the ante-natal period to Year 1 of primary school; beyond Year 1, Extended Schools will provide services in addition to core education by integrating education, health and social care services around the needs of children.

It is suggested that such community-enhancing initiatives will promote inclusion of parents and provide support, lifelong learning and better access to health and social facilities. The Evaluation of Extended Schools Pathfinder Project (Cummings et al, 2004) reported that extended schools have a positive impact on children’s attainment, behaviour and attendance, and also on parents’ perceptions of themselves. Research has found that parental involvement impacted significantly more in the early stages of education than in the later ones, which highlights the importance of early intervention. School-family programmes are multi-faceted, and require organisation and effort by the schools to extend to hard-to-reach families but communities will reap the rewards by investing such effort (Sheldon, 2005).

The principle behind early intervention is that problems can be more easily overcome if targeted early. The Government plans to develop “on-the-spot service delivery” through multi-disciplinary teams based in schools and Children’s Centres, which will allow for earlier intervention and more effective protection from risk factors. The following risk factors for school failure, exclusion, anti-social behaviour and future offending can be reliably identified at an early stage:

Multiple deprivations (Hayden, 1997)

In general, children from adverse socio-economic backgrounds appear to exhibit more behaviour and offending problems. The Audit Commission report on young people and crime, Misspent Youth (1996), acknowledges the link between poor neighbourhoods and crime. Reports from Policy Action Teams 8 (2000a) and 12 (2000b) confirm the need to focus on community initiatives in neighbourhoods and acknowledge the scale and complexity of problems.

Poor current and predicted academic performance (Parsons et al, 2001)

Data from the DfES also show that the most at-risk groups for education withdrawal (and subsequent problems) are male, black-Caribbean, of ages 12 and upwards.

Negative family environment (Snyder, 2005)

Ineffective maternal discipline, and the interaction of ineffective discipline and unsympathetic attributions for the child’s behaviour, predicted the increase in conduct problems at home and school.

Parental factors (Farrington, 1996)

Risk factors for anti-social behaviour include poor parental supervision and discipline, and parental conflict or separation. Successful preventative techniques include frequent home visits from health professionals, parenting education programmes and pre-school intellectual-enrichment programmes.

Local Context: Every Child Matters in Bromley

Every Child Matters (2003) notes that the Children’s Fund is a potential catalyst for identifying disadvantaged children and young people at risk of exclusion, along with Children’s Trusts that deliver integrated and accessible services for users. The Children’s Fund was intended to develop services for early identification and to provide funding for services enabling children, young people, their families and communities to realise their potential (Developing Preventative Services: Children’s Fund Strategic Plan Guidance 2005–2006, p.1).

Every Child Matters in Bromley (2005) addresses the aims of Every Child Matters (2003) within the context of the Borough, and identifies the need for:

“...a cohesive network of appropriate, accessible, early intervention and preventative support in local communities.”

Every Child Matters in Bromley (2005) also highlights Bromley’s high levels of at-risk groups such as:

- lone parent households
- children eligible for free school meals
Furthermore, Bromley crime data show higher than average offences for:

- violence against a person
- sexual offences
- robbery and residential burglary
- theft of a motor vehicle

Findings from the Audit Commission report (1996) show that:

“Young people who truant or are excluded from school are more likely to offend. Exclusion and truancy are therefore both key indicators of trouble to come if corrective action is not taken. Forty-two per cent of offenders of school age who are sentenced in the youth court have been excluded from school. A further 23 per cent truant significantly!”

(Audit Commission, 1996: p66)

Thus, early intervention and increased support may be key in reducing social exclusion. This reinforces the view of Every Child Matters that there is a need to build universal and targeted community-based, integrated services that are centred on the needs of children and young people. The Bromley Children Project works to meet this need.

The project, along with partner agencies, provides these services to children and their families in the most disadvantaged areas of the Borough. Services for children include mental health teams, dieticians and speech and language therapy, and are provided mostly through schools. Services for families include courses, training and individual help and support, which are provided through schools or community centres. The project’s approach is based upon:

“A belief in, and respect for, the potential power and resourcefulness of people to control their own lives if they are offered appropriate opportunities, support and encouragement.”

(The Bromley Children Project Report, 2003, p. 8)

Opinions, recommendations and feedback on such matters are sought from community members, in what is described as a ‘needs-led’ approach; where services and initiatives are developed according to where they are required the most. The project approach can incorporate formal methods such as committees, steering groups and questionnaires as well as informal techniques. Use of this needs-led perspective has been commended by Every Child Matters that there is a need to build universal and targeted community-based, integrated services that are centred on the needs of children and young people. The Bromley Children Project works to meet this need.

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Structure of the report

This report is organised under the following sections:

Section 2: The Bromley Children Project and Children’s Fund workers

The section begins with a review of data on the personality characteristics of project and fund workers. Recruitment, training and supervision issues are reviewed. Each role is then addressed individually, looking at the nature of the postholder’s work, referral processes, information sharing and communication, and their role within the project. The section ends with suggestions for further development and a synopsis of issues to be resolved.

Section 3: The Bromley Children Project in the community

This section begins with an explanation of the needs-led approach of the model. It then covers the courses and training offered to parents through the project. This is followed by a review of five community initiatives supported by the project.

Section 4: The Bromley Children Project in schools

The section begins by outlining the role of schools within inter-agency collaboration and working. This is followed by data from headteacher interviews; a synopsis of headteachers’ views about the success of the project in their school and their comments concerning project and fund workers. The section concludes with two evaluations of school-based initiatives supported by the project.

Section 5: Stakeholders’ perceptions

This section begins with findings from interviews and focus groups conducted with workers, parents and children concerning the impact of the project overall and perceptions on individual workers and initiatives. This is followed by a review of an evaluation carried out by our research team, looking at the impact of the project on children’s strengths and difficulties.

Section 6: Summary and conclusions
2: Bromley Children Project and Children's Fund workers

In this section we focus upon the Bromley Children Project and Bromley Children’s Fund workers. The section begins with an outline of recruitment process followed by data on personality characteristics of workers. We then review each post associated with the project. The section ends with a summary of workers’ views about their roles, suggestions for development and issues encountered.

Recruitment, training and supervision

Staff employed by the Bromley Children Project are supervised solely by the Bromley Children Project Manager. Staff employed by the Bromley Children Fund are jointly supervised by the project manager and their relevant agencies. Fund workers were positive about these joint supervision arrangements.

Basic educational criteria for appointment as a project worker (at present the only post fully funded by the project is project co-ordinator) are an undergraduate degree and relevant experience or other qualifications. Applicants are interviewed by a panel, which includes the project manager and a representative of a partner agency. Applicants are assessed, using the Interpersonal, Communication, and Counselling Skills Rating Scale designed by the project manager (see Appendix A). Children’s Fund workers are appointed by a panel including the host agency responsible for joint supervision of the post.

Project co-ordinators received training in the Family Partnership Model (Davis, Day & Bidmead, 2002) and in the Webster-Stratton (1992) Behavioural Training Programme. Other training courses have included: How to Drugproof your Kids (3), Speakeasy (sex education) (1), and The Freedom Programme dealing with domestic violence (2). Three co-ordinators have also undertaken child protection courses.

Courses attended by fund workers included Parent Advisor Model (4) and the Webster-Stratton behavioural training programme (2). Specialist courses included Autistic Spectrum Disorder (1), suicide and young people (2), eating disorders (2), child protection (4), nurture group facilitation (1), first aid (1), and drugs awareness for parents (1).

Workers

There were nine project workers at the time of this evaluation, all of whom were project co-ordinators. Their average age was 48 years. Four workers had previously worked in education contexts, one in the health care context, and two in careers related to other areas not of a public service nature. Four of the co-ordinators are educated to degree level; three also hold Certificates in Education.

There were 12 fund workers at the time of this evaluation. Their average age was 38 years. Fund workers had backgrounds specific to their professional roles. Most were educated to degree level.

All of the workers are based within the community alongside colleagues with different professional expertise. This strategy is in line with Every Child Matters (2003, p.62), which highlights the importance of basing multi-disciplinary teams:

“...in and around where many children spend much of their time...embedding targeted services within universal settings can ensure more rapid support without the delay of formal referral.”

This approach is also supported by research. Webster-Stratton (1997) noted that:

“For low-income families, particularly, parent training programmes need to be broadened and offered in communities in order to reduce isolation and strengthen support networks of families. Such an approach will lead not only to better parenting but also to greater collaboration with schools and more community building on the part of parents and teachers.”

Workers aim to provide support for children who may be at risk for social and family reasons as proposed in Every Child Matters (2003), and summarised in the DfES Five Year Strategy (2004):

“...to improve support for all disadvantaged children, and children with additional needs (from 0 to 19). We need to provide effective support for children who are at risk – whether of poor attainment, truancy, exclusion, substance abuse or youth crime. We will develop a system which helps earlier identification of those at risk, with all those who work with children – in schools, nurseries or elsewhere – better skilled in identifying needs and signposting parents to advice and support.”

(DfES, 2004, p.22)

The personal qualities and working style of project and fund workers are central to the success of the Bromley Children Project. To recap: two types of worker are employed: (1) project workers, funded solely by the project and working primarily within the community and schools, and (2) Bromley Children’s Fund workers, specialists funded by the Children’s Fund and jointly supervised by their host agency. Fund workers at present include mental health professionals; (three child support workers and a clinical psychologist), five part-time speech and language therapists, a dietician, a disability and special needs support worker and a transitions co-ordinator.

Characteristics of workers

The project manager suggests that in order for workers to be effective they must display a number of key characteristics and interpersonal skills, which will ensure that they are regarded positively by hard to reach families. Such characteristics and skills are assessed by the Interpersonal, Communication, and Counselling Skills Rating Scale during recruitment.

To assess whether the ideal characteristics identified by the project manager are reflected in the current cohort of workers, the NEO PI-R (Costa & McCrae, 1989) was completed by all project and fund workers. The NEO PI-R is a standardised measure which assesses the five dimensions of personality. The dimensions are:

1. Neuroticism
   relates to emotional stability. High scorers are characterised as having poor control of impulses and are more likely to experience negative effect such as fear, anger or guilt.

2. Extraversion
   relates to outgoingness in social settings. High scorers prefer to be leaders and display high energy levels.

3. Openness
   relates to the way individuals experience new concepts. High scores indicate an appreciation and openness for new ideas.

4. Agreeableness
   relates to how the individual behaves towards others. High scorers are more sympathetic to others and willing to help.

5. Conscientiousness
   relates to one’s sense of purposefulness such as abilities to plan, organise and carry out tasks, punctuality and reliability.

