

PREVENTING CRIME AND POOR HEALTH BY EARLY INTERVENTION/POSITIVE ACTION

**An Independent Research and Evaluation Report
Wigan Invest to Save Project 2002-2004**

Research Team

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EXECUTIVE SUMMARY

The Invest to Save Bid established a rationale for an inter-agency initiative in Wigan that was innovative and ambitious. It was informed by already established work within the Positive Action Coordination Unit and, as a consequence, the strategic framework for the Project (also referred to as 'Investing in Children' or IiC) was founded on proactive, welfare oriented interventions rather than reactive, criminal justice interventions. The Bid established that effective, long term crime prevention strategies require community participation and commitment, recognising that 'positive action' derived in early intervention cannot be achieved through 'quick-fix' short term solutions. It recognised the centrality of considered and negotiated interventions responsive to the complexity and diversity of social exclusion and the marginalisation of families within disadvantaged communities.

The Project and its programme were delayed, its Co-ordinator appointed in February 2003. The formal launch took place in September 2003. While the research and evaluation was commissioned in February 2003 its time-frame and focus changed to respond to the Project's development. The research was unique in that it took place alongside the emerging Project and fed into the decision-making and consolidation of programmes and initiatives as they progressed. The data generated by the research is extensive and the Full Report represents the broad scope and complexity of the Project. What follows here is an Executive Summary of the Report.

Changes in research emphasis

- given the slippage in setting up and launching the Project and the slow intake of referrals initial interviews with children and families were not possible until early 2004 with follow-up interviews in late summer 2004
- referrals were slow and only a limited number were submitted to the research team resulting in more intensive qualitative research into fewer families
- evaluation of the Multi-Agency Referral System (MARS) was not possible as it was not operational within the research time-frame
- the 'community anchors' initiative established within the Bid did not progress as anticipated
- new initiatives, not envisaged in the Bid, were developed leading to a change in focus of the research

Operation of the Project

- from the initial in-depth interviews with managers and workers, through observation of the different initiatives, through to the final round of interviews it was evident that there was a lack of understanding regarding funding, allocation of resources and lines of management

Key issues and findings

- as the Project developed it became apparent that workers were unclear as to its broader aims and specific objectives, the location of their work within the Project and the roles of workers in other agencies
- significant concern was expressed regarding conflicting models of 'early intervention' and the perceived emphasis on crime and anti-social behaviour
- managers and workers expressed reservations about the definition, assessment and management of 'risk', particularly the discourse of 'criminogenic risk factors'
- there was a considerable constituency among managers and workers committed to widening the scope of the Project's work to include the range of 'harms' experienced by service users
- understanding and responding to children in conflict with the law as victims themselves was identified as a key priority
- from the in-depth interviews and observation it was evident that a primary tension existed between welfare, proactive approaches, particularly regarding health-related issues, and criminal justice, reactive approaches
- this tension was evident not only in terms of practice but also in terms of mind-set or ideologies regarding how children and families should be managed
- while a common or 'cross-Project' approach was not achieved in the short time-frame, and particular teams worked to their own professional agendas, there were examples of informed, progressive, inter-agency co-operation
- successful outcomes were influenced markedly by strong links between agencies and confident, informed management within agencies
- while there was considerable opposition within the teams to identifying and targeting a 'Hot 100', difficulties emerged in identifying precisely the children and families that might benefit from specific interventions
- early intervention work requires a distinctive and informed age-related approach and this was not always evident in the work observed
- an open referral system was initiated and operational in prioritised areas by September 2003 but referrals were slow and information was not always shared between agencies
- considerable concern was expressed regarding the inconsistencies in services offered to families in different areas
- not all agencies appeared to be fully conversant with statutory obligations in conducting assessments
- initial assessments were not always appropriate and often failed to take account of the long-standing, contextual problems experienced by children
- there was an expectation held by Project managers and workers that a common assessment tool would be developed

- while the selection criteria for the Forward Thinking Groups worked well, the children involved had different and complex needs better suited to being met by 1:1 work
- universal concerns were expressed regarding problems associated with staff qualifications, experience and training and, mainly due to the restricted time-frame, the difficulties of appointing and retaining appropriately qualified staff (particularly 'key worker' appointments)
- managers were also concerned that teams were under-resourced in meeting the requirements of basic provision
- serious concerns were raised by managers and workers regarding the 'voluntary' nature of interventions and the inconsistencies in establishing informed consent for participation from children and families
- the debate within teams over 'community anchors' and appropriate interventions by community outreach workers demonstrated the ambiguities inherent in defining 'community' and responding generically to complex and diverse needs within identifiable locations
- information sharing, particularly on sensitive issues, posed problems for workers committed to maintaining client confidentiality and this issue was most marked in responding to the criminal justice – welfare relationship
- the most significant issue for managers and workers was the limited time-frame within which they were working involving: problems of recruitment; difficulties in staff retention on short-term contracts; lack of continuity; inability to respond to longer term problems through short term interventions

Impacts

- while school staff considered that the Forward Thinking Groups had limited impact on children's behaviour, the benefits included: children working co-operatively outside the classroom; improved relationships between children, and with adults; positive responses from children towards the Groups, particularly the emphasis on small group-work
- while headteachers' initial optimism that the Forward Thinking Groups would have a significant impact on the negative aspects of children's behaviour, their eventual position was that the positive impact was limited
- barriers to the success of the Forward Thinking Groups were: restrictions on time; large groups; wide age-range; unsuitable locations; inconsistencies in delivery
- the Nurture Groups were considered to have contributed to a significant reduction in school exclusions, with marked improvements in children's behaviour and skills
- parents attached to and attending the Nurture Groups considered that they had benefited personally in terms of emotional support, self-confidence and shared experiences with other parents and team workers
- Nurture Groups met the expectations of the schools in terms of particular children and went beyond expectations in terms of the value added to the operation of the whole school

- children and families were positive in their assessments of the impact of 1:1 support, particularly regarding 'anger management' and improved family relationships
- key workers were concerned that 1:1 support over a time-limited period would not secure a lasting positive effect on children and their families
- while parents differed over the impact of 1:1 support, which often and inevitably reflected their relationship with their key worker, it was evident that receiving personal support was a significant factor in improving parent-child and child-parent relationships

Gaps

- there is an identifiable need to make provision for 4-5 year olds
- children and families with mental health needs not defined or diagnosed as mental illness
- community-based initiatives to combat the social isolation of families
- integrated service provision regarding bereavement
- identification of children with particular needs, particularly relating to violence in the family and trauma
- parents with specific needs (fathers; single mothers)
- provision in schools to support individual children on a 1:1 commitment
- information on all interventions, informed consent and exit or end strategies when service provision is withdrawn

INTRODUCTION

Background

The Invest to Save Project was proposed late in 2001 as an innovative and ambitious initiative 'build[ing] on an existing inter-agency approach in tackling anti-social behaviour' (ISB Executive Summary:1). Accepting a developmental, but not inevitable, relationship between anti-social behaviour and certain categories of crime, it proposed that offending behaviour of children and young people often originates within a range of socio-economic circumstances that together comprise social exclusion. In keeping with Audit Commission, Home Office and independent academic research findings it adopted a crime prevention strategy based on the principle of early intervention. The Invest to Save Bid was informed by the existing work of Wigan's Positive Action Co-ordination Unit which was 'at the heart of the Neighbourhood Renewal Strategy's co-ordinated approach to addressing Social Exclusion' (ibid). Thus the strategic framework for the Project was founded on *proactive* welfare oriented interventions rather than *reactive* criminal justice interventions. This was consistent with the priorities of the UN Committee on the Rights of the Child in its emphasis to the UK Government that criminalising and punitive measures should be restricted to use as a 'last resort'.

Further, and informed by current practice within the local authority, the Invest to Save Project established that effective, long term crime prevention strategies required community participation and commitment. It recognised that 'positive action' could not be achieved through 'quick fix', short term interventions but required thoroughly considered and carefully negotiated strategies responsive to the complex and diverse issues that give rise to social exclusion. Central to the Project's objectives was the focus on a 'more effective and integrated delivery of services to an identified group of individuals who exhibit multiple risk factors and are considered to be at high risk' (ibid:2). 'High risk' individuals were those demonstrating a combination of: 'domestic violence, low achievement in school, older siblings involved in criminal activity/anti-social behaviour, alcohol/drug misuse, low birth weight children, teenage pregnancy, unemployment, inadequate supervision, abuse, lone parents, lack of family support, neglect/abuse by parents/carers, inadequate housing and depression and interrelated factors' (ibid).

The Invest to Save Project was conceived to identify and provide support to those perceived to be vulnerable to social exclusion and at risk of anti-social behaviour leading on to crime. It would establish an 'innovative, proactive and early interventionist service ... with a focus on prevention' (ibid). It noted that the 'preventative method itself' was novel, and would rely 'on the knowledge and skills of local residents' establishing and using 'community anchors' to enable 'peers, mentors and representatives from the local neighbourhoods' to 'manage

the hidden problems of exclusion'. It projected that 'for every person that currently transgresses, a further four are potentially at risk of exclusion'. In identifying and tracking the vulnerability of children and young people with regard to social exclusion the Multi Agency Referral System (MARS) had established a high-risk 'Hot 100'. In turn, this led to a further 400 children and young people considered 'at risk' through close association and peer or sibling influence.

The Commissioned Research

In researching and analysing the policy strategies and professional practices directed towards crime prevention, anti-social behaviour and social exclusion, the research project initially focused on the established work of Wigan's Local Strategic Partnership, the Positive Action Co-ordination Unit and the 'core delivery agents'. The key research questions included: the processes and procedures through which 'risk' was defined, prioritised and applied; the appropriateness and effectiveness of inter-agency collaboration and interventions; the reliability and flow of information; current strategies and perceived problems regarding 'frontline' support services; differences in perception, emphases and expectations between and within agencies. In addition to an assessment of the impact of the Invest to Save Project regarding service take-up, preventative interventions and user benefits, a key objective was to analyse and report on the 'early intervention programme of tailored support' as it emerged and developed.

The proposed research prioritised six distinct but related elements: MARS; the Positive Action Co-ordination Unit; the 'key workers' strategy; community anchors; clients; community neighbourhoods. Within each element it specified a series of 'significant issues' for consideration. It emphasised the importance of gathering in-depth *qualitative* as well as *quantitative* data in assessing the effectiveness of strategies for tackling social exclusion and its consequences. While recognising the problems associated with providing a short term cost-benefit analysis it was optimistic that informed assessments of 'what worked' for clients, the community and the workers/managers would emerge. Following initial discussions with the management team it was agreed that a unique and important aspect of the research would be its commitment to ongoing feedback as the Project unfolded. This would be both *formal* through arranged meetings and *informal* through regular contact between the researchers and project workers/managers. The objective was to use the research regularly and consistently to inform priorities and professional practice as the Invest to Save Project developed and consolidated. It was essential that the research was perceived as being supportive and diagnostic as well as evaluative and retrospective. From the outset the intention was to encourage and foster a context in which the researchers could contribute constructively to initiatives within the Project.

Research Methods

While documentary analysis formed one element of the research bid it was soon apparent that documents were limited in scope and access. The main source of data was derived in semi-structured interviews with service users (including children), managers and workers and from observation of and participation in group meetings and team events. Contemporaneous notes were taken throughout all meetings and, with permission, interviews were taped and transcribed. There was agreement with interviewees that anonymity would be preserved. Consequently direct, illustrative quotes within the report are not personally attributed. Initial meetings and interviews with managers and workers were held throughout 2003. Team and management meetings were also attended through this period. Further, follow-up interviews and meetings with staff and management took place toward the end of the Project in 2004. Initial interviews with children and families were conducted in January 2004, with follow up interviews conducted July-August 2004. Some initiatives (Nurture Groups, 'Forward Thinking' Groups) were observed in Spring and Summer 2004.

Changes in Research Emphasis

Several, unanticipated factors affected the structure and progress of the research. These were:

- The research work with children and families was delayed initially through slippage in the launch of the Invest to Save Project and subsequently by the slow intake of referrals. Consequently research interviews with families and children were not possible until early 2004. The follow-up interviews were conducted in summer 2004.
- Of the relatively few referrals recorded in late 2003 by constituent teams, despite consistent requests, only a limited number were forwarded to the research team. Research conducted with service users, particularly involving children, is complex and sensitive. The team was clear that without written and informed consent provided to their workers, families would not be approached by the research team.
- Evaluation of the operation of the MARS database, initially part of the research specification, and the use of its data for research purposes, was not possible because MARS was not operational.
- During the research it became apparent that some aspects of the Invest to Save Project work would not be covered by the initial research design. For example, there were specific requests to include group and community work.

In consultation with Project management, adjustments were made in the allocation of research resources to accommodate these eventualities. The research shifted emphasis to include the evaluation of nurture groups and

'forward thinking' groups, to attend and observe community meetings and to shadow workers. Combined with the direct interviewing of children and families, this shift has generated findings on the effectiveness of services based on the views and experiences of service-users as well as service providers.

SETTING UP THE INVEST TO SAVE PROJECT

Following consultations and meetings in late 2002 the research team was commissioned early 2003 to carry out research and evaluation. The initially proposed programme of work had been delayed and it was agreed that the primary research period should be adjusted to accommodate the delay. The research would be carried out between February 2003 and Summer 2004. The Invest to Save Project Co-ordinator was appointed in February 2003 and the Invest to Save Project Team was 'launched' in September 2003. By this time numerous workers had been in post for up to a year in anticipation of the Project's development. While their work during this period was important, it did not reflect a coherent, co-ordinated approach. Indeed, several workers were not aware until some months after their appointment that they were part of the Invest to Save Project. Rather, they identified their roles in terms of the specific initiatives to which they had been appointed and within which they were physically located. The research team consulted with managers regarding the appropriateness of interviews with service users (children and families) before the launch date. As the work was not consistently defined or recorded as part of the Invest to Save Project it was agreed to defer service user interviews until the official launch of the Project Team when effective and appropriate referral and recording systems would be in place. Between February and September 2003 the researchers focused on policy documentation and decision-making, observed and discussed the establishment of the Project Team and conducted in-depth interviews with senior managers and key workers as they were appointed. During this period, and evidenced by the initial interviews, it became clear that the background to and setting up of the Project had consequences for its work and how managers and workers identified their role, function and participation in the Project Team.

