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**CRIMINAL JUSTICE SOCIAL WORK
DEVELOPMENT CENTRE *for* SCOTLAND**

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Chapter 1 - Introduction to the Action for Children Renfrewshire Primary Support Project

Action for Children¹ is a voluntary organisation, which supports over 7000 of the most vulnerable children, young people and their families at 63 projects across Scotland, so that they have the opportunity to reach their full potential. Action for Children operates further projects across the UK and beyond.

The projects provide a wide range of community-based and residential services for vulnerable children, young people and their families. These include a number of projects to address offending behaviour in young people. As a leading charity for children, Action for Children Scotland is continually seeking to develop new, innovative ways of working with young people in trouble and, as a result, have developed a number of successful initiatives for young people in contact with the youth justice system.

The following ethical principles inform the work of Action for Children Scotland:

- Respecting people as individuals
- Opposing and campaigning against all forms of negative discrimination
- Acknowledging the rights of people to make choices about how they lead their lives
- Holding people accountable for the consequences of their choices
- Protecting those at risk of abuse, exploitation and violence

What is the Action for Children Renfrewshire Primary Support Project?

The Action for Children Renfrewshire Primary Support Project (PSP) is an intensive family support project providing early intervention for children (and their parents) identified as vulnerable to becoming involved in the youth justice system. The project seeks to act as an alternative to statutory social work, in order to help families before they reach social work attention or become subject to compulsory measures relating of care via the Children's Hearing System. Moreover it seeks to maintain children within mainstream educational placements, reduce the risk of formal exclusion from school, and reduce the risk of removal of children and young people from their family units.

The Project grew from the recognition by Renfrewshire Council and partner agencies within the Renfrewshire Youth Crime Team, of a significant gap in local provision at the point of primary age schooling. As a consequence, Action for Children Scotland attracted funding from the Scottish Executive Youth Crime Prevention Fund to provide a service in keeping with the commitment to the Council's policies on family

¹ This was formerly NCH. The organization became Action for Children on 18/09/2008

support, early intervention and social inclusion. Initial funding was from April 2003 to March 2006 and, following a review, this was extended to March 2008.

What does the PSP aim to achieve?

The overall aims of the PSP are to combat the development and perpetuation of antisocial patterns of behaviour, and to reduce and prevent offending in order to reduce the number of children and young people being excluded from school and/or placed on supervision. The project aims to enhance parental support in order to promote parental responsibility and 'good enough' parenting, and to sustain parent/child relationships and the family unit.

The Project aims to provide and access programmes which enable children and their parents to:

- re-assess values, attitudes and behaviours through encouragement and support, challenge and confrontation
- take responsibility for choices, actions and their consequences
- acknowledge accountability within their community and consider appropriate routes for the child to feel included, by making a more positive contribution
- develop strategies to cope more effectively in management of their own lives
- improve social and personal functioning, particularly in relating to peers and towards promoting general social inclusion
- gain greater self-esteem and self respect and promote resilience

Further to this, the Project aims to focus on personal development in order to:

- develop a healthy emotional base within which a positive self image can develop
- enhance participants' understanding of their impact on victims, and develop awareness of the possibilities of reparative action
- improve awareness of an uptake of services such as health/addiction which can help parents own functioning
- assist participants' ability to make more positive use of leisure time and recreational time

Who does the PSP work with?

The PSP seeks to achieve its aims through the provision of effective early intervention. This philosophy grew out of the recognition that anti-social behaviour, as well as other patterns of dysfunctional behaviour, develops in part from behaviour that is learned in childhood (Millon 1995, Young 1990, Davidson 2000). The longer these patterns are practised the harder it is to change, as the individual becomes more deeply entrenched in an anti-social culture.

The key target group for the project are children aged between 5 and 12 years, who live within the catchment areas of 9 primary schools within Renfrewshire, and are identified as demonstrating a range of “risk indicators” derived from the ‘what works?’ research. These include challenging and offending-type behaviour as these provide a clear sign of potential social exclusion. However other risk indicators, e.g. withdrawn behaviour, do not correlate so immediately to future behaviours. Crucially, children’s offending-type behaviour should be deemed likely to develop or escalate without additional support, resulting in the target group being disproportionately vulnerable to supervision, school exclusion or local authority care.

There are 51 primary schools across Renfrewshire. Initially the following 8 Primary Schools were identified to form the catchment for referrals for the PSP:

- Brediland
- Cochrane Castle
- Ferguslie & Craigielea (subsequently amalgamated to form Glencoats)
- Kirklandneuk
- Moorpark
- Mossvale
- St David’s
- St Paul’s

This catchment was increased in the light of the perceived demand for service balanced against comparable need, to include the small geographical area of Linwood. The anticipated referrals from this area have not been generated, with only two children being referred via this route.

The schools were identified by the local authority on the basis that they met the following criteria:

- a) They were situated within an area of significant and multiple social deprivation, as identified by the SIP and data zone areas
- b) Combined they geographically represented the whole of the Renfrewshire area

However, not all of the Primary Schools within Renfrewshire, which service areas of significant deprivation, are able to refer to the PSP. The catchment area has been continually reviewed via the steering and monitoring group, however, the fact that the project has worked at capacity since inception has restricted any opportunity to expand the catchment. The need to keep the catchment small enough to restrict demand to a manageable level has resulted in some schools, which could potentially benefit from PSP involvement, being omitted.

How does the PSP attempt to achieve its aims?

The PSP seeks to engage with children and their parents both individually and jointly. Through group work and individual intervention the project aims to provide support and guidance, encouraging positive behaviour and developing strategies for coping with negative behaviours. The Project works to address the development and

perpetuation of anti-social patterns of behaviour through evidenced based practise. Assessment is used to determine the pertinent risk factors that will increase the chances of the child developing behavioural problems, and this is used to guide intervention with the young person to decrease the probability of such patterns emerging. All children also initially work through the Think Good, Feel Good Programme, which is a behaviour cognitive programme designed for young children, establishing links between thoughts, feelings and actions. This provides workers with an understanding of the child's emotional intelligence and then forms the basis of future individualised work plans. An assessment of parenting skills is also included in the individual care plan, through which appropriate parenting work is identified and undertaken.

Intervention can focus on a number of areas such as helping to structure the home environment, teaching skills to recognise and control strong emotions such as anger, and working with parents on their parenting skills, developing problem solving skills, and challenging the development of anti-social beliefs. Through the project, parents are also supported to use services that meet their own personal needs, such as with mental illness or addiction.

Children and their parents are encouraged to begin to plan on a long-term basis, or develop strategies and interests so that they can sustain themselves in the community when attendance at the Project comes to an end. This involves planning for, and sustaining, links to social, educational and recreational agencies and support services within the statutory and independent sector as well as the existing community resources.

The Project has a collaborative approach to working with the children and their families to ensure that they are fully informed at every stage of the decision making process. Decisions are made cooperatively with the children, their families and other agencies involved in their lives. The Project also endorses the principles of multi-disciplinary working and aims to work constructively with all other agencies working with children referred to the Project and their families. This involves information sharing and cooperative action planning to ensure a united approach that is focussed on effectively addressing the needs of the child and their family.

Overview of Work Undertaken at the PSP

Individual Work (Child)

Following a six week assessment period, an individual programme of work, using the programmes/materials available within the PSP and its partner agencies, is identified for each child and reviewed both informally within supervision and formally via the review system. These materials include Talking Heads; Just Like Support and Teen Talk Programmes; Ideas to Go Self Esteem Workbooks; The Anger Control Workbook; Handling Anger Workbook; Just Stop and Think Programme; Getting Along With Others Programme; The School Years; I Can Problem Solve (Elementary and Intermediate); and the Think Good, Feel Good Programme.

All children complete the FAB/C self assessment during the assessment stage and this is repeated throughout the time they work with the PSP as a tool to inform continued assessment and future work. For those older children where offending is already an issue the YLS/CMI is used as an initial risk assessment and subsequently to evaluate progress.

Group Work (Child)

Children's groups have run throughout the duration of the PSP. In the initial stages of the work of the PSP there were organised on an ad hoc basis and in response to perceived demand. As the PSP has evolved the importance of the groupwork programme has been recognised and an annual programme is now structured at the beginning of each year.

The children who attend groups are split into age categories. For the younger ages (5-7 & 7 - 10) the groups are "gently" issue based. The aim of these groups is primarily to assess the social skills of the children within a group work setting, and as such, is intended to inform and compliment individual work.

The P7 Transition group is a more structured programme and is the focus of the transition work within the project for young people progressing into secondary school. This comprises of a 16 week sports based programme which is structured in such a way as to emphasis rules, authority and consequences. All children in P7 are offered a place on the programme unless assessed as being unsuitable for groups, in which case an individual programme runs in parallel.

The above range of group work programmes has ensured that every child attending the Project has had the opportunity to be involved in some form of groupwork activity where this is assessed as appropriate.

Mentor/Casual Workers

In 2005 the project employed two part time mentors. The aim of the mentor service was to identify and introduce young people to community based activities and work alongside the young person throughout the initial stages, withdrawing once the young person settled and the activity was more sustainable.

This service was reviewed at the end of 2006 and it was felt that a more flexible service could be provided if these posts were more generic, Casual Worker Posts. Two casual workers were recruited and have worked closely alongside project workers to support children and families since this time. The casual workers work up to 7 hours each per week and support Project Workers in both group and individual work.

Individual Work (Parents)

A significant part of the work with parents is issue focused task centred work reflecting the specific issues pertinent to the family group. Where appropriate, family

work is undertaken, involving sibling groups and, on occasion, estranged partners. The project has also facilitated Family Group Conferences in respect of two families and it is anticipated that this service will expand.

The basic parenting pack used within the PSP is the Handling Children's Behaviour Pack and all staff have received formal training in the delivery of this programme, to use as part of the initial induction programme where possible. The use of this programme reflects parenting work undertaken by other partnership agencies within Renfrewshire, therefore facilitates partnership working. This programme can be delivered either individually or within a groupwork setting and forms the basis of parenting work completed within the PSP.

The range of structured material used with parents includes, Handling Children's Behaviour, Angry Parents, The Fives to Fifteens Parenting Programme.

Group Work (Parents)

Action Man

The action man group was piloted in summer 2005. The group was formed as a response to the lack of adult male involvement in the work of the project. Initially called the Father and Son Group the aim of this groupwork was to:

- a) Engage fathers in the work of the project
- b) Encourage the development of a closer bond between the male carers and the child
- c) Develop more positive forms of interaction via pro social modelling
- d) Encourage the male carers to engage in meaningful leisure opportunities with the children

The group was initially run in partnership with Sports Matters, a NOPS funded sports based project based within Renfrewshire. The partnership ended in 2007 due to the funding for Sports Matters ending, and the PSP has continued to run this group since this time.

The group now runs three times annually and it is viewed as making a valuable contribution to the parenting service provided by the PSP. Workers within the PSP have noted an increased involvement in male carers within the work of the PSP since this group began.

Table 1 shows the places provided to date:

Table 1

Date	Activity	Number initially identified	Number actively involved
Summer 05	Mixed Sports	4 adults 4 children	4 adults 4 children
January 06	Mixed Sports	3 adults 3 children	Group cancelled – families in crisis
Summer 06	Mixed Sports	8 adults 9 children	8 adults 9 children
December 06	Climbing Wall	3 adults 3 children	3 adults 3 children
March 07	Climbing Wall	3 adults 3 children	3 adults 3 children

Summer 07	Mixed Sports	8 adults 10 children	8 adults 10 children
Winter 07	Climbing Wall	3 adults 3 children	3 adults 3 children

The Action Man group was short listed for the Community Care Awards in December 2006.

Parenting Groups

Initially the PSP ran parenting groups “on demand” i.e. whenever there were sufficient parents within the project who had expressed an interest in these groups would allow a viable group. To begin with, the take up of the groups were extremely low with approximately 4 parents attending at any one time.

In 2007 the project co-ordinated the parenting groups with other services across Renfrewshire offering parenting support. In line with the parenting strategy, the project now accepts referrals from any parents who reside within the Renfrewshire area. Since this time the numbers of referrals for groups has improved significantly, resulting in the project now providing a “rolling” programme allowing a suitable group to be identified at any point of referral (see Table 2 below). At present the project runs three parenting groups per year.

Table 2

Date	Programme	Numbers attended
Dec 04	Internal programme	4
Nov 05	Life Opportunity	4
Jan 06	Handling Children’s Behaviour	4
Nov 06	Life Opportunity	4
Jan 07	Fun and Families Promoting Positive Behaviour	6
May 07	Handling Children’s Behaviour	8
Sept 07	Handling Children’s Behaviour	8

Chapter 2 - Methodology

Action for Children approached the Criminal Justice Social Work Development Centre for Scotland ('the Centre') to conduct an independent evaluation of the PSP and provide consultation on its data systems. Established in 2001 to assist in the development and implementation of evidence based practice in Scotland, the Centre operates as an independent national resource working in partnership with service providers, government, voluntary agencies and other stakeholders to promote the development of good practice and management across the criminal and youth justice systems. The Centre aims to ensure that the most up-to-date knowledge and advice about 'what works?' in reducing offending is available in Scotland to assist agencies in planning, designing and evaluating evidence led practice. Work on the evaluation began in March 2007.

Objectives

The objectives of the work of the Centre in relation to the PSP were agreed as follows:

- Conduct an evaluation of the work of the PSP to date, utilising existing data to explore client profiles and, as far as possible, short and longer term client outcomes and satisfaction
- Where existing data is weak, provide research consultancy and assistance to facilitate further data collection to examine client outcomes
- Provide consultancy and advice on the collation of existing data held on past and current clients within the PSP for the purposes of monitoring and evaluation
- Provide consultancy and advice on the gathering of current and future client data and the development of data systems appropriate to monitoring and evaluation
- Provide consultancy and advice on the development of clear, achievable and measurable objectives for the PSP

How were the objectives achieved?

With regard to the evaluation, Centre staff have drawn primarily on already existing data held within the project. This has involved the collation of existing data, held previously on paper and electronically, into a single database, with analyses undertaken on Excel and SPSS. The intention of this was initially to develop an in-depth profile of the PSP clients (i.e. the children and their families) and to track the progress of closed cases in order to analyse client outcomes in the home, the community and at school. However, it was recognised at an early stage in the evaluation process that, due to the nature of the existing data systems, all the necessary data collation was not feasible within the timescale required by the PSP.

This meant that the existing database was not able to fully represent the complexity of the cases or capture the various outcomes that clients achieve.

Given the limitations in the level of data readily available on clients, and the short timescale in which to rectify this, it was decided that two case studies be presented anonymously in the report to provide a qualitative insight for the external audience as to the often complex nature of the difficulties clients face, the different processes that children and their families experience while participating in the PSP, and the different possible outcomes. Case studies were developed using information from the existing database supplemented with documentation from the paper files.

In order to measure long term outcomes for children and their families, it was decided that follow up work with children who had already left the PSP would be necessary. In order to fully capture the range of possible outcomes, it was decided that both quantitative and qualitative methods be used in this work. With regard to the quantitative work, it was initially proposed that data on attendance and attainment be sought from schools, and information on offending or welfare concerns be sought from the Scottish Children's Reporter Administration (SCRA).

However, there were a number of difficulties with this proposition. While schools were happy to provide information where parents and children had given verbal consent, the SCRA were not. A key requirement for their disclosure of information is the written consent of the individuals whose records are in question. In a number of cases where the PSP had approached parents for consent, they had been unable or unwilling to gain such consent. Many parents were worried by the formality of the written consent, and a number were unable to meet PSP workers face-to-face to be guided through a consent form. Thus, the decision was taken to rely on asking parents themselves whether their child had been referred to the Reporter since leaving the PSP.