1 One child support worker and the clinical psychologist left during the evaluation.
2 See Appendix A.
Figure 2.2 shows the number of contacts with parents or children that each co-ordinator had over the period of the evaluation.

Feedback from parents also indicated that co-ordinators were approachable, understanding and non-judgemental. The project co-ordinators’ working methods are supported by research. Walker (2004) suggested that workers adopting a community-oriented model of psychosocial practice are ideally placed to operate within multi-disciplinary contexts; ensuring the focus remains on culturally competent practice.

Project co-ordinators positioned within schools and the community fulfil this role; identifying need and acting, where necessary, as a conduit to more specialist services. Young Minds (2003) also endorses workers within the community recognising that although helpline services:

“...have a significant part to play in supporting parenting...helplines will not be the answer for other parents who are more likely to need frequent visiting and befriending.”

Messias (2005) looked at the impact of volunteerism in economically-deprived areas from a holistic health perspective. The author reported that stories of being involved and making a difference demonstrated:

“...women making connections, developing relationships, gaining knowledge and skills, increasing self-esteem and confidence, reaching out to help others, and strengthening communities.”

There is strong evidence for the importance of inclusion within economically-deprived areas. Volunteerism is seen as a health-promoting strategy among women living in poverty. Parent involvement is central to the project and co-ordinators are essential in recruiting them. Project co-ordinators can be viewed within a health-promoting context, in direct line with two aims of Every Child Matters (2003): (1) enjoying good mental and physical health and (2) making a positive contribution through involvement within the community.

All workers on the project at the time of evaluation were female.

Co-ordinators C and I differ from the rest, as they are employed on a quarter-time and full-time basis respectively.
Mental health workers

Mental health services for children and young people are delivered through Child and Adolescent Mental Health Workers (CAMHS). CAMHS is a partner agency of the project and supplies mental health workers. At the time of the evaluation one clinical psychologist and three child support workers were employed on it.

Approximately 10% of 5–15 year olds in Great Britain display some form of mental disorder, and an estimated 5,887 children between the ages of birth and 15 experience mental health issues that require treatment. (Office for National Statistics, 1999, British Child and Mental Health Survey, 1999). Such treatment is difficult to deliver in a timely manner.

CAMHS professionals:

“...cite waiting times as a major barrier to being able to deliver effective support for children who need specialist care.”

There are four levels of service in mental health provision. The level at which a child is involved with CAMHS reflects the severity of the problem. Tier 1 professionals are usually direct employees of the Primary Care Trust, for example, health visitors or school nurse. Some aspects of a project or fund worker’s job will be classed as Tier 1.

Contact at Tier 2 is usually with specialist workers, such as primary mental health workers or counsellors, in community or primary care settings. If problems are particularly severe or pervasive, children are referred for contact at Tier 3. This is often with the same specialists as Tier 2 but on a more intensive basis and with other workers like the clinical psychologist. Contact at Tier 4 can involve in-patient care and forensic workers. Child support workers are classified as Tier 2, and the clinical psychologist as Tier 3. CAMHS (2004a) recognises that:

“Tier 1 professionals currently have difficulty in accessing mental health experts: no one is on the end of the phone or easily contactable, leaving them unsupported and unable to deal with certain children in situ.”

(CAMHS, 2004, p. 21)

Although services provided by CAMHS are of good quality, both access and waiting lists are a major problem reported by users and professionals. The CAMHS report recommends that all education professionals have access to a child support worker who can provide them with advice, consultation and information. Overall, the recommendation of the CAMHS report is the expansion of existing resources to allow increased integration with the community, which in turn will facilitate early identification of problems. Bromley CAMHS suggests:

“No one should be expecting CAMHS to deliver all the mental health service requirements in the Borough …. staff who work directly with children should be able to access support and advice from specialist CAMHS.”

(Bromley CAMHS Needs Assessment, 2004 p.8)

The mental health provision within the project works to deliver solutions to the above issues. The mental health team work predominantly with individuals and families of white British ethnicity. This trend is not in line with a study carried out by the National Institute for Mental Health (cited in Bromley CAMHS Needs Assessment October–November 2004, p.25), which reports that people from ethnic groups experience worse health and psychological distress than ethnic majorities. However, it is in line with ethnicity trends in Bromley (see sections 3 and 4).

As part of the evaluation, two child support workers and the clinical psychologist were interviewed. Over the period of the evaluation, 468 children were involved with the mental health team, with an average of 8.2 contacts per child (total number of contacts 3839). See Figure 2.3 for number of contacts by year group.

Child support workers

Child support workers provide support for children individually and in groups, support for parents, and training and information to school staff:

“…offer consultation to families and other practitioners, outreach to identify severe or complex needs which require more specialist interventions, assessment (which may lead to treatment at a different tier), and training to practitioners at Tier 1.”

(Every Child Matters: Change for Children, 2005a)

Child support workers work in schools and in homes where appropriate and with children, families and parents on a needs-led basis. For example, there are play-based groups for reception children. Such groups address social skills issues, including peer interaction, sharing, turn taking and problem-solving. They are jointly managed by Bromley Primary Care Trust (for clinical supervision) and the project manager (for administration and research discussions). On average, supervision meetings take place every six weeks.

Referral

Children can be referred to the child support workers by project co-ordinators, the SENCO, teachers, parents or other health professionals.

Information-sharing and communication

Child support workers meet twice a term with school staff to discuss effectiveness of interventions and potential initiatives. However, there are currently inconsistencies in the type and depth of feedback. One child support worker reported the use of in-depth and lengthy feedback on problems, initiatives and the success of various strategies to raise self-esteem and social skills; another reported providing only very vague feedback.

One child support worker claimed that communication between workers and the teachers was very important, whereas another reported feeling that the teachers would already be aware of every issue.
Meetings now include SENCOs, which has resulted in multi-disciplinary teams being established around the children who require the most support. For example, a five-year-old boy is in contact with the project because he has been suspended on a number of occasions and has specific difficulties.

Multi-disciplinary meetings established a group around the child, including the speech and language team, a child support worker working with school support staff, and the disability and special needs support worker and a child support worker working with the family at home.

Clinical psychologist

We evaluated the clinical psychologist’s work over a 12-month period. The psychologist began working with the project in February 2004, acting as a middle ground between CAMHS tier 3 and the child support workers. The clinical psychologist is jointly managed by Oxleas CAMHS Tier3 (clinical supervision) and the project manager (administration). The psychologist deals with children who have needs too complex to be met by the child support workers.

The psychologist adopts a three-stage approach (1) meeting with family and child (2) initial assessment and (3) treatment. In the initial meeting, the psychologist assesses if family and behaviour problems are the only issues. If so, children are referred back to the child support workers for intervention. An appropriate treatment schedule is set up for more serious difficulties. Common family difficulties include denial of the problem by parents and parental mental health problems.

In the 12 months of the evaluation, the psychologist had 28 cases. The psychologist reported that families and children were never officially discharged from the ‘treatment’, which allowed for families and/or children to be referred again without having to be reassessed formally. Core problems identified by the psychologist in 2004/2005 included six cases of ADHD, six cases of behaviour problems, three cases of anxiety, 13 cases of emotional problems and 11 cases of problems associated with parenting. The psychologist reported that the majority had co-occurring problems.

The psychologist suggested that the development of the role would require the establishment of informal training sessions for school staff and consultation services for parents. The clinical psychologist is regarded as providing a successful link between CAMHS tiers 1 and 3.

Families involved with the clinical psychologist can also access Bromley CAMHS Family Therapy services, which gives them the opportunity to participate in sessions with the psychologist and CAMHS family therapists to work through their difficulties.

Referral

Referrals come mostly from child support workers, although co-ordinators, SENCOs and parents can also refer directly.

Information sharing and communication

Psychological assessments are disseminated – with parental consent – to other Tier 1 service providers (e.g. schools, GPs, and other health professionals). The clinical psychologist suggested that whilst this information sharing is desirable, it was difficult to provide a comprehensive report that was understandable and accessible by all.

Development of mental health team

Child support workers suggested that their roles should not become focused on just social skills work with children, but should allow for child support workers to advise on intervention strategies for individual children. By receiving increased professional development, child support workers could work more intensively at a community level and reduce the need for referral to clinical psychologists.

Child support workers also suggested that there is a need for more specialist training and increase efficiency. Child support workers reported feeling isolated from their colleagues at times, especially in cases where sensitive issues are presented or when they are away working within the community. It was felt that greater peer support – for example, a senior mental health worker to supervise and support at an operational level - or the development of family centres within school for service delivery, would remedy this.

Role of mental health workers in the project

The close partnership approach with families advocated by the project brings mixed feedback. For some, it is regarded as incompatible with the mental health team’s approach, but others see it as essential for maintaining parental contact and trust. A number of workers viewed the fast tracking of children to CAMHS via the mental health team as unfair “queue-jumping.”

It is clear that there is a need for community-based, early-intervention initiatives like the mental health team. However, there are contradicting views on the way this support is delivered. The focus on both child and family mental health has been identified in a CAMHS strategy meeting as being:

“…part of a multi-component approach that meets the wider needs of Every Child Matters and the whole family and community. Whilst we work to improve child mental health, parental mental health is considered equally, if not more important, since it has such a strong influence on the children.”

(CAMHS, Strategy meeting 2005)

Therefore, the work of the Child Mental Health Services must be supplemented by Adult Mental Health Services if it is to achieve its full impact. Further support for child support workers comes from CAMHS, who suggest that the next steps for the Bromley CAMHS should include the:

“appointment of as many Child Support Workers (CSWs) as possible, budget permitting.”

(CAMHS, 2004a)

CAMHS (2004a) recognise that Tier 1 professionals are often unsupported; leaving them unable to deal with children in situ. This need for more specialised resources further supports the presence of community-based support workers. Bromley CAMHS highlight this:

“No one should be expecting CAMHS to deliver all the mental health service requirements in the borough … staff who work directly with children should be able to access support and advice from specialist CAMHS.”

(Bromley CAMHS Needs Assessment, 2004 p.8)

Speech and language therapists

Speech and language therapy professionals work in schools running groups for children, and providing strategic support for staff1. Speech and language therapists had contact with 215 children over the 12-month period of the evaluation, with an average number of 6.5 sessions with each child.

The speech and language team is jointly managed by the project manager (for project and fund issues) and Bromley Primary Care Trust Children’s Therapies manager (for clinical supervision). The speech and language leader has contact with the project manager every six to eight weeks to discuss therapy deployment in schools and any problems therapists are experiencing.