The Rationale for the Project

There were diverse and, in some cases, competing 'visions' of the Invest to Save Project's objectives and intended outcomes. While different emphases and interpretations are inevitable within a multi-agency response to complex issues, it is instructive to note and record their emergence and evolution throughout the Project's development.

Different understandings and emphases

The Invest to Save Project Bid was clear in its commitment to minimising the risk of 'later offending, ill-health, harm and demand on a range of services'. It is significant that in its anticipation of 'benefits' to the community, the Bid focused on reductions in 'anti-social behaviour' and the 'fear of crime' as the sole direct benefits, although the 'indirect' benefit from the increase in skills among community members also is mentioned. Improvements in health and harm reduction are not included and there was no consideration given to their definition, measurement or impact. From the outset many managers and workers

considered the emphasis of the work of the Project to be 'risk of offending'. The problem presented by this position was that while it might be possible in broad terms to identify a range of 'risk' factors threatening the future health and social development of children, co-relating specific risk factors to 'negative' outcomes is not straightforward. Offending and/or offensive behaviour might be the consequence of a range of factors in isolation or in combination. Regarding prevention, managers and workers sought common ground in identifying and tackling risk factors. Agencies recognised the importance of establishing a shared and agreed approach to the substantial problems faced by children and families.

Following heated debate, the risk factors adopted by the Project Team were those developed and publicised by the Youth Justice Board. Inevitably, given their origin, they specified the behaviour of the individual rather than her/his social context of physical or mental health and well-being. Thus the child's observed, recorded and classified behaviour is established as predictive of the her/his future behaviour. Some managers and workers interviewed considered this model to be reactive rather than proactive or preventive. In terms of appropriate intervention for workers and service users this issue was crucial. There were persistent debates and differences throughout the life of the Team as to which agency or service a child should be referred. For some the appropriate response was to establish whether or not there was evidence of a risk of 'anti-social behaviour'. If affirmative, the referral should be to 'justice' oriented teams. It became evident that in such cases the risk of 'anti-social behaviour' was regarded as being more significant than the risk posed by educational under-achievement, emotional problems or ill-health. This is well illustrated by the following quote:

... some of [the children with risk factors] will have been involved in anti-social behaviour of some kind and some will not have. So I see us definitely getting the ones that have been involved in some anti-social behaviour unless there is already somebody else involved who's got a good working relationship.

While the initial Bid recognised 'multiple risk factors' that place children and families at risk of social exclusion, 'anti-social behaviour' became the dominant issue. Undoubtedly reflecting the dominant political discourse and rhetoric at national and local levels it was a dominance that persisted and reflected a commonly-held assumption that the Project was primarily concerned with crime prevention. In the closing months of the Project differences between workers were jurisdictional, involving the prioritisation of intervention on the basis of perceived 'anti-social' behaviour.

A further issue for managers and workers concerned the 'duplication' of work that should have been the responsibility of other agencies. For example, why the Invest to Save Project should take responsibility for 'ordinary' non-school

attendance work was questioned. Further questions were raised regarding Section 17 (Child in Need) work, the responsibility of mainstream social services. These were significant concerns and they reflected a shared view that Positive Action had been overwhelmed as a direct consequence of broad and vague referral criteria.

In contrast, from the outset many workers considered the Project's rationale to extend beyond offending. While not contemplating quantitative measurements of such outcomes, many described the 'mission' of reducing social exclusion as an *end in itself*, rather than as a *means* to the end of crime reduction. It was predicted by many, however, that by virtue of the Project's genesis within Community Safety, its association with Positive Action and management emphasis, the Project's priorities would revolve around a measurable reduction in offending behaviour. Such concerns were not without foundation. Managers and workers implicitly and, occasionally, explicitly focused on certain categories of offending. In early interviews and meetings it was clear that there a focus on crime and anti-social behaviour, including a particularly narrow sub-category of crime. Violence within families was rarely mentioned in team discussions or individual interviews, and then as *a risk factor* rather than an outcome to be prevented. Homophobic or racist hate crime was also absent. Violence against children by adults was occasionally discussed but as a 'child protection' issue or as a risk factor, but rarely as a category of crime to be reduced or prevented by Project interventions.

Early intervention

A common view among managers and workers was that 'early intervention' strategies should involve work with 'at risk' children and families where no incidents of crime or disorder had been committed. According to this rationale, working with offenders would not constitute early intervention. These managers and workers expressed reservations of how this view could be considered consistent with the allocation of project resources. Others, from different teams, felt that 'early intervention' could and should include offenders. For most of the Project's life, YISP's main work was with children who had received formal reprimands. It was described by one manager as being 'about processing numbers and meeting targets' (research interview).

Identification and referral of children and families

There were at least three competing views of how service users should be identified, referred and approached.

- The Bid specified the identification and prioritisation of the 'Hot 100'; the 100 children assessed as most 'at risk'. The Bid was ambiguous on this issue. While it suggested that these children already had been identified by the MARS software package, it also stated that identification would take place via MARS once the Project Team was operational.

- A second view regarding the identification of at risk children was that they were known to agencies through previous or ongoing work with family members or associates. While this is a view embodied in most commonly used 'risk factors', it reflects a model of 'family pathology' and 'works backwards' from those whose identities are already known.

The assumption behind both views, common among those working with offender-focused teams or agencies, was that the identification of 'at risk' children would follow on from the existing work of agencies.

- A third view was that the referral system should be open and not derived in existing work with service users. The Bid suggested the need to consider 'a hitherto hidden/silent excluded group'. Consequently, children, *including* those from 'known' families, should be referred from a range of agencies beyond those concerned with offender-based work.

Risk, assessment and intervention

Related to the above debates were early discussions about how risk should be assessed and the form to be adopted through initial intervention. In the Bid, and reflecting its conception, was a strong commitment to the measurement and precise quantification of 'risk factors'. A minority of the Project Team voiced support for the assessment and quantification of risk, whether through MARS, or within the referral process. This would be followed by proactive and direct intervention. In the Bid it was suggested that the 'Hot 10' should receive a hand delivered letter setting out available services. At the initial Project meetings workers expressed concern that they would be required to 'cold call' on families to inform them of their child's/children's 'at-risk' status while the families remained unaware that they had been identified and targeted. Most workers were sceptical about the effect of such an approach, arguing that it would undermine the securing of positive working relationships. It was also felt that such an approach contradicted the principle of user-led services. Some questioned the inherent subjective judgements behind the apparently objective notion of risk factors and assessment. These workers resisted the quantification of what they saw as complex and difficult to measure issues.

The 'key-worker approach'

There was considerable support among managers and workers for the development of a 'key-worker' approach. The Bid highlighted a 'single co-ordinated service [with] a common style'. The common view returned to the perceived 'problem' of multiple professionals from various agencies each having separate involvement with families, often without knowledge of the interventionist work of others. The intended strategy was to have key-workers specialising in four main disciplines identified through Positive Action meetings: mental health; housing; victim support; criminal justice. From the outset the distribution of Project resources did not follow this strategy. What this revealed, however, was the lack of rationale behind the prioritisation of the four areas. It was never clear

as to why there should be specialisms in victims or criminal justice when the Project was directed towards early intervention. Ironically, while the rationale for specialisms in housing and mental health was more appropriate, as the Project Team was established, it was these specialisms that were absent.

Community involvement

The Bid stated that one benefit of the Project would be ‘the inclusion of the community in the planning, designing and management/delivery of [the] service’. On this several key interviewees were sceptical. They considered that the allocation of the Project’s resources was not community led or designed. They also questioned the notion of ‘community’. More practically within the timescale, the potential to establish depth of community involvement was viewed as unachievable.

Central to the Bid was the concept of ‘Community Anchors’, described as ‘the project’s antennae in the community who [would] be the “champions” operating at a street level ... provid[ing] on-going advocacy and mentoring support...backed by an accredited mentoring and advocacy support’. Further, the Bid stated, that anchors would ‘improve competence in the community, by training its membership to identify and address its own problems’. The Bid did not clarify in practical terms, what the community anchor role might involve. ‘Antennae’ suggested information gathering. While this was not the intention, the idea of surveillance raised concerns. Further, and given the different models in use, ‘mentoring’ and ‘advocacy’ were not considered straightforward either in definition or in practice.

The organisational location and management of ‘Community Anchors’ and were unclear in the Bid. Options included attaching ‘Community Anchors’ to particular teams, locating them centrally with the Co-ordinator, or with existing Community Social Workers. After considerable debate a few ‘Community Outreach Workers’ [COWS] were appointed, supervised by a Co-ordinator. This did not happen, however, until the last few months of the Project

Information sharing and co-ordination

A key component of the Bid was assessment and tracking through MARS alongside the MARS role in generating the Hot 100. This was envisaged as a significant element in the co-ordination of services to avoid duplication and share data in the interests of children and their families.

From the outset problems were raised regarding information sharing. Within the Positive Action team, whose work had been central to the Bid, reservations were expressed about the negative or detrimental potential of confidential information. Specifically, they were concerned that evidence gathered for the provision of ‘welfare’ interventions might be used as ‘evidence’ in future ‘crime’ and ‘disorder’ interventions. Workers reported instances in which this already had occurred. There were discussions regarding the use of information out of context that had

serious implications and consequences for families. These discussions persisted throughout the life of the Project, illustrating tensions that can arise between teams and agencies concerning the contrasting emphases of their interventions.

Allocation of resources

Strong reservations were expressed by workers and managers concerning the initial resource allocations within the Project. In part these reservations were a result of teams believing that they were receiving less than appropriate funding. There were, however, more general criticisms:

- The rationale for the distribution of resources was not understood nor fully explained. It was felt that resources were allocated arbitrarily or to agencies that were considered 'big players'. In some cases it was not evident to workers how resource allocation was connected to 'early intervention' or 'prevention'.
- The Project Co-ordinator was appointed after the key decisions about resource allocation had been taken and implemented.
- The targeting of particular geographical areas was criticised by some managers and workers. At the outset of the Project it was considered that this could place teams in difficult positions. A commonly-held view was that 'need' could not be directly related to area.
- Most workers and some managers were not familiar with the Bid on which the Project was based.
- Some workers were unaware that they were funded through the Invest to Save Project.
- Managers and workers (and researchers) remained confused until well into the life of the Project as to the posts directly funded by the Invest to Save Project. This was a consequence of the funding complexities within individual teams, often involving specific posts.
- Most managers felt that the lack of Health as a category within the Bid was a serious deficiency.
- Some managers, anxious not to 'lose' money as the financial year 2002/3 progressed, described how they appointed staff in anticipation of the Invest to Save Project funding allocations. Thus many staff were appointed in advance of the Project Co-ordinator, their contracts expiring before the end of the Project.
- A specific assertion was that the Youth Service was under-funded despite offering a preventive approach for young people.

- From the outset the majority of workers considered that the Project was seriously time limited. The early appointment of some workers, and the difficulty in filling other short-term posts, resulted in a mix of workers some of whom were seeking permanent or longer term contracts elsewhere. Others were aware that their contracts might end as they were becoming familiar with the work. Undoubtedly this combination of factors destabilised teams.
- Most managers were fully aware of the difficulties of appointing high quality, qualified staff on short-term contracts. They were also concerned that staff would move on while the Project was developing.

THE OPERATION OF THE PROJECT

The Project did not evolve as envisaged in the Bid and as expected by the management group involved in its inception. Delays in the Project's development and the time taken to establish clarity regarding funding, managerial responsibilities, inter-agency relations and staff appointments inhibited progress. Further, the range of work that comprised the Project emphasised the complexity of early intervention initiatives in the context of social exclusion and material deprivation. In September 2003 the formal launch announced the arrival of the Investing in Children initiative. The initiatives and teams funded by the Invest to Save Project and those that identified themselves as part of the Project were not necessarily consistent. Some workers directly funded by the Project did not identify with the Bid, while others not funded through the Project identified strongly with its objectives. Other teams received funding from several sources. In terms of conducting the research a pragmatic approach was adopted as restricting interviews to those teams directly funded would not have presented a full picture of events. Multiple funding streams undoubtedly posed problems for managers, raising significant issues regarding the future development of discrete yet integrated services for children and families. As the Project's work consolidated, however, the following elements were operational:

Centrally based staff

Staffing changed over time but by mid Project central staff consisted of the Investing in Children Co-ordinator, an Investing in Children Officer and an administrative officer. From September 2003 referrals were made to the Co-ordinator working with an assistant. The latter also became involved in establishing various community projects. There were issues around the location of this group, within the offices of and sharing telephones with Positive Action. In these circumstances securing a separate identity was difficult. Further, some staff expressed concern about the appropriateness of basing the Project within Land and Property as there was perceived to be a lack of contextual knowledge about children and their needs.

Nurture groups (Education)

The Project fully funded one group and another group in part; each in target areas. Neither explicitly selected or referred on the basis of risk factors – they had their own instrument: the 'Boxhall Profile'. The Profile was considered appropriate and useful by other teams and individuals and was adapted for their use.

Family Intervention Team: FIT (Social Services)

This team offered 1:1 support to parents in the home. Four team members were funded. Efforts were made to recruit a qualified social worker to conduct

assessment. The remaining FIT staff were NNEB or NVQIII qualified. The family Intervention Team and the Nurture Groups established links early in the Project.

Positive Futures (Education Welfare Service, Youth Service and Connexions)

Three Education Welfare Officers (EWOs) were funded. Given problems associated with the supervision of the EWOs, attempts were made to recruit a Senior EWO. EWOs worked with children in schools whose needs were regularly 'overlooked'. They also ran anti-social behaviour focus groups. This constituted an extension of groups organized for older children via Neighbourhood Renewal funding.

Youth Service

Initially the intention was to allocate £23,000 to the Youth Service but restructured plans allocated £13,000, eventually reduced to £5,000 for a 'pod' in Leigh, part-funded by Community Risk management. It is envisaged that a third of the work developed from the pod will reflect the Investing in Children age range.