Further difficulties were encountered with the data on attendance provided by the schools. The way in which attendance information is gathered by schools was not compatible with the data gathering at the PSP. School data systems only allow a cumulative attendance rate to be calculated, thus do not allow a comparison to be made between two distinct periods within any school year, such as at the point of referral to the PSP and case closure. It is therefore difficult to track any changes in attendance rates or to examine the influence of specific events on attendance. As a result, school attendance data provides only a very crude measure for this particular outcome. Moreover, school attendance data does not indicate whether the pupil in question is on a part time timetable or if they have been subject to informal exclusion, experiences that, according to PSP staff, are common amongst the children referred to the project.

With regard to the qualitative follow up work, it was decided that interviews should be conducted with parents and children on a one-to-one basis due to the potentially sensitive nature of the discussion. Interviews focused on school, home and community life, and asked parents and children to discuss how they felt they had changed since their time with the PSP. Questions asked for both direct personal outcomes and levels of satisfaction in respect of current situation and the experience with the PSP.

Self-complete surveys were also sent to teachers currently involved with the children in the follow up sample. If the child was still in primary school, these were sent to their class teacher. If the child had moved on to secondary school, the survey was sent to their guidance teacher. This was because guidance teachers have an overview of how each child is coping overall, and has responsibility for monitoring their general welfare and behaviour. Teacher surveys were used to explore how well each child was faring at school in terms of attainment and behaviour, and, given the potential for the delivery of socially desirable responses to personal questions, to provide a more impartial perspective than perhaps that of the parent or child.

With a view to undertaking this qualitative follow up work, an attempt was made to contact all of the 79 young people who had completed work within the PSP. Approximately half of these families had moved since the case was closed and ethical issues highlighted elsewhere in this report prevented the PSP from tracking the whereabouts of these families via schools and social work. Of the traceable families there were a small number of families for whom it was deemed inappropriate to contact, most notably where families were known to have significant crises which were not related to the child's original presenting issues (such as parental separation or recent close family bereavement).

All of the remaining 39 families were contacted and 15 stated that they were willing to engage in a follow up survey. It is of note that some of the families who did not wish to be interviewed stated the reason for this as being a concern of the potential for this to disturb the child's progress. The final sample represents 19% of the total 79 closed cases, and approximately 38% of the number of families eligible for follow up work. This is a favourable response rate for qualitative research purposes.

The follow up research undertaken for this evaluation has been used to examine client satisfaction with the PSP and the impact the project has had for these individuals. At this stage, analysis has only been possible at a general level and while this has allowed the identification of key successes and areas for future work, it is proposed that the PSP develop their information systems and follow up processes to do more in-depth work in the future. As the project continues, the available sample for follow up research will grow and, if information is gathered appropriately, this will allow for greater analysis and comparison within the PSP population, and analysis according to timescales.

Ethical Issues

The evaluation was conducted in accordance with Social Research Association Ethical Guidelines² and the British Association of Social Workers Code of Ethics³. All information accessed by the PSP was obtained with the permission of their clients. When follow up data was sought, parents were approached on a one-to-one basis by project staff to ensure fully informed consent was gained. Where children were to be

² Social Research Association Ethical Guidelines (2003) <http://www.the-sra.org.uk/documents/pdfs/ethics03.pdf> (accessed 01/10/2007)

³ <http://www.basw.co.uk/Default.aspx?tabid=64> (accessed 01/10/2007)

directly involved in the evaluation process, permission was sought from parents initially and then from the individual child. Care was taken to ensure that information was relayed according to the individual child's capacity to understand. Interviews were conducted by PSP staff, as their background in working with these vulnerable individuals, and thorough awareness of the appropriate legal and professional obligations, dictated that they are best suited to managing the interview situation and any issues that may arise. However, care was taken to ensure that the staff member conducting each interview was not the staff member who had had responsibility for that particular case or had not had great involvement in it. This was to ensure that parents and children who had perhaps experienced difficulties with the project or their project worker would feel more able to speak out in their interview.

Where data was passed to the Centre for analysis, it was in anonymised format, containing no variables that would render any individual identifiable. Data (electronic and hard copies) were held in accordance with the University of Edinburgh's strict data protection requirements and were only accessible by the appropriate research team. Where data is presented in research reports, the anonymity of clients has been protected.

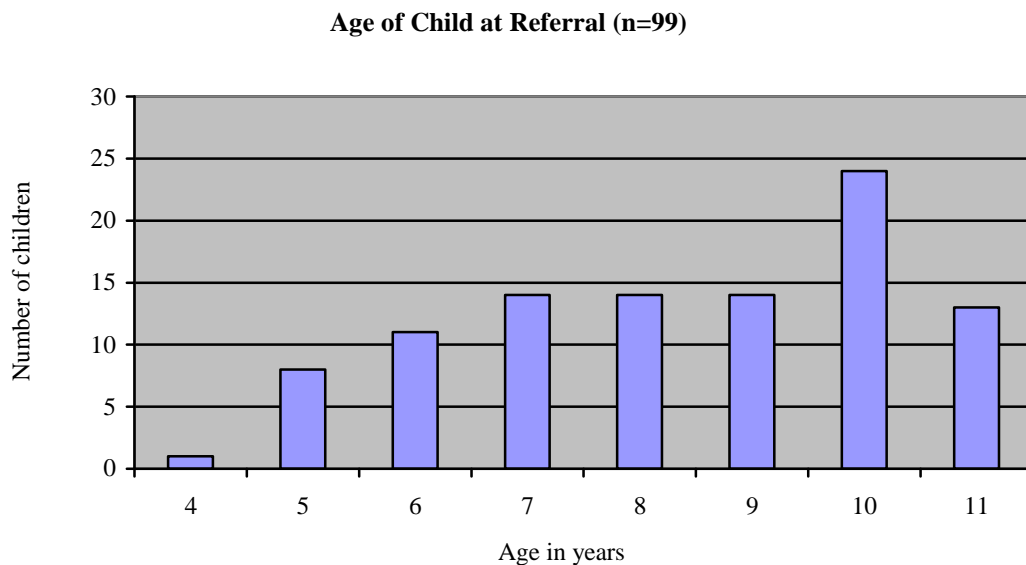
Chapter 3 - Profile of Children Involved with the PSP

The following chapter will examine the key characteristics of the children referred to the PSP. As of November 2007, there were 114 children who had been, or were currently, involved with the PSP. At that point in time, there were 35 open cases and 79 closed. Notably, the first referral to the PSP was taken in October 2003 and, based on projections from annual targets, the expectation was that the project would have had contact with 95 children by the four year mark. Comparing the actual throughput of cases against the initial expectations shows that the PSP has succeeded in operating at 20% over capacity over the working period.

Background of the Children

Given the early intervention remit of the PSP it is important to consider the age pattern of the children coming to the project. The following chart illustrates that two thirds of the children referred to the PSP were aged 8 years and above at the time of their referral⁴:

Chart 1



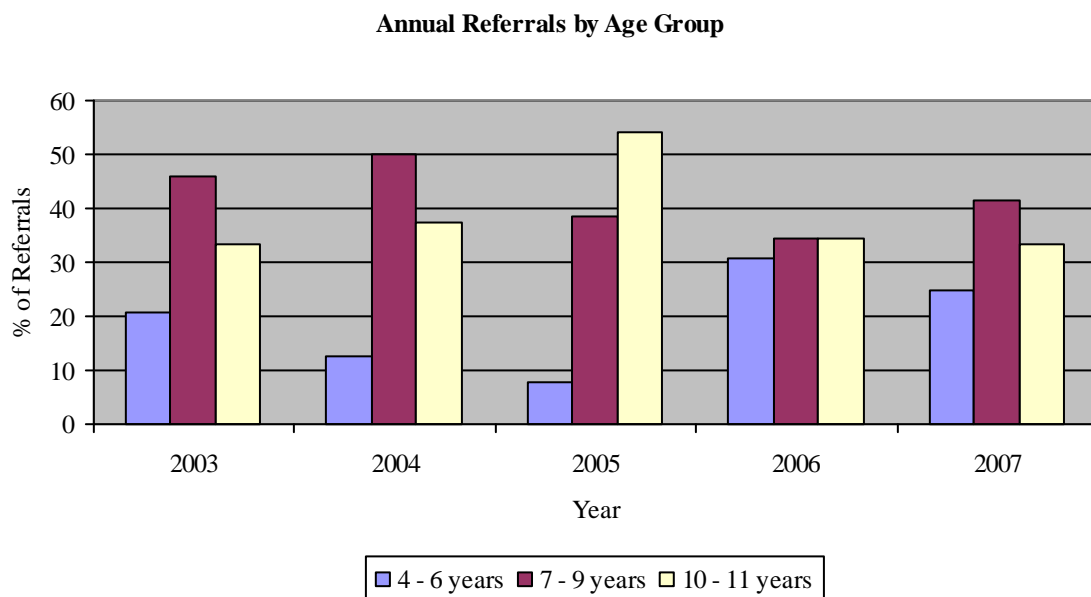
In light of the remit of the PSP as an early intervention project this pattern is perhaps unexpected. It is well documented that children under 12 who experience multiple difficulties are more likely to develop patterns of offending behaviour in adulthood (Rutter *et al.* 1998; Loeber and Farrington 2000; McGarrell 2001). It is speculated that the longstanding nature of the difficulties this group experiences could mean that manifestations of multiple difficulties, alongside behavioural difficulties associated with the onset of offending-type behaviour typically at around 8 – 10 years (such as

⁴ Information on date of birth was missing in 15 cases. Therefore, only 99 cases are included in this analysis.

isolation, lack of social skills and self esteem, and poor concentration), would appear at an earlier age (around 3 – 5 years), allowing the group to be identified and intervention to be undertaken. However, the relatively late stage at which children seem to be referred to the project raises the question of whether it would have been possible, or preferable, for them to have been referred at an earlier age.

The issue of age at referral is one that the PSP management team have sought to address since the project began, under the internal agreement that it *would* be both possible and preferable to take children at a younger age. The current project manager, in post since 2004, has approached the referring agents to encourage referrals of children in need before they reach the later stages of their primary education. This is due to the recognition that accepting a referral of a child over the age of 10 allows too short a timeframe to establish a successful working relationship with that child and family, and thus hinders the potential success of the project in helping their situation. Schools within the PSP catchment area have also been encouraged to refer children at an earlier stage and the project has become an integral part of a number of the support systems within the schools as the working relationships between the agencies have developed. The success of these strategies can be demonstrated by examining the annual trends in referrals according to age group:

Chart 2



The chart above clearly illustrates the success of the project in its most recent years in encouraging earlier referrals, with a clear turnaround between 2005 and 2006. While the proportion of referrals at ages 10 and 11 remains somewhat high at around one third of the total, there has been a marked rise in the proportion of referrals at ages 4 to 6 and there is an obvious trend towards earlier referral that ‘fits’ with the underlying philosophy of the PSP and current knowledge on ‘what works?’ in relation to children at risk. The PSP management team are committed to pursuing this end and have highlighted the potential for better link ups between schools and the existing local pre-school support systems as another means to achieving this. It is suggested

that the handover between agencies could be improved to allow schools greater awareness from the outset of the additional needs of their pupils. This would allow earlier referral to the PSP and could help prevent the possible escalation of the behavioural difficulties that result from unmet need in the later years.

Looking at age at referral by gender (Charts 3 and 4 below); it is interesting that throughout the life of the project, girls have consistently been referred at younger age than boys. However, it is clear that there is a trend towards earlier referral of boys in the most recent years:

Chart 3

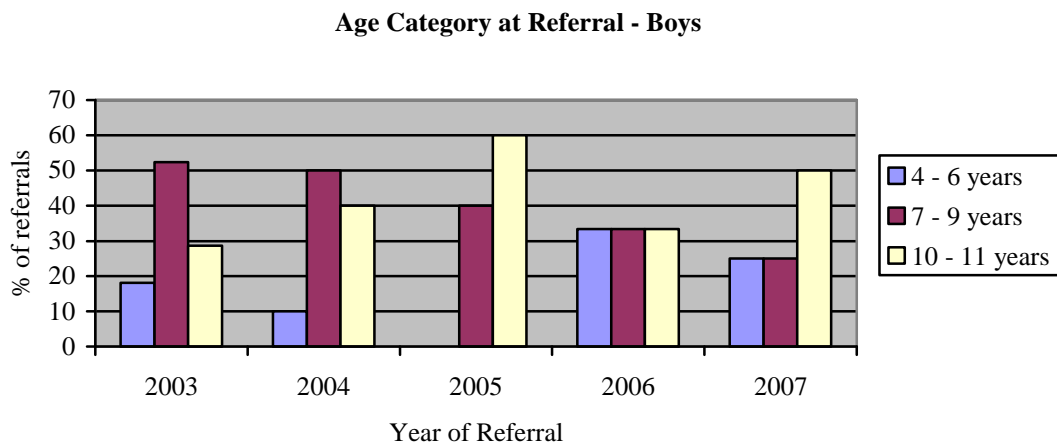
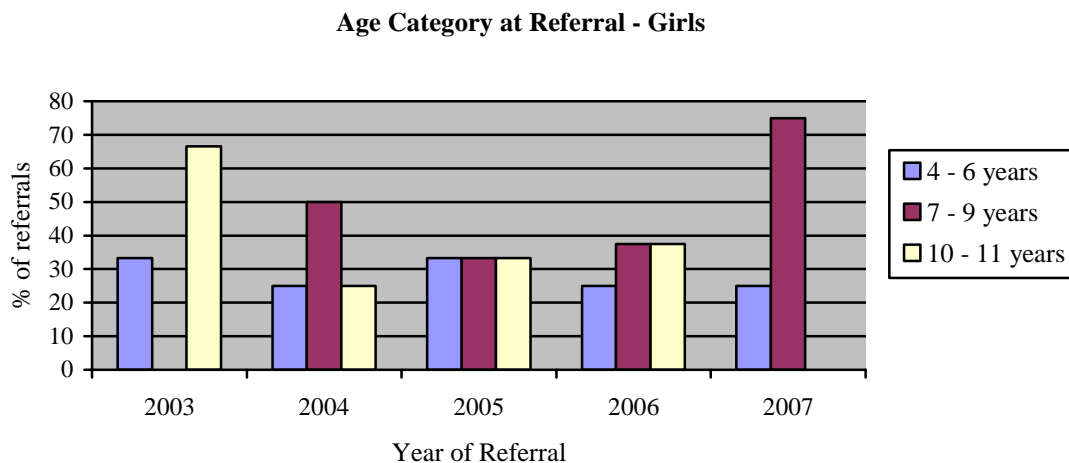


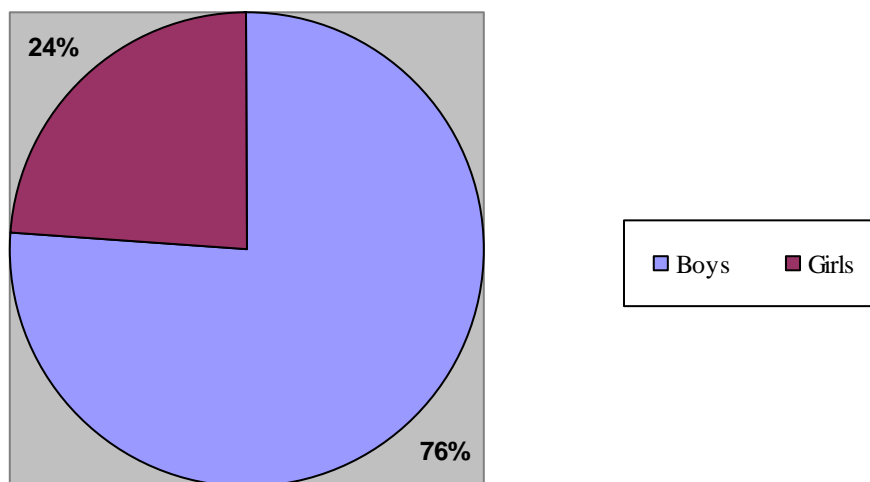
Chart 4



Looking at the issue of gender more generally, the following chart illustrates the overall spread of referrals of boys and girls:

Chart 5

Gender of Children Referred

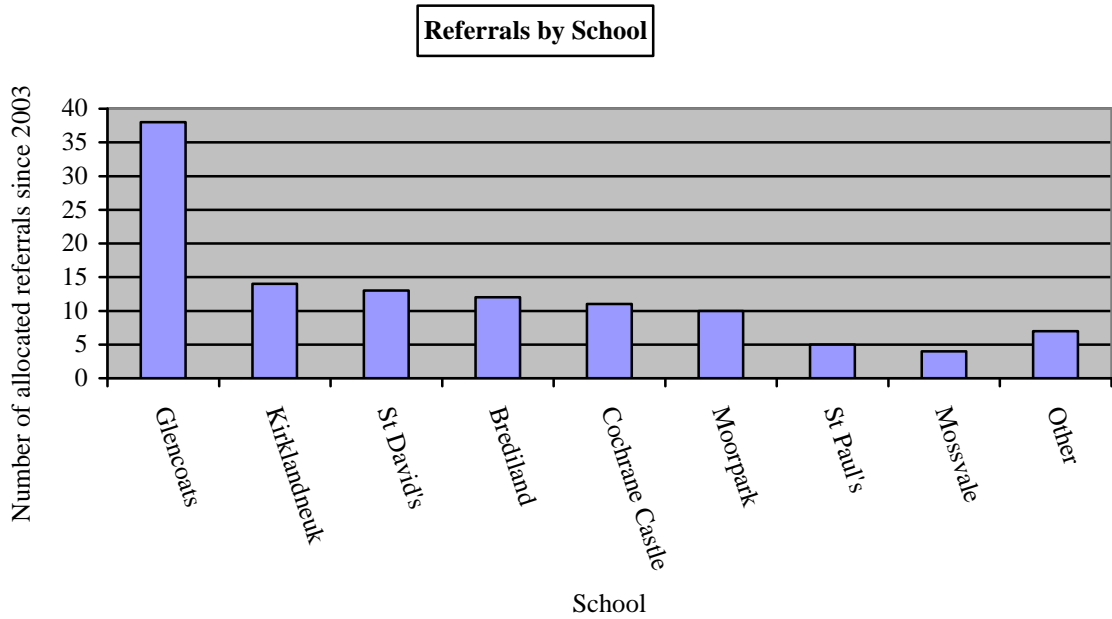


Seventy six per cent (87 of 114) of accepted referrals to the PSP have been boys, and 24% (27 of 114) have been girls. This level of disparity is common across services dealing with children and young people exhibiting offending-type behaviours.

The PSP accepts referrals from a range of primary schools in the Renfrewshire area (*see Chapter 1 of this report for the full list*). The following chart illustrates the spread of referrals across the schools that have used the PSP since 2003⁵:

⁵ Glencoats Primary School was formed in 2007 when two schools in the PSP catchment area (Ferguslie and Craigielea) were merged. The 'Other' category in the chart represents 5 primary schools outwith the PSP catchment area. These were included due to the transfer of pupils during the course of work.

Chart 6



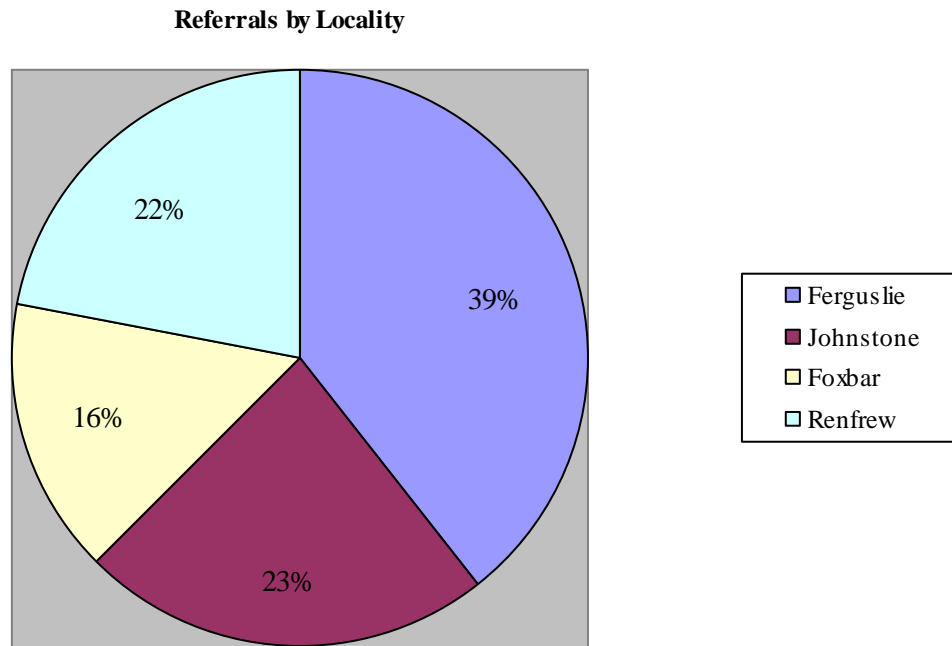
The chart above demonstrates an uneven spread of referrals that can be explained by the nature of the geographic location of the schools in question and the levels of deprivation recorded in each. Renfrewshire is split into 4 localities: Ferguslie, Johnstone, Foxbar and Renfrew. The following table documents the catchment primary schools in each locality:

Table 3

Ferguslie	Johnstone	Foxbar	Renfrew
Glencoats	St David's	St Paul's	Moorpark
Mossvale	Cochrane Castle	Brediland	Kirklandneuk
St Fergus	Woodlands		

The following chart illustrates the proportion of referrals to the PSP according to locality:

Chart 7



The catchment schools for the PSP were selected on the basis of the levels of social deprivation in their localities. Ferguslie is cited as the most deprived ward in Scotland on the Scottish Index of Multiple Deprivation and the chart above shows that a substantial proportion of referrals to the PSP come from the Ferguslie area. This indicates that the project is targeting appropriately and accepting referrals that meet the criteria as set out by the local authority.

PSP staff gather information on a number of areas that serve to crudely indicate the socio-economic backgrounds of the children referred to the project. Of the 114 children that the project has dealt with, over $\frac{3}{4}$ did not have a parent or carer in employment during their involvement with the PSP. Only 26 children (22.8%) had one or more of their parents or carers in employment, which is a considerably lower rate of employment than that of Renfrewshire as a whole wherein 89.5% of the population who are able to work are actively employed⁶.

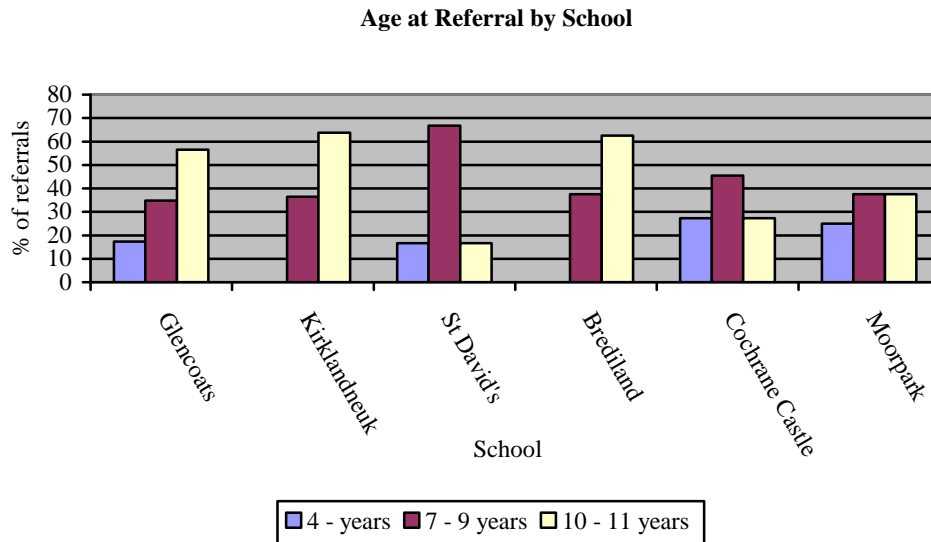
The tenure of housing that each child was residing in at the time of their referral was also gathered. 92.5% (n=93) of the children are recorded as residing in Public Authority or Social Housing owned properties and only 2.2% in owner occupied housing. Across Renfrewshire, the proportion of families residing in 'socially rented' accommodation is only 27.5%, illustrating the higher level of deprivation amongst the PSP population⁷. The evidence outlined here suggests that the PSP are accepting appropriate referrals of children from socially deprived backgrounds in the project catchment area.

⁶ Based on information from the Scottish Census 2001

⁷ Based on information from the Scottish Census 2001

Given the range of ages at referral it was also decided to analyse if certain schools were more likely than others to refer children at a younger age. The six schools responsible for the majority of the total referrals were examined and the following pattern was found:

Chart 8



As can be seen from the chart above, the overall trend has been for schools to refer children at a later stage in their primary education than the PSP would like. As previous charts have shown, there is a trend towards earlier referral, but the chart above demonstrates that some schools are somewhat lagging in this respect. It is possible to speculate that this pattern indicates that such schools may still be focusing on the problematic behaviour that has been shown to consolidate around 8 – 10 years rather than the antecedent needs that are likely to manifest earlier (around 3 – 5 years), such as isolation, poor concentration and difficulties at home (MacQueen *et. al.* 2008). Further information would need to be gathered from the schools before this could be asserted with confidence, but the evidence of this pattern may allow for some priority setting at the PSP in terms of establishing future protocols and working relationships with schools dealing with vulnerable children to achieve the goal of earlier referral.

With regard to ethnic background, 97.1% of children referred are recorded as ‘white’. This appears to be consistent with the local demography as the 2001 Census reports that 97.99% of the Renfrewshire population belong to a white ethnic group. Without baseline measures of need according to ethnicity however, it is not possible to offer a more evaluative comment on this pattern.

Reasons for Referral and Assessment of Risk and Need

Children have been referred to the PSP primarily on the basis of problematic behaviour, although project staff report that as the PSP has evolved the focus has broadened in line with the evidence on risk and ‘what works?’ to incorporate a wider

range of vulnerabilities and welfare based concerns and allow earlier referrals. The majority of referrals to the PSP are identified via the primary schools within their Extended Support Team (EST) meetings. EST meetings are multi disciplinary meetings with representation from education, health, social work and the voluntary sector. Within these meetings any child for whom a concern has been raised will be discussed and appropriate supports identified. These supports may consist of referring the child on to an appropriate agency for a service, referral for specialist assessment or co ordination of a multi agency support package.

The small size of the catchment group has allowed the PSP to have staff representation at all EST meetings. This presence ensures that referrals received are appropriately targeted, and that work carried out by the PSP within the schools is appropriately co-ordinated and has the support of the school staff. The close nature of the working relationship between the agencies will also help the PSP achieve its goal of obtaining earlier referrals.

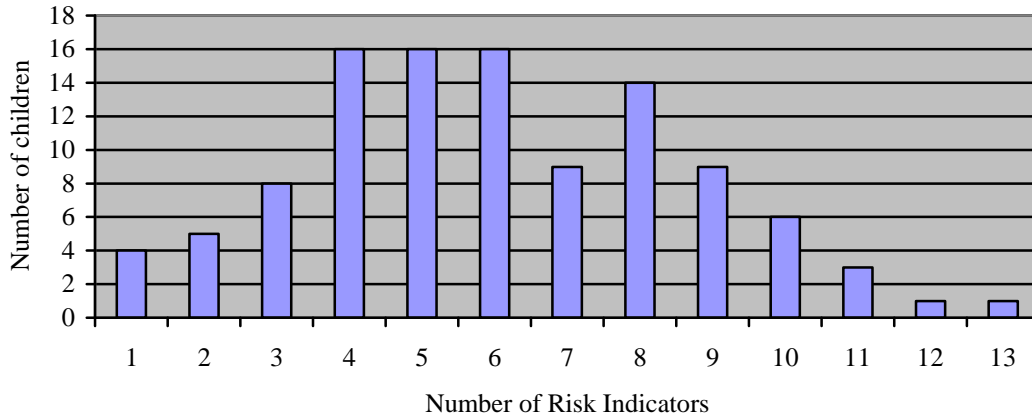
Much of the information gathered at the early stages of a child's involvement with the PSP serves to alert PSP staff to the particular vulnerabilities and difficulties that the child in question has to cope with and it is through this information that staff have been able to adapt and develop the project over the years since its inception. The data presented in this section shows that the level of vulnerability can vary considerably between the different children referred to the project, and that the level of vulnerability and need can be very high.

At the point of referral, schools specify which of the risk indicators identified within the PSP are relevant to the child. The list of risk indicators provided by the project broadly reflects findings from current research as to the factors leading to poor outcomes amongst children and young people⁸. The catchment schools frequently identify a high number of risk indicators in respect of individual referrals, revealing the complex needs of the children, but it is noted by PSP staff that this is often just the 'tip of the iceberg' with regard to the child and their wider family. The chart below illustrates the number of recorded risk indicators at the point of referral and it is notable that while one third of children (n=112) present with 4 or fewer risk indicators, a further third have 7 or more recorded risk indicators. Assessing the impact of gender and age on this pattern revealed broad similarities, with no notable differences between the different categories.