Meetings are also an opportunity to discuss effectiveness and how speech and language therapists can support other multidisciplinary work. Primary Care Trust supervision meetings are used to discuss new initiatives and how to supplement the work carried out outside school by clinic therapists. Good practice is also discussed in terms of how to implement the project’s needs-led approach into Primary Care Trust initiatives.

The speech and language therapists work in schools with groups of children and staff, developing strategies for teaching. They also work closely with other professionals to develop strategies for families and teachers where a

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1 The work of the speech and language team will be discussed further in section four, where we consider the results of an SLT intervention.
2. Bromley Children Project and Children’s Fund workers

There were a total of 1405 contacts with children over the period of the evaluation. These took the form of group interactions, although some children attended more often than others (one child attended 41 times, whilst another attended only once). There were no individual interactions.

Figure 2.4 shows the amount of contact achieved by the speech and language team by age. Figure 2.4 shows the amount of contact achieved by the speech and language team by age.

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Role of speech and language therapists within the project

Clegg et al (2005) reported that individuals with developmental language disorders experience negative outcomes, such as poor social adaptation, unemployment, shorter close relationships and mental illness. Similarly, McCabe (2005) found that children with language impairments had significantly more behavioural problems and poorer social competence than other children.

Ripley and Yuil (2005) looked at language impairments in children with severe behavioural problems. The authors found that many of their sample had previously unidentified language problems, thus supporting the need for early recognition and assessment. The above findings, along with those of Bromley CAMHS (2004), highlight the need for early identification of language disorders and associated behavioural problems.

Dietician

The dietician works in the schools with children and their parents, to promote healthy eating. She recognises that the types of people she engages are those who do not meet the criteria for statutory agency support. She is jointly managed by Bromley Mencap (for family support issues) and the project manager (for in-school support and supervision). Dietician

Over the period of the evaluation, there were 2048 contacts with children. These took the form of class interventions. There were no individual interventions.

Work is linked to curriculum activities, though the dietician feels that the main focus:

“...is getting parents and children to work together within a class environment or school environment because I think that is the way to get the message across.”

This is in line with Every Child Matters, which suggests that in increasing parent/carer support there needs to be:

“Family learning programmes bringing family members together to work and learn on planned activities.”

Furthermore, the Department of Health (2005) recognises that:

“Schools offer a place where the Government and others can support most children and young people in making informed choices about their diets, now and in later life, and provide them with access to healthier foods.”

Choosing a Better Diet: a food and health action plan, 2005 p.23

The Health Development Agency (2004) also gives support for school-based interventions such as nutritional education, teacher training and curricular material in reducing obesity and unhealthiness in school children.

The dietician also works closely with the project co-ordinators to identify and guide parents who are interested in courses run by the dietician. Supervision is jointly by Bromley Primary Care Trust (for clinical issues) and the project manager (day-to-day running and administration issues), with meetings every school term.

Referral

The dietician receives few clinical referrals. However, it was reported that the dietician sometimes refers to paediatric dieticians for some cases, e.g., severe food allergies. In addition, the dietician works closely with the disability and special needs support worker, and the speech and language therapists.

Information sharing and communication

The dietician works very closely with teachers, as most courses are run as classroom activities. This allows for collaboration of skills essential for education and classroom management and also allows teachers to carry the information forward. Feedback is sought from teachers on the appropriateness of courses and suggested modifications.

Role of the dietician within the project

Initially, the dietician focused on just five schools and built a strong working relationship with them. Some parents who attended the sessions in the initial area are now trained to carry out certain sessions and are moving into other schools increasing the range and scope of dietetic courses.

The dietician indicated that the continued training of parents to work in schools and the community on a regular basis is the strongest developmental asset. The fact that the project’s approach is non-clinic based and needs-led was seen to be a strength. The dietician also recognised the importance of project co-ordinators in the identification and access of parents for courses, and for the effective working relationship that has been established with schools. The dietician felt that the main problem with the project is the uncertainty of funding, which results in only short-term planning of resources and activities.

Disability and special needs support worker

Unlike other fund workers, the disability and special needs support worker works mostly outside of school and focuses on issues experienced within family and home life. The work within schools involves school placements, statementing and other issues related directly to the child. She recognised that the types of people she engages are those who do not meet the criteria for statutory agency support. She is jointly managed by Bromley Mencap (for family support issues) and the project manager (for in-school support and supervision).
The disability and special needs support worker reported that she does less behavioural support than originally expected, as families who require disability support are often already receiving support from other agencies. The length of time and type of support given to families vary depending on need. She can provide long-term support or one-off contacts to give assistance in accessing or directing to other services. In contrast to other fund workers, the Disability and Special Needs Support Worker works with any member of a child’s family. The main problems reported one-off contacts to give assistance in accessing or directing to other services. In contrast to other fund workers, the expected, as families who require disability support are often already receiving support from other agencies. The Disability and special needs support worker reported that she does less behavioural support than originally seen as similar to that of the project co-ordinator, but at a family, not school, level.

Feedback is usually disseminated via project co-ordinators to staff in multi-disciplinary meetings. The disability and special needs support worker reported that constant feedback is an unnecessary demand on SENCOs’ time. Furthermore, she indicated that the confidentiality issues with families meant that she would divulge such information only when absolutely necessary.

Role of the disability and special needs support worker within the project

The disability and special needs support worker felt that, despite being attached to the project, the role does not fit neatly into the approach adopted by other fund workers. It is suggested that disability and special needs work might be seen as similar to that of the project co-ordinators, but at a family, not school, level.

Transitions co-ordinator

The transitions co-ordinator facilitates children’s transition from primary to secondary school by working with schools and children to develop purposeful activities to smooth the transition. Research has shown that times of transition can negatively affect attitude and achievement in children.

For example, Dutch (1974) found that children who had spent a year in a Transitions Department before moving on to secondary school were better socially and emotionally adjusted children who had moved directly from primary to secondary school. The Transitions Co-ordinator had 4,186 contacts with children over the evaluation period. 4,016 of these were group interventions, and 170 were individual interactions. Some children received up to 23 contacts, while others were in contact only once.

The Transitions Co-ordinator runs activities designed to smooth the path of transition and reduce negative outcomes. The main context of these activities is the Moving On To Secondary School Summer Scheme, run in various secondary schools for two-week periods in the school summer break. The Transitions Co-ordinator is responsible for the overall running of the scheme, and managing/recruiting tutors and mentors to assist with activities. For example, one year the scheme employed dance tutors, DJs, dieticians and science teachers. Over the period of the evaluation, there were two summer schemes taking place and 141 children took part.

The schemes were aimed at children progressing from primary school to secondary school. Activities include ‘fun science’ lessons, dance classes, gardening, arts and crafts and sessions with a dietician. There is an underlying theme of ‘transitions’ throughout most of the activities.

For example, the gardener emphasised the need to move plants into bigger containers as they grow. In addition, activities were designed to help children understand the impact of anti-social behaviour and crime, for example, the nuisance of graffiti. The benefits of the summer schemes activities are seen as twofold; firstly, children meet other pupils who will also be attending the secondary school and get a chance to develop social and friendship skills; secondly, children are encouraged to try new things and achieve, which builds confidence and self-esteem.

Feedback about the scheme was obtained from the 141 children who attended over the four-week period, and from the year seven peer mentors who attended the scheme the previous year. All mentors indicated that they had benefited from their previous summer scheme experience. The current transitions children reported that the fact the scheme took place in the secondary schools was useful as it allowed them to get used to the new school in a relaxed context.

82% of children indicated they were now looking forward to going to secondary school; 81% indicated that the scheme had helped them feel more prepared for it. 89% indicated it had helped them feel more confident about meeting and talking to children they had not met before. 63% of children indicated that the scheme and the activities they had taken part in had been excellent. The children indicated that the success of the scheme depended on the other children attending and whether they were all going to be starting at the same secondary school.

Role of the Transitions co-ordinator within the project

The transitions co-ordinator helps children, families and schools with concerns around the transition from primary to secondary school by providing needs-led activities. She accepts referrals from project and fund workers, as well as from parents, teachers and social services. Transition work is seen by the co-ordinator as being an important aspect of the project’s work; it is a dramatic time and for some children represents the end of the project’s involvement with them.

The emphasis of transitions work is needs-led; children suggest what they do want and do not want out of the service, and the co-ordinator responds. In this way, she is able to reach more children. For example, some children requested DJ activities in the summer scheme. These children were unlikely to attend otherwise, but the presence of the DJ activities meant that they attended and then benefitted from the other aspects of the scheme. Children are also monitored in the scheme and potential problems are identified and passed on.

Figure 2.5 Disability and Special Needs Worker’s contact with children over the evaluation period by age.
2. Bromley Children Project and Children’s Fund workers

Summary
In this section we have provided an overview of the recruitment and training processes, a summary of personality characteristics of the project and fund workers and a detailed description of the roles of project co-ordinator, the mental health team, the speech and language team, the dietician, the disability and special needs support worker and the transitions co-ordinator.

Each role was looked at in terms of job description and type of work undertaken, referral process, information sharing, headteacher comments and development. Finally, additional comments and recommendations about each role are discussed. We shall now provide overall observations on the project and fund workers.

1. All workers scored positively on five personality traits that correspond to desired characteristics of workers. This suggests that the recruitment process is accurate and successful.

2. The role adopted by project workers is supported by research (Walker, 2004). The workers adopt a community-orientated model of psychosocial practice and are ideally placed to ensure that a focus remains on culturally competent practice.

3. Some of the project work falls within health promotion contexts:

   “...women making connections, developing relationships, gaining knowledge and skills, increasing self-esteem and confidence, reaching out to help others, and strengthening communities.”

   (Messias De Jong and McLoughlin, 2005)

4. Every Child Matters (2003) aims for all to enjoy good mental and physical health, as well as making a positive contribution through involvement within the community. This is reflected in the work of the mental health team.

5. The integration of the project and educational procedures could be improved. This could be achieved by stronger feedback systems. Headteachers suggested that project co-ordinators would be best placed to facilitate feedback between fund workers and school staff.

   “…it would be good if the Co-ordinator could coordinate the work of the other workers who come in...we need someone who is able to co-ordinate various people who come in, like the mental health worker and the dietician who we benefit from. Because feedback sometimes isn’t always there, it would be good if there was somebody who could do that co-ordinating role and collect the feedback from them and give it to the teachers.”

   (Headteacher, School B)

6. There is some disagreement within the mental health team regarding the close family partnership approach. Some regard it as being unattractive for the nature of mental health work, although the fact that it is essential for maintaining family trust and contact means that a compromise will have to be reached. Perhaps the child support workers could maintain their close family links, whilst the clinical psychologist assumes a more distant, ‘professional’ approach.