Trees Steering Group

The balance of the funding originally destined for the Youth Service was provided to a steering group on the Trees estate. This group, comprising community members and workers, was co-ordinated by Community Social Work. It designated two sub-groups, the first to set up a junior youth club, the second to further develop existing holiday activities projects. Over 200 children registered for one of these schemes. Police and security wardens assisted in the staffing of these projects. Funding up to £16,000 was available to these subgroups.

Community social work

Initially two Community Social Workers (CSWs) were funded by the Invest to Save Project. Subsequently they were promoted to posts as Seniors CSWs and mainstream funded. It was not possible to recruit replacements although both workers continued with Project work. An administration and marketing post was also funded. There were plans to recruit a Dads and Lads Co-ordinator, funded by the Project for one year and the Children's Fund for a further two years. Late in 2003 a full time Community Outreach Workers (COWS) Co-ordinator was appointed and several COWS were appointed during the final months of the Project.

The Senior Community Social Workers were involved in a range of community development and group-work projects including:

- Two summer activity schemes involving 250 children.
- Thursday Social groups in schools focusing on children with low self-esteem.

- Child protection training courses for voluntary projects
- A 'Babysitting Plus' group for Year 10-11 children who were identified as having significant care responsibilities.
- A community research project for Year 10-11 children to conduct a consultation exercise into wider social needs.

Community Social Work was also involved in *SureStart* work described below.

Positive Action

The Project funded two workers but others were involved in the team. The funded workers carried out mainly Positive Action (PA) work with 'anti-social' children and / or victims. The Bid was based very much on the 'success' of the PA model, through which anti-social behaviour cases were co-ordinated by PA workers within the Positive Action Co-ordination Unit (PACU). It was not clear to workers how or why the PA role could or should link with preventive work. Involvement with PA was not on a voluntary basis, information could be shared without consent, and the 'mandate' for intervention was the occurrence of at least one 'anti-social' incident. Several PA workers did not consider their role to be 'hands on' but as 'co-ordination'. Derived in the already established PA work, the co-ordination role was conducted by workers who had not met the children involved. Further, the case-management of PA workers was a problem as the Positive Action Co-ordinator resigned and was not replaced. Interviews with workers suggested considerable dissatisfaction within Positive Action regarding the nature and management of the work.

Youth Offending Team

Throughout the research Youth Offending Team (YOT) workers were unclear as to their relationship to the Project. Some did not know the source of the funding for their posts or how their work might proceed on a preventive basis. The appointment of a manager for YISP clarified some of the YOT involvement within the Project.

- Three restorative justice workers were Project funded.
- Two YOT workers were YISP workers within the Project and were considered part of the team.
- The Operational Prevention Manager was to be funded by the Project for one year and for the following two years by the Children's Fund.
- Parenting workers and a Mentoring Co-ordinator also received Project support.

Project Development in Drugs and Alcohol

The Invest to Save Project part-funded a Development Worker in Drugs and Alcohol. This post was based in Alcohol and Drug Services and worked with 9-13 years olds.

SureStart

The Project explored working in partnership with Health and *SureStart*. A steering group was set up with representatives from both. The intention in one area was to engage families (25%) registered with Health but who had not accessed *Sure Start*, and families who had registered with *SureStart* but had accessed once or not at all.

ISSUES / FINDINGS

Different understandings and emphases

In the early months, many workers expressed their lack of understanding of the Invest to Save Project, its priorities and its objectives. The development and consolidation of the Project was aided by programme and team 'away days'. Workers and managers acknowledged the importance of taking time to share work and discuss issues (in team supervision and 6-weekly professional support sessions for Project staff). They recognised 'the importance of keeping accurate and consistent case files'.

Yet even towards the end of the Project, some workers recorded their unfamiliarity with the Project's overall 'mission'. More specifically, there remained gaps in knowledge about the Project's constituent parts. Knowledge about Community Outreach Workers (COWS), for example, was negligible in some parts of the overall team. While this might be explained by delays, COWS constituted a key element of the bid. Lack of shared knowledge regarding their intended role implies that their delayed introduction was not explained throughout the Project teams.

Confusion over the structure and organisation of the overall Project was not untypical. One worker stated that s/he had not been told at interview that the post was part of a broader, virtual team. The role within the Invest to Save Project 'was not made clear until the end of the project.' S/he complained that s/he had been employed by a person who had 'nothing to do with [what was to become] Investing in Children'. Rather, the manager was perceived to have 'just been given x amount of money to employ'. This worker complained that within her/his own team there was a lack of direction and not enough clarity about where 'they expected things to be'.

One manager emphasised the innovative nature of the Project, perceiving it as an opportunity to 'try out different ways of working', with each member of staff working 'in a way they feel comfortable and confident with' (such as using art or drama; small group or individual work in school). Newly appointed staff, however, considered such flexibility to be a problem. One stated, 'I found it difficult to understand what the job entailed'. Another commented, 'autonomy is good, but there are no benchmarks. How do you know you're delivering what you should be?' Potential confusion was implicit in the following statement made by a manager: 'We're not delivering a service, we're piloting approaches. Although we are working with children and families in doing this'.

Most workers were identified an overall concern with 'crime'. While the Bid established a potentially broad approach to 'community safety' issues, including risk to 'ill-health', 'harm' and 'future demand upon services', it emphasised crime and anti-social behaviour. Health agencies were cited as partners, yet 'health'

and 'harm' were seldom mentioned in early meetings and health professionals were not represented within the Project team.

From the outset, within meetings, informal conversations and interviews, the conception of 'crime' and 'offending' was narrow, focusing on stereotypical street crime and disorder, at the expense, for example of 'domestic' violence and sex-crime, hate crime, environmental and health and safety crime. Of the organisations cited in Wigan's Crime Audit in connection with Domestic Violence, only Social Services were a partner within the Invest to Save Project. One respondent suggested that racism was not an issue in Wigan as the non-white population was so small. Throughout the Project no mention of homophobic crime was made by interviewees or in meetings attended by the researchers.

Risk of offending was at the forefront of concerns in meetings and interviews. Telephoning the Project in its final days brought the response 'Anti Social Behaviour Unit'. At the beginning of the Project it had been 'Positive Action'. For a relatively brief period during the Project the response was 'Investing in Children'. Many of those interviewed considered 'success' to be demonstrable and, ideally, measurable reductions in offending. Improvements in health or 'harm' reduction were rarely put forward as indicators of success. In one meeting held several months into the project, some managers were surprised to be reminded that 'health' and 'harm' issues were constituent elements in the Bid. Yet, according to one manager, concerns over the 'narrow' focus on 'crime and anti-social behaviour' had been raised within meetings before the funding had been secured. The manager concluded that these concerns had been 'ignored'.

Few operational managers had access to the original Bid. Had they done so, they may have been more assertive in pressing alternative constructions of 'risk' to those used in the Project. Many managers and practitioners considered their work as 'social', or 'educational'. Yet, while they were anxious to justify their work in terms of 'crime prevention', few sought to justify it in terms of a broader notion of harm or health. Initial discussions regarding group-work invariably turned to 'anti-social behaviour', but not to physical or mental ill-health, environmental harms and dangers. Throughout the research this finding was regularly communicated to managers and staff in a variety of settings, some formal, some informal.

The response was instructive. Staff responded to the researchers that they felt validated to explore 'early intervention' more broadly. Some staff confided that they had resented what they had perceived as an 'overemphasis' on crime and anti-social behaviour. Another persistent comment was that preventive and community oriented work precluded the notion of a 'Hot 100'. Many workers considered that targeting a specific number of individuals was not only groundless and arbitrary but also stigmatising. One manager was pragmatic about the site of the Project's work and anticipated a continuum of provision from early intervention to crime prevention: 'The crime and disorder agenda underpins

all the work we do...In the future, it will be Children and Young People's Services', with a 'spectrum for all agencies' ranging from 'keeping the door open; supporting children and families; improving communities' to 'anti-social behaviour and the work of the YOT team'. For this manager, raising awareness concerning the definition and potential consequences of 'anti-social behaviour' reflected a form of 'empowerment'. It enabled children and young people to understand how their behaviours might be defined and suggested strategies to avoid behaving in what might be defined as 'anti-social'. However, this philosophy did not filter down into practice. For example, some workers in the 'Forward Thinking' groups represented anti-social behaviour orders to children as potential threats, rather than the consequence of behaviour which could be avoided through positive strategies.

From late 2003 the Project Co-ordinator sought to initiate a number of health based initiatives. These included working in partnership with *SureStart*, training input around mental health and supporting drug and alcohol services. While this was a significant shift in emphasis in line with the initial Bid, it could not offset the absence of health input within the Project. As the team developed, junior managers became more assertive in their identification of 'gaps' in provision, and problems in orientation. Domestic violence, sexualised behaviour and issues around separation and loss, for example, were considered more explicitly and efforts were made across and within teams to address these issues. Despite this, managers and staff stated that these issues remained underemphasized when compared to interventions regarding 'youth crime'. The potential significance of 'reframing' crime and harm was illustrated by one manager who argued that this allowed children and young people to consider themselves as 'victims' of adults in their families or their communities. This was in marked contrast to earlier discussions of the role of the Project in relation to victims in which 'victimhood' was implicitly constructed as resulting from the offences of young people and children.

In interviews conducted towards the end of the Project, interviewees had the opportunity to reflect on broader issues that had arisen during their work. They were asked to identify the lessons to be drawn from their experiences that might inform future work. An issue raised by many managers was a 'shift' in the agenda from a clearly crime prevention and instrumentalist approach to a broader and looser focus. Whilst the broad sweep of 'risk factors' regarding anti-social behaviour allowed agencies to 'sign up' for preventive work, tackling these risk factors could be considered as an end in itself. Thus, from the beginning of the Project there had been an underlying tension between agencies that identified their remit as welfare oriented and those required to adopt strategies towards demonstrable reductions in offending behaviour.

The 'shift' in emphasis, from intention to implementation was subject to varying interpretations. Most workers and managers outside the youth justice agencies (YOT and PA) regarded the change in orientation (the lack of a 'Hot 100'; the

failure to make MARS operational; a relatively open referral system) to have been beneficial for many of the reasons outlined above. Some, but not all, in the more 'deviancy' oriented teams were more critical. Invariably this came down to perceptions of the priorities of particular managers:

I think the difficulties were very practical issues. The main person involved in the Bid was unhappy about how the service was going to go. There was then a break which meant it had to be picked up with a different political agenda having come along.

I think [the focus on] crime, was because the Bid was led by Community Safety. A strong focus for them at time was anti-social behaviour. I think it is due to the personalities that led it. If it had been someone from health, then focus would have been health.

It is questionable whether 'a common approach' was achieved within the Project. Teams clearly identified with their agencies and broadly accepted their perspectives, agendas and systems. Significant delays in operationalising common systems were due to conflicting agency requirements in terms of paperwork and administrative systems. Some interviewees felt that earlier sharing of information and the initiation of common systems might have been possible. There was a common perception that Invest to Save Project workers within YISP and Restorative Justice 'came late' to the overall team. In part this was due to a long-term vacancy at management level that left another manager responsible for two roles. One worker stated that the 'lack of a manager until January [meant] it has been very fragmented and completely crazy'. It may also have been due to confusion over precisely who was funded by the Invest to Save Project. Workers and managers gave contradictory responses and even towards the end of the Project this confusion persisted.

A persistent comment from the teams was that little more could have been accomplished in such a limited time. Yet there were significant advances in inter-team joint working and in the broader adoption of an adapted Boxhall Profile used by Nurture Groups. Most workers felt positive about getting to know the rest of the 'virtual team' and there was evidence of developing co-work. Moreover, it is not clear that a unified 'common approach' would have been desirable. The notion of a 'common approach' might have obscured the reality of different interests among professionals responsible for defining and responding to the behaviour and needs of children. A 'common approach' driven by a crime prevention agenda would have been rejected by many workers and managers and would not have met the criteria regarding social exclusion outlined in the Bid. That all professionals would prefer children to commit less crime, all else being equal is a statement of the obvious. But inequality was and is a key aspect of the lives of children and families considered to be socially excluded. The resources, policies and practices, devoted to a narrow and pathological notion of crime prevention have consequences that impact upon other priorities. A team

manager was adamant that her professional priority was to keep children out of 'the system'. In her experience once children had been caught in the net, they were at risk. Yet, as another manager commented, the local political context was one in which 'the anti-social behaviour agenda has gone through the roof'. A relatively new member of staff summed up the context for front-line workers: 'everything is anti-social behaviour led' (*sic*).

Further, these debates were also shaped by what one manager termed as 'power games'. The manager stated: 'you have to be careful with partnership working. There have been power games going on which have damaged partnership working'. While there was no evidence found of overt power games, the follow-up interviews revealed friction and resentment regarding 'territory' and 'expertise'. Managers involved in such differences of opinion were often driven by the particular priorities and requirements of their agencies and funders. A middle manager complained that other managerial colleagues 'had not listened to what my remit was' but added that 'confusion could have been caused by me having two roles'. Responsible for the management of two funding streams s/he acknowledged the pressure was under: 'I did feel at the end that I hadn't been able to give either service justice'. In the bigger picture, however, these managers were each responsible to multiple funders. Given this context it was surprising that common perspectives were achieved.

One manager differentiated the roles within the Project: 'We link up with other Investing in Children workers to ensure we give a rounded service. We don't try to be too much for the family or parents. Our role is to support the child, It is other team's role to support the family.' However, this manager was aware that key professionals were less clear about the multi-agency response to families: 'The school nurse doesn't know who all the different agencies are, who to contact if having problems with a child, or that she could make a referral to Investing in Children. The project is prevention and health, but school nurses are always left out.'

Staff from one of the Nurture Groups regularly linked with the Family Intervention Team (FIT), as it was recognised that children 'have to go home, where there are long term problems'. The FIT was 'better able to cater for their needs' outside school. In the other Nurture Group parents had been linked to social services, YOT and restorative justice teams: 'We are working with the restorative justice team at the moment to look at providing parenting skills workshops.'

Occasionally there was 'overlap' in provision. For example, in one primary school a Positive Futures Education Welfare Officer ran the 'Forward Thinking' programme and a restorative justice worker provided classroom support leading to plans for a series of seven PSHE sessions about the consequences of anti-social behaviour. The two workers could have combined resources and 'expertise' to develop a single programme, in consultation with school staff, which could be integrated into the school's PSHE and Citizenship curriculum.