⁸ For a broader discussion of risk and protective factors see MacQueen, S; Curran, J; Hutton, L and Whyte, B (2008) *'Support and Services for Parents: A Review of the Literature in Engaging and Supporting Parents'* Scottish Government (web only)
<http://www.scotland.gov.uk/Resource/Doc/218819/0058780.pdf>

Chart 9

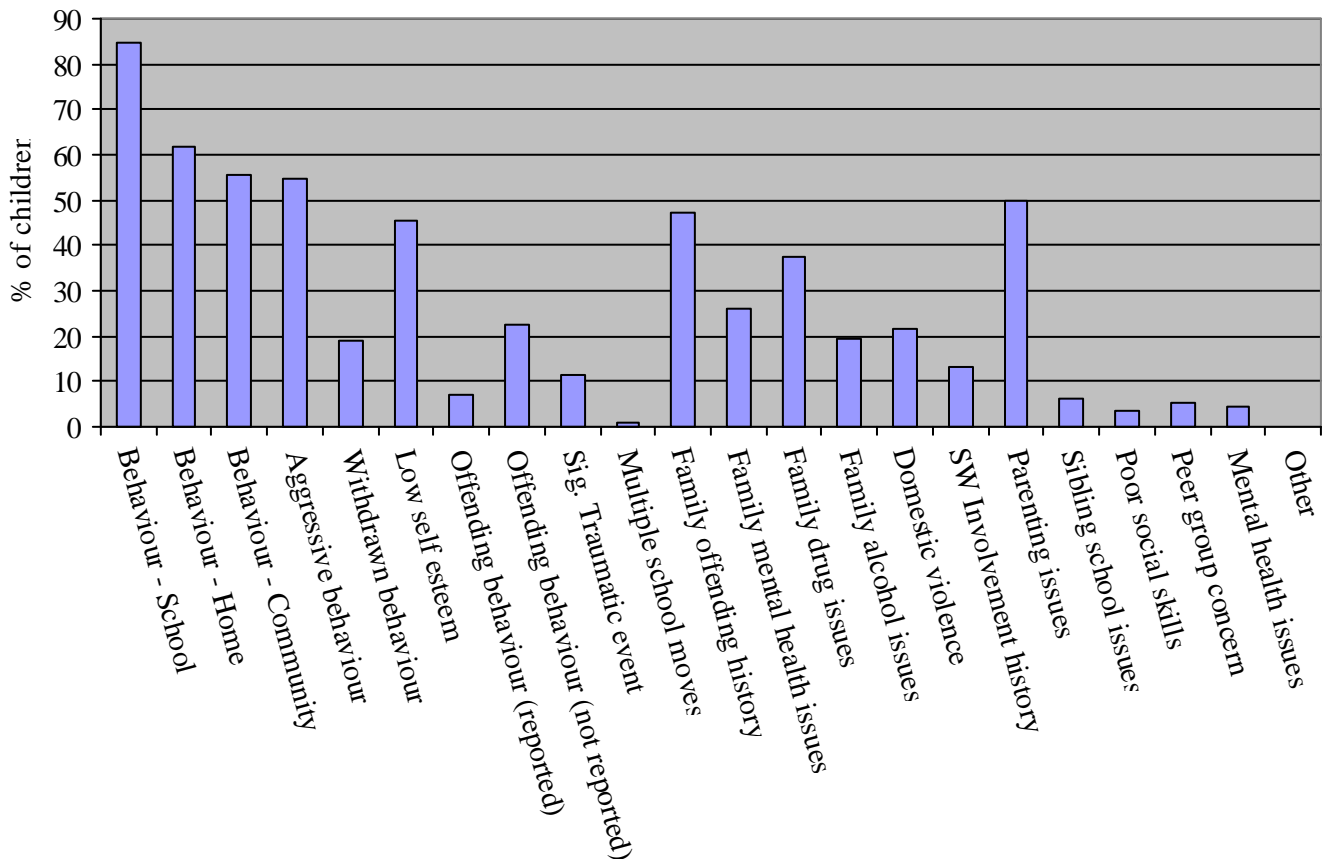
Total Number of Recorded Risk Indicators (n=112)



The following chart illustrates the range of risk indicators identified at the point of referral in relation to children referred to the PSP since the project started in 2003:

Chart 10

Risk Indicators (n=112)



As can be seen from the chart above, the most frequently cited risk indicators by schools at the point of referral are behaviour issues at home, in the community and at school. These indicators are documented in 61.6%, 55.4% and 84.8% of cases respectively. Further examination of the cases found that a total of 44 children are recorded as presenting with all three. Given the original aims of the PSP this is not a surprising finding.

However, it is of note that 7 children are recorded as not displaying any such behaviour issues at referral. While this is a small number it is worth considering these 7 in more depth, as their circumstances help to highlight the underlying welfare focus of the PSP. None are noted as having behaviour issues and so it is not surprising that none are noted as displaying aggressive behaviour or any offending or offending-type behaviour. Two are cited as being withdrawn and a further two are recorded as having low self esteem. Five have mental health problems in their immediate family and three come from families with a history of offending. Other recorded risk indicators include drug issues within the family, experience of domestic violence, and experience of a significant traumatic event. Six of the children were female.

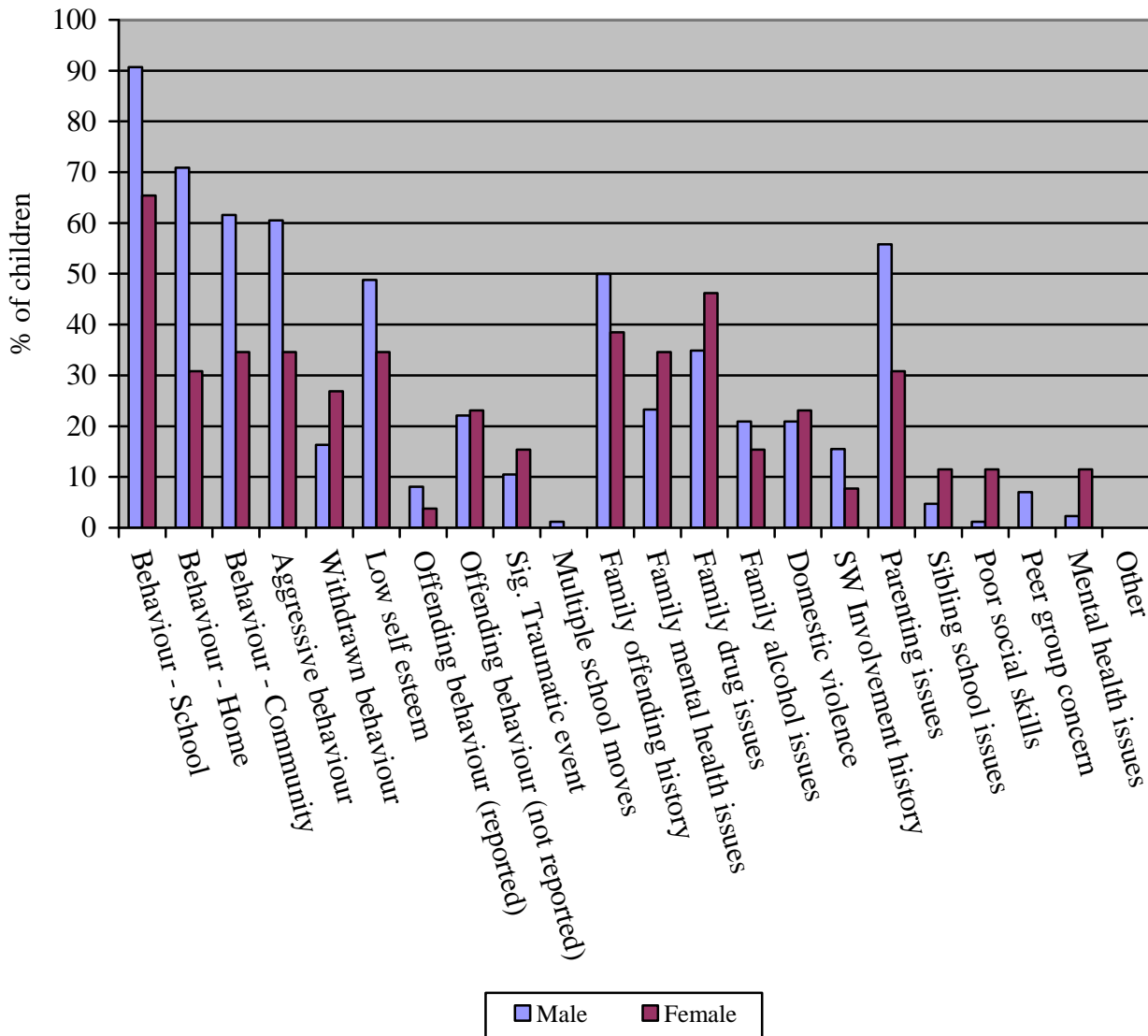
Importantly, four of these seven children were under 8 at the time of their referral, illustrating the success of the PSP in 'picking up' cases before the consolidation of behavioural difficulties and the confirmatory effects of being seen by the school as antisocial or badly behaved had taken hold. However, this is a small proportion of the total population of children referred and it will be important for the PSP to maintain its commitment to earlier intervention to ensure more of these cases are delivered. It is positive however, that the catchment schools are able to recognise and understand these vulnerabilities in children and have moved from a solely behaviour focus. This will enable earlier action for this vulnerable group.

Looking back to the PSP population as a whole, more than half are cited as displaying aggressive behaviour. Again, given the focus of the PSP, this is unsurprising. Additionally however, almost one fifth are cited as displaying withdrawn behaviour and around 45% as displaying low self esteem, further illustrating the awareness in the catchment schools of the range of vulnerabilities experienced by the children they are referring. Family issues are also pervasive at the point of referral. Fifty per cent of the children are cited as experiencing parenting issues, and 47% have a family with offending history, ¼ have mental health issues in the family, and 37 and 19% have families with drug and alcohol issues respectively. Furthermore, around one fifth are listed as experiencing domestic violence or being in a family where domestic violence is an issue.

Breaking down the analysis of risk indicators by gender reveals notable difference between the referrals of boys and girls to the PSP. The following chart illustrates the discrepancies:

Chart 11

Risk Indicators by Gender (n=112)



The difference in presenting behaviours between boys and girls is stark. Considerably higher proportions of boys present with problematic behaviours, with the exception of withdrawn behaviour where the proportion of girls is twice that of boys. This difference is particularly interesting given the broad similarity between boys and girls in terms of family and background related antecedent needs. Whether this represents an actual difference in behaviour, or simply reflects a difference in the way girls and boys are perceived and dealt with, is unknown. The exception to the pattern is that the proportion of boys assessed as experiencing parenting issues is twice that of girls. Given the similarity of recorded welfare related needs, and the high proportion of girls coping with family mental health and drug issues, this is somewhat surprising.

PSP staff report that, from their experience, there does appear to be a difference in the ways in which the similar problems of boys and girls are perceived. Boys are referred

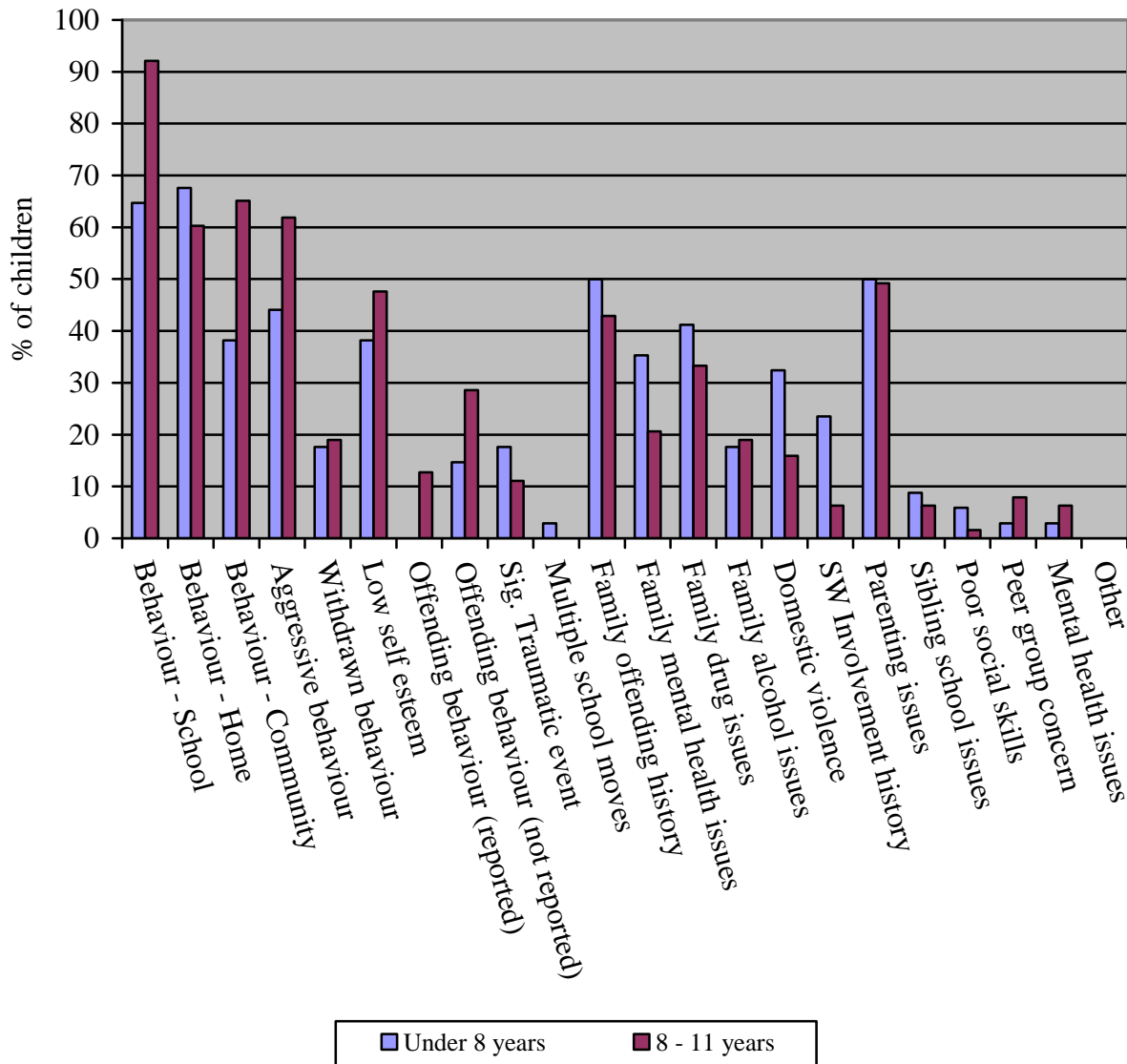
to the project often on the basis of fear of the possible escalation of their behaviour to violence related offending, whereas it is reported that girls are more likely to be referred on the basis of fear that they will 'go down the same route' as their mother and become involved in drugs and prostitution and other such risky behaviours. This is anecdotal evidence but, given the pattern illustrated in the chart above and the fact that the majority of the children referred solely on a welfare basis were girls, it is important to consider this viewpoint and the implications it has for future practice.

Similar gendered patterns have been found in studies concerned with service and justice responses to older children and young people. For example, Samuel (1994 in Asquith and Samuel, 1994 p.74-5) reports that girls have been considerably more likely than boys to come to court for status offences and moral danger, and that in one study of a secure assessment facility only ¼ of the girls had been brought there because of delinquent behaviour. This lends further support to the viewpoint of the PSP staff on the patterns of referral of boys and girls.

Analysing the recorded risk indicators by age group also revealed interesting patterns:

Chart 12

Risk Indicators by Age Group (n=112)



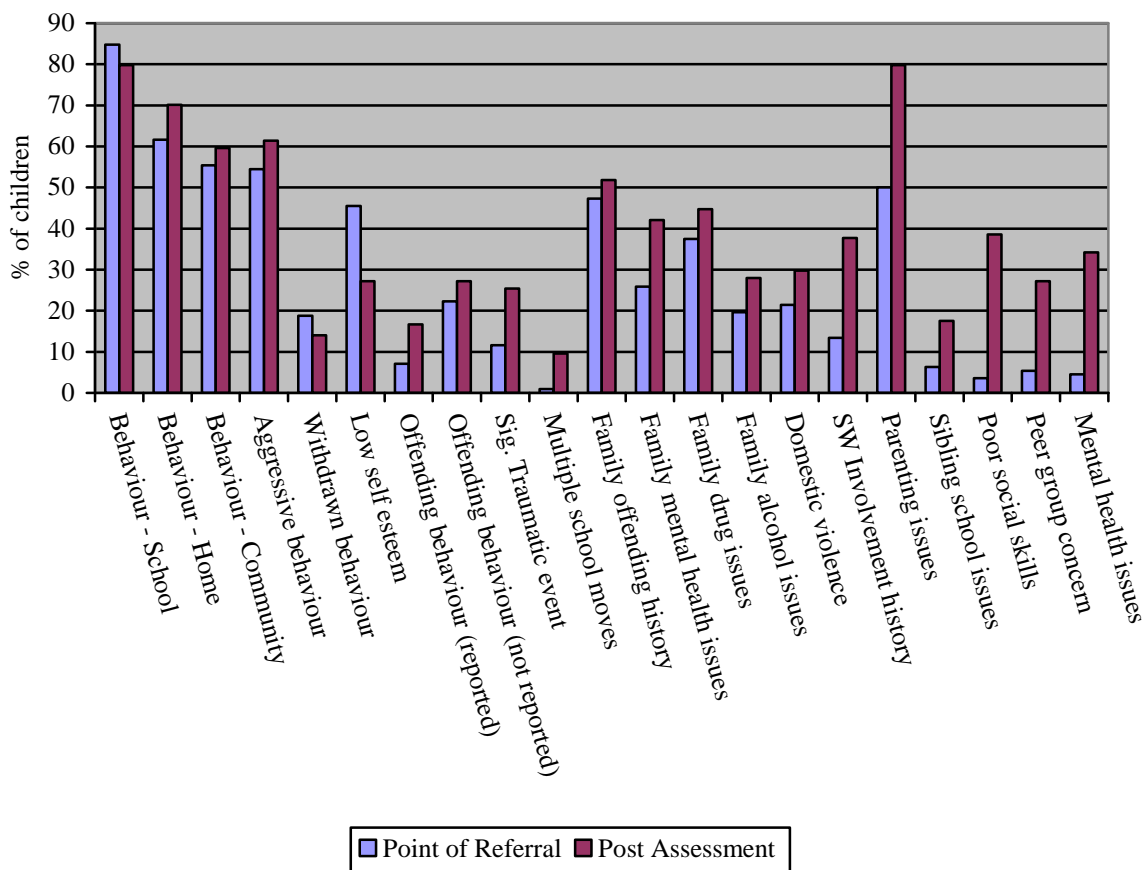
It is not unexpected that there are notable differences between the two categories. Considerably higher proportions of 8 – 11 year olds present with behavioural problems, with the exception of home based behaviour issues and withdrawn behaviour, where the proportions of under 8s and 8 – 11 year olds is broadly similar. It appears that higher proportions of under 8s present with welfare issues relating to their family and background, and are more likely to have had a history of involvement with social work. This pattern of referral is noted by PSP staff as broadly ‘mirroring’ the pattern of referral to the SCRA. As children get older, the emphasis in the referral is seen to shift from family and welfare towards behaviour, in spite of behaviour patterns often being very similar. Thus it is noted by the PSP as likely that as the children referred to the PSP have become older, the school has become less concerned with the welfare of the child and more concerned with managing their behavioural difficulties, particularly where behaviour has become disruptive and/or dangerous.