7. The early identification approach of the speech and language therapists is strongly supported by research which suggests that language disorders could be a causal variable to some behavioural disorders (Ripley and Yull, 2005), and that such language difficulties can result in negative life outcomes (Clegg et al., 2005).

8. The dietician felt a major problem was the uncertainty of funding, which results in only short-term strategies. The professional assistance provided by project co-ordinators in identifying and contacting parents was reported to be hugely effective. Every Child Matters recommends that we aim for being healthy - enjoying good physical and mental health and living a healthy lifestyle. This is an aim well met by the work of the dietician. This work also provides a caring environment for children. It has been found that deprivation of such an environment can stunt development.

3. The Bromley Children Project in the community

In this section we focus on project initiatives in the community. We look specifically at training courses for parents, and voluntary initiatives supported by the project. The courses and initiatives are developed on a needs-led basis, as outlined in Figure 3.1.

Co-ordinators ‘get to know’ members of the community and solicit their opinions on how the project can help them. This can be through formal techniques such as questionnaires and newsletters, or through informal methods of word of mouth and face-to-face chats. This can result in the provision of fund workers, such as the disability support worker (see Section 2), to some families, or in the development of resources such as training courses for groups of parents.

Parent courses and other training
Parent courses are a key feature of the project’s community work. The project manager indicated that most parents first choose enjoyable fun courses, such as Keep Fit or Arts and Crafts, and progress to more demanding and vocational courses, like Computing or Classroom Assisting. This is known as the Four-Stage Model8.

The project also runs courses focused on improving family dynamics as well as parent-child interactions. Examples of courses are: Behaviour Management for Parents, Helping Children with Anger Management, Self-Esteem for the Family and Children Are Fun. The provision of such courses is supported by research which highlights the importance of providing a caring environment for children. It has been found that deprivation of such an environment can stunt development.

Figure 3.1 Model of the Bromley Children Project’s Needs-Led Approach.

1 Appendix B gives further details of the Four-Stage Model and the corresponding courses.

2 See Appendix B for more course titles.
3. The Bromley Children Project in the community

Employment

Of the 939 parents or carers who attended courses during this period, 133 progressed to employment (see Figure 3.4). Many of the parents end up working either in a school environment or in voluntary initiatives, meaning that the work of the project is strengthened and reinforced.

See Section 5 for more detail about parents’ views on the training courses.

Supported projects

The Bromley Children Project provides financial support for 16 Voluntary and Community Provision initiatives for children and families, in and out of school. Overall, 830 parents and 1,419 children receive support from such initiatives.

Figure 3.5 shows that, compared to the general population of Bromley, more black or black British children are involved in community projects. However, it should be noted that some community projects are specifically aimed at this group. Figure 3.6 shows that more boys than girls were involved in community projects.

Five community initiatives supported by the project were considered as part of this evaluation:

- Mottingham Family Association
- Crystal Vision Trust Home Work Club
- Bromley Gypsy Traveller Project Kid’s Club
- Bromley Family Link
- Bromley Welcare.

Figure 3.4 Types of employment following completion of project courses.

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* See Appendix C for Voluntary Commissioned Projects currently receiving funding.
A separate committee, named the Positive Parents Partnership, has recently been established for parents who are ready to ‘move on’ and to make room for new parents to join the association. The partnership originated from a need to minimise the strain on the project co-ordinators facilitating the association, and so is co-ordinated by three parents who have been involved in the Association from its start.

The partnership has the capacity to include 100 parents. Inclusion criteria for the partnership are reliability, responsibility and sufficient financial resources to take part in activities. Initial minimal funding for the partnership was provided from the association’s grant; the partnership is now responsible for raising additional funds. The association assists the partnership in identifying potential funding bodies and with funding proposals. It is suggested that the association’s role could be developed further if there was a representative in each school. This would also allow greater engagement of hard-to-reach families.

Mottingham Family Association

The association provides events and outings during the school summer holidays and aims to develop family and parental involvement in the community. Activities are developed according to recommendations of a parent committee. The association has increased in strength and number since it was started in 2003; the number of children involved has doubled and the number of parents on the committee has trebled. See Figure 3.7 for an overview of the increase in participation by children.

Referral

The Mottingham Family Association is facilitated by three project co-ordinators. Referrals are accepted from any services that might identify families that would benefit from a higher degree of community inclusion. The involvement of project co-ordinators has been found to increase the involvement of hard-to-reach families starting and staying involved in the Association.

Parents’ views about the Mottingham Family Association

Parents involved with the association reported that it had enabled them to gain confidence through getting to know other parents:

“This year we really enjoyed it as parents who hadn’t really spoken to each other, we all sat together on the beach.”

(Parent)

“Yeah. It’s communication between parents. At [school name] they’ve got a playground where all the parents are involved, like they know who’s in their children’s class when they have things to go to. Whereas I don’t feel like that at [school name]. Like it’s a different kind of…like picking them up, you’re not allowed in the playground. You have to see them off from the gate.”

(Parent)

Although one aim of the association is to develop parental autonomy, the development of the partnership might carry a risk of excluding parents not involved in this sub-committee.
3. The Bromley Children Project in the community

Crystal Vision Trust – Homework Club

Every Child Matters (2003) suggests that performance of pupils from minority ethnic groups is lower than that of majority ethnic groups. The government suggests providing teachers with knowledge and skills to support such groups and promotes the use of resources to target minority ethnic pupils. The Crystal Vision Trust was established in 1998 and focuses on supporting young people, predominantly of black and minority ethnic group and female, in deprived areas, mainly within Bromley. See Figure 3.8 for data of the ethnicity of those involved with the Crystal Vision Trust.

One school taking part in the Crystal Vision Trust developed a homework club, solely from Bromley Children Project funding. This had a positive impact, according to the headteacher who noted that:

“[Crystal Vision] gives our kids in particular a place where they can do homework, where they can get help, which is obviously quite difficult for a lot of parents, so it’s setting up a good sort of basic routine so that they know the importance of it.”

Development

The homework club’s success has led to similar initiatives in other primary schools in the borough. Classroom assistants from the original homework club school, who were trained through the project, provide support for children in other schools.

The homework club co-ordinator also works alongside the transitions co-ordinator during summer schemes. This provides reassurance and educational support throughout a child’s transition to secondary school. A homework club has been developed in a secondary school with a teacher as co-ordinator. It was suggested that a teacher resident in the school would be able to develop better relationships with students in year seven, as well as acting to:

“...reinforce the expectations of [school name] in terms of work and behaviour.”

(Transitions Co-ordinator)

Role of the Crystal Vision Trust

The homework club has been well integrated into the schools and is accepted by children, parents and school as a key resource. The place of the Bromley Children Project in the establishment of the homework club is recognised by all involved.

Bromley Family Link

Bromley Family Link provides support, assistance and social opportunities for children with disabilities and their families. It enables children to participate in everyday activities, enjoy social opportunities and enjoy a greater quality of life, and gives families some respite.

The key feature of the Bromley Family Link is the Saturday Clubs, where children can play together. The Link currently runs three Saturday clubs in three schools with appropriate disabled facilities. There is a core team of approximately 12 experienced staff. Two team leaders run the sessions, and supervise and train staff. Numbers of children involved have almost doubled since the Link was started. See Figure 3.9 for levels of involvement by year.

Referral

Most activities are open to all, in order for disabled children to have the opportunity to play and interact with others without difficulties. This has the bonus of reducing prejudice and stereotyping in unaffected children. The Bromley Family Link Co-ordinator attends Bromley Children Project steering group meetings, and collaborates with project and fund workers to identify individuals that could benefit from inclusion in Saturday clubs.

Development

Initially, the Bromley Family Link ran a ‘Befriending Scheme’ aimed at greater inclusion of disabled children in the community, but this had to be downgraded due to funding cuts, administration issues and demand constraints. The
subsequent development of the Saturday Clubs has allowed the Link to involve younger carers, who were previously under-represented due to the isolation of their jobs. The Bromley Children Project has also funded a co-ordinator position to identify funding sources for trips and activities.

**The role of the Bromley Family Link within the Bromley Children Project**

Bromley Family Link has evolved from a befriending scheme to a residential initiative. Links with project and fund workers will facilitate identification of children who do not meet the criteria for statutory intervention but would benefit from Link activities.

**Bromley Gypsy Traveller Project Kids’ Club**

The Bromley Gypsy Traveller Project Kids’ Club is an excellent example of how the project successfully engages hard-to-reach families and children. It is run out-of-hours in two schools. It allows children from traveller families to take part in activities that are not usually accessible at their homes.

It has been suggested that children from traveller backgrounds have problems with interpersonal skills, especially sharing of games, toys, and adults’ attention. The Kids’ Club aims to address this by increasing the amount and type of social contact they receive. See Figure 3.10 for levels of involvement. The Bromley Gypsy Traveller Project operates independently of the host schools and the fund workers active within schools.

The kids’ club co-ordinator suggested it would be beneficial to forge a closer working relationship with fund workers, although not at the expense of the club’s informal nature. This would allow the club co-ordinator to be aware of any issues fund workers may be targeting with a particular child, and target that child with activities during club sessions. The Kids’ Club has become so successful it is now running five evenings a week and is part-funded by the host schools and other funding sources.

**Bromley Welcare**

Bromley Welcare provides support for families, parents and carers experiencing social difficulties. Welcare’s family support work is delivered through collaboration with project co-ordinators and managers for identification and feedback. A holiday scheme is funded by the project and run by Welcare during all school holidays. It offers group activities such as trips to the seaside or pantomime shows. Figure 3.11 shows levels of involvement in the scheme by year.

**Role of Welcare within the Bromley Children Project**

Bromley Welcare’s holiday scheme is similar to the Mottingham Family Association, but with a slightly wider range. The links between the project and Welcare could be increased substantially. It would also be beneficial to introduce steering groups to discuss best approaches, identify new families in need and target individual cases.

**Summary**

The Bromley Children Project works in the community to provide needs led services, and is an excellent example of how to reach the disadvantaged. We reviewed parent training courses, and the five community initiatives, all of which were viewed very positively by the community.

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**Figure 3.10 Number of children involved, and their level of contact.**

**Figure 3.11 Numbers of parents and children involved with the scheme over three years.**
4. The Bromley Children Project in schools

This section focuses on the project within the school context. The section begins with an outline of the roles the schools have within collaborative working initiatives, followed by each headteacher’s comments on the impact of the project on their school and their views on the project and fund workers.

This is followed by a review of data collected on selected individual school-based interventions. The success of the Children’s Centre in addressing Every Child Matters (2003) is then reviewed. This section focuses mainly on four schools from three wards within the Borough.