Some teams and individuals within the Invest to Save Project considered their experiences less positively than others. Positive Action workers were critical and disillusioned. It is important to note that the team had several managers throughout the period. More fundamentally, PA's role, under scrutiny generally, was problematic within the Project. PA staff, without the benefit of a common professional identity, shared the conviction that their views tended to be discounted and their work was unsupported. Several commented that their roles were markedly different from what had been expected when interviewed.

For workers their role definition had implications regarding access to children and perceptions of their work held by others. For example, members of the Positive Futures team were titled Education Welfare Officers (EWOs): 'It was important for schools that workers were defined as EWOs and not as youth workers because EWOs are welcome. You can establish a relationship by being an EWO. It opens the door. We could have wasted a lot of time trying to get into schools if we weren't EWOs'. This title also affected the responses of families. Although emphasising that they used a 'respectful approach', based on a voluntary relationship, the manager acknowledged that 'a lot of families think they have to engage with the workers because they are EWOs'.

Early Intervention

As discussed above, some members of the overall Project team considered that 'early intervention' should prioritise pre-offending behaviour and its indicators. Others voiced concerns that the Project could develop an over-emphasis on work with low level offenders. Yet the Project's work involved interventions up to and including police reprimand. Some managers challenged the categorisation of this work as early intervention. For agencies whose role and expertise centred on offenders and victims it was inevitable that a crime prevention approach would be adopted. Towards the end of the Project the focus of Positive Action and YOT widened to include younger children.

Some Positive Action workers questioned how their roles, within a co-ordinating service aimed at offending, anti-social behaviour and 'victimisation' could be incorporated within Investing in Children. Work with offenders could not be defined as 'early intervention' and the construction of 'victim' was narrow. Strong concerns were expressed that Investing in Children work could not be considered in isolation from other anti-social behaviour interventions. One worker argued that the 'contact card' initiative was used occasionally with children who were identified 'anti-social' risks. The worker gave the example of children sitting on a wall. The concern was that Investing in Children work was closely identified with Positive Action work and that 'preventive' might become associated with reactive interventions. A worker in another team was unequivocal: 'there is far too much intervention both from Investing in Children and from YISP ... 90% [of cases] don't fit [within an Early Intervention scheme]. Many cases are from PACU, many of which lead to ASBOs. Some of them are below the age of criminal responsibility. I don't see it as prevention as such'. This comment reflected a

more broadly held view that in some parts of the Project intervention was perceived as less 'consensual' than had been intended.

Another Positive Action worker regarded the Positive Action role within Investing in Children as inherently problematic. In part this was a consequence of its conception as a response to crime and anti-social behaviour. A further problem was that other agencies saw the Positive Action role as one of 'co-ordination'. The suggestion was that the Investing in Children Co-ordinator post rendered redundant the co-ordination role of Positive Action. According to this account a directly interventionist role for Positive Action met with disapproval from other teams. They were concerned that Positive Action had neither the qualifications nor experience to adopt a co-ordination role.

Other parts of the Project, whose experience was with younger children and outside of specifically crime prevention work, regarded their 'client group' to be younger children and their families. The five (of seven) parents who had heard of 'Investing in Children' when initially interviewed, described it as being 'for children and families'. Three specifically mentioned provision of support to parents or to children. One worker with Nurture Groups suggested that they were 'a lot more proactive than intention of original bid, identifying need as it happens as opposed to trying to predict [it]'. The focus of the Nurture Groups was intended to be early intervention, but unmet needs among older children led to the provision being extended: 'The original aim was for it to be for the younger ones. But there was so much need here for the older ones to attend as well'. A similar view was given by a manager who felt that while there were areas of judgement, the Investing in Children remit was to identify 'need'. If this was 'related to' offending then it was not a matter for YOT or YISP but could be 'signposted on', within or without the Project.

Early identification of problems within schools and co-ordinated intervention with social services seems to have been less problematic in this respect. The early intervention mandate was more consistent with the broadly conceived social and educational needs than with a focus on 'crime' or 'anti-social behaviour'. The head teacher of one school recognised that Nurture Groups 'are about putting back what hasn't been there in the early years'. There were indications that referring professionals were not always clear about what the Project, or its component parts, were able to deliver. Shadowing and observation of groupwork suggested strongly that in some cases children and/or families would be referred without the worker having a clear or accurate understanding of the role and function of the Project.

While clear that the focus of their work was 'early intervention', the experiences of Positive Futures team workers highlighted the complexity of families' lives: 'I'm doing home visits, going from one to another, but I can't cope with more because there are so many problems in each family. There's so much going on, I don't know where to start. I don't know how the children cope.' A member of the Family

Intervention Team stated: 'Family intervention was all about early intervention and prevention. But really, we weren't early intervention because there had been so many other services involved before. It often felt like we were being passed cases that no-one else would touch here in the Family Intervention Team. So they certainly weren't all early intervention'. Of the seven interviewed children receiving 1:1 support, all had previously received some form of support from one or more of the following: social workers (2), doctor (1), family centres (2), counsellor (1), a tutor/ group at school (3). Four of the seven parents interviewed had also received previous support: parenting courses (2), concerning domestic violence (1), to deal with depression (1). Far from being 'early intervention', for these families the Investing in Children initiative was a welcome response to relatively long-term, over one year, unmet need. One parent described how other available support for families (eg from Social Services) appeared to be based on crisis intervention: 'There's just nothing unless your children are being nasty wherever they go, or they're threatening to kill themselves'.

A further point made by interviewees was the disparity in service between areas. Many felt strongly about this. Investing in Children Project workers were aware that some families were not able to access Project resources in the same way that others might. They judged this to be arbitrary and unfair. In some cases workers also considered that the identification of target areas could stigmatise areas while underestimating the extent of need in non-target areas. According to one manager, it was a 'political decision' to 'target areas where specific needs have been identified so that we are able to concentrate a lot of time in one area'. But workers were aware of the breadth of 'need' and concerned about having to narrow the focus of their work. One commented: 'The schools want more – they want someone in full time'. Another stated: 'It's difficult to say "No". You want to do more. But if you do, you can't give your best to individual children'. Given recent comments concerning the fate of SureStart this view was particularly significant. It is questionable whether the Project could act as a template for future Borough wide services without commensurate funding.

Risk

In recent years the concept of 'risk' has changed in its application to children. Previously, in the minds of professionals and public, 'risk' was closely associated with issues of child protection. Important changes through the 1990s shifted official concern to children deemed to pose a risk to the wider community. Children 'at risk' of committing crime or becoming involved in routine 'anti-social' behaviour emerged as significant 'folk devils' in political and media imagery. This context was important for the Project. It underscored the difficulties noted above in grappling with the Project's main priorities. It is less conflictual to proclaim that welfare provision and 'crime prevention' are congruent aims than to identify and challenge the implicit contradictions between the two approaches. Highlighting and eradicating risk factors at grass-roots level is not necessarily consistent with maximising the welfare of children and families. How 'risk factors' are defined, and implemented frames 'the issue'. This process focuses official concern and

directs the attention of managers increasingly constrained by instrumentalist targets. Although no common assessment tool was agreed by the Project team, the adoption of Youth Justice Board risk factors at the initial referral stage might have been expected to consolidate a 'tick box' approach; the principle being to identify and address 'risk factors' thus prioritising the reduction of anti-social or offending behaviour. In practice, however, the approach adopted by many workers was more nuanced. One worker clearly expressed the priority of welfare over 'risk of criminality':

From a Nurture Group point of view, anti-social behaviour is [the] least focus [sic]. Our focus is on the family and parents to enable them to cope with less intervention and support later in life. Our focus is social/emotional/behaviour difficulties and surrounding family circumstances.

More clearly, a manager stated a concern to 'protect' a family from the consequences of criminalizing their behaviour:

I explained to everyone that we are not going into a family to inform on the son who may be smoking cannabis, we are there to deal with the problems that are causing that.

This comment challenges an instrumental risk factor approach. It suggests that in practice a more subtle notion of risk was incorporated, implicitly and informally; that being the 'risk' presented by official intervention.

Identification of children and families

MARS was not operational until the conclusion of the Project. This was surprising given the Bid had described a software package that appeared to be operational and seemingly had identified the 100 most vulnerable children. Further, it meant that identification of risk through the database was not practicable. The palpable opposition to the principle of the 'Hot 100' was also significant. A manager recalled:

I found it insulting when they talked about the Hot 100 of targeted families about crime and then about risk factors. It was irritating. They wanted us to use ONSET as a generic tool. It didn't fit with [our agency's] assessment. It was a tick box approach to assessment.

Formalised processes, such as 'statementing' through the education system, were assumed to identify the needs and subsequent provision for children with specific difficulties. The identification of children who might benefit from Project interventions was less easily defined. Class teachers and the headteacher identified which children should attend Nurture Groups. This was on the basis of the child's 'behaviour', 'self esteem' and 'difficulty making friends'. Such issues often were perceived as related to 'significant problems at home – separated parents, drug use, mental health problems'. A structured assessment process,

the Boxall Profile, was useful it gave 'a clear, overall picture of the child', although 'generally it tells us what we already know'.

School staff identified which children should attend the 'Forward Thinking' groups. The criteria used included: low self-esteem; involvement in 'low level' crime; difficult family backgrounds; children 'at risk' of or involved in anti-social behaviour; children 'on the periphery'; children experiencing problems at home. Children also suggested those who might benefit from attending the groups. Three children's criteria included: children who 'are unhappy at school'; children with 'poor' behaviour, such as bullying or being disruptive; children who 'have been naughty'; children 'who need to learn stuff'; children who 'need support making friends' and communicating.

Of the seven children receiving 1:1 support who were interviewed, four stated that they needed support with their anger or fighting, at home (mainly with siblings) and in school (with teachers and peers). One felt help was needed within the family, when 'I get hyper' and her father 'gets angry'. Two others described family circumstances as significant. The parents of children receiving 1:1 support recognised their child's anger or behaviour as the main reason for support. Four of the seven interviewed did not know why their child was angry, despite outlining complex family circumstances including: divorce (2), bereavement (2) and complicated family relationships (3). While children were the main recipients of 1:1 support, children and their parents recognised that parents and families also required support. Four children mentioned the 'stress' endured by their mothers. Two were aware that their parents worried about financial issues: 'They worry about money and bill and get stressed about work'; 'One of Mummy's catalogue payers comes every day and if Mum's not there, or isn't there on time, she walks in and shouts "[Mother's name]". I feel like saying "Why are you walking in our house?" It's not scary, it's just annoying.' Two children mentioned their father's or mother's partner's anger: 'Dad's temper when he drinks beer'; '[Mum's boyfriend]'s anger when he can't get what he wants'.

Referral

An open referral system was initiated within specific geographical areas. Given the complexity of the Project team and the number of agencies involved, it was not surprising that considerable staff time was allocated to working through processes of referral, recording and information flow. Early debates within the Project centred on the creation of a common referral form. Despite management encouragement to be innovative, the debate was not settled on the basis of the team discussions. Rather, it was taken by senior management on the basis of future compatibility with Youth Justice forms. This was a pragmatic example of the contradictions implicit in attempting to address problems through local partnership and joint ownership while priorities are imposed by central directives.

A workable referral system was in place by September 2003. This was a significant achievement. It was disappointing for the team and problematic for the

research that referrals were not forthcoming from agencies. And the actual number of referrals being made was not clear. One manager stated that the figures quoted for referrals to the research team were inaccurate.

Different managers placed different degrees of emphasis on the quantitative 'score' on the risk form. Most argued that the qualitative content of a referral was more informative than a numerical score. Others voiced disquiet at having to 'turn down' referrals coming from outside their areas. A further point made by a manager was that:

There may be a child in another area who has all those risk factors, but because they come from a middle class family, [they] will never hit that 'Hot 100' because there is enough financial support so it's hidden.

After the launch of the Project in September, referrals were slow. YISP, for example, had a relatively high number of referrals but this was a result of the inclusion of formal reprimand cases. Interviews conducted towards the end of the research indicated that referrals had begun to increase. It would have been surprising had there been a high number of individual referrals from the outset of the Project.

Despite limited provision of 'selection' criteria, it was felt that identifying children to attend 'Forward Thinking' groups was straightforward. However, during observation of groups it was clear that children attending had very different needs. In one school this was purposeful; the intention being to provide positive role models for children with challenging behaviour. On reflection, there was acknowledgement in this school and two of the three others, that a significant proportion of children attending the groups would have benefited more from 1:1 support. Observation and discussion with the EWOs identified that a group of 6 children was the optimal size. In three of the four schools more than 6 children attended each group, posing difficulties in group management unless a second member of staff (eg learning mentor) was present.

Four of the seven interviewed parents whose children received 1:1 support understood that their child was referred by the school; two referrals were by social services and one was a consequence of a Positive Action worker working with the child's younger sibling.

Assessment

Agencies should be mindful of statutory obligations when making assessments. Statute tends to be interpreted in terms of UK law. But there are also obligations towards children and adults under European and international law that are pertinent, although less often considered. Further, the knowledge of statutory obligations and the related assessment issues differs between agencies.

Initial referral is based, necessarily, on the information provided by the referrer. Having received a referral, workers - under management supervision - 'make an assessment'. The process and content of assessment depends on the presenting issues and the agency to which they are presented. One key worker providing 1:1 support stated: 'It is often the case that the presenting problem when the child is first referred is not what is really wrong. There is often a lot more that you have to work with underneath'. A second key worker noted how immediate needs are often related to other, long term issues. In discussing work with one family, she illustrated the point:

We discussed behaviour management strategies as ... the initial reason why we had been brought in because of the child's behaviour and [mother's name] not being able to cope with it. But once all the assessments had been done, it became clear that the child's behaviour really was the result of what had been happening between the parents.

Difficulties within families were often exacerbated by parents' current circumstances and previous experiences: '[mother] didn't have anyone to off-load to... with her family living away, and [because] she is quite a private person... when I built up a relationship with her she disclosed quite a lot of personal stuff to me that had happened when she was younger'. Consequently, provision changed as additional needs were identified: 'When I first went in I did the assessment and gathered all the information and then we decided a plan of action – really that was about offering behaviour management techniques. But as time went on a lot more things came out, so it was really needs-led'. Regarding her work with another family, the same worker felt: '[mother] had her own issues, which I think hampered her ability to move on and parent the children effectively... she had so much involvement with other agencies in the past, it was almost as if "been there, done that, it doesn't work".'