The assessments conducted by the PSP post referral appear to further support the idea that the older children presenting with problematic behaviour are in fact very similar to the younger children presenting with a number of welfare concerns, and further enforce the notion that early intervention to address welfare need is crucial in addressing future behaviour. As noted earlier, the assessment of need and family background often reveal that the risk indicators recorded at the point of referral merely represent the ‘tip of the iceberg’ of the level of need. Notably, at the point of referral around one third of children are cited as displaying less than 5 risk indicators. Post assessment this figure falls to less than one fifth, and the proportion of children cited as having 10 or more risk indicators rises from 9% to 40%. It is clear that the children referred to the PSP are those with multiple and complex need.

The following chart illustrates the discrepancy between recorded risk indicators at point of referral and post assessment⁹:

Chart 13

Comparison of Risk Indicators



The chart above clearly demonstrates that it is only through involvement with additional support services such as the PSP that the underlying factors behind problematic behaviour can be ‘picked up’. While schools are shown to successfully

⁹ NB – At the point of referral n=112 but post assessment n=114

identify behavioural issues, their lack of capacity to identify underlying need is clear, as the PSP identifies a much higher level of need amongst their population than is noted at the point of referral. This demonstrates the importance of the PSP, and early intervention more generally, as a 'pick up' for children in need.

The capacity for 'pick up' is also shown in the numbers of children subsequently referred to social work following assessment and involvement with the PSP. It is documented that around one third of the children referred to the PSP were referred on to social work. Details as to the nature of the referrals were not available to the research team. Given that schools are obviously not always fully aware of the level of need of the children that are referred to the project, it is clear that the PSP has an important role in catching the children who might have otherwise 'slipped through the net'.

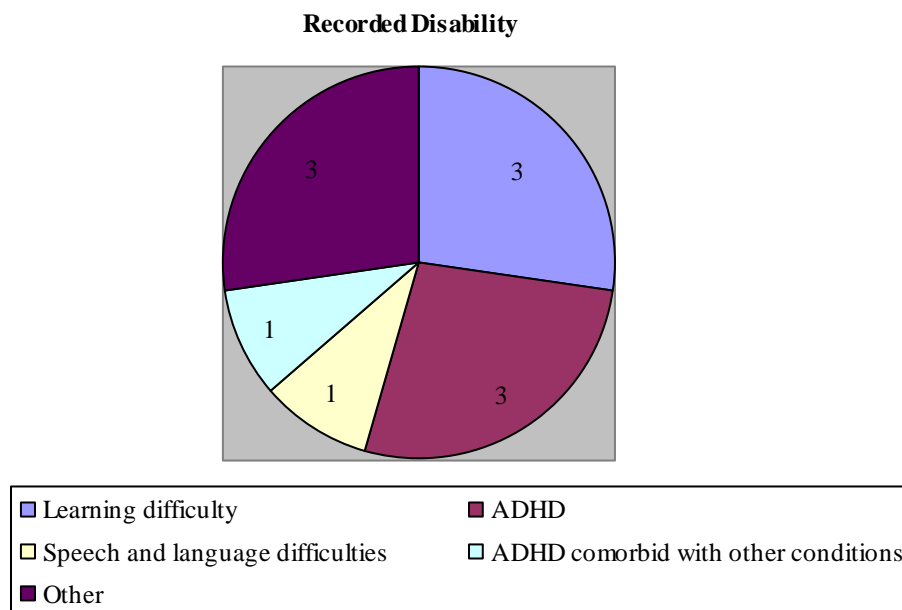
Additional background information is gathered at the assessment stage, which further illustrates the often complex nature of the cases that the PSP deals with. Importantly, around 10% (n=113) of the children have a recorded disability, however, it became clear as the project evolved that there were an additional, and significant number of children, for whom there had been a professional concern raised about a potential disability. In response to this, figures in relation to disability were adapted to reflect this larger group of children which revealed that just under one third are documented as having a professional concern raised regarding a potential disability. There were a number of reasons why there is such a high number of children within this category:

- a) there is a reluctance to diagnose young children as it is difficult to account for differing levels of development
- b) a number of the families have chaotic lifestyles and are unreliable in following up appointments, resulting in children not receiving appropriate assessments
- c) where the family situation is particularly chaotic it can be difficult to identify whether the root cause of a particular symptom is organic or environmental.

Overall, around 40% of the children referred to the PSP present with actual or suspected disability, clearly demonstrating the level of vulnerability encountered by the project.

The following chart illustrates the nature of the recorded disabilities and the number of children presenting with each:

Chart 14

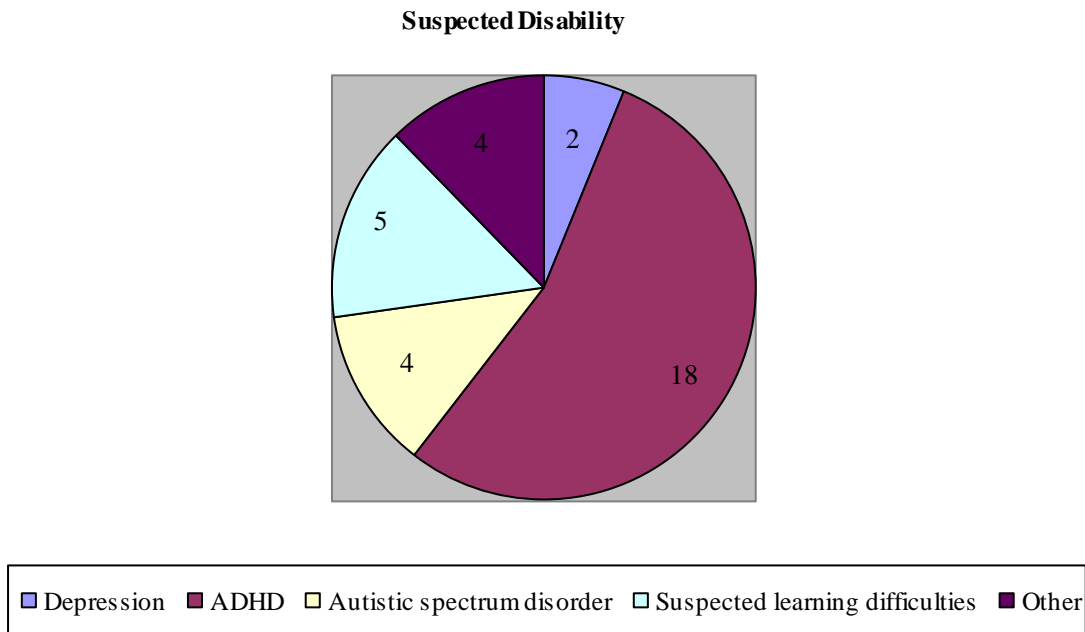


As can be seen, 3 children are recorded as having been diagnosed with a learning difficulty and a further 3 as diagnosed with ADHD. One child has been diagnosed with speech and language difficulties and another with ADHD comorbid with other conditions¹⁰. Three children are recorded as having been diagnosed with an ‘other’ disability and no further information is available.

The following chart illustrates the nature of the suspected disabilities and the number of children presenting with each:

¹⁰ Other conditions not specified

Chart 15



As can be seen above, for those recorded as having raised concern regarding disability, 18 (54.5%) are recorded as having suspected ADHD and 5 (15%) are recorded as having suspected learning difficulties. Four (12%) are suspected as having Autistic Spectrum Disorder with additional Obsessive Compulsive Disorder and two (6%) are recorded as having potential depression. Four (12%) are recorded as having concern raised over 'other' disabilities and again no further information is available. It is clear though that overall this is a group of children with severe need who require a range of supports both in the home and in mainstream education. It is of note that through their involvement with the PSP, four children have been assessed for disability and/or difficulties and have been successfully enrolled in specialist schools or specialist units within mainstream schools. It is also of note that non of the children identified as having a disability have a physical disability with all concerns relating to mental health and cognitive development, This further illustrates the importance of the PSP as a 'pick up point' for otherwise unrecognised need amongst vulnerable children.

With regard to the living circumstances of the children, it is of note that the overwhelming majority appear to have experienced varying degrees of family break down (below). Only 17.8% (n=107) were living with both biological parents at the time of their referral and the most frequently recorded living arrangement was the child residing solely with their biological mother (44.9%). Living with the biological father, or the biological father and his partner, was relatively rare, being cited in only 8 cases. Around 11% were living with their grandparents at the time of referral and 3 children were being cared for jointly by parents and grandparents. The level of family break down is perhaps further illustrated by the fact that around 40% (n=92) of the children were separated from their siblings.

Notably three children were recorded as being accommodated at the time of their referral, with 2 of these children, both siblings, living with foster parents. These three children represent exceptional cases wherein the role of the PSP was identified as being to facilitate the return of these children to their families. This involved the project working outwith its usual remit and allowing the use of its resources as part of a coordinated social work plan.

Key Points

- 114 children have been involved with the PSP since its inception in 2003 and there are presently 35 open cases. The project has worked at 20% over capacity over the working period
- The current trend in referrals is towards earlier intervention due to the efforts of PSP management and staff to establish a welfare, as well as a behaviour, focus for the project. This is in line with current evidence on risk and ‘what works?’ for children experiencing multiple difficulties
- However, it is apparent that not all schools are following this trend and, in the absence of any alternative supports for young, vulnerable children, there is clearly more work to be undertaken in getting these schools to refer earlier and on more welfare focused criteria
- The catchment schools are located in areas of social deprivation and the socio-economic characteristics of the children referred to the PSP reflect this. However, there are a number of schools that are not in the current catchment group whose pupils experience similar socio-economic disadvantage
- The PSP identifies a range of complex and unmet needs that are not fully recognised by other agencies involved with the children referred to the project. Thus it is possibly ‘picking up’ children who are ‘at risk’ of a number of poor outcomes but who would not necessarily be identified as such
- A significant number of children referred to the PSP (40%) are identified as having a potential learning difficulty in relation to mental health/cognitive development

Chapter 4 - Case Studies

The following chapter examines two case studies of children who have been involved with the PSP. These are drawn upon to illustrate the type of case that the PSP deals with, how they address issues and problems, and the types of outcomes that the project works towards. Much of what is documented here is not readily available from the existing database system and has been extracted from case files. The issues and conclusions arising from these case studies will be discussed in a 'Key Points' section at the end of this chapter.

'Emma'

Referral

Emma was 10 years old and living with her mother when she was referred to the Primary Support Project on the basis of a number of concerns regarding her behaviour in and out of school. Her headteacher reported that Emma displayed aggression towards fellow pupils and school staff. It was also reported that Emma associated with an older peer group and had possibly begun drinking alcohol and engaged in anti social behaviour. Finally, the school was aware that Emma had been caught shoplifting and that the Community Police had made several visits to her house.

Assessment

Emma's assessment at the PSP revealed a number of welfare concerns. Emma's mother suffered severe mental health difficulties and was an alcoholic who suffered periodic relapse. As a result, her behaviour, moods and ability to cope were erratic, which had led to Emma having to take an inappropriate amount of responsibility for her own care, including finding an alternative carer when her mother was incapacitated. Imposition of boundaries for Emma was also weak. Emma's father was also an alcoholic. His binge drinking was erratic and unpredictable and impacted on the degree of contact he had with his child. There were historical incidences of domestic violence within the family home.

It was also revealed that Emma was known to both display and be a victim of bullying behaviour. She presented as having low self esteem and displayed a level of insecurities. Self harming behaviour was also identified, with Emma acknowledging to having cut and burnt herself in the past. Emma also identified her parents as a source of worry in her life, discussing with PSP workers her worries about what will happen to her mum when she is unwell and her dad when he is drinking. Emma's mother apportioned blame to Emma for her ill health, which further fuelled this worry. In FAB-C and YLS assessment tools Emma scored highly in both conduct problems and negative peer relationships, echoing the reasons for her initial referral.

Work/ Action Plan

On the basis of the outcomes of the assessment detailed above, staff at the PSP identified a number of areas to focus on in Emma's work/ action plan. Given the complex combination of welfare and behaviour issues that Emma and her parents presented with, the initial plan was extensive and involved focusing on the family as a whole. Both parents were to be engaged in work on setting appropriate boundaries and sanctions for Emma, and were to work with staff in developing a suitable timetable for living arrangements. A running theme throughout would be the provision of consistency in their parenting. At this stage it was also deemed necessary to involve two members of Emma's extended family, who expressed commitment to Emma's care and welfare at the outset and had provided emergency support throughout previous crises.

The intention of focusing on these areas was to ensure a higher quality of care for Emma, in order to address both the welfare issues and the behavioural issues that had brought the family to the PSP. Another area of work for the family was healthy diet and safe care for Emma. This was in view of the health problems experienced by Emma and the nature of her self harming behaviour and the smoking and drinking occurring in her peer group. Emma was also to be introduced to consequential thinking and anger management, and was to work on improving her attendance and time keeping. Emma's confidence and self esteem was identified as a further focus for practice.

Work in these areas was carried out using a number of different PSP resources, and other agencies were drawn upon when needed. The PSP utilised various programmes in working with Emma and her family including: Just Like Support; Talking Heads; Self Esteem – Ideas to Go; Helping Children Build Self Esteem; the Anger Control workbook and various Action for Children library resources; and Handling Anger. The family were to also participate in group work dealing with Healthy Living and more individual support work. Emma was also referred to local sports programmes and a local Drama Group in order to build up her self esteem and confidence in interacting with her peer group. Finally PSP staff referred Emma to the local Young Carers project to provide her with better support for the specific issue of coping with her mother's ill health.

Problems Encountered

As can be seen from the outcomes of the assessment, Emma and her family were experiencing multiple and complex difficulties at the outset. Over the course of Emma's first 12 months with the PSP however, her mother's health declined further and her decreasing ability to cope proved a major obstacle in the implementation of the work/ action plan. Due to concerns over Emma's vulnerability, given the instability of her home life and care arrangements, and her continued emotional and behavioural difficulties at school, staff at the PSP called a planning meeting with the local social work child care team to discuss how to proceed with the family. In view of the erratic lifestyles of both parents and the relationship difficulties within the family, concern was raised over whether it was possible to sustain the case on a

voluntary basis. The decision was made to refer the case to the Reporter with the request that Emma's long term care needs be assessed and appropriate supports be put in place.