Inter-agency collaboration and working

The Bromley Children Project (2005) recognises that the project can achieve full potential only with the encouragement, participation and commitment from schools involved. For example, many of the services provided by the project use the school context to reach families and the community.

“The success of these additional services and activities in primary schools is greatly dependent on the commitment of the headteachers and school staff to accommodate parents and other specialists to work alongside them to address the wider needs of children.

The project makes great efforts to minimise the disruption to the schools, but cannot operate effectively without close co-operation from the headteachers, SENCOs, administrative and premises staff. Where headteachers invest time, energy and resources in making the best use of the project, the benefits to the children and families seem to be significant.”

(Bromley Children Project 2005)

The Child and Adult Mental Health Services (CAMHS) also recognise the importance of the school context in the support and identification of problems. The familiarity of the school context means it can be developed as an effective channel for support for children and families.

“Schools, being a universal service that most children and families engage with, provide a non-stigmatising environment in which to deliver support. Support can be presented in many ways, from very informal parents’ groups to structured courses on parenting. The peer support that can grow from a school-based intervention is invaluable.”

(Young Minds, 2003)

Bromley CAMHS (2004) cite findings from a study of service use by children with conduct disorders to support the significant role a school plays in identifying need. The findings show that such populations access significantly more social and educational resources than health resources. This suggests that the school context could act as a better service route for the access and provision of resources.

Headteacher comments

Headteacher comments were gathered in questionnaires sent to all primary school headteachers in the Borough, and from semi-structured interviews with headteachers from the four target schools. Overall, headteachers were positive about the Bromley Children Project.

The headteachers’ comments indicated that, despite initial fears to the contrary, the project and fund workers collaborated easily with the rest of the school, resulting in a wide range of expertise available to support children. For example, one headteacher said:

“It was quite scary to start with, as a headteacher, to have a group of people come in and not operating under my management… I welcome them into the school, but other than that they just get on with it, they fit in with the school.”

(Headteacher school A)

The headteachers also suggested that the collaboration between fund workers and the school provided a definite practical resolution to government legislation such as Every Child Matters. For example, one headteacher reported:

“…I have never before been to so many meetings attended by such a wide range of professionals all working together. But the big thing is, the Every Child Matters agenda is all about that.

What this project has done is really got that off the ground, and I am so impressed by the fact that the educational psychologist and clinical psychologist, social workers and LEA officers, everybody sitting around the table at the same time, is absolutely fantastic…there has been a very powerful drive and it really is a very positive thing and, with Every Child Matters, absolutely fantastic.”

(Headteacher school A)

The headteachers all noted positive effects of the project on families and parents, which, they suggested, could in turn feed back into positive results for schools. For example, by increasing parental involvement in school matters, as illustrated by one headteacher who noted that:

“We [the school] have seen that among our own parents – how they’ve been able to grow in not only their capabilities but confidence, self-esteem and have actually got jobs, but in fact we’ve got one of them [parent] working here who started off in the very early days of the Bromley Children Project. She’s now a fully qualified classroom assistant.”

(Headteacher school B)

This would have come from the parent attending project-funded training courses (see section 3) and becoming qualified in classroom assisting.

Data from a questionnaire completed by headteachers showed that the needs-led approach of the project was successful, although it was reported that the approach could have more impact if more time was dedicated to it. The headteachers saw the main benefits of the project and fund as:

- Positive impact on curriculum
- Positive impact on behaviour
- Rise in morale
- Help for SENCO to meet each child’s needs
- Increased availability of adaptive support.

Headteachers’ views about project and fund workers are summarised below.

Project co-ordinators

The work of project co-ordinators was praised by all headteachers. Questionnaire data showed that all headteachers indicated that the co-ordinator was successful in strengthening home-school relationships, supporting parents and helping increase their self-esteem. Headteachers also suggested that co-ordinators played an important role in cutting down what they described as ‘us and them’ barriers between teachers and parents.
“Co-ordinator has had a positive and significant impact on learning and relationships between parents and the school.”

“Lovely to have [Co-ordinator] between us and the family, who the family doesn’t feel threatened by and who can go in there and support. If there’s any issues between the school and the parent, she can mediate. She understands the language of both the parents and the school, so can translate if something comes across not quite as it should.”

“What she [Co-ordinator] has done is gone out to parents to build relationships with [parents], to break down barriers and also kind of go out to the parents and not just get [parents] in...there can be barriers when parents see us [teachers] as one of ‘them’ and not part of ‘us’ and I think what [co-ordinator] has done is shown that we are all ‘us’ internally in the school, or whether we are in the community, parents or guardians.”

Co-ordinators were also reported as being effective in attracting more parents to the school, encouraging parents to make friends, improving parent-child relationships and helping families to be happier.

“[Co-ordinator has had a] huge, huge impact and very positive. I don’t know what I’d do without her at the moment. She’s very enthusiastic; she keeps communication going, she’s just a tremendous support for us.”

Co-ordinators were also judged to be effective at liaising with other agencies and organising courses and crèches. Although headteachers reported that they viewed the project co-ordinators as ‘proper’ members of their staff, it was also indicated that their role was often concerned with children and families outside the school context. It is a strength of the project that co-ordinators can provide a link between the community and the school.

**Mental health team**

Headteachers reported that the mental health teams have a significant impact on children, school and parental relationships by helping parents and teachers understand and manage challenging behaviours. The headteachers also indicated that they provide a valuable link for staff for ideas and strategies, and aid the referral process.

Headteachers felt more time and continuity of funding was required to develop the role of the mental health team. In addition, headteachers were asked questions about the child support workers’ and the clinical psychologist’s individual roles.

Talking about the impact of the child support workers, headteachers reported:

“[Child Support Worker] alleviates the pressure on teachers in terms of dealing with issues that could pertain to mental health.”

“It’s helped us fast-track or smooth-track children through the system, because she works very closely with the clinical psychologist … the fact that she’s in every week is very good.”

Overall, headteachers found it difficult to assess the effectiveness of the work carried out by the clinical psychologist due to what they described as the pervasiveness of mental health problems. However, they were able to comment that the psychologist was effective at helping children and families deal with psychological problems, and carrying out assessments and linked with other services effectively.

Although it was difficult to quantitatively evaluate the impact of the clinical psychologist, all headteachers were aware of the significant work carried out both in and out of school.

“The good thing about the clinical psychologist is that she works with families, not just with one child, so that’s very positive...”

“The mental health worker and clinical psychologist fit in exactly where they need to fit in, so they do exactly what we want them to... I think those two roles are the strongest of the whole of the workers.”

Headteachers also indicated that a benefit of the mental health team was that children could get help quickly, without having to join a waiting list or be referred to outside agencies.

**Speech and language therapy**

All headteachers were positive about the speech and language therapy service, for both the positive impact on children but also on staff development. Staff were reported to have become more active in thinking about speech and language issues, and speech and language therapists were praised for supporting teachers and following up curriculum related strategies. Therapists were reported as very effective.

However, it was clear from the headteachers’ comments that there were differences between their expectations of delivery and inclusion of speech and language initiatives. One headteacher valued the training that therapists gave teaching assistants to enable them to work with the children:

“...we’ve changed activities. We’ve changed in particular the way the key stage one support teacher works. She’s worked very closely with the speech therapist and so she’s perhaps having the biggest impact on children’s learning. It’s redirected the way she [KS1 support teacher] is actually teaching, as it has more of a speech and language therapy input into it.”

(Headteacher School A)

Whereas another reported that a more direct approach would be beneficial, due to the school’s limited capabilities:

“We haven’t been able to use speech and language therapists much at all, because their approach was to come in and teach us how to do it and we haven’t got the people. I have enough difficulty getting teachers in front of classes.”

(Headteacher School B)

Headteachers reported that, although they were pleased with the results so far, development of the role to work more directly with children, with more time and more consistency, would be ideal.

**The dietician**

Only two of the headteachers in our sample were involved with the dietician, both of whom reported benefits as being a positive impact on delivery of curriculum and in forging links between the school, teachers, children and parents.

“Oh, she’s wonderful, oh yes, yes, came in hands on straight away and...the dietician works very closely with one of our teachers who’s in charge of PSHE and everything connected with it.”

(Headteacher School B)

**The disability and special needs support worker**

The disability and special needs support worker works mostly with families in their homes and has little contact with school staff. However, all headteachers reported knowing about the work, and knew of parents who had contacted the disability and special needs support worker when they needed help.

One headteacher commented that the project co-ordinators could help by raising awareness of the disability and special needs worker as a resource and feed back information to the rest of the school. It was also noted that this postholder could contribute to SEN transfer reviews between primary and secondary schools.

However, headteachers reported that as there is only one such worker for the whole borough, it is not possible for one school alone to have a lot of contact. So the role is not as beneficial as others.
Transitions co-ordinator

The transitions co-ordinator’s work was seen very positively by all headteachers interviewed.

“...had a fantastic impact...working with secondary schools that we send children to. And really making the transition as easy as possible. It’s been great.”

(Headteacher School A)

Particularly, the flexible approach and willingness to change the focus of the sessions according to what was required was mentioned as particularly beneficial. The role corresponded well with the needs-led approach of the project as a whole:

“... she has, like many of the other workers, made it appropriate for the school. What was being done in other schools didn’t match here, so she’s gone out and found what would match here”

(Headteacher School A)

4. The Bromley Children Project in schools

The impact of the project in schools

Over the period of the evaluation there were 4,868 children accessing services, with an average of 2.5 contacts per child. 1996 received individual interventions.

Figures 4.1 and 4.2 show the ethnicity and gender of children involved in school-based project interventions.

As in community-based project initiatives, black and minority ethnic groups, and males, are over-represented in school-based initiatives, compared with the population of Bromley.

Findings from evaluations of individual interventions - one on mental health and one on speech and language, carried out and evaluated by fund workers, are presented below.

Mental health intervention

Child support workers worked with small groups of children between September 2003 and 2004, doing activities to improve social skills and conduct. The impact of one particular group, held in all four target areas (n=117), was assessed by pre- and post-intervention administration of the strengths and difficulties questionnaire (SDQ).

The SDQ (Goodman, 1997) is a teacher-rating behavioural screening questionnaire, for children aged 4–11. It has 25 questions, of five sub-scales; emotional symptoms, conduct problems, hyperactivity, peer-relationship problems and pro-social behaviour. The sub-scales can be added together to generate a ‘total difficulties’ score. An additional ‘impact’ supplement assesses the extent of the difficulties, and their impact on personal, social, school and home spheres.

