HARINGEY COMMUNITY GOLD

Evaluation Interim Report Year One

bridge
renewal trust

for happy and healthier communities

Haringey Community Gold Evaluation
Interim Report Year One

Introduction

As part of the first round of the Mayor's Young Londoners Fund (YLF), Haringey was awarded funding to deliver the Haringey Community Gold (HCG) scheme to support young people to discover their talent and fulfil their potential. HCG uses a strengths based public health approach to engaging young people and benefits from a network of connected community programmes to listen and respond to young people.

The Bridge Renewal Trust was appointed as the evaluation partner for the programme. Our aim, working with all partners, is to support the process of planning and reflection to create a clear theory of change that describes the logic underpinning the project and to create an evaluation plan that is meaningful and proportionate to measure key outcomes and mechanisms of change. This first interim report sets out that theory of change - what it is that partners believe makes the programme work. In addition, the reports aims to capture key learning from the set-up and establishment of the programme.

As the evaluation progresses in years two and three, the focus will be on capturing robust data about the outcomes achieved by young people on the programme.

Method

The findings included in this report are based on the following data:

- Theory of change development with each of the 9 individual delivery partners plus at programme level
- Evaluator attendance at key project meetings & documentation review
- Qualitative interviews with delivery partners at year end
- Output data submitted to GLA

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Section A: Understanding the Haringey Community Gold programme and how it aims to support Young People.

The HCG programme is made up of detached youth work and community programmes. It allows young people to find local provisions which range from sports, training and employment, future leaders programme, mental health support and a BAME careers service (see Figure 1). The consortium of providers was formed following a series of consultation meetings in Tottenham, following which organisations submitted individual proposals to Haringey Council - who operate as the lead partner for the YLF bid.

Figure 1: Summary of HCG service provision
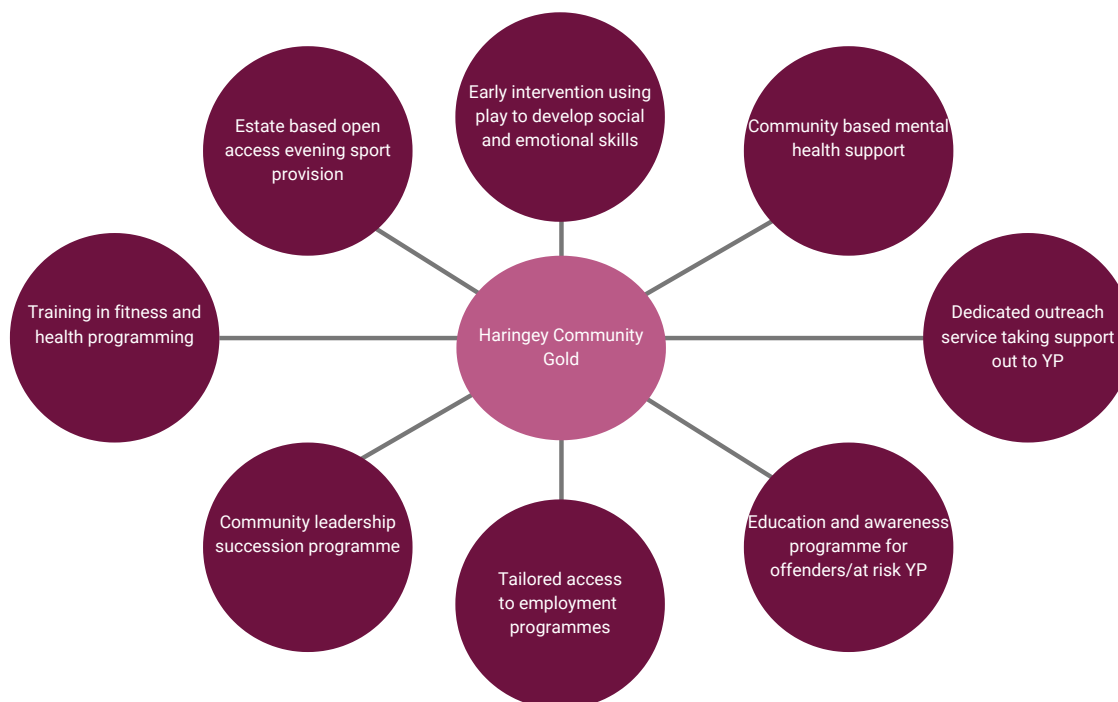
The programmes are run by the following partner organisations:

- **Haringey Council:** A team of five youth outreach workers helping connect young people to the programme and other services in Haringey. The team have also recruited apprentices to support their work (two currently) and provide opportunities for young people.

- **North London Partnership Consortium Ltd (NLPC)**: Delivering a community leader programme that aims to create and cultivate young offenders/disaffected youth into future community leader through an accredited training programme and targeted work experience placements. NLPC also act as the managing agent for the programme.

- **Access UK**: Provides a specialist BAME careers service, supporting young people in to employment

- **Work works**: Works to empower young people by upskilling them and creating a tangible avenue that leads to sustainable employment

- **Haringey Play Association (inc. Wood Green Sandbunker):** Working with 10-15 year olds offering play based support both as a drop-in and through more targeted provision working with schools.

- **We Care Homes**: Combination of schools based awareness workshops and a more intensive 12 week rolling programme for 12-21 year olds including high risk offenders and those excluded and at risk of exclusions. Techniques used to address trauma, knife crime and gangs

- **Taking the Heat out of the Street**: Open access sports provision for young people aged 13 to 21 on Broadwater Farm Estate one evening per week.

- **My Training Plan**: Provides fitness sessions for disaffected young people, providing training on personal fitness and nutrition as well as opportunities for a small number of YP to train to deliver the programme to future cohorts.

- **Thinking Space**: Service supported by the Tavistock and Portman NHS Trust which trains outreach workers to facilitate a safe space where individuals can talk about their feelings.

In addition, **The Bridge Renewal Trust** is delivering the independent programme evaluation.

It is important to note that a number of additional activities are now underway within the Council that are associated with the HCG programme, however this report focuses solely on those activities directly funded by the Young Londoner's Fund.
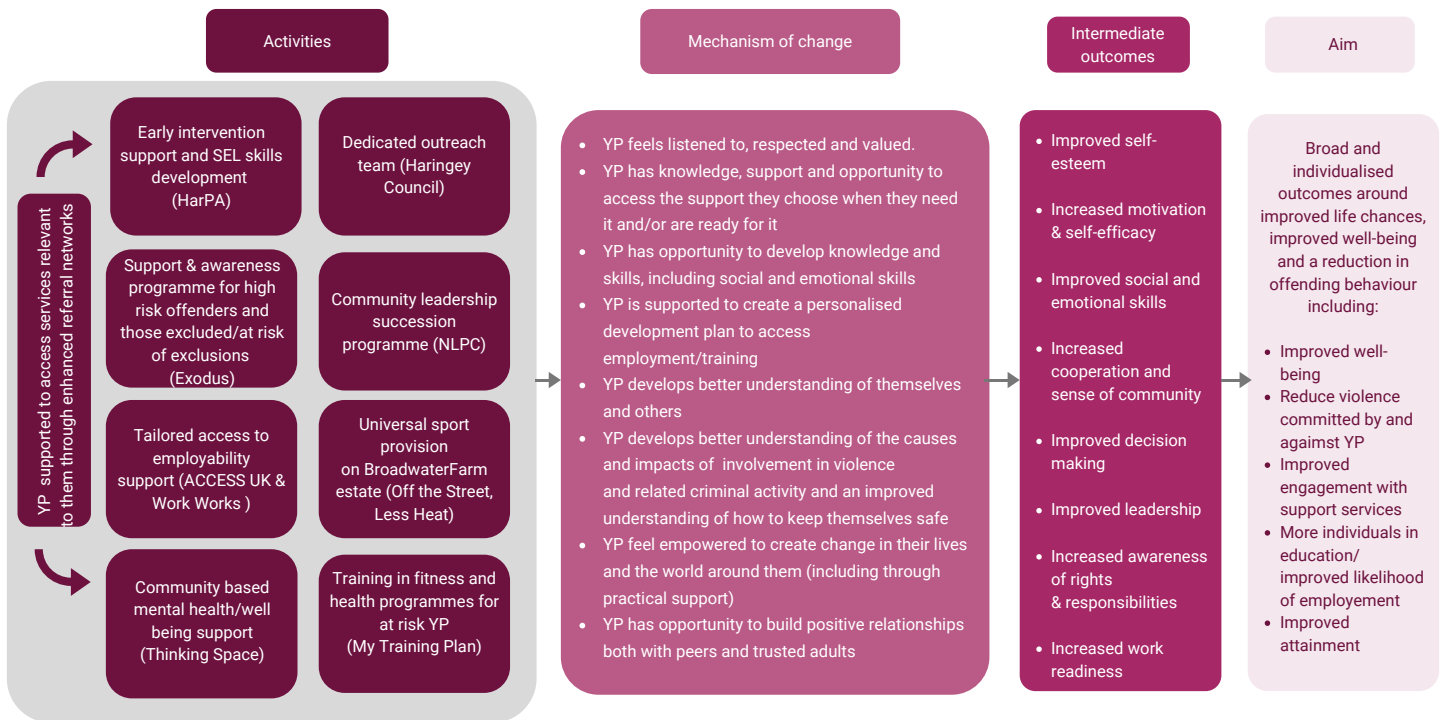
Programme Theory of Change