Following the referral, Emma's mother was admitted to a psychiatric hospital, and a social worker was allocated to the case. At the hearing, Emma was placed on a home supervision order on the grounds of a lack of parental care, with the condition that she remain with the identified members of her extended family.

Throughout this period, Emma's mother's health continued to worsen and she was further hospitalised. The PSP continued to work with Emma and provide support for her family, but it was clear that, in the face of their own difficulties, neither parent had the capacity to engage with the project and provide Emma with the level of care as agreed in the original work/ action plan. Nevertheless, in drawing on the wider family network and securing a more stable home life for Emma, PSP staff were able to offer support to help ease the situation that had led to her behavioural difficulties. As Emma moved into secondary school a period of support over the transition was provided and the PSP withdrew from involvement.

Four months after the PSP team withdrew, staff were informed that Emma's mother had died. At this point, staff resumed contact with Emma and provided support in finding appropriate bereavement counselling. One month later, Emma returned to school and appeared to cope well.

Outcomes

Emma's case was particularly complex and demanding, and illustrates quite clearly the link between behaviour and welfare needs. Throughout the case, the PSP were very heavily involved with Emma and her family, offering support above and beyond the 'normal' call of duty. Extensive involvement with social work and the extended family, and, at times, intensive crisis support within the family home has taken this case somewhat beyond the original remit of the PSP. One example of this crisis support was when staff received a phone call from Emma's mother to say that she had begun drinking again that day and did not think she was able to stop. PSP staff were immediately able to drive to the house to help Emma pack a bag and take her to stay with members of her extended family.

Despite the multiple difficulties faced by Emma and her family and the heavy demands this case placed on staff, the PSP has managed to offer genuine support to the family and helped Emma make positive achievements as a result. The success is clearly evidenced in Emma's ability to cope with the death of her mother at such a young age and without regression to her previous aggressive and self abusive behaviour. This evidence of an apparent increase in her resilience is perhaps the clearest evidence of the impact of the project on the long term prospects of the child. At the outset, it was clear that Emma's difficult and aggressive behaviour stemmed directly from disruption and crises at home, but after this particularly traumatic event there was no such 'acting out'. In addition, Emma's previous pattern of self blame for her mother's condition was not evident following her death.

Feedback from Emma's family and school was sought throughout the course of the project. Emma had initially been uncooperative and aggressive towards authority but both family and school reported improvements in her behaviour since the commencement of the work/ action plan. Moreover, Emma responded well to PSP staff and tackled all the work required of her. This culminated in Emma being entered by staff writing competition and becoming short listed for her entry which addressed bullying. This succeeded in boosting Emma's confidence in her own abilities and she continued to be an active contributor to the PSP newsletter. She remains involved in a number of the activities she was introduced to during her work at the PSP, successfully interacting and befriending children from her own age group. With regard to the overall aims of the PSP (*see Chapter One of this report for a breakdown of these*), Emma's case demonstrates a number of successes, particularly in relation to coping, social and personal functioning, self esteem and resilience.

'Chloe'

Referral

Chloe was 9 years old when she was referred to the Primary Support Project for problematic behaviour at school. At the referral stage, Chloe's school documented that she was an aggressive and sometimes violent child who would fly into a rage if challenged by fellow pupils or teachers. As a result of this difficult behaviour, Chloe had been excluded from school on a number of occasions and the school had concerns over her potential to remain in full time education. Other issues noted by the school were that Chloe had difficulty reading and displayed dyslexic type tendencies, did not make or sustain friends easily and had very low self esteem. Chloe and her younger brother were also described as 'not well cared for'. The school also reported an awareness of issues of domestic violence within Chloe's extended family, and of previous social work involvement with the family.

Assessment

Initial assessment of Chloe and her family proved difficult as Chloe's parents were reluctant to engage with PSP staff. Chloe's mother denied any problem with behaviour at the outset and staff had to work hard to convince her to allow the project to continue to work with Chloe. Despite these initial misgivings, Chloe's parents did engage with the PSP and continue to do so.

PSP assessment of Chloe and her family largely confirmed the concerns highlighted at referral. Chloe was found by PSP staff to be lacking in confidence and self esteem, and to have problems with accepting authority and consequential thinking. Given a number of observed patterns in Chloe's behaviour, PSP staff also noted concern raised by other professionals, that Chloe had possibly been abused in the past. Chloe was very withdrawn in company and could not accept praise. A history of running away from home and self harm, including hitting her head against a wall, biting her arms and slapping her own face, was also revealed.

Given the initial closed nature of the family, PSP had to build a 'picture' of Chloe's family over an extended period of time. Within the first few months of working with Chloe's family, project staff noted that interactions between Chloe and her parents were often inappropriate. Chloe's parents described her as a 'weird wean' and a 'freak', and would react aggressively and violently to problem behaviour. There was also a discrepancy in the treatment of Chloe and her younger sister, whereby the sister was favoured for affection and positive interaction. As a result, Chloe had apparently become needy and frequently sought attention from her parents.

Over the course of the project a number of revelations have been made about relations between the various members of the extended family and their history. Domestic violence came to the fore in both the referral and in subsequent work with the family. Chloe's father and grandfather were known to have engaged in domestic violence and the school reported that there was a 'question mark' over the grandfather in terms of possible historic abuse, though to date there has been no substantive evidence to support this. Chloe and her sister had witnessed domestic violence at home and within the extended family. In getting to know the family, PSP staff noted that Chloe's mother had been accommodated as a child and had displayed similar behaviour to Chloe when she had been a child, being removed from mainstream education due to her aggressive and volatile behaviour.

Finally, the general hygiene within the home was of concern for all professionals who had contact within the family, with concerns being raised over the potential effect of this on the care and welfare of the children.

Work/ Action Plan

Given the difficulties in assessing Chloe and her family and 'getting to the bottom' of the presenting issues, developing a work/ action plan proved difficult. It was decided to adopt an intensive approach, working with the family on an individual basis to build rapport and focus on helping Chloe's parents understand her behaviour and provide solutions and ideas on how best to deal with her anger. Work on setting appropriate sanctions and boundaries within the family home was also to be undertaken and Chloe's parents were to attend a parenting group.

With regard to Chloe herself, PSP staff sought to undertake individual work on anger management and self esteem. This was to involve exploring feelings and programmes such as Think Good Feel Good were used to achieve this. An anger diary was also introduced. In order to boost her confidence and encourage positive peer interaction, Chloe was enrolled in a sports programme and a drama group and was to participate in the PSP Girl's Group. As a way of encouraging positive interaction with her father, both were encouraged to participate in the PSP Action Man group.

Problems Encountered

From the detail above, it can be seen that Chloe's was a complex case from the outset. While PSP staff were not confident they had uncovered all of the family issues behind Chloe's behaviour problems, the family had conceded to participate in the project and

the work/ action plan was implemented with a view to getting to know the family better in order to fully understand Chloe's behaviour.

In spite of the additional support provided by the PSP, Chloe's problematic behaviour continued with the result that within two months of her starting at the project, her school referred her to an educational psychologist for further assessment. The violent outbursts, which involved throwing objects at fellow pupils and hitting teachers, continued for Chloe's entire first year at the project. She also continued to exhibit withdrawn behaviour and a tendency to self harm, often sitting under tables or hitting her head off the wall while refusing to participate in classes. However, over a longer period a pattern emerged whereby her behaviour showed steady and progressive signs of becoming more modified.

Chloe's behaviour issues also continued outside of the school environment. She initially refused to participate in the drama group and would not interact with the other children. This led to Chloe being withdrawn from the group by the PSP. Chloe's parents revealed that her self harming behaviour took place at home as well, and PSP staff noted that this was not dealt with appropriately, with the parents reporting to threaten Chloe with smacking to try and get her to stop. When raising the issue within structured sessions which the parents attended on a weekly basis, PSP staff attempted to guide Chloe's parents to more appropriate ways of approaching the issue and dealing with it. However, this was met with a degree of resistance and a denial that their current approach was 'wrong'.

At the end of Chloe's first year at the PSP, it appeared that little progress was being made with regard to her behaviour. At this stage, a referral was made to the local CAMHS team and the decision was made to allocate two PSP workers to the family to help address the multiple issues that were coming to the fore.

Early into the second year of Chloe's involvement with the PSP, concern was raised over possible neglect or harm when Chloe presented with an untreated injury with inconsistent explanations as to the cause. PSP staff struggled to get Chloe's parents to get Chloe's injuries treated appropriately, and to get definite answers as to the bruise. Further family issues were revealed in a family session two months later, where Chloe and her sister accused their father of being an alcoholic and drinking every day. Their father acknowledged that alcohol was a problem, although their mother denied any problem in the household. Furthermore the issues of hygiene in the household, whilst an element of the work/ action plan, remained an ongoing issue.

In the early summer of Chloe's second year, there were another two incidents at school where she was violent to her classmates. Both resulted in suspension. Also at this time, a CAMHS collaborative meeting revealed previous relationship difficulties between Chloe's parents and that Chloe had three incidents recorded on SWIFT of sexualised behaviour. None of the incidents had warranted further investigation. It was clear to PSP staff that, in spite of the time and resources already invested in Chloe's case, there were still important and unresolved underlying issues within the family.

Chloe's name was subject to a child protection investigation following an assault within the family home, however, given the family's positive engagement with PSP

staff, the project was allowed to continue to work with the family unit as a whole. Work with Chloe and her parents is still ongoing and the case has now been 'open' for over two years. While it may seem an unfeasibly long time for a project concerned with early intervention, this illustrates the scope of the project and its staff team to adapt to a wide range of needs of varying complexity. In Chloe's case, the PSP has adopted an intensive approach that, as the following section demonstrates, has had a number of successful outcomes for the child in question. In addition, the PSP has committed to working with parents who have been regarded by other agencies as 'difficult' in terms of engagement, and maintains a rapport that has the potential to help address the underlying problems in the family and, if successful, ultimately protect Chloe from future harm.

Outcomes

In her time with the PSP so far, Chloe has made progress in a number of areas. Through Think Good Feel Good and intensive one-to-one work with her PSP worker, Chloe has begun to discuss her feelings, and how and why she reacts to certain situations in different ways. The intensity of this work, and the length of time Chloe has been involved with the PSP, has allowed her to build a strong rapport with her PSP worker and other PSP staff. As she builds a relationship of trust with PSP staff, Chloe has become increasingly more open and willing to discuss and disclose her problems and difficulties. This is noted by PSP staff as only a recent development and, at the end of Chloe's second year, her PSP worker notes that she still finds it hard to express her feelings.

Chloe's self confidence has also improved greatly since she started at the PSP. After initially withdrawing from the drama group, Chloe returned and has since taken part in a drama production and, perhaps most importantly, made friends with other children. PSP staff note this as a major achievement for Chloe, who previously could not interact socially with other children and found it extremely difficult to cope with the drama group situation. Chloe has also participated well in the Sports Matters programmes, with frequent good reports from her activity leaders, and has been able to identify a group of friends that previously she did not have.

Chloe's improved self confidence and esteem is also evidenced in her interactions with PSP staff. In her initial meetings with PSP staff, Chloe would be very withdrawn and closed, often hiding behind her knees and refusing to show her face. She now presents as a friendly and confident child and initiates interaction when visiting the PSP office. Her PSP worker also noted that Chloe was recently keen to show off a new hair cut, actively seeking attention and praise. This marks a considerable departure, as Chloe was previously uncomfortable with attention and could not deal with praise. It is also notable that Chloe is now able to identify things she is good at when undertaking work focusing on self esteem.

Finally, Chloe has responded well to work focusing on rules and authority. Her progress in this area, teamed with her achievements in self confidence and ability to interact in a positive manner with her peers, has led to her school appointing her as a 'buddy'. In this role, Chloe takes responsibility for befriending new pupils, showing them around the school and orienting them to the new rules and environment. Given

her track record of exclusion for extreme violent behaviour, this demonstrates a major achievement for Chloe. Whereas her behaviour within school still remains an issue, incidents which are a cause for concern are now less frequent. Although it is noted that Chloe still has the potential to cause considerable disruption, the school now feel that she can be maintained with a mainstream school setting.

In spite of these considerable achievements for Chloe, there are still a number of underlying family issues that remain unresolved. PSP staff document that Chloe's parents continue to treat her and her sister very differently, with very little positive attention afforded to Chloe. During family work, it is frequently noted that Chloe's parents speak or act in an inappropriate manner towards the children, and hygiene within the family home remains a cause for concern. Chloe's sister has also begun to display aggressive behaviour at school and has recently been allocated her own PSP worker.

PSP staff have yet to gain a full understanding of the underlying issues in Chloe's family that lead to the behaviour outlined above. However, Chloe's parents have a history of involvement with other agencies and are known to have been 'resistant' clients in the past. Although progress with the parents is slow, they have remained committed to attending and there is evidence of an improved ability to communicate. They are both now more willing to work with project workers to explore different ways of handling problematic behaviours, though maintaining changes over a longer period is still difficult for them. Given their history, it is a testament to the quality of staff at the PSP that Chloe's parents willingly participate in the PSP and accept the intense involvement of their PSP workers. It is notable that the Child Protection investigation did not lead to the imposition of statutory measures because of this significant level of voluntary participation. If PSP staff are able to maintain this relationship, there is still the possibility that Chloe's parents will become more accepting of the changes that the PSP is trying to achieve and may open further to fully disclose the difficulties and issues they face.

While it is still ongoing, Chloe's case demonstrates a number of successes with regard to the overall aims of the PSP (*again, see Chapter One of this report for a breakdown of these*). In particular, Chloe has shown progress in respect of social and personal functioning, and self esteem. Chloe has in turn used this progress to begin to make more positive use of her leisure time through the opportunities provided by the PSP.

Key Points

- The two cases discussed above illustrate the often complex nature of the cases dealt with by the PSP
- The cases are complex in terms of the range of need of the child and their wider family, and it is clear that a range of resources are required to address the level of need encountered
- The studies illustrate that each case requires an individual response and the difficulties in providing the required support are likely to be many and varied.

The cases above demonstrate the need for PSP staff to be flexible and able to accommodate a number of different variables

- The outcomes documented for each case demonstrate that there can be a number of different positive outcomes according to the situation of the child and their family. Many of these have not been captured by the existing PSP database and there is a need for some creative thinking as to how these might be captured in a simple and easily accessible format
- It is apparent though that there are a number of opportunities throughout the 'life' of these cases wherein data could be captured for evaluative and monitoring purposes. This is a key element of practice for the PSP to work on in the future

Chapter 5 - Follow Up Work

Fifteen families who had previously been involved with the PSP consented to take part in follow up work for this evaluation. For this follow up, PSP staff sought to undertake brief telephone or face-to-face interviews with parents and separate face-to-face interviews with children. Self complete questionnaires were also sent to relevant teachers at the child's current school. The following table shows the overall response rate to the requests for information¹¹:

Table 4

ID No	Parent	Child	School
6	YES	YES	YES
21	NO	NO	YES
27	YES	NO	YES
28	YES	YES	YES
30	NO	NO	YES
38	YES	YES	NO
51	YES	YES	YES
55	YES	NO	NO
56	YES	NO	YES
65	YES	YES	YES
66	YES	YES	YES
67	YES	YES	NO
83	NO	YES	NO
84	YES	YES	YES
85	YES	NO	NO
TOTAL	<i>12</i>	<i>9</i>	<i>10</i>

The Sample

The fifteen children who took part in the follow up work (either directly or through their school or family) had all completed a plan of work with the PSP and eleven had started secondary school. Notably, all remained in mainstream education which, given their behavioural problems at the point of referral to the PSP, is an important finding in itself. Twelve of the children in the sample were male, and only two were less than 8 years old at the time of their referral to the PSP. This reflects the fact that the majority of the sample had been referred to the PSP in its early stages and are thus disproportionately older than the children who have been referred more recently. Also, the skewing of the sample towards the earliest referrals means that the children in question were involved with the project for a shorter period than is currently the norm. The vast majority of the sample (eleven) had been involved with the PSP for less than a year, with four of these documented as having less than 6 months involvement.