Significant improvement was seen in all sub-scales. Scores of emotional, hyperactivity, conduct and peer-relationship problems were significantly lowered; and pro-social behaviour scores were significantly higher. See Table 4.1 for details. Total difficulties were significantly reduced.

Table 4.1  Mean scores and standard deviation for each SDQ subscale pre- and post- intervention, 2003–04.

<table>
<thead>
<tr>
<th>SDQ Subscale</th>
<th>Mean</th>
<th>sd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Problems</td>
<td>2.79</td>
<td>3.33</td>
</tr>
<tr>
<td>Conduct Problems</td>
<td>2.72</td>
<td>3.53</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>6.01</td>
<td>3.20</td>
</tr>
<tr>
<td>Peer Problems</td>
<td>2.97</td>
<td>2.16</td>
</tr>
<tr>
<td>Pro-social</td>
<td>5.38</td>
<td>2.89</td>
</tr>
<tr>
<td>Total Difficulties Score</td>
<td>14.59</td>
<td>6.82</td>
</tr>
</tbody>
</table>

Table 4.2  Mean scores and standard deviations for selected SDQ sub-scales pre-and post intervention, 2004–05.

<table>
<thead>
<tr>
<th>SDQ Subscale</th>
<th>Mean</th>
<th>sd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperactivity</td>
<td>3.91</td>
<td>3.33</td>
</tr>
<tr>
<td>Peer Problems</td>
<td>2.27</td>
<td>2.37</td>
</tr>
<tr>
<td>Pro-social</td>
<td>6.45</td>
<td>3.61</td>
</tr>
<tr>
<td>Total Difficulties Score</td>
<td>8.36</td>
<td>7.83</td>
</tr>
</tbody>
</table>
4. The Bromley Children Project in schools

Quantitative Evaluation of the Impact of the Project on Children

In order to quantitatively assess the impact the project might be having, our research team administered a series of measures to 58 reception children in four project schools, when the children started school and then again after they had been in school for six months. One measure, the SDQ (see below) was administered to a matched control group of children in a school with a similar background to the BCP schools but which was not involved in the project. The aim of this part of the evaluation was to look at behavioural, psychosocial and ability changes over time. Three measures were used:

1. The ‘About Me’ Primary (Maras, in press), is a short self-response questionnaire for children and adolescents with two versions: primary and secondary age. ‘About Me’ assesses the child’s identification with peers, family and school; academic effort, competence and perceived importance; and general self-concept.

2. The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997), described earlier in this Section. In this part of the evaluation we used the teacher version.

3. The British Ability Scale (Elliot, Smith & McCullough, 1997) provides age-specific measures of ability levels. We used this to assess the children’s comprehension, vocabulary, and reasoning and spatial ability. Scales used concepts such as naming vocabulary, pattern construction and picture similarities to test these.

Our aim was to assess the impact of the project by (1) comparing Time 1 and Time 2 scores of the project children and (2) comparing overall SDQ scores of the project and control group children at times one and two. There were no significant differences between Time 1 and Time 2 on ‘About Me’ or SDQ subscale scores for the Project children and there was no significant differences between the BCP and control group children on the SDQ.

Significant improvements where found on the project children’s BAS scores between Time 1 and Time 2, especially in comprehension, vocabulary and reasoning. Whilst positive, we have to regard these improvements with some caution in light of no changes on the other two measures; we would expect improvements in normally developing children over a period of six months at this age. However, the time between testing was relatively short and many of the project children in this evaluation had English as an additional language and most had socially disadvantaged backgrounds, we can therefore say that despite these difficulties the children did develop and show improvements in their first six months at school.

It is also worth noting that the project children may have had more difficulties than the children from the Control school. The failure to identify significant differences between the two groups at Time 2 could therefore be seen as positive; as one might have predicted the project children to have significantly lower scores on the SDQ than the control children at Time 2 – and this was clearly not the case.

Children's Centre

A Children’s Centre has been established in an area devoid of other support agencies, where vulnerable groups were previously unsupported and unrecognised. The centre is based within Blienhelm School. The inclusion criteria of the Centre are flexible and incorporate local residents and referrals, resulting in more people being able to access the service.

The Centre provides the context for early intervention initiatives, for example, post-natal classes or CAMHS appointments. It is also host to a number of other community resources: créche facilities (with currently 170 children on roll), parent training courses, general-interest courses and social group meetings.

The Centre was developed using joint funding from Bromley Children’s Centres and the project. Its development was facilitated by a project co-ordinator, along with 10 additional staff.

A recent report judged the Children’s Centre to be “outstanding on all areas” (Ofsted, 2005). Interviews with parents who use the Centre were very positive, with particular emphasis placed on the impact the Centre has had on community cohesion:

“Just brilliant, even when courses are not on you can just come over here to see other parents for a coffee.”

“Before [Co-ordinator] took over, parents didn’t know one another. Now it is the sole reason some parents give for wanting to stay on [estate].”

A committee of parents has been established to discuss and research potential courses, and contribute to fund-raising initiatives. This has a bonus of increasing inclusion and empowering parents. However, both workers and parent reported concerns that funding for the Centre is not secure, and this impacts on long-term plans and interventions.

The aims of Every Child Matters as summarised in Section 1 are reflected in the Children’s Centre’s ethos and achievements. The Centre is an ideal environment for identifying vulnerable women and children and providing early intervention. The Centre has increased access to primary care facilities (through classes, drop-in centres and CAMHS appointments) and provided a conduit where health services can be more integrated with other community services.

The Centre is now a community base, allowing parents to meet, socialise and enjoy life in their local area. The location in school makes it ideal for access. Training courses allow for the development of skills and interests. Parent committees help residents make positive contributions to their community.

Summary

Schools have a significant role in the success of the project. Headteacher comments were positive about all the workers and the overall impact of the project. Headteachers placed particular emphasis on the needs led approach adopted by the workers. Evaluations of two specific initiatives and of the overall impact of the project revealed some positive findings. A review of the Children’s Centre showed it to be a good reflection of the needs-led, community based aims of the project.

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**Table 4.3 Number of measures on which scores were significantly improved after intervention, by group.**

<table>
<thead>
<tr>
<th>Group</th>
<th>Measures significantly improved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>11</td>
</tr>
<tr>
<td>Control</td>
<td>8</td>
</tr>
</tbody>
</table>

A smaller scale evaluation was conducted between December 2004 and July 2005 (n=11). Significant reductions were seen in scores on hyperactivity, peer problems, pro-social behaviour and total difficulties sub-scales, indicating an overall improvement. See Table 4.2 for details.

**Speech and language intervention**

Speech and language therapists worked with children in a twice weekly intervention specially set up to assess the impact of speech and language therapy.

Children (n=23) were split into a treatment group and a control group (for ethics considerations, children were swapped half-way through) and impact was assessed by comparison of scores of both groups.

Measures included sentence recall, vocabulary and average sentence length. Both group’s scores increased significantly over the time period, but the treatment group scores were significantly improved on more measures than the control group’s were. This indicates that the intervention was successful.

Possible reasons for the control group’s improvements are that the speech and language therapy services in the school are already well-integrated, so all children receive some service. In addition, it would be expected that all children make improvements in line with developmental and education advancements during the time period.

The evaluations above provide a snapshot of the project’s interventions that are running at any one time. The evaluations, combined with the testimonies from focus groups and interviews in Section 5, indicate that project initiatives have a positive impact on children.
5. Stakeholders’ perceptions

In this section, we report qualitative findings from interviews, questionnaires and focus groups where we asked project and fund workers, and parents for their opinions and suggestions about the project. In addition, we present findings from focus groups to assess the overall impact of the project on a sample of reception children.

Project and fund workers’ views

Project and fund workers are at the frontline of the project and are uniquely placed to see the impact on children, families and the school, as well as understand the demands and constraints on workers themselves. Workers were asked to give views on the strengths and limitations of the project, and suggestions for development. Overall, the picture painted was a positive one; the project provides services that would not otherwise be available and so has had a positive impact on children, families, schools and the community.

The specific strengths of the project, reported by workers, fell roughly into three main areas: the needs-led approach, the provision of services and resources, and the community-based ethos of the project.

“[Project is an] excellent needs-led service with families’ needs at its centre.”

(Transitions Co-ordinator)

It was reported that the needs-led approach makes the project responsive to the requirements of children and families, and allows for much earlier intervention into problems than a top-down approach would.

“(The Project) listens to the needs of parents [and] actively carries out what they have asked for: support, help, advice.”

(Project Co-ordinator)

For the same reason, it was reported that the project is able to reach families that would not usually be in contact with other agencies.

The provision of services and resources was reported to be a strength in two ways. Firstly, services and resources are now available for children in need of help, whereas without the project they would not be so accessible.

Secondly, services and resources are available for parents. The training courses and crèches were reported to empower parents and increase self-esteem and confidence. (See the Parent’s Views section below for more on this.) Workers reported that this was reflected in the children’s attitudes and behaviour.

A further strength of the services and resources are that they are multi-agency and thus able to provide more holistic and complete support. The project and fund workers all reported that the inter-agency cooperation was effective and that they worked collectively to achieve their aims.

“...the Bromley Children’s Fund workers have been a fantastic addition to the project. We are able to work well together and refer people to each other.” (Project Co-ordinator)

The community-based ethos of the project was reported to be a strength for many reasons; services are easily accessed, as they are local and based in centres such as schools; it reduces isolation both for the parents and families, and for the workers. It was also reported that this community-based aspect led to a friendly, committed and passionate approach.

“…she was this big help to me. She helped me settle in, getting my new place, giving me a kick up the bum and if ever I was a bit dodgy about going somewhere, she would, like, frogmarch me there, basically.”

(Co-ordinator)

Project co-ordinators

Workers were asked for suggestions as to how the project could be developed. Aside from the aforementioned funding issues and boundary setting, a few other suggestions were put forward. It was reported that a mental health drop-in centre for adults and the extension of mental health support to secondary school children would be beneficial to the community. In order to ease the workload of the co-ordinators, it was suggested that the position of co-ordinator for parent services be created, and a social worker be provided to work with co-ordinators. It was suggested that the project extend its links with other agencies, such as housing or law, in order to provide a complete one-stop service.

Parents’ views

Parent focus groups were established in each of the project’s four districts. The groups followed a basic structure of discussing the project co-ordinator, the project in schools, and the project’s overall impact. However, the discussion was allowed to flow into any topic the parents felt appropriate and from this, parents spent much time talking about the services they used, and specifically the benefits of the free training courses. Responses and comments are summarised below, and illustrated by individual quotes.