Another worker felt that initial assessments were often inappropriate or did not reflect long-standing problems: 'when [child] came to me it was for behavioural problems. But once you start unravelling, it is all coming down to domestic violence that he witnessed earlier and the way that has affected him, plus the bereavement he has had'. The need for a flexible approach was noted: 'It is very hard from an initial visit to draw up some kind of support other than say "I will work 1:1 with [child] because"... you need to get to know the child – you can't just go in there and say "Well, let's do this".... It's been on-going; it evolves and you react to what the circumstances are.'

While intensive, focusing attention on individual needs over a specific timescale is significant to the identification and addressing, by children and those who work with them, of each child's needs. In the Nurture Groups, for example, staff reacted differently to children displaying similar behaviour. Their responses were based on their knowledge of each child's needs and/or experiences. Consequently, targets set for individuals reflected their needs rather than

curriculum requirements for children of their age. The 'routines – all the constants' established in Nurture Groups were perceived as important for children who lived disrupted lives.

For the Project and YISP, the expectation was that work would be non-statutory. It was intended to precede thresholds of need or risk which might trigger statutory intervention. In this context the relationship between assessment and intervention was outlined as follows:

We are short to medium term intervention. We are not long term. The whole idea ... is to assess, create package of support, meet needs of child by mainstream services, make sure it is coordinated and happening, start to reduce risk factors and then reduce intervention.

One implication of initial thinking around the Bid was that children 'missed' by existing practice would be identified and supported through the Project. At the outset of the Project a senior manager stated:

...the Children in Need system [under the Children Act] is there to meet the needs of vulnerable children and any agency can call a Child in Need meeting in theory but in practice that hasn't happened... around the country there is a recognition that there are children who don't meet those threshold criteria and there is another way forward than calling them children in need I think.

By the end of the Project the Child in Need meeting was under revision within YOT as a forum for YISP work to be co-ordinated.

In the expectation that the Project's work would be 'non-statutory' at least in terms of child protection, some workers and managers hoped that a common assessment tool might be advanced. Some agencies had their own required assessment forms and expressed interest in devising a 'common' tool that was close to those in use. Several workers noted their concern that the 'crime prevention' focus of the Project might have been developed further through administrative convenience. The Youth Justice Board form, from which the 'risk factors' for the Project's referral form were derived, links the individual and familial factors to particular communities, both in its community risk factors and in its application to 'crime hotspots'. To the extent that assessment is an exercise in data-collection and surveillance, it is arguable that this deflects intrusion from middle class families and directs it towards the poor. Further, some of the questions in the ONSET and ASSET tools were considered intrusive and potentially incriminating for families.

Yet agencies have priorities and particular agendas. YOT piloted YISP partly because it identified a lack of a useful assessment tool:

It came with a piloting and assessment tool around prevention, specifically designed for 8-13 year olds ... If we bid to be a pilot for that we would be piloting the assessment tool and that could be usefully used across the board.

The distrust of an overly formalised assessment leading to a ranked 'Hot 100' was illustrated by one manager who commented, towards the end of the Project: 'Well it's never been up and running so you can't say that you have actually got a Hot 100, so it's failed. Well I think that's great actually'.

Intervention

From the initial interviews with managers and workers most were unsure of the work carried out by others in the overall Project. As the Project progressed variety of forms of intervention emerged and advances were made in awareness of the composition of the Project team and the role of each element involved. Team meetings, the circulation of 'pen portraits' and co-working each contributed to a gradual broadening of awareness.

The Nurture Groups provided a structured but more relaxed and flexible environment than a regular school classroom. Staff and children were friendly and familiar with each other. The benefits of provision within less formal environments were recognised by professionals: '[School] staff welcomed it [Nurture Group] with open arms because we don't have the time to spend with children in an informal manner'. While the 1:1 support for children generally began in the child's school, the key worker also took the child out (eg to McDonalds, bowling, the cinema, beauty college). Parents were aware that trips provided an opportunity for their child to talk with the key worker: 'While she was there, she'd ask them questions, see whether or not they would talk to her, try to counsel them'. A key worker explained that taking the children to the cinema was an enjoyable activity for them, away from often difficult circumstances: 'That was just about giving them a nice time really, because I often felt that the children weren't taken anywhere and it was also a way of getting them out of their home environment'.

Few interventions were provided in isolation. Successful provision was dependant on links with other organisations. Some interventions were intended to support children in developing strategies to avoid potential difficulties (eg Forward Thinking groups: to understand and avoid anti-social behaviour; Nurture Groups: to develop coping strategies and enable reintegration into the classroom). The relative success of such objectives was affected by how well integrated the interventions were with the organisation in which they were provided. For example, Forward Thinking groups were not planned or delivered within the broader framework of the school curriculum whereas Nurture Groups were perceived to be an important element of the caring, guidance and support structure of the schools in which they were located.

Limited communication undermined potential links between the work of different agencies. For example, apart from receipt of information leaflets about the 'Forward Thinking' programme before a group was established in a school, there was little communication between the headteacher or staff and the Positive Futures EWO before, during or after groups ran. School staff suggested that feedback from the worker could have enabled them to develop further work during PSHE and circle time in classes or provide additional help to individuals. Although school staff considered they had received sufficient information prior to the group work being facilitated, in practice they had limited understanding of the aims or content of the 'Forward Thinking' programme. In contrast, Nurture Group staff received and provided information about individual children and, daily and half-termly, they planned activities with class teachers. Thus, the 'targets' set for each child were consistent and the same topics were covered in classrooms and in Nurture Groups. In one school, the Nurture Group room was open throughout the day, so that any child could talk to a member of the Nurture Group staff during breaks and at lunch-time. Once they had been reintegrated into their class, children were encouraged to maintain contact with Nurture Group staff 'for a chat, for tea, or to talk about a particular family problem'. The staff also worked hard to involve parents. Consequently, they were described within the school as 'a very good resource'.

Lack of clarity regarding operational procedures and responsibilities when agencies were working with each other was a significant issue, particularly concerning child protection. Although Positive Futures EWOs were aware that child protection concerns raised during 'Forward Thinking' groups should be shared with school staff, they were unclear what information should be passed on or to whom. During group observations by the researchers, children's discussions and comments included references to domestic violence and being in potentially dangerous or vulnerable situations. Their comments were not considered to be child protection issues or discussed with school staff by the EWOs. Child protection concerns were regularly raised as a result of children attending Nurture Groups, but in this context staff were clear about the protocol to be followed and forwarded information to the appropriate child protection officer. Regular liaison with the headteacher and school SENCO, as well as the child's class teacher, ensured that anyone working with the child was aware of their circumstances, difficulties and achievements.

Intervention was generally expected to be short to medium term. However, questions were raised about the realism of this expectation. For some workers the complexity of need was unlikely to be resolved by short intervention:

It's about going through a process of ticking boxes, meeting targets, justifying what you're doing. I believe it is target driven rather than quality. It's rushed, you're going in, doing the stuff and getting out. It needs to go at pace of family. They might need 10 weeks or more, not a quick fix.

For young children attending Nurture Groups every morning, four terms was usually sufficient time to enable reintegration. Because older children attended only two sessions each week they required more than four terms. 1:1 support for children and families was intended to be relatively short-term (12-16 weeks) but often in practice was longer. Both the child and the parent interviewed in one family believed they had received support for longer than anticipated. The parent stated that the key worker had worked with them 'six months but was only meant to do four'. The child's sister commented: 'She was supposed to only work with us ... for three months and she had worked with us for six months so her boss said she would have to bring it to an end'. Most of the children interviewed had met with their key worker every week throughout the Spring and Summer terms, approximately seven months.

Direct observation of interventions produced a mixed picture. There were some examples of work that seemed to confirm concerns expressed by Project staff regarding appropriate levels of qualification, experience and training.

Good Behaviour Agreements do not appear to be being done by people who fully understand the processes. There is no recognition of the difficulties or problems and therefore no rehabilitation plan.

My personal belief is that people went off and did things they had neither the skills nor [the] backing or clarity for [the] role.

Workers' skills and experience affected their delivery of interventions. For example, observation of 'Forward Thinking' groups highlighted a range of issues: use of 'adult' terms and language during discussions with young children about anti-social behaviour; limited responses to topics raised by the children in sessions; use of 'ground rules' to challenge behaviour in negative ways; reliance on desk-top activities; difficulties engaging some children during sessions, leading to intervention by school staff.

A further problem was that minimal provision had been made within the Bid for resourcing activities. As managers explained:

[The Project Coordinator] inherited the fact that there was far too much attention paid to staffing, with very little thought given to money for activities or other budgets. Staff need access to resources. It is not up to each individual agency manager. Some basic common sense principles have to be applied there and they clearly weren't. Money was not set aside.

We need more of the leisure facilities. Positive activities for young people involving identity issues, positive role modelling, self-esteem, confidence, positive peer relationships, interaction and relationships. There's not enough money in that area.

At field level this impacted significantly: 'There are not enough cash resources. There is no budget allocated for taking children out. Workers are often using their own money and having to wait to claim it back, in some cases not at all'. Staff in a Nurture Group 'subsidised' provision: 'We don't have the money to build up resources. Many of the ones we do have we bring in from home. The kids really appreciate having new games to play with. We spend a lot of our own money as well, for example on birthday presents, which we rarely claim back because we often buy them in advance or when we see things they might like'. The funding required was minimal: 'As little as £100 a year is all we would need just to be able to buy the resources to follow a topic through properly'.

Some workers expressed concern regarding whether intervention was 'voluntary'. Early in the Project a minimum standard was identified by the team based on the principle of 'informed consent'. Some workers were sceptical as to how 'informed' was the consent that was gained. One worker observed: 'The level of informed consent has not been great. There should have been proper literature in the beginning ... Families are nervous and unsure, they can't take everything in all at once'. Further, as noted by one worker, there was pressure applied to families to participate in certain programmes: 'Investing in Children was meant to be voluntary. We are now enforcing ... "you've got to have this and that". It has totally changed shape'.

Parents received minimal information about certain interventions. Positive Futures EWOs provided a letter and leaflet describing the aims and objectives of the Forward Thinking group for the headteacher to send to parents. This informed parents that their child would be doing some work with the EWO. Direct communication, or an introduction to the issues, would have enabled parents to provide additional support to their child or raised their own awareness about the implications of anti-social behaviour. Children did not receive information about Forward Thinking groups before attending.

Of the seven interviewed parents whose children were receiving 1:1 support, only one had received an 'action plan' from the key worker about the support that would be provided. Only two of the four parents involved in follow-up interviews felt that they knew what work the key worker had been doing with their child. One parent was concerned about this lack of information: 'There wasn't proper feedback on what was going on with [child]. She'd tell us where she was taking her, when, where she'd be picking her up from. But none of us have had proper feedback on what results she's come up with'. Prior to meeting with their worker, none of the interviewed children receiving 1:1 support had received information directly about who would be working with them and what they would be doing.

In contrast, parents of children identified by school staff to attend a Nurture Group were sent a leaflet about Nurture Groups and invited to meet the staff. A parents' drop-in was provided one afternoon each week. Although this was not as well attended as had been hoped, parents who did attend: 'Come in for a chat

and advice about how to deal with their child'. Minimal response from parents was perceived to be related to 'long term resentments and fears', requiring build up of trust over time. A few parents had refused to allow their children to join a Nurture Group 'because they felt it was pandering to the child's bad behaviour'. But most were keen for their child to be involved. During Parents' Evenings, parents were encouraged to visit the Nurture Group room and talk to the staff. The emphasis was on discussion of their child's successes and achievements, as well as difficulties and how these were being addressed. During research observations in the Nurture Groups, parents visited the room thanked the staff for the positive effect the group was having on their children.

It was noted by managers that most cases 'stayed' with the team that had taken or generated the referral. It was suggested that this was due primarily to the short lifetime of the team. Others argued that 'numbers games' sometimes led managers to 'keep' cases to justify their team's work. Another comment, regarding the 'professional interests' served by preventive work, was offered by a senior manager:

I think there is a danger... that somebody is referred with risk factors, not presenting for anti-social behaviour, but suddenly they don't comply with the intervention you've set up for them on a supportive basis and people then, because they've come to your attention, find things that have become problematic. Whereas, if you'd left them alone...

On occasion there was evidence that some managers felt 'cases' were being dealt with by the 'wrong' agency and should have been referred on to a more appropriate agency. Others considered this position as either derived in misunderstandings of team capabilities or as 'territorial', or both. Whatever the rights or wrongs of specific cases, there were significant disagreements regarding the respective roles of, and expertise within, constituent teams.

Several workers and managers reflected on their work, and that of the Project, in a broader perspective. While recognising differences within the Project, the following comment was typical:

It is about reaching targets, going through a process, justifying your job, the bid, the funding. It still keeps coming back to: 'What about the families? What about why we are here?' We have lost sight of the families.

There were workers and managers in other parts of the Project who struggled to recognise these issues. One senior manager stated.

You have to question: Were the safety nets there? Where is the quality assurance?

Limited evaluation processes inhibited the progressive development of some interventions. For example, regular recording of issues raised during Forward Thinking groups would have enabled workers to plan subsequent sessions based on the needs and circumstances of children in each group. In follow-up interviews with parents whose children had received 1:1 support, two felt they knew what the key worker had been doing with their child. One family expressed concern that they did not receive any feedback about their child's progress: '[Name, key worker] did not talk to, or work with, us [step-mother, child's father or mother].' Nor did they receive information about the strategies for 'anger management' suggested by the worker to the child - the mother commented: '[Name, key worker] might be doing something which is working and we might be doing something totally opposite'. She described a situation when, following an argument between her and her child, she was distressed to find the child screaming into a pillow. The child explained that this was an anger management strategy suggested by the key worker. The fourth carer did not know what the key worker did with the child, or that she had previously worked with the child, her sister and mother.