¹¹ All parents consented to participation in the follow up work. Where a parent interview did not take place, this was simply a result of being unable to arrange an agreeable time for interview within the time frame of the evaluation.

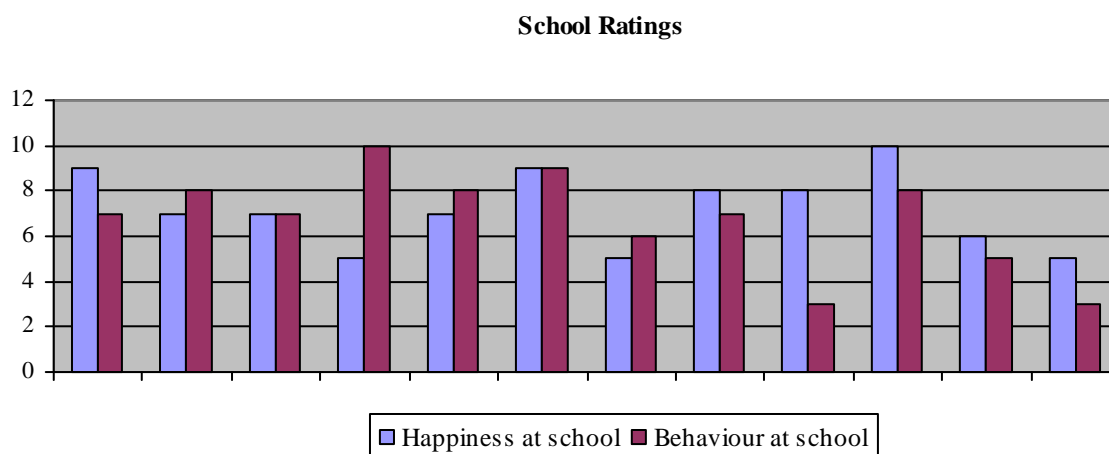
The sample does however represent the complexity of cases that the PSP encounters, with around 60% (nine children) of the sample having presented with more than five risk indicators at their initial assessment. All but one of the children (93%) had presented with school based behavioural issues, and five (33%) had displayed problematic behaviour at home and in their community as well. Two (13%) had also been reported for offending behaviour. Eight (53%) were assessed as withdrawn or having low self esteem, and one (7%) presented with both. Eight (53%) came from families with a history of offending and four (26.6%) came from families experiencing mental health issues. Drugs and alcohol issues were recorded in eight cases (53%), and parenting issues were cited in nine (60%). Furthermore, eight (53%) were recorded as having current or previous social work involvement at the time of their referral.

Follow Up Parents

Parents were presented with a scale of 1 – 10, where 10 represented the most positive response and 1 the most negative. They were then asked a series of questions on their child’s current behaviour and happiness. Additional information on current situation and family routines was sought through open questions.

Parents were asked to rate, on a scale of 1-10, how happy their child was at school and to provide a rating for their behaviour at school. With regard to happiness, none rated their child below 5. With regard to behaviour, the results were overwhelmingly positive with only 2 parents rating their child below 5. The following chart illustrates these results:

Chart 16



The chart above shows that there was a degree of similarity between the two ratings given by parents, with only two cases showing a marked discrepancy between the child’s perceived happiness and behaviour.

Fifty eight per cent of parents (seven) reported that their child had not been subject to any formal sanctions at school. Of the five (42%) who reported that their child had

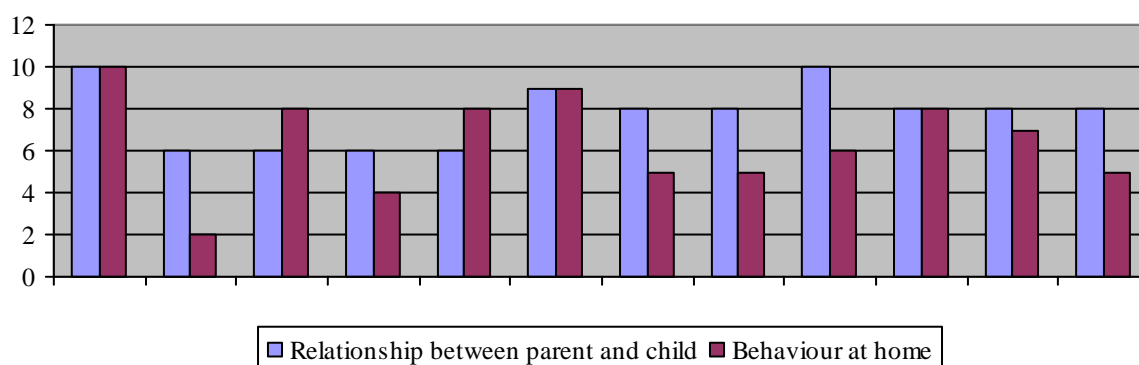
been subject to formal sanctions only two (16.6%) stated that the child had been formally excluded. Given that a high proportion of this follow up group were referred during their final year at primary school, this is a positive result. These children were only able to participate in the PSP for a short time and the majority had been referred for seriously disruptive behaviour. That so many have not apparently been subject to formal sanctions indicates that this is a group who may be doing better than had been predicted prior to their involvement with the PSP.

Parents generally reported a lack of awareness as to their child’s level of achievement at school. Only one could give this information for attainments in maths, reading and writing. Nevertheless, all parents reported being happy with how well their child was coping at school.

All parents were positive about their relationship with their child, with nine rating this at 8 or above. They were less favourable about their child’s behaviour in the home however, with ratings ranging from 10 down to 2. Only two parents (16%) rated their child’s behaviour at less than 5, and it is perhaps unsurprising that both of these parents were amongst those who gave the lowest ratings of their relationship with their child. The following chart illustrates these results:

Chart 17

Relationship with Child and Behaviour at Home



All but one of the parents was able to describe some form of evening routine for their child, but the level of detail provided makes it difficult to assess this in a meaningful way. Two thirds of parents (eight) described their child as going ‘outside’ or ‘out to play’ but were vague in their responses and did not offer further detail, suggesting perhaps a lack of supervision. However, more in-depth work with the families would be needed before this could be asserted with any certainty. One parent reported a number of organised activities that their child took part in, including sport, music and drama, which is a more positive response.

Parents were asked if they would like to make any changes to their current home situation to improve it and their relationship with their child. Just under ½ of parents (five) stated that they would. Notably, none of the parents who had rated their child’s home behaviour as 8 or above (5 in total) said they would like to make any such changes. Two parents who had rated their children’s behaviour at 4 and 5 stated that

they would like their child to get along better with their siblings, and another, who rated their child's behaviour as 6, stated they would like more activities to be available for children in the community. Presumably this parent thinks that their child's bad behaviour at home stems from boredom and a lack of 'things to do', although further follow up work would be required to verify this. One parent, who had rated their child's behaviour positively (7), stated that they would like their child's attitude to improve. The final parent in this group stated that they would like there to be 'less shouting' at home. This particular parent rated their child's behaviour as 2, and so it is apparent that in this case difficulties at home persist.

Only two (16.6%) parents reported receiving any additional support for parenting, with both citing occasional social work involvement with the family. Three separate parents (25%) stated that they would like to receive extra supports. Only one of the three specified what kind of support they would like, stating that they would like to have access to a counselling service. However, while these parents are important to consider, this should not distract from the overall positive result that $\frac{3}{4}$ of the parents were satisfied with the level of support they had.

Parents were also asked to rate their child's behaviour in the community. Eighty three per cent of parents (ten) rated their child's behaviour very positively (7 or above), but two rated very negatively (2 and 3). This is *prima facie* a positive finding, however, given that most parents were only able to give vague descriptions of what their child did whilst out with friends in the community (e.g. 'plays with friends'), the reliability of these ratings must be treated with caution. Three parents (25%), including the two who rated their child's behaviour negatively, expressed concern as to their child's group of friends, indicating that some of the sample may still have negative peer associations. One (8%) expressed concern that their child had been out drinking with friends¹². Importantly, none of the parents were aware of any referrals of their child to SCRA. In light of the reasons for referral of the children in question, and the typically short timeframe available to undertake work with the PSP, these are generally positive findings.

All but one parent (91.6%) could remember the reason their child had been referred to the PSP. When asked what they remembered most about the time they spent with the project, four parents responded that they did not remember any one particular thing. However, two thirds of parents (eight) were able to give a range of responses. Four stated remembering that their child had enjoyed it and two cited the various activities that they and their child participated in. One remembered that the PSP had provided lots of support for both the child and themselves, and one stated that the PSP staff had been '*very nice*'.

Parents were asked if they thought that taking part in the PSP had impacted on their child in any way. Eleven parents (91.6%) said that it had and one said that they did not know. When asked to elaborate on the impact of the PSP, parents gave a range of responses. Three quarters of parents (9) described the project as having been helpful in some way to either the child or the family as a whole. Two (16.6%) cited improved behaviour and one discussed the respite the project had offered. Three (25%) discussed positive personal and social achievements for their children, including

¹² This same parent had rated their child's behaviour at home very negatively as well.

improved confidence, new friends and having become increasingly outgoing. Another parent thought that the project had been 'good' for their child, and the final respondent thought that their child had enjoyed it. Only one parent offered a suggestion for improving the PSP, stating that it had not been 'long enough'.

Parents were asked to rate how much things had improved for them and their child since they had started at the PSP. Responses were overwhelmingly positive, with $\frac{3}{4}$ of parents (nine) rating their improvement as 7 or above. Only one parent gave a negative rating (2), stating that their situation was actually worse than it had been. This parent had stated that the PSP had had an impact on their child but was reticent in their response as to what the differences had been. Without further information it is difficult to assess this case and it should not distract from an overall positive result.

Key Points – Parents

- Parents generally reported positively on their child's behaviour and happiness at school and in the home, but a small minority were more negative regarding their child's behaviour in the community and peer associations
- Parents were overwhelmingly positive about the impact the PSP had had on their child and family and were able to identify a number of ways in which the project had helped or made a difference to them

Follow Up Children

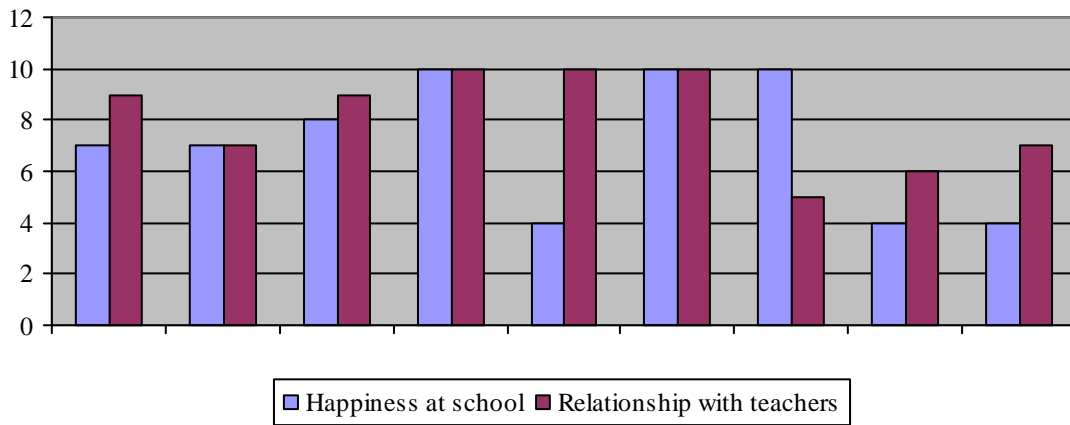
Interviews with children were carried out face-to-face on an individual basis. The format of the questionnaire used was similar to that given to parents, relying on a combination of likert scale and open questions.

Each child was asked to rate their behaviour at school. One third (three) rated themselves as 8 or above, indicating no problems, and a further four rated themselves as 4, 5 or 6, indicating some problems. One child rated their behaviour as very problematic, scoring it as 1. Again, given that these children were initially referred to the PSP on the basis of problematic behaviour, this is an overall positive result.

Each child was asked to rate how happy they were at school. Two thirds (six) responded very positively, rating their happiness at 7 or above, and the remainder all rated themselves as 4. Children were also asked about their relationships with teachers and fellow pupils. When asked how well they got on with their teachers, all replied positively, with around $\frac{3}{4}$ (seven) rating their relationships at 7 or above. The following chart illustrates these results and the broad similarity between each child's rating of the two factors:

Chart 18

Happiness at School and Relationship with Teachers



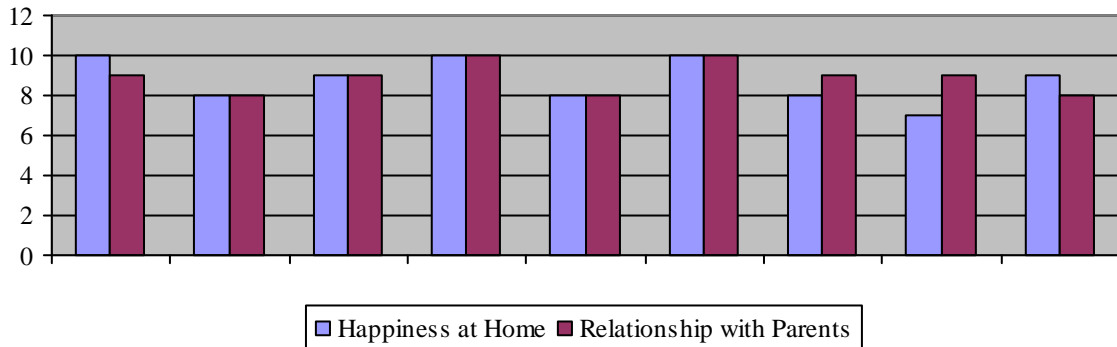
When asked if they had a lot of friends at school, all but one child scored themselves as 10. The remaining child rated themselves as a 9, indicating that this sample feel they are well integrated with their peers at school. Just under ½ of the sample (four children) also reported being members of sports clubs and youth groups at school. In view of the nature of the referrals for this group, and the literature on development and risk, all of the above findings are very positive.

When asked how well they were able to keep up with their school work, 55% of children (five) responded very positively (8 or above) and only one gave a negative rating (2). Notably, this was the same child who rated their behaviour as very problematic. All of the five children who responded very positively about their school work also reported having no difficulty in managing their homework. Unsurprisingly, the child who gave a negative response regarding their school work also reported that they never completed their homework. Two children reported that they did not receive homework, an answer that would require verification from the school to be accepted.

Children were asked how happy they were at home and all replied very positively, rating their happiness at 7 or above. All rated their relationship with their parents as 8 or above. The following chart illustrates these findings:

Chart 19

Happiness at Home and Relationship with Parents



The findings documented above are overwhelmingly positive. Notably, five children gave similarly positive ratings to their relationship with their siblings. Of the remainder, one rated their relationship as a 4 and two gave very negative ratings (1). The final child did not have any siblings.

When asked about their behaviour at home, over $\frac{3}{4}$ of children (seven) reported having very few problems, rating their behaviour as 8 or above. One child rated their behaviour at 6, indicating some problems, and the final child rated their behaviour as very problematic (1). Notably, this child also rated their sibling relationships as very problematic. Children were also asked if they thought their parents would agree with the behaviour rating they had given. All but three stated that their parents would agree. It is interesting that the three who thought their parents would disagree had all rated their behaviour very positively and in fact, their parent's ratings of their behaviour (available in two cases) were not wildly different at 5 and 7.