Project co-ordinators

Parents’ comments on the co-ordinator were very positive. Parents reported that co-ordinators went above and beyond what was necessary, helping out with any problem in all aspects of life. For example:

“She goes out of her way to do things that really aren’t in her remit. She’s extremely supportive.”

(Disability and Special Needs Support Worker)

The limitations reported were mostly concerned with funding. It was indicated that workers did not have sufficient time or resources to meet all demands, and that uncertainty of funding meant that workers could not use long-term strategies. Other difficulties reported, such as administrative issues, staffing problems and overworking, could be easily solved with more funding.

“Main problem is not enough time - I regularly work many hours overtime (unpaid) to get the job done. The job is too big to do in the time allocated.”

(Co-ordinator)

Other limitations related to boundaries. It was reported that the role of the co-ordinator was not clearly defined, which led to families and other staff misusing their services.

“Sometimes boundaries between families and workers blurred, as we are based in the community.”

(Co-ordinator)

Parents’ perceptions

In this section, we report qualitative findings from interviews, questionnaires and focus groups where we asked project and fund workers, and parents for their opinions and suggestions about the project. In addition, we present findings from focus groups to assess the overall impact of the project on a sample of reception children.
Parents were asked what personal qualities of the co-ordinators they especially valued. Overall, enthusiasm, approachability and empathy were particularly important. For example:

“She has no pre-conceived ideas. She won’t look at somebody and say, or have an idea, about you and it is all, she will take you as she finds you.”

“Her enthusiasm. She really empathises with people.”

“The fact that she is so approachable, it doesn’t matter what problem you’ve got you can go to her [Co-ordinator]. You know she’ll be supportive and you know she’ll probably know who you should go and see.”

 “[Co-ordinator] is motivated to get things done… and see them through to the end even when things don’t seem to be going well.”

 “[Co-ordinator] made me do things that I probably would never have got round to… she just says, ‘Your course is starting in two weeks’, and that’s that.”

The project in school

Parents were asked about how the project has affected their involvement in school. Sheldon (2005) examined the relationship between quality of school, family, and community partnership programmes and student performance. It was reported schools’ efforts to involve parents were strongly related to children’s achievement. Parents reported that the project helped them become more involved with the school:

“I don’t live particularly near here, so I didn’t know if I was actually going to go to anybody, but through going on the courses and coming into the playground… I’ve been to other schools and parents are more cliquey in other schools. Everyone talks to everyone here and I’m sure it’s to do with the project and the way it gets involved.”

“The Bromley Children Project money has let kids have fun learning and allowed parents to get more involved. Lots of people started off doing classroom assistant courses have gone away and got qualifications to do teaching support assistant and come back into the school. So we’ve got parents with a vested interest in the school.”

Parents were asked how integrated they thought the project was in the school. Responses varied, depending on the amount of time the project had been active in their school. For example, a parent at a school only recently involved with the project reported:

“… the project is separate to the school. I have worked in other schools and the atmosphere has been a lot more inclusive. Here it just seems like them and us, when parents work in the school … just quite separate.”

However, a parent from a school where the project had been active for a while noted that:

“All [the] groundwork over the last two or three years has paid off…”

The success of the project in the other schools acts as testimony for its inclusive capabilities and highlights the importance of allowing time for success and acceptance.

Overall impact of the project

When asked about the overall impact of the project, parents emphasised the importance of the training courses. The benefits of these were reported to be threefold: providing training and qualifications, widening social experience and raising self-esteem and confidence. Parents reported they were able to apply for jobs with their new qualifications:

“In three years we’ve come on courses, I’ve started my business, a lot of mums with kids in year two who started in reception have actually gone back to work and got confidence to go and do things for themselves.”

“Yeah, I’ve got a job through the project, I’ve got a teaching qualification, I’ve got a computing qualification, I’ve got maths and I’ve got English and I had never done any of this at school, I’ve done it here.”

Many parents indicated that the project had provided them with experiences and friends they would otherwise have missed out on:

“It’s been a godsend … I did literally three courses that just got me out and about with a free créche … it was just two hours once a week where I just … forgot about everything else. Something just for me.”

“It seems like the minute you’re just starting to tear your hair out something comes up, ‘Do you want to come to this?’, ‘Come along to this course.’

“It’s good. It gives parents something to do, gives mums a chance to meet with other mums. It’s done a lot for me.”

Many parents reported that by taking part in project initiatives their confidence and self-esteem had increased. They indicated that this had extra benefits, their children were benefiting from these changes and that they had improved as parents:

“I am the best parent I can be [now]. I believe I can achieve what I set out to do - and I pass this on to my children.”

“My life has turned around. I have qualifications, more friends and more respect for myself.”

“My self-esteem is on the increase and my confidence has rocketed … hopefully this is showing in my children’s upbringing.”

It was also reported that seeing their parents continue to learn had a positive effect on children, showing them the value of education:

“… showed my son that I was learning too. We did our homework together, which he thought was great.”

However, it was reported that some parents did not attend every course session, or dropped out half-way through. Some parents indicated this was because courses were free and no level of commitment was required. However, other parents indicated the lack of pressure to commit to the courses was an encouragement.

Another benefit of the training courses is that the majority of parents who get trained and go into employment are involved in the education sector: crèche workers, classroom assistants, midday meal supervisor etc (see figures 3.2 and 3.3 for details.)

“Lots of people started off doing classroom assistant courses, have gone away and got qualifications to do teaching support assistant, and come back into the school. So we’ve got parents with a vested interest in the school.”

This means the project reaps the rewards of the training and investment it has put into parents, by gaining qualified, passionate, involved staff.

“I have been involved from the very beginning and feel I have grown with the project. I have tried to give back where I can, as I am so grateful for the difference it has made to me and my family.”
Children’s views

In order to obtain a complete picture of the impact of the project, focus groups were carried out with children, in each of the four target schools of this evaluation: Schools A, B, C and D. Children in school C were unable to contribute sufficiently to the focus groups due to their having English as an additional language. All children were shown a board with photos of project and fund workers, and were asked to talk about who they recognised and why. In addition, we report findings from child focus groups carried out by The Bromley Children Project Self Evaluation (2005).

School A

Five children participated. All the children recognised the clinical psychologist from observing them in the classroom. Three of the children recognised the project co-ordinator either from school or from coming to their house. Two children also recognised the project manager from around the school.

School B

Five children took part. All the children recognised the project co-ordinator from around the school, two also recognising her from trips they had been on and for providing first aid. Two of the children recognised the dietician from coming round their houses for meals.

School D

Five children participated. All the children recognised the child support worker, saying “we like her because she brings us to [group name]”. One child got excited when the dietician’s name was mentioned, with another saying “she was fun”. One child also recognised the project co-ordinator through his mum’s involvement, saying “mum comes in when making stuff”. When asked which activities they liked best, one child cited his work with the child support worker, and the rest said “all of them”.

Summary

Focus groups held with the children were used to examine the extent to which they recognised workers from the school context. Most of the children from the three schools recognised the co-ordinators and most of the children also recognised fund workers.

It should be noted that some schools have more access to different resources than others, which may account for why certain workers were more readily identified by the children than others. The fact that children recognised project and fund workers means that they and their work are visible within the school.

The focus groups carried out by The Bromley Children Project Self Evaluation (2005) yielded more comprehensive opinions, possibly because the children in our sample were quite young and most had English as an additional language. Children in the self evaluation focus groups were asked about the activities in their sessions, the benefits they gained from the sessions, and their ideal project worker.

Children reported that typical activities were stories, drawing, playing games, singing and dancing. They indicated that they talked about feelings, friendships, bullies and problem-solving. When asked about the benefits of their sessions with workers, children reported that they had helped them do their work, listen more and make it easier to solve problems. They reported that the sessions had been good, and fun, and they had learnt some skills. Children’s suggestions of an ideal project worker included being an understanding person, listening, making it fun, smiling, good to talk to and helpful.

The fact that no children expressed negative opinions about any of the workers in any of the focus groups is testimony to their popularity and their success.

6: Summary and conclusions

This document reports findings of an evaluation of the Bromley Children Project carried out in the School of Health and Social Care at the University of Greenwich. The Project works with partner agencies and schools to deliver services for children and families in the most disadvantaged areas of Bromley. Some workers associated with the Project are funded by the Children’s Fund. Main workers are project co-ordinators, other workers include child support workers, clinical psychologist, speech and language therapists, a dietician, a disability and special needs support worker and a transitions co-ordinator. The latter are funded by the Children’s Fund. In the evaluation, we looked at the organisation of the Project and tried to capture features of the experience of children, families, schools and services participating in it. The Project provides support for hard to reach children and families in a way that is embedded in the school and service structures within which it operates whilst at the same time making a unique and important contribution to the lives of children, families and communities in Bromley.

Bromley Children Project and Children’s Fund Workers

Project Co-ordinators are crucial to the success of the Project. All posts were found to successfully fit with the needs led model and principles of early intervention and support. Recruitment and supervision processes for all workers were found to be thorough and successful. The personality characteristics of workers were in line with the criteria for selection set by the Project manager. All workers were viewed very positively, especially by parents – a feature shown by research to be crucial for effective multi-agency provision for hard to reach families. Integration of and communication between roles were identified as in need of development by some respondents, but were not seen to be serious within the context of the high levels of success of the Project as a whole.

The Bromley Children Project in the community

Community initiatives provide excellent examples of how the Project works to support the most disadvantaged; for example, minority ethnic groups and disabled people and their families. Project initiatives, including training courses for parents and community projects are a major factor in the success of the Project. Initiatives are needs-led – generated by the children and families they are aimed at. There is a comprehensive range of free courses for parents; a large number of whom have gone on to gain vocational qualifications and enter employment as a consequence of participating in the Project. We reviewed five community initiatives funded by the Project (1) Mottingham Family Association, (2) Crystal Vision Trust Homework Club, (3) Bromley Family Link (4) the Bromley Gypsy Traveller Project Kids Club and (5) Bromley Well Care. These were all found to be successful, popular and in line with Project ethos of targeted support and early intervention.

The Bromley Children Project in schools

Schools have a fundamental role in the project’s success and are the focus for most project input. Headteachers were extremely positive about the project. They see it as successful and regard workers very highly. Particular points identified by the headteachers were the success of the needs-led approach and the important work of project co-ordinators. Headteachers views were supported by evidence from evaluations of Mental Health and Speech and Language initiatives for which significant improvements in children’s learning and behaviour as a result of interventions were found. Data obtained from a tracked sample of reception children in four Project schools failed to reveal significant differences between Project children and Control children, although improvements were found in the British Ability Scale scores of project children. A Children’s Centre, set up in one the most disadvantaged areas, very much reflects the project’s ethos of community and school based needs led approach.
Stakeholder's perceptions

Stakeholders views obtained from interviews, questionnaires and focus groups allowed us to examine the ‘real-world’ impact of the project and gave us valuable insight into how the project works with children, parents, schools and the community to make a difference to life in Bromley. Positive findings from the evaluation as a whole were reflected in stakeholders’ views – from staff working on it to parents whose children’s and family’s life chances have improved as a consequence of participating in it. Findings from interviews and focus groups paint an extremely positive picture and indicate that the project is very successful in meeting its aims.