In comparison, regular analysis of the Boxall Profile for individual children attending Nurture Groups helped 'diagnosis' of specific difficulties and also identified improvements. The on-going process of evaluation by Nurture Group staff, class teachers, Behaviour Support Team members and 'specialists' (such as the educational psychologist or counsellor) enabled detailed analysis of each child's needs and progress which, in turn, informed half-termly 'target setting'.

The 'Key-worker Approach'

They [families] don't want different people going in. They want one person they can trust and to have continuity in terms of what we're trying to achieve with families [if it works as should]. This has got to be better and make more sense to families rather than have lots of people doing lots of different things

...with hindsight that [key worker approach] was too much of a utopian approach. If you have a family with multitude of problems, to have one worker actually good enough on all issues, maybe is too much to be asking of one person

There was considerable variation in the levels of knowledge between different elements of the Project. In particular, some individual workers' agendas were grounded in deep and sophisticated awareness of the complexities of 'crime', 'criminalization' and intervention. These tended to be the more experienced and highly qualified staff, although some less experienced workers demonstrated impressive knowledge and critical skills. Others' knowledge was more superficial and less reflective. In some cases, workers were impressively open about their self doubts and felt 'out of their depth'. While the issue of recruitment and training is discussed below, its significance here lies in the dangers of under-qualified staff acting with limited knowledge.

Widely contrasting views were expressed regarding training, experience and qualifications. Moreover, strong feelings were held concerning the differences between team members, real or perceived, in terms of qualifications. A number of staff expressed reservations about their own and the appropriateness of qualifications held by others to perform key tasks. Some suggested that they were reluctant to share information with, or refer work to, some colleagues. One worker emphasised that while colleagues were 'good people', who were motivated and enthusiastic, as a qualified worker, s/he considered that those particular colleagues were 'out of their depth'. In work of such importance and sensitivity it is vital that workers are appropriately qualified and experienced. It was a significant concern, consistently expressed by workers and managers, that posts advertised as temporary regularly failed to attract qualified staff.

Workers recognised the need for qualifications and experience which combined the skills usually required of specific roles: 'You need to have a social and emotional background as well as a qualification. There is no way you could have just a teaching assistant working in a Nurture Group room ... It is definitely not like a teaching job. It's like a combination of teaching and social work.' A key worker providing 1:1 support acknowledged and listed the range of skills necessary to her role: 'nursery nurse training which, although about child development is also very education based; past experience because I have worked in the community with health visitors; I've done a lot of home visits and worked closely with parents when I worked in education'.

Related to qualifications is the issue of developmental training. At the time of the first round of interviews with staff, some were attending training courses. Accepting that there are questions about what constitutes 'qualifications' and not undervaluing experience, there are concerns at the appropriateness of the use of under-qualified staff in what can be complex and difficult work. Three examples demonstrate the problems that can arise. As discussed above, the application of the referral and assessment focus on 'risk factors' can be intrusive and personal. It requires extensive and intensive questioning. A worker noted that one criterion, a 'box the tick', was 'history of domestic violence'. The reaction to such a question like this is unpredictable and may be difficult to handle by even the most experienced and skilled worker. The worker considered it both unfair and inappropriate to place inexperienced and under-trained workers in this position.

A second example was that of 'group work'. Some workers involved in 'group work' were not specifically trained in what is potentially a very powerful form of intervention. The range and seriousness of issues that often arise in group work, not to mention the significance of complex group dynamics, requires specific training.

A third example was the provision of 1:1 support. Workers involved in providing 1:1 support felt they required further training. This should include the effects of domestic violence on families: 'I felt a little bit out of depth with that subject. But I

did get a lot of support from my manager'. Another mentioned the need for 'more experience of working with families like that ... the poverty and the state of the home I hadn't come across because I'm new to social services. I did feel ... out of depth with the problems [mother] had'. Another 'would have liked some training in counselling ... and anger management'. She tended to rely on personal experience: 'I try and think how I would advise my own kids, so I am using that rather than any other formal training.' Overall, interviews with staff and managers indicated that there were a number of significant deficits in training, and that there were concerns among managers about the extent to which they had to 'micro-manage' the work of their staff.

Training provision was integral to the successful development of the Nurture Groups, with allocation of time for members of the Behaviour Support Team to develop and provide training for whole school staff and individuals. As well as introducing the principles underpinning Nurture Groups and practicalities such as how to use the Boxall Profile, this training provided an insight into the family and social difficulties affecting many children (emotional problems, child protection, domestic violence, bereavement and loss) to promote understanding and suggest learning strategies. In addition, ongoing support was provided through analysis of individual Boxall Profiles by a member of the Behaviour Support Team at the end of each term and monthly meetings with all Nurture Group staff in Wigan.

A significant number of Project staff did not possess formally recognised professional qualifications. This was identified early in the Project as a problem previously experienced by Positive Action. In part, this reflected concerns about how Positive Action staff reportedly had been regarded by staff in other agencies. In the case of the Project, efforts were made to prioritise training and some staff commented positively on course they had attended. Although temporary status prevented others from applying for the qualification courses they considered they required. Some staff complained that they had not received the training they had been promised. In these cases workers were concerned that they were being expected to work on complex cases without appropriate knowledge.

This concern was shared by several managers. One stated that s/he had had to reduce the standards s/he expected of workers, commenting that if she did not s/he would lose the team. Others felt that while they had some very able unqualified workers, the work they were being expected to do required qualified staff. The following comments are instructive:

There is a dumbing down of child protection [and] social work or care training.

There is a role for support and carers but I think there is too much responsibility and expectations placed on them in terms of where they're at

[in training]. As such there is a two-tier system. It does not sit comfortably with me.

When [unqualified staff] are in crisis, they haven't got the skills to cope.

Training was inadequate. I was promised further training. My contract promised one day each week but I never received this.

Clearly, managers were concerned not appear disloyal to their staff and pointed to good practice carried out by unqualified staff. Most managers, however, expressed anxiety regarding their staff having to deal with situations for which they had not been prepared, either by training or experience. The burden of 'micro-management' was considered onerous.

A further issue concerned divisions in teams between qualified and unqualified staff, and the consequent resentments.

Within [our team] only me and [name] are qualified. The rest of the team aren't. So we are all working at different levels with our own ideas according to how we've been trained and that causes massive problems and conflict within the team, for example in terms of salary and contracts.

If I have a support worker, it becomes a paper exercise for me, although I am responsible, I am not doing the work. You do get the backlash: "Well I'm not paid to do that". I struggle with that at the moment. It is so destructive.

Community involvement

As stated previously, a key and innovative element of the original Invest to Save Bid was the intended appointment of 'Community Anchors' as 'champions' of and within the community. It was a commitment that failed to materialise as had been envisaged. There were differences between senior managers regarding community anchors. For those workers involved in discussions regarding their potential, most commented that there was no shared vision of the community anchor role and little appreciation of the complexity of their function.

The Project Co-ordinator, who had observed the work of community anchors in the United States, argued for a formal recruitment system: 'less formal than jobs you and I have been for, but there was [in the United States] still some selection process.' An alternative model put forward was to recruit people in the community directly. There were reservations about this approach, particularly that 'high profile' people within the community would be over-represented. A worker expressed this as the problem of restricting appointments to 'those that shout loudest'. Others were concerned that without clarity, and working within a 'crime and disorder' mandate, anchors could be accused of being 'informers'.

The initial suggestion for COWs was that they would be policing the community, potentially damaging to community. There were concerns over their vulnerability....Those identified [COWs] could see through these intentions and were not prepared to put themselves in that position.

One COW substantiated this view:

... when I read bid, and it was originally anti-social ... it saw COWs as the 'eyes and ears' in the community, to pass information on to agencies such as social services, police, to anyone.

Some workers gave the instance of an incident on one estate where 'the community' suspected that a youth worker had passed information to the police, resulting in a police response. A worker involved in the 'community anchors debate' stated that in principle a Community Outreach Worker (COW) noticing suspected stolen goods during a home visit should not pass this information on to the police or any other agency. Underpinning this, but rarely stated explicitly, was serious concern about oversimplifying and idealising notions of what constitutes 'the community'.

The appointment of anchors without an appropriate selection process presented problems in terms of equal opportunities. Yet the person/s selected, and their role was significant in shaping and developing the Project. The concern was that the work of the Project could be compromised should the community anchors operate as or be perceived as intelligence gatherers. Alternatively, others recognised the potential for anchors to be central to a process of social regeneration and social justice; 'tackling exclusion from the inside'. It is clear from the early interviews with managers and workers that the Project team was uncertain regarding the role and function of anchors. As the Project progressed there were concerns about where community outreach workers should be located and within which agency they should be managed.

Working within Community Safety, the pressure from victims and communities is extreme. To work from a child centred focus must be hard when you have that strong agenda.

The delayed recruitment and deployment of COWS was not necessarily a 'failure' and some of the frustration was attributable to slow bureaucratic progress.

When personnel offered people positions, they never sent out confirmation letters, it was all word of mouth. There were mix-ups with people's pay and contracts. As far as I know, no-one has received particulars of their contract, nothing has happened despite numerous e-mails. Even the simplest thing, like obtaining an ID card has taken 2 months. Even now not all COWS have received one.

In part, this was an unintended consequence of attempting to establish 'good practice regarding working conditions, payment and equal opportunities. The debate over the role of community outreach workers, however, was ongoing. It might have been resolved more quickly had the team not been so focused on crime prevention. This was one of several key issues that might have been addressed more fully in advance.

As illustrated above, a number of community-based initiatives emerged and developed under the Project. These were built on already existing community based work and the indications were of positive and progressive consolidation, reflecting professional standards, and an ethos of community involvement. These initiatives extended explicit individual commitments to working in ways that empowered 'the community'.

I think [we] have [given children a voice] by way of group/fun activities. The fact that there is going to be another set of summer activities with changes made indicates this.

There were specific community projects run within, or assisted by the Project. Summer activity schemes received funding to advertise for volunteers and a full programme of training was provided. Other projects included the Friends & Families initiative, an Equality Project and a Food Bank. There were also indications that individual workers explored 'community' dimensions within other work. Workers within Restorative Justice, for example, used community mediation and restorative conferencing or shuttle mediation (the latter being mediation work in situations where participants choose not to have direct personal contact). Restorative justice and mediation methods were also promoted from within the Project with private businesses and the British Transport Police. While this raised the issue of what should be included as comprising 'early' intervention', the rationale was imaginative and certainly reflected a 'preventive' ethos. It was designed to lessen or mitigate the dangers of criminalizing children via retributive and punitive responses. Occasionally, however, there was evidence of 'community blaming' in the mind-set of workers and managers. One manager stated that:

There is a lot to be said for trying to get communities to see that and take responsibility. There is the ethos that other people should be dealing with it.

This comment, shared by others, is indicative of the contradiction implicit in community intervention. While it may be justified on the basis of 'empowerment', 'responsibilization' can also be framed in terms of an implicit criticism of [generally poor] communities. 'They' are not 'doing enough' and need to be coerced into 'doing more'. It is a prevalent position that underestimates the difficulties faced by disadvantaged communities and the families who live there. It also overestimates the resources available within communities stretched by poverty and its consequences.

It is instructive that community interventions were justified, as a matter of reflex response, in terms of reported drops in offences within particular localities. Police and community safety personnel were cited as the sources for this information. In other contexts, workers and managers were anxious to 'link' their activity with a quantifiable 'outcome' of a decrease in crime. There are several problems with this connection. Recorded decreases are often very specific to narrow categories of crime and disorder and give no reliable evidence as to the overall 'state of crime'. Further, given the complexity of context, it is difficult to attribute decreases to particular interventions. Finally, and most significantly, Project workers or managers rarely sought to justify in this way.

Whilst the Community Social Work Team and the centrally based staff worked constructively and imaginatively on a variety of community based interventions during the life of the Project, not all workers and managers could identify a community dimension to their work. As one manager stated:

I don't personally pick up anything in way of being community led and I'm not particularly convinced over the time we've had, that there has been too strong a community involvement either. I do not feel this has been a feature of this at all.

The 'community dimension' to the Project as expressed in the initial bid was never fully realised. Only a few community outreach workers were eventually appointed and it was too late in the Project for them to make a meaningful contribution at the originally intended level. The aspiration in the Bid that the Project would be 'community led' was, likewise, never realised. There are several reasons for this. First, community work is complex, political and conflictual. The very notion of 'community' is deeply problematic. Second, the original conception of the role and function of community outreach work and the implicit contradictions between welfarist and criminal justice approaches in the context of crime prevention were not resolved. Third, there was a range of issues regarding the difficult role extended to community outreach workers and their volunteer status. Given this, it was unsurprising that progress was slow. This would have mattered less had the time period for the Project had been more realistic. This issue is examined below in greater detail. The slow progression of community outreach work was, in part, due to risk management.

Information sharing and co-ordination

At an early stage it was decided that information gathered by the Project should be shared among agencies only when written informed consent of service users had been secured. One key worker providing 1:1 support stated that: 'when we first go out to visit we get the family to sign the liC confidentiality form and I explain that I would need to discuss [family] with other agencies ... [if] I did contact other agencies I would tell [parent] what I was doing'. This was on the

basis that the service was voluntary, and there was no statutory or professional mandate for information sharing without permission.

Initially parents whose children were receiving 1:1 support were unclear regarding information sharing. One stated: 'I did give permission for it to be shared, but don't know what that might be'. Two presumed confidentiality: 'I always assumed it was anonymous and confidential'; 'If she says she will keep it confidential, I know she will'. One said: 'We don't mind' and two did not know whether information would be shared. In follow-up interviews, the parent who had given permission knew that information had been shared 'because of the circumstances [domestic violence]. It was shared with her [key worker] supervisor because they wanted to make sure what was the right way forward because [Name, key worker] was a bit shocked with what I shared with her. It was also shared with the school.' One parent who had assumed confidentiality stated: 'That's something we should have been made aware of, if that's the case'. The parent did not know whether or not information had been shared with other agencies. The parent who did not mind information being shared had 'no idea' whether this had happened, although she was aware that the key worker 'used to go in and work with [Name, child] in school'.