Children were asked about their home routines in order to establish whether appropriate boundaries had been maintained post-PSP involvement. All but one child were able to give a detailed account of a typical evening at home, and two thirds (six) were able to identify a set bedtime. Just over $\frac{1}{2}$ (five) discussed going out to play with friends, highlighting the local park, their neighbourhood streets, or friends' houses as the various locations for doing so. Four of these five also identified curfew times for returning home. Others discussed other activities in and around their own home, such as playing on their computer or trampoline, or visiting other relatives. A further four children discussed having a family dinner time and four were able to identify a set dinner time. Another four discussed their participation in household chores, such as washing up, or doing their homework.

When asked if they would like to change anything at home, just under $\frac{1}{2}$ of children (four) replied nothing. One wanted their bedroom redecorated and another wanted a bigger house to live in. These are relatively positive responses to this question. However, one child stated they would like to stop all the 'swearing and heated arguments' and one wanted to change their brother. Both cases are indicative of potential relationship difficulties and it is interesting that the first child had only rated

their behaviour at home as a 6, and the second had rated their relationship with their siblings as a 1.

Just over ½ of children (five) reported being very happy with the area they lived in and two gave a neutral rating of 5. One child rated themselves as very unhappy with where they lived. When asked what they would like to change about their area, three, who had all reported being very happy with where they lived, stated 'nothing'. Three children discussed not liking the people who lived in their local area, with two reporting being worried by the older young people and 'neds' who hung about the streets. A further two stated they would like the area to be quieter, and two discussed wanting to clear the local park and streets of mess and vandalism.

With regard to their behaviour in the community, just over ½ of children (five) gave themselves a top score of 10 and another gave a rating of 8. Two gave a rating of 5 and one gave a rating of 4. When asked if they thought that their neighbours would agree with their rating, only two stated that they would not. One did not know what their neighbours would think and the rest believed that they would agree. However, when asked if they had gotten into trouble whilst playing outside two thirds of children (six) said that they had, three of whom had previously rated their behaviour at 8 or above. Children reported a range of different reasons for their getting into trouble. The three who rated their behaviour highly reported having been caught climbing on a neighbour's fence, smashing a window and hanging out with friends who were drinking. The drinking incident had resulted in the child coming into contact with the local police officers. The three who had been in trouble but who had given medium ratings for their behaviour did not specify what had gotten them into trouble so it is not possible to compare the two groups.

Just over ½ of the children (five) were able to recall the behavioural problems that had led to their referral to the PSP. When asked what they remembered most about their time at the PSP, seven children referred to the various activities and groups they had participated in and one discussed getting to meet all the people. One child claimed to remember 'all of it'.

Over ¾ of the children (seven) stated that they thought the PSP had helped them in some way. One did not know and the final child said that it had not helped them. Of the seven that said it had, five were able to explain what the project had helped them with. Two stated that the PSP had helped their behaviour and one said that the PSP had helped them learn to share. Another child stated that the PSP had helped their confidence and the final child claimed the project stopped them from getting bored.

Children were asked to rate how much they thought things had improved since they had completed their time with the PSP. Just over ½ (five) responded very positively, rating their improvements as 'lots better' (8 or above). Two rated their improvement at 6 and 7, and one rated their situation as a 3, indicating that this child felt that things had gotten worse. This particular child had cited difficulties at home and had reported getting into trouble in the community in their earlier responses, although told their interviewer that their problems had only gotten worse in school. Interestingly this child had rated their happiness at school highly. When asked about this, the child responded that they were only happy at school because they had friends there. This illustrates that, in spite of their difficulties at home and in the community, it is

possible that for this child school is an important protective factor. Given that this child was referred to the PSP because of the difficult nature of their behaviour in school this is a potentially important finding.

Crucially, the vast majority of the children in the follow up sample have reported an improvement in their situation since the period before their involvement with the PSP. Given the current age of this sample, and the fact that a high proportion have undergone the high risk transition from primary to secondary school, this is an important positive finding. Moreover, all of the sample have been successfully maintained within mainstream education which, given the nature of their referrals to the PSP, is not an outcome that would have been predicted prior to the involvement with the PSP.

Key Points – Children

- Children were generally positive regarding their behaviour and happiness at school and in the home, and all had been successfully maintained in mainstream education
- Children also reported being well integrated with teachers, friends and clubs at school, and half were able to discuss structured routines with curfews and set bedtimes
- Children reported good behaviour in the community, although just over half had ‘gotten into trouble’ when playing outside. Only one child reported being taken home by the police
- The majority of children believed the PSP had helped them in some way and that their situation had been improved by their involvement with the project. Around half were able to identify a number of ways in which the project had helped or made a difference

Follow Up School

Self complete questionnaires were sent to relevant teachers at each child’s current school. These used a combination of open questions and likert scales to gather information on how well each child was doing at school in terms of attendance and attainment, and on the teachers’ perceptions of each child’s behaviour.

Teachers were asked to provide a rating for their level of concern regarding each child’s behaviour at school. Three teachers (30%) indicated that they had very few or no concerns regarding behaviour, providing ratings of 8 and above. Two (20%) of the children in question here were still at primary school and one had moved to secondary education. Another three teachers (30%) gave middle ratings of 4, 5 and 6, indicating that they had some concerns over the child’s behaviour. Again, two of these children were still in primary school and one was in secondary school. Four teachers (40%)

provided poor ratings of 3 or less, indicating that they were, at the time of fieldwork, very concerned about the behaviour of those children. All of these children were attending mainstream secondary school.

Overall it can be stated that around two thirds of the teachers indicated that they had little or no concern regarding the child's behaviour at school. Given that all these children were referred to the PSP by their schools on the basis of serious, problematic behaviour this is an important positive finding. However, one third cites serious concern over the child's behaviour. It is possible to speculate that those who gave positive behaviour ratings might have done so because they were aware, or had direct experience, of the problematic behaviour that had resulted in the child's referral to the PSP. Thus they could be using that as the benchmark for their current behaviour and marking highly due to the level of improvement. As a high number of those children whose behaviour was rated positively are still in primary school, and therefore better known to the teachers in question, this is a plausible assumption. Further verification from the teachers would be needed to assert this with more confidence though. Those teachers who gave negative behaviour ratings were all secondary school based. This may mean that they are unaware of the child's previous problems and any progress they have made with their behaviour in recent years, but equally it is possible that the children in question may be reacting badly to the transition from primary to secondary education. Given the late stage at which they were referred to the PSP, and the problems documented previously with such referrals, this is also a plausible explanation. Again, further verification would be required to assert either with certainty.

Seven teachers also reported that the child had been subject to formal sanctions in the previous academic year (2006/2007). Three stated that the child had been excluded, with one reporting that this had happened more than once.

Teachers were also asked to rate their level of concern regarding each child's social skills. Three indicated they had very few or no concerns, rating their concern level as 8 or above. Unsurprisingly, these were the same teachers who had little or no concerns regarding behaviour. Three gave middle ratings of 4 and 5, and three gave very poor ratings. Thus, around two thirds of teachers had little or no concerns regarding the child's social skills.

Sixty per cent of teachers (six) reported that children were receiving school based supports. Four of these children were receiving support for behaviour, and four were receiving classroom assistance or learning support. Two children had been allocated a Home Link worker. Notably, five of the seven children who had progressed to secondary school were reported as receiving school based support.

Information on attendance rates was only offered in respect of three children. One child had an attendance rate of only 79.7% for the academic session 2006/2007. This is a level beyond the threshold for concern, although the teacher did not report any further concerns regarding this child. Further information would be needed as to why the child had such a high absence rate before an evaluative comment could be made here.

With regard to levels of attainment amongst the sample, 60% of teachers (six) reported that children were working at or towards level C in reading. Of the seven children who were of secondary school age, two were recorded as working towards foundation and general/credit standard grades and another was recorded as level E. According to the National Guidelines¹³, this is appropriate for young people at this stage in their education. However, two were recorded as working at level C, one at B/C and the final child was working at less than level A. This indicates that these children are experiencing difficulties in school and possibly beyond.

With regard to writing, the overall level of attainment reported was broadly similar. However, two of the children who had achieved level C in reading were only achieving level B in writing. A similar pattern was found for levels of attainment in mathematics.

When asked if they had any concerns regarding the child's home situation, just under one third of teachers (three) responded that they did. Only one supplied detail as to why they were concerned, reporting that the child's grandmother had recently passed away. Teachers were also asked if they had any concerns about the children's behaviour in the wider community. Only two reported that they did, stating that the child was known to have behaved in an antisocial manner outside of school. It is perhaps not surprising that both of these children had been excluded from school during the previous academic session.

Key Points – Teachers

- Teachers gave mixed ratings of the children's behaviour at school and their social skills, with two thirds reporting little or no concerns but one third citing serious concerns. Those citing serious concern were secondary school based

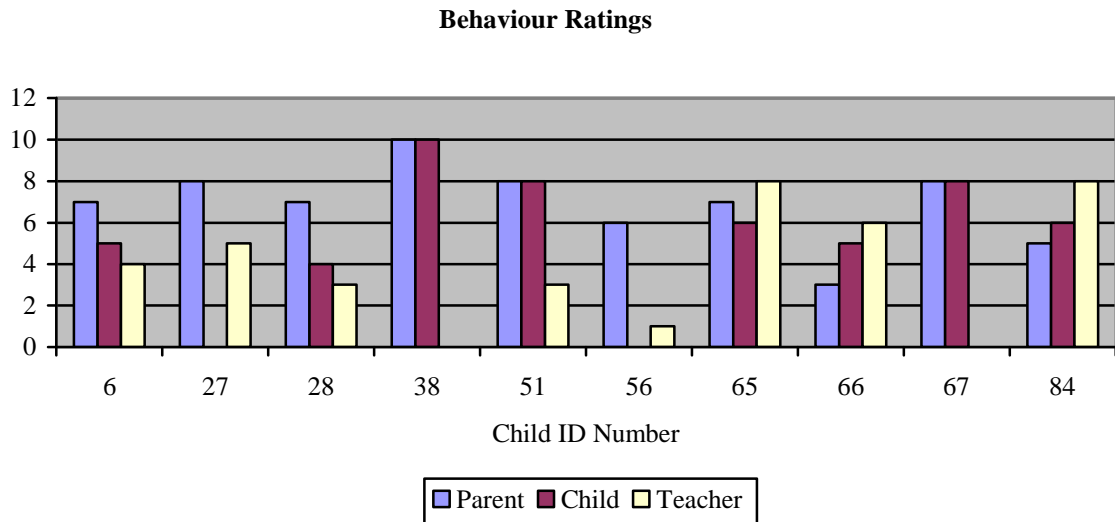
Comparing the Ratings

Examining the feedback from the various parties reveals some considerable differences in the responses and the ratings offered. While this would be expected from such a subjective exercise, it is worth looking at these differences in more detail. The following chart demonstrates the differences between the parent, child and teacher ratings for each child's school based behaviour¹⁴:

¹³ Curriculum and Assessment in Scotland, National Guidelines, English Language 5-14, June 1991, page 9

¹⁴ Where only one response was available, that case was omitted from this analysis

Chart 20



In five of the cases illustrated above, the teacher has given a lower rating for behaviour than the child or parent. In three of these cases (28, 51 and 56) the difference is considerable. It is possible that this discrepancy is due, in part, to the teachers' lack of knowledge of the history of the behaviour of the children in question, all of whom have progressed from primary to secondary education. For these teachers, the benchmark against which to judge a child's current behaviour does not take into account how far removed this might be from the behaviour that resulted in their previous referral to the PSP. Nevertheless, the perspective of the teacher is useful here to illustrate that, in spite of any improvements noted by the children and parents, some of this sample still give cause for concern in terms of their behaviour. This is not to negate the positive achievements cited by the parents and children, but serves usefully to locate these responses in a wider context and demonstrate the unmet needs of the individuals.

Encouragingly, teacher ratings are considerably higher than parent or child ratings in three cases. In the instances where the difference is large, this suggests that perhaps more could be being done to communicate to the parent and child just how well they are perceived by their teachers.

Key Points - Overall

- Overall, the findings from the follow up evaluation are positive and point to a number of successes of the PSP in assisting children and their families
- It is possible that a number of the more negative findings can be explained in part by the typically late stage at which the sample were referred to the PSP. This sends a clear message that the work to secure earlier referrals must continue to be a key element of the future work of the PSP

Chapter 6 - Conclusions and Next Steps

Conclusions

The PSP was established in 2003 to provide early intervention for children experiencing multiple difficulties and viewed as vulnerable because of their personal and social functioning. Further criteria set out by the local authority were that the PSP target schools that were located in areas of significant and multiple social deprivation and geographically spread across the Renfrewshire area. The focus of intervention was to assist in personal development and improved functioning in family, school and community contexts.

114 children have been involved with the PSP since its inception in 2003 and there are presently 35 open cases. The project has worked at 20% over capacity over the working period. The catchment schools are located in areas of social deprivation and the socio-economic characteristics of the children referred to the PSP reflect this.

The evidence available to date suggests that PSP management and staff have established a credible welfare and behavioural focus for the project in line with current evidence on responding effectively to multiple need and risk.

In the early stages of the project, referrals from schools tended to be in relation to children aged 8 – 12 years. There is evidence that the work of the project has encouraged some schools to refer children earlier, on the basis of antecedent need, rather than wait for the escalation of behavioural difficulties. This has been a key success of the PSP but there is still work to be undertaken to encourage the range of catchment schools to adopt this approach and refer children earlier.

The profiles of the children referred to the project suggest that the PSP identifies a range of complex and unmet needs that are not fully recognised by other agencies. Thus it is possibly 'picking up' children who are 'at risk' of a number of poor outcomes but who would not necessarily be identified as such. A number of children have been referred to additional support that would not otherwise been available to them without the involvement of the PSP. This is another success of the project.

Case studies have demonstrated the individual approach that the PSP adopts when dealing with children and families with complex and multiple difficulties. The capacity of the project to provide a range of supports and work successfully with other agencies has also been shown.

Follow up work has shown that parents and children have been overwhelmingly positive about the PSP and the impact it has had. Both groups were able to identify a number of ways in which the project had helped or made a difference to them. Many of the impacts cited by the follow up sample fall in line with the objectives set out by the PSP with regard to social and personal functioning, social integration, structuring the home environment and coping more generally.

Some concerns have been raised in the follow up sample regarding behaviour in the community and school, and peer association. However, it is possible that a number of the more negative findings can be explained, in part, by the late stage at which many of the children in question were referred to the PSP, and would support the efforts of the project to secure earlier referrals.

Overall, findings from the case studies and the follow up evaluation provide promising evidence that the PSP is having a positive impact on a substantial number of very vulnerable children and their families.

Next Steps

The focus of the evaluation and development work in the coming year will be the PSP data systems. The outcomes documented for in the case studies and follow up work demonstrate that there can be a number of different positive outcomes according to the situation of the child and their family. Many of these outcomes have not been captured by the existing PSP database and there is a need for some creative thinking as to how these might be captured in a simple and easily accessible format. It is apparent though that there are a number of opportunities throughout the 'life' of these cases wherein data could be captured for evaluative and monitoring purposes, most crucially at the assessment, review and closure stages.

The proposed objectives for the Centre for the coming year are as follows:

- Provide consultancy and advice on the collation of existing paper data held on past and current clients within the PSP for the purposes of monitoring and evaluation
- Provide consultancy and advice on the gathering of current and future client data and the development of data systems appropriate to monitoring and evaluation
- Provide consultancy and advice on the development of clear, achievable and measurable objectives for the PSP

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