Conclusions

This evaluation was not easy to conduct. However, many of the difficulties encountered are directly related to the ‘hard to reach’ nature of the group at which the project is targeted. That said, the evaluation revealed how the Project successfully engages hard-to-reach children and families and provides a comprehensive service, improving the lives of Bromley residents. Of most note was the role of the project co-ordinators who work with parents and families at ‘grass-roots’ level to ensure that work of the project is appropriate and effective. Whilst not a particular focus in this evaluation, special mention must go to the administrative team. Their skill in maintaining and supporting the smooth and efficient running of the project provides the foundation on which the project can thrive. The team operate on the same needs-led basis as the rest of the workers, responding and changing according to the diverse needs of the families and children. In many ways, the Bromley Children Project is ahead of its time. It provides an integrated but unique service that is directly in line with Every Child Matters (2003) and in particular meets two specific Every Child Matters priorities (1) Support of Parents and Carers and (2) Early Intervention and Protection. It adopts a needs-led approach to develop the most appropriate service and has inclusion at its core.

References


**Appendix A**

**Interpersonal and communication skills rating scale**

<table>
<thead>
<tr>
<th>Candidate’s name:</th>
<th>Very little evidence</th>
<th>Considerable evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warmth</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Listening skills</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Humility</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Appropriate confidence</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Positive, open body language</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Eye contact</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Assertiveness</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Enthusiasm</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Genuineness</td>
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<tr>
<td>Non-judgmental</td>
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<td></td>
</tr>
<tr>
<td>Non-threatening</td>
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<td></td>
</tr>
<tr>
<td>Sense of humour</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Appropriate sensitivity</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C

Courses requested by parents, and run by the colleges in project schools. Stages shown are flexible and not necessarily sequential

<table>
<thead>
<tr>
<th>Stage 1 courses</th>
<th>Stage 2 courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• First Aid</td>
<td>• Introduction to Counselling</td>
</tr>
<tr>
<td>• Yoga</td>
<td>• Assertion</td>
</tr>
<tr>
<td>• Keep Fit</td>
<td>• Beginner computer course</td>
</tr>
<tr>
<td>• Aromatherapy</td>
<td>• Computers and Literacy</td>
</tr>
<tr>
<td>• Reflexology</td>
<td>• Introduction to Childcare</td>
</tr>
<tr>
<td>• Indian Head Massage</td>
<td>• Various taster courses</td>
</tr>
<tr>
<td>• Arts and Crafts</td>
<td></td>
</tr>
<tr>
<td>• Interior Design</td>
<td></td>
</tr>
<tr>
<td>• Sewing</td>
<td></td>
</tr>
<tr>
<td>• Cooking</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 3 courses</th>
<th>Stage 4 courses</th>
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</thead>
<tbody>
<tr>
<td>• Intermediate computer course</td>
<td>• Advanced computer course</td>
</tr>
<tr>
<td>• ESOL</td>
<td>• Interpreters course</td>
</tr>
<tr>
<td>• Literacy</td>
<td>• GCSE English</td>
</tr>
<tr>
<td>• Numeracy</td>
<td>• GCSE Maths</td>
</tr>
<tr>
<td>Courses for parents related to parenting and childcare</td>
<td>• British Sign Language</td>
</tr>
<tr>
<td>• Children are Fun/ Survival Skills for Parents (parenting course)</td>
<td>• Book-keeping and accounts</td>
</tr>
<tr>
<td>• Family Matters (Parenting)</td>
<td>• Creche worker course</td>
</tr>
<tr>
<td>• Understanding Children’s Anger</td>
<td>• Classroom assistants course Level 1</td>
</tr>
<tr>
<td>• Help your Child with maths</td>
<td>• Classroom assistants course Level 2</td>
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<tr>
<td>• Helping your Children Learn</td>
<td>• Teaching assistants course</td>
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<tr>
<td>• Learning through Movement</td>
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<tr>
<td>• Together We’re Special</td>
<td></td>
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<tr>
<td>• Helping Children Read</td>
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For parents and children together

• Family Literacy
• Family Numeracy
• Messy Play
• Arts and Crafts
• Hairy and Scaly animals
• Cake Decoration
• Parents and Children’s Homework Club
• Big Cook, Little Cook
• Planting Together
• Getting Ready for School

Appendix B

Summer/holiday schemes for children

- **Bromley Welcare**
  - To set-up a programme of activities and outings during the school holiday periods via the appointment of a part-time holiday play leader.

- **Bromley Women’s Aid**
  - To run three day trips for refuge / ex-refuge children during the school summer holiday period.

- **Mottingham Family Association**
  - To run six day trips and three venue based days for children living in Mottingham during the school summer holiday period.

- **Mountfield Estate Residents**
  - To run at least two ‘away days’ during the school holidays (Summer 2003, Autumn 2003 or Spring 2004) for children living on the Mountfield Estate in St Mary Cray.

- **Mountfield Summer Playscheme**
  - To run weekly day trips each with two linked activity sessions for children living in St Mary Cray and St Paul’s Cray during the school summer holiday period.

- **Bromley Family Link**
  - To employ a part-time person for 15hrs per week to assist the befriending co-ordinator working specifically with families who have children with a disability who are on low income and/or living in Penge and Anerley, the Crays and Orpington.

- **Bromley Youth Music Trust**
  - To provide a specialist music therapist to work in the SEN/SOU units in the primary schools in the BCF target areas for 1 day per week over two terms (Autumn 2003 and Spring 2004).

- **Sharks Swimming Club (Mottingham)**
  - To organize and run a swimming gala at The Spa in Beckenham before 31 March 2004 for children who have special needs living in Bromley.

Services for children with disabilities and other special needs

- **Bromley Family Link**
  - To employ a part-time person for 15hrs per week to assist the befriending co-ordinator working specifically with families who have children with a disability who are on low income and/or living in Penge and Anerley, the Crays and Orpington.

- **Bromley Youth Music Trust**
  - To provide a specialist music therapist to work in the SEN/SOU units in the primary schools in the BCF target areas for 1 day per week over two terms (Autumn 2003 and Spring 2004).

- **Sharks Swimming Club (Mottingham)**
  - To organize and run a swimming gala at The Spa in Beckenham before 31 March 2004 for children who have special needs living in Bromley.
### Black and other ethnic minority groups running services for children

<table>
<thead>
<tr>
<th>Group Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anerley French &amp; Swahili Club</td>
<td>To employ a French and a Swahili qualified language tutor and purchase educational games, videos, books, cassettes and other teaching materials. There is also an element of funding to cover rent and refreshments. The club will run on Saturday mornings between 10:30am and 12:30noon at The Welcome Centre (Maple Road) working specifically with young refugees living in Penge and Anerley.</td>
</tr>
</tbody>
</table>
| Bromley Gypsy Traveller Project | To employ a part-time person for 12hrs per week to:  
  - set up a ‘Kids Club’ in Manor Oak and St Paul’s Cray Primary Schools  
  - to provide holiday club provision.  
  - to work on-site with Traveller children living on local caravan sites (in particular Waldens Farm). |
| Bromley Somali Community Association | To set up a project teaching Somali boys and girls traditional artistic drawing, folklore dances and Somali language to improve communication between children and their parents in an after-school setting. |
| Crystal Vision | To support the running of a homework club by employing a tutor and buying educational resources children. The club will run five days a week for at least two hours (in Malcolm Primary School). |
| Somali Well Women Project | To set up an after school homework club to support Somali Refugee children, one day per week for two hours. There will be support on English, Maths and Science as well as other subjects and access to computers. |

### Miscellaneous service for children and parents

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
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<tbody>
<tr>
<td>Outmates</td>
<td>To provide 1 Parent and at least 1 Child/Young People’s Programme for offenders, young offenders and their families living in Bromley.</td>
</tr>
<tr>
<td>Seymour Villa Football Club</td>
<td>To purchase additional equipment to enable the club to grow in size, encouraging every child into a squad regardless of ability, race, gender, etc.</td>
</tr>
<tr>
<td>Castlecombe YIPPEE Pilot</td>
<td>That the funding is used to run an after school club (Yippeee Club) which will run for a total of four hours per week with links to other BCF Specialist Support workers.</td>
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### Funded via sports, arts and leisure budget, not commissioning budget

<table>
<thead>
<tr>
<th>Service</th>
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<tbody>
<tr>
<td>Arts Development (LBB)</td>
<td>To run a drama/creative writing and visual arts project to explore issues around bullying and friendship. The project will be delivered over three workshops, and offered to 15 schools, after-school clubs and youth clubs in the Bromley Children’s Fund target areas (Mottingham, Penge &amp; Anerley, and The Crays) during the Autumn (2003) and Spring (2004) terms.</td>
</tr>
<tr>
<td>The Studio, Beckenham</td>
<td>To offer a range of creative activities to youth centres, after-school clubs, schools, and holiday schemes (including Music Technology, Multi Media, DJ skills, Cartooning and Spray Can Art) and to organize 3 Family Days*. All of these activities are to take place in our target areas, Mottingham, Penge and Anerley, and The Crays.</td>
</tr>
<tr>
<td>Summer SEN Camps</td>
<td>To allow for assisted places on the Summer SEN Camps to the value of £3000.</td>
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<tr>
<td>Summer FUN Camps</td>
<td>To allow for assisted places on the Summer FUN Camps to the value of £3500.</td>
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### Therapy/counselling for children

<table>
<thead>
<tr>
<th>Service</th>
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<tbody>
<tr>
<td>Bromley Y</td>
<td>To employ a part-time person for 15hrs per week to assist the befriending co-ordinator working specifically with families who have children with a disability who are on low income and/or living in Penge and Anerley, the Crays and Orpington.</td>
</tr>
<tr>
<td>Special Time Group</td>
<td>To fund a series of ‘Drama Therapy Workshops’ and ‘Tea Time Groups’ targeted at 10–12 yr olds who are struggling with transition from primary to secondary school. The funding will meet the cost of a paid facilitator and volunteers/students’ expenses plus refreshments and materials. Each group will run for 10 weeks, one day per week, for 1.5 hours.</td>
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