A crucial question is how 'informed' informed consent should be. It is particularly pertinent given the complexity of the Project team. Given 'blanket' provision to share, workers were rarely able to identify precisely what information was shared and with whom. It is significant that a majority of the workers interviewed stated they would not give permission for information about themselves to be passed in this way. Given the range and scope of agencies operating within the Project, and, in some cases, their close association with criminal and youth justice agencies (for example, YISP workers were located within YOT which had police officers on its staff; Positive Action shared information with Housing and Police), it is imperative that the question of consent and secondary use of data is addressed. This need for protection of data is heightened by the move towards the 'tracking' of children through national data networks.

Concerns over access to sensitive information by workers outside of the Project persisted. Within YOT, one member of staff explained:

[The police] would have access to any victim info we have ... They could access anything to be quite honest. I have made a strong argument that it is a different role. In YOT generally they have had to get their heads around that. [But we] can't have it all ways, you can't have an officer who you don't want acting in a punitive way reporting everything, and then ask them to do it when it suits.

Others within the Project remained concerned:

Agencies such as police wouldn't have access to MARS. The danger [however] is that YOT has and they have their links with the police. It's up to each individual person as to what they do with that information, that's my worry.

I can't see benefit of police, SS, Housing having access to info. If needed, I could ask for info to be pulled off if good reason.

Behind this explicit and focused concern remained an uneasiness related to the lack of clarity over who could have access to shared information and on what basis:

I don't know which agencies have access to MARS data. Wigan Education has its own database. I suppose the idea of MARS is that it will draw info from all different systems.

We have permission or consent [from families] to gain information from schools, but do schools have permission to give the information to us?

Indications from service users and direct research observation suggested that some professionals and families were sometimes unclear about reasons for referral and the implications of giving consent for information access and sharing. Some of the referral and assessment questions to which children and families were expected to provide answers also implicated third parties. At the time of writing, it is unclear what will constitute Wigan's 'common' assessment tool. As an example of potential issues, however, children in the YJB *Onset* self-assessment tool were invited to comment, within the first few questions, about whether they 'see people in their family having fights and arguments' and whether they 'live with people who get into trouble with the police'. Later, they were invited to state whether they 'have family or friends who use drugs', whether they 'often drink alcohol', 'often use cannabis', and 'do things they know are wrong when drunk or on drugs'.

In this context assessment inevitably is intrusive, implicating children and others in their lives. The data it elicits is inevitably highly sensitive and there are increasing pressures to share such information. Consequently it is understandable and justified that agencies should be guarded and protective of service users. There is a strong case for more detailed consultation regarding information sharing and specific, informed consent to be sought. Additionally, how data might be used by secondary recipients should be provided .

We deal with a range of needs, not all children [using our service] would need the support of other agencies. If the idea is that all information goes to MARS then there is a dilemma ... because many [of our children] are here because of particular developmental needs as opposed to a family or

social need. They would not be involved with any other agencies and are there for different need than overall aim of bid.

These are not unfamiliar dilemmas for workers and managers in this field. It was accentuated in this Project because there was an emphasis within the Bid on information sharing and on the involvement of agencies with clear links to criminal justice and youth justice. Faced with ambiguity and uncertainty, workers tended to approach the issues pragmatically. As one commented:

Partnership working is bloody hard [but] we have to keep doing it. You have to trust the partner agency.

This was not always helped by the pace of change as teams sought to develop new areas of work.

One difficulty is not knowing where other teams are moving to. [Name, team] have changed their remit, from group-work to casework. I felt there was overlapping – there is blurring.

Another manager concurred:

All I can really add to that is that sometimes there has been a lack of clarity and confusion between which team to use. I think it depended at times as to which manager picked it up.

While there was widespread concern regarding the dangers of inappropriate sharing or accessing of information, others voiced a frustration at obstacles to sharing. In some cases, vested interest, particularly towards the end of the Project was implied.

We were never notified of any cases, especially regarding anti-social behaviour. If we could have gone out to work in a mediation capacity with young people, we could have stopped any antisocial behaviour.

We're all working to own agenda. Although we do a lot 'in-house' and have [our own] computer system, there are different programmes [within my own agency] that are not easy for me to access ... It is very inefficient.

I was quite disturbed recently ... when it became apparent that referrals had not been fed through to us [after the Co-ordinator left]. If I'm being critical, it feels like that's about people vying to keep their own service open and not taking on the ethos of the multi-agency coming together of a virtual team.

In some cases, teams that were careful about sharing information were considered by others to be 'a problem'. Responding to these issues, one

manager suggested that the original grounding of the Bid in a shared database (MARS) had been far less useful than 'old fashioned' communication.

I have gone for simplistic approach: pick up phone and discuss it with somebody. This says to me that we don't need complex systems and don't need to spend rafts of money on it. It is about sharing or communicating that information. MARS has failed.

This 'old fashioned' approach was characteristic of most of the Project's work, as MARS failed to operate. Many workers considered that despite the difficult issues involved, by the end of the Project there had been significant positives achieved from working together:

We work closely with Education Welfare and have recruited [service users] via schools. We've had referrals from YOT, police and other teams with children with ASBOs. There is great potential for cross cutting work.

In another team the response was similar:

We have developed a lot of trust between agencies who have given us a chance, especially at first when they didn't really know anything about us. We have now built up a good reputation and there is no hesitation in referring to us. I believe most of this has come from 'word of mouth'. Our reputation has gone before us.

Short-term life of the Project

At the outset, many workers and managers were sceptical about the time frame allowed for the Project. Even before the recruitment of the Project Co-ordinator there was pressure on participating managers to meet short term deadlines for reasons of finance rather than community or project development:

We didn't get government approval for quite some time. They had more or less accepted the bid but formally approving it took a period of time.

There were workers in post [in Education, Social Services, Positive Action and YOT] before the manager was in post and in fact some key managers. My experience is that because of the recruitment process you are inevitably under-spent unless you get in early.

What stemmed from this understandable eagerness not to lose resources was that effectively the Project, *as a Project*, was restricted to eighteen months. The Project Coordinator was in post, and 'the team' first met, only in February 2003. Team building, clarification of the team's 'mission', referral systems, publicity and outreach took until the summer holiday period. The Project's 'launch' was delayed until September 2003 by which time it was due to finish in August 2004. Given the complexity of organisational issues, possibly contradictory

perspectives, and the issues around being 'community' led, the short time-frame became a significant inhibition on the Project's development.

Opinion among managers and staff was unequivocal. Many staff finished their work with the Project expressing anger and disillusionment. In part, this reflected personal concern about the implications for their careers. Also, for some it was because the work was taking shape and they were beginning to establish their roles and see results, only to experience the work being cut short.

There is a time issue. It took the first 12 months for teams to understand aims, objectives, roles. It would have taken another 12 to do it and realise benefits of links. Another 12 in order to develop pattern of behaviour and another 12 to produce fluidity.

The short term nature of project has got to have affected the work ... it is becoming so bad.[Temporary workers] are accountable, but it isn't as important to them to prepare for that job ... there isn't the same level duty.

Many workers would not [have] volunteered or applied if they had known of the time limitations and delays.

The Project period was too short to 'work' and to enable evaluation. The Project should have run for at least 5 years.

A one and a half year project is incredibly short by any measure, but when you get into the complexities ...five years on I think the health situation [extent of Health involvement in the Project] could have been quite different. Due to the complexities [that sort of relationship] would suffer more from a short project.

In that time frame you would struggle to show all that much in the way of outcomes and make changes. There are delays in information going in and coming out. A lot of the outputs will not be available until the end of the project, how do you learn and redirect anything?

I don't think I would want to be involved [in the future] in anything that was less than three years.

Perhaps the most instructive comment over this issue was made by an experienced middle manager:

There is recognition that there are long term families in every area [but] there is the ideology that [by] bringing in a bid and a service that lasts a period of time, you're going to change generational problems. This is very naïve.

All managers noted the profound difficulties they experienced in staff recruitment when short term contracts were the only option. While there were many applicants for unqualified or volunteer posts, many qualified posts, for which there was funding, were unfilled. This was true of management and field posts. During the period of the Project a national shortage of social workers was reported the shortage undoubtedly had an impact on the Project. However, it remained unrealistic to expect qualified staff to apply for short-term projects. Key elements of the Project were affected, notably Community Social Work and YISP. Once recruited, there was always the likelihood that staff would move to permanent employment. As expected, this proved to be a problem. For example, in the Positive Futures Team by November 2003 two members of staff had resigned, taking up full time and 3-year fixed term contracts respectively. Another member of staff left in December 2003. These staff had established an understanding of the Project and its work, they had received inductions and were beginning to develop work. Their experience was lost to the Project team, and replacement staff were immediately involved with families and schools without the benefit of learning from their colleagues' experiences.

Anxieties concerning short-term contracts were evident even prior to the official Project launch. Managers had reported difficulties in recruiting qualified staff and workers were leaving for other posts. Towards the end of the Project, some managers were critical of the serious delays in filling management vacancies. Involvement and engagement of YISP in the early months may have been affected by the difficulty in recruiting a manager with responsibility for its oversight. Positive Action workers commented that they felt let down by the lack of a replacement to manage their work. Where managers were appointed some expressed frustration meeting the requirements of the Project while meeting those of the constituent agencies. In most cases, however, managers stated that they had significant discretion accorded to them, and good support from senior management.

The position of the Project Co-ordinator was significant. The majority of managers and workers considered that she had been set a difficult task, made more difficult by non-replacement of key peer positions. A further problem for the Co-ordinator was that 'she was nobody's line manager'. This meant that negotiation was the only way to achieve results. It made the goodwill of partner agencies the pre-requisite for success. To complicate matters further, her own line manager, having expected to be senior over two co-ordinators, one for Positive Action and Anti-social Behaviour and one for the Project had to take responsibility for the management of the former. As he explained:

Managerially, the approach to ASB has gone through some fairly massive changes. We have gone from having exclusively a borough wide approach to a township approach [there are 10 townships in Wigan]. This has been time consuming.

The conflicting and sometimes unrealistic expectations within the origin of the Project and its 'late start', it is notable that the Co-ordinator received considerable praise from her colleagues. Overall, given the constraints outlined above the quality of management and staff commitment was impressive. Complex issues were engaged with in a consistently professional and often acute manner. It was evident from the research observation of meetings and the projects in progress that harmonious and positive working relationships were established and maintained. That the Project team worked together was a considerable achievement in the circumstances.

Team members agreed that major advances were made in establishing a team identity, understanding each other's roles and working together. These were significant and necessary achievements. A problem with short term funded Projects is that it is at the point when things 'come together' that the team begins to dissolve as people move on. Identifying deficits in skills and designing and implementing appropriate training programmes takes time. A key worker from the Family Intervention Team recognised the negative impacts of short term funding on professional development and inter-agency working practices:

It's a shame that we have lost the funding now ... we were just starting to develop our own specialisms. We had seen where the gaps were and we were thinking about how we could fill them, like working with children with ADHD, helping to involve fathers and empowering single, socially isolated mums... this team has been successful because we are so motivated and innovative. We are doing what it says in the Green Paper, early intervention and prevention ... When we have gone they will realise how much they needed our service.

The most significant management failure noted by staff concerned the end of the Project. Taking the criticism seriously, one manager acknowledged that:

Just before [Project Co-ordinator] left, a lot of attention started being paid to what would happen with regard to exit strategies and continuation. I think that wasn't started early enough. I also wonder why an exit strategy was not thought about at the beginning. There was a 'hope for the best' way of thinking and I don't think that is good enough. It's an incredibly convenient excuse not to at least put basics in place. I know you can't predict results of a project, but I refuse to accept that that is a reason for appearing not to have any exit strategy at all.

As some teams managed to acquire further funding, resentments were expressed and recognized:

Some teams have continued funding from other sources which in itself is creating embarrassment and divisions. There was never an exit strategy built in. There was, in principle, an agreement that the funding would

continue. In hindsight this was naïve. I also think we had a senior management group that didn't really think it through. Therefore it has left us floundering at end.

PERCEIVED IMPACTS

CHILDREN

Forward Thinking Groups

While the planned outcomes were not fully achieved, some interventions led to positive unintended outcomes for the individuals involved. For example, the four schools involved initially expected the Forward Thinking groups to have a positive influence on the children's behaviour by encouraging children to recognise the consequences of their behaviour and building self-esteem. Reflecting on the groups, school staff noted limited impact on children's behaviour. However, they did consider that the groups had: increased awareness about anti-social behaviour and its consequences; provided an opportunity for children to work in small groups outside the classroom environment; encouraged relationships among children and between children and adults. All children involved stated that they enjoyed attending, particularly working in small groups. The Positive Futures workers noted that the children were keen to attend.

Nurture Groups

Within the schools the Nurture Groups were considered to have contributed to a reduction in exclusions. In one school it was noted that children's participation in a Nurture Group had led to significant changes:

There has been a marked improvement in the children's confidence, social skills, speaking and listening skills. The children are now more open and acceptable to change. Their self-esteem has improved, as have their coping strategies.

Positive interactions between workers and children helped develop the personal and social skills of individual children in Nurture Groups. Parents and class teachers from both schools noted the development of children's manners and their ability to sit, eat and talk with others. Observations of children in the Groups recorded their willingness to engage informally with staff during breaks or before sessions. They discussed comments received about their work, shared food and talked about changes in their families. Children appeared relaxed, comfortable and safe within the Nurture Group environment and were tactile in their responses to workers. This led to behaviours not previously experienced by parents. In one school, for example, a parent was surprised to see her child sit on a worker's knee as this had never happened at home. In the other school a parent related how she cried when her child ran to her after school and told her he loved her.

Individual 'targets' were shared with children attending Nurture Groups and they were aware of personal progress and improvements. Typical comments were: 'I don't swing my legs while I am sitting any more'; 'I get on better with the others when we are all sitting round the table'; 'I've calmed down at school and at

home'. Teachers also identified changes in behaviour: 'He can express himself now. He admits it if he has been wrong and can talk about why he did what he did, and what strategies he could use to not do it in the future'; 'The improvement in behaviour has been fantastic. [Name, child] used to be very unpleasant but she's turned into a very kind, considerate little girl. She used to be in trouble every day, now she's not at all'. Teachers also commented on improved confidence: 'She has got a lot more confidence now. She actually speaks in class whereas before she used to just clam up'. A further impact was on other children in the child's class: 'Their peers have begun to understand them a lot better, why they behave like they do. And as a result are less likely to retaliate'. The teacher, class peers and individual child all benefited: 'I don't have much support in here, so to have four children out of the classroom for the morning makes all the difference. It is better for the children who are left in the class and it is better for the ones who go to Nurture Group because they get 1:1 support'. However, staff recognised the need for sustained provision: 'It needs to be more long term. We need to see how those infants progress through school and how that impacts'.

1:1 Support

Of the four children involved in follow-up interviews six to eight months months after being allocated a key worker, three felt they had 'learnt how to control my anger'. One described how the key worker, 'says "Think before you say anything you'll regret".' This child felt that he had gained an understanding about the consequences of his behaviour and had matured: 'Before, I didn't know owt about behaviour and ASBOs and that. Now I know about things like that. My behaviour has got better. I've stopped doing things like knock and run because I think it's babyish and I've got different friends now.' Another child stated: 'I know how to control my anger. I have learnt to ignore [step brother]'. Another child felt that anger management had been helpful 'because I don't lose my temper as much'. Another believed that her behaviour had improved while the key worker was involved with the family, but following the key worker's withdrawal, 'I can't control my anger any more'.

The children's parents or carers focused on the impact of 1:1 support on themselves or family relationships. One affirmed her child's perception of improvements:

He's a lot better in himself. He seems to be listening more now, and understanding. He's grown up a lot too. He's enjoying life a lot better now he's understanding. He knows he can ask if he has any difficulty. At one time he wouldn't try anything. He's more confidence in himself. If anything's aggravating him, or worrying him, he will ask. And he can speak out now too.

This increased confidence had affected interpersonal relationships: 'The way we can talk to him and he talks back is different. [Names, siblings] can all reason

with him a lot better. When they're talking to him, he's not going off on one. He's more calm'.

Another parent considered that initially there has been a significant change in her child's behaviour:

There was a noted improvement. Before, it was like talking to somebody with a lot of aggression and no matter what you said, it wasn't right; she'd go off on one. Then you could actually sit down and have a conversation with her, explain why you were doing what you were doing, or why such a thing needed to be done.

The child's step mother concurred:

She were doing beltin' for months. Her behaviour, her attitude were brilliant. It was like a totally different person you were talking to... Before she was struggling at school because of bullying. Now she's doing well and she's got an excellent report ... You could see the change after a few weeks. After a couple of months it was excellent.

However, the mother and step mother both felt that the child had 'started peddling backwards' during the summer holidays. They acknowledged that this may have been related to the re-marriage of the child's father, but were concerned that withdrawal of support would lead to a further decline.

Key workers providing 1:1 support were not aware of lasting impact: 'as we closed the case, it is hard to know what has changed'. One worker noted that while she was working with one family 'the children seemed a lot calmer' but in another family the impact was 'None' as the difficulties 'centred in the home' while the child's behaviour was 'exemplary' in school or with her. Another worker felt that there had been improvements with the two children with whom she was working: '[Name, child] behaviour has improved because she has some consistency and she has started to open up and talk to me more'; '[Name, child] behaviour has improved. He has had merits in school because if his behaviour and at home his behaviour is a lot better'. A third worker considered that a child with whom she was working had benefited from counselling by a member of the restorative justice team. This had helped him deal with feelings of anger and frustration. The second child, 'realises that she has got an awful lot to offer. Her social skills have improved, her self-confidence has improved. I can see real changes'. The fourth key worker stated that the child with whom she worked had: 'Improved behaviour, better communication ... He gets on better with other children because he is more relaxed around them. He is also more honest when talking about things.'

PARENTS AND FAMILIES

Nurture Groups

During observations of Nurture Group parent drop-ins it was clear that the informal environment, availability of tea and coffee and the relaxed atmosphere encouraged parents to talk about their child or their situation at home. They could ask for advice without feeling intimidated or judged. As well as receiving guidance about their child, parents were able 'offload' and gain emotional support. Parents found Nurture Group staff friendly and approachable. The staff felt that informal meetings with parents had 'helped break down pre-existing barriers or fears they may have had', which 'led to the opening up of dialogue and has acted as a good advice forum'.

Parents described how attendance at a Nurture Group had affected their child's behaviour in the home and community:

Before he started coming here he had been drinking, running away, getting brought home by the police every night and I was getting called up to the school all the time. Now he helps out at home more, I don't have to ask him to clear up his room in the mornings, I can't remember the last time I had to come into school because of him.

A parent who called in before the morning session thanked Nurture Group staff for the 'dramatic improvement' in her child's behaviour. Previously, the child persistently ran away from home and been disruptive in school.

'External' factors affected progress made by children. Regarding Nurture Groups, for example, a teacher acknowledged that 'The transition back to class is especially difficult for those children with poor attendance'. Another stated: 'What happens at home influences how far they move forward ... It's like we put one brick in and then they go home and a brick is pushed out so we have to replace it the next morning, and so it goes on'. Another teacher suggested that the 'general lack of parenting skills is a big barrier'.

1;1 Support

At the initial interview, one parent receiving 1:1 support stated that after just three visits from the key worker, 'I know I'm doing things differently already'. This included reading and 'calming down time' before the children went to bed. She added: 'I know the children think I'm not as stressed out since [Name, key worker] has been coming.' Yet the same key worker was visiting another parent who did not feel that she was benefiting from the support she received:

I thought [Name, key worker] would be there when things got bad here and [Name, child] playing up ... that she'd be here to help me sort the situation out ... To me, [Name, key worker] is like another social worker. She's coming on a set day, she's talking, then she's going again until the next appointment. To me, that isn't a support worker.

The perceived impact related closely to expectations about the role of the key worker and the potential for change. If this was not clarified at the first meeting, parents were disappointed that their expectations had not been realised. Parent's responsiveness was also significant. In the latter case, the key worker considered the mother to be 'negative about all the services she had received before me, and negative about the children'. Despite this presumption of negativity, the worker believed that 'the family had improved over the time involved and [Name, mother] had grown in confidence and is much stronger. She does try with the strategies advised, although she admits that she finds it very difficult'.

During follow-up interviews, two children felt that their mother's behaviour had changed as a result of the 1:1 support. One stated: 'Mum can control her anger a lot easier because of [Name, key worker]. She still can now'. This child's mother was frank in her recognition of the impact of the support on her ability to cope and in the development of her parenting skills:

It's changed how we do things. I got a bit lazy. At meal times we'd sit in front of the television, we wouldn't interact. Now I deliberately make an effort to make sure every meal is at the table so that we can talk. I make sure we do something together, just [Name, child] and me... practical things but I try to make them fun.

She noted personal changes:

A more positive outlook. I feel more in control, most of the time. Also, seeing who [child] is as an individual, rather than trying to make her a carbon copy of her sister... I believe it's helped [Name, child] realise that I do love her.

A key worker who had worked with both the mother and the child in one family recalled the children noting a change in their parent's behaviour:

[Names, children] said to me 'Mummy and Daddy don't shout as much since you have been coming. But I don't know if that was because [Name, mother] had started to realise, she started to develop an insight into her relationship with [Name, father] and that she didn't actually need to stay there at all. I think once she started to plan leaving, she started to act differently – not to wind him up – so maybe they weren't shouting as much because she was keeping a low profile.

The worker was pleased to discover that the mother and children had recently left the marital home:

It was nice to hear that they had moved... she had all these plans to move and about what she was going to do and I thought 'Well, once I pull out, will she just think it's easier to stay?' Because I think it's a very brave thing that she has done. So I am really glad that she went through with it.

This worker felt that her support had helped the mother realise her potential, both personally and in terms of future options:

On the last visit I met her and she had had her hair cut short. I couldn't believe the change in her – it was as if 'This is the first day of the rest of my life'... She did talk about the possibility of maybe going to do a degree or something eventually ... She did want to further her education and maybe get a better paid job.

The worker summarised the changes in the mother: 'being more assertive, the confidence and self esteem. Also, she had developed that ability to think 'This isn't the rest of my life, I can take control and do something about it and make changes'. She was empowered'.

Another worker considered that, because her work focused on children she had not expected to have any impact on parents as this was 'more difficult'. She stated: 'You can help the children. It's easier because they often want the help. But it's a different matter for the parents'. Another worker who had been involved mainly with children felt that the mother of one child 'has taken on board some of the things I have said about putting boundaries in place, being consistent ... She is beginning to realise now that she does have the ability to manage this child rather than him managing her.' A fourth key worker also hoped that following her intervention parents would be more consistent in dealing with their child. She anticipated increased confidence and improved home-school links: 'I think they would go to school and ask for help when they needed it now as well'.

ORGANISATIONS

Forward Thinking Groups

In the initial interviews, headteachers hoped that Forward Thinking groups would: consolidate and progress established school work on anti-social behaviour; provide a catalyst for further work in this area; improve children's relationships with the school by encouraging them to identify school as a place where they could share thoughts and ideas. On completion, staff in the four schools perceived that there had been limited impact on the school, primarily because information had not been shared and links with current school work and PSHE lessons had not been made.

Barriers to positive impacts were mainly organisational. For example, in the Forward Thinking groups the limitations on impact was a consequence of: restricted time to work with individuals or groups; too many children in groups; too wide an age range; inappropriate provision, such as group rather than 1:1

work with children; unsuitable venue, for example, a staff room with insufficient workspace and lack of privacy.

Nurture Groups

In schools with Nurture Groups, discussion by Nurture Group staff with class teachers about the strategies they employed meant that class teachers were able to support children by continuing to implement the strategies when they returned to the classroom. Also, the Nurture Group staff appreciated the specialist knowledge of the SENCO and drew on this to understand the implications of Boxall Profile assessments and IEPs. Staff in one school acknowledged the wider benefits of the Nurture Group for the school: 'It enables the children to concentrate better and increases their attainment, and as a result helps the whole school. If we lost this it would be back to the teacher to cope on their own'. In the other, staff considered that the presence of the Nurture Group 'has had a positive effect across the whole school. The children are a lot calmer and have greater concentration, there are less classroom incidents'. The intention was to 'develop the Nurture Group ethos right across the school'.

GAPS/FUTURE DEVELOPMENTS

Mental health

Often the difficulties faced by parents and carers were exacerbated by their mental health difficulties. In responding, workers lacked knowledge and confidence: 'Mental health is a big issue. The staff need training because it scares people. They feel they don't know what they should do.'

Responses to children's mental health and emotional well-being are often limited to more 'extreme' forms of behaviour, such as persistent 'bad' behaviour or attempted suicide. While these obviously require support, the range and form of 'anger' exhibited by the children receiving 1:1 support were also indicators of unmet need in relation to children's emotional well-being and the complex and difficult circumstances affecting their lives.

One parent suggested provision of a counselling service:

They couldn't help much further than practical help. They couldn't give me counselling because they weren't trained counsellors. If they had a set of trained counsellors, it would probably strengthen what they've already got there.

4-5 year olds

The Positive Futures manager identified a gap in provision for 'new starters' (4-5 year olds starting school). She suggested the development of links with Sure Start: 'supporting the family in making the initial start a positive one' as many parents were 'scared to approach a school to get an application form and don't know how to fill it in' or 'have a negative experience themselves of school'.

Befriending Scheme

A 'befriending scheme' would provide additional support for socially isolated parents who had no local extended family support.

Bereavement

A key worker identified bereavement as an underlying issue affecting a child's behaviour. Another worker raised the need for future support concerning bereavement for a family in which a parent was terminally ill. In the initial interviews with parents bereavement was also noted as an issue affecting two other children.

Specific Groups of Children

The Positive Futures manager was keen to develop work with specific groups in the future. These included: 'bullies', 'victims', children with 'friendship problems'.

The interventions would be based on 'building up work with individuals rather than having to negotiate referrals'.

Specific Groups of Parents

A Family Intervention Team worker identified gaps in provision particularly for fathers and single, socially isolated mothers

Support for Schools

It was clear that schools were in need of additional provision: 'We [Positive Futures] get sucked into schools because they are desperate for help and support'.

Clear Exit Strategy

Some children and parents or carers receiving 1:1 support did not know when, or how, the support would end. One family was particularly concerned. The child's step-mother stated: 'At first [Name, key worker] was seeing her every week to take her out of school life. Towards the end we were in limbo ... How it's ending is just a complete end, without gradually seeing [Name, child]'. The child's mother agreed:

She was doing something she enjoyed and suddenly that's gone. I think [Name, child] is going to start questioning 'Is it because of me?' She blames herself for a lot of things. Now she's going to think 'Oh, [key worker] don't like me any more' and then we end up with another problem. It could have been a gradual cut-off, and a bit more family input.

A key worker expected children to receive continuing support from other services engaged with the family (the school, social services and Education Welfare Officers). Another worker, however, was concerned that existing services were not sufficiently responsive to families' needs. She stated:

[support has] got to be consistent and it's got to be when they need it, not when you think you can give them time. That does worry me. There is very little that we can do about that because there is nobody that we can put in place.

RECOMMENDATIONS

- Training and clarity of procedures concerning child protection (including: what information should be passed on, to whom, format).
- Training and sharing of skills relating to group work (including: establishing and using ground rules; effective management; developing and using creative activities; planning and evaluation).
- Training on issues affecting children and families (including: child protection, domestic violence, housing and finance difficulties, mental health problems, substance use) and local organisations/agencies providing specialist/general support.
- Information provided to parents about specific interventions (including: aims/objectives, intended outcomes, selection/referral criteria, content/process, contact details).
- Information provided to children about specific interventions (including: aims/objectives, intended outcomes, selection/referral criteria, content/process, contact details).
- Information provided to other agencies about the work completed with children/families with whom they also have contact (including: what has been done, how, when; issues raised; difficulties and progress; future plans/recommendations).
- Clear selection criteria and discussion between relevant agencies to ensure that each child receives the most appropriate form of support to meet their needs (either individually or in a group).
- Longer-term provision (eg Forward Thinking groups run over 12 weeks with a small group, rather than six, exploring issues raised in previous sessions in detail) or provision on a wider scale (eg Forward Thinking programme delivered to whole classes as part of the PSHE / Citizenship curriculum).