A Theory of Change (ToC) is a tool used to describe how a project/programme/organisation aims to achieve a certain goal. It sets out the links between the activities undertaken and the resulting outcomes needed to achieve the final aim. Figure 2. overleaf illustrates the ToC for the HCG programme, which was developed based on a workshop with the partner organisations. It has four elements:

- Activities – the type of activities that the YP can access as part of the programme;
- Mechanisms of change – the feelings that YP experience whilst participating in these activities. These experiences are what result in the positive intermediate outcomes;
- Intermediate outcomes – the values, attitudes, knowledge and skills and behaviours that young people develop as a result of participating in activities; and
- Aim – the longer term and sustained effect that the programme aims to achieve.

Corresponding ToC's for each of the nine delivery partners are included as a separate Annex

Figure 2: Programme Theory of Change

Activities	Mechanism of change	Intermediate outcomes	Aim

Activities

YP supported to access services relevant to them through enhanced referral networks

- Early intervention support and SEL skills development (HarPA)
- Dedicated outreach team (Haringey Council)
- Support & awareness programme for high risk offenders and those excluded/at risk of exclusions (Exodus)
- Community leadership succession programme (NLPC)
- Tailored access to employability support (ACCESS UK & Work Works)
- Universal sport provision on BroadwaterFarm estate (Off the Street, Less Heat)
- Community based mental health/well being support (Thinking Space)
- Training in fitness and health programmes for at risk YP (My Training Plan)

Mechanism of change

- YP feels listened to, respected and valued.
- YP has knowledge, support and opportunity to access the support they choose when they need it and/or are ready for it
- YP has opportunity to develop knowledge and skills, including social and emotional skills
- YP is supported to create a personalised development plan to access employment/training
- YP develops better understanding of themselves and others
- YP develops better understanding of the causes and impacts of involvement in violence and related criminal activity and an improved understanding of how to keep themselves safe
- YP feel empowered to create change in their lives and the world around them (including through practical support)
- YP has opportunity to build positive relationships both with peers and trusted adults

Intermediate outcomes

- Improved self-esteem
- Increased motivation & self-efficacy
- Improved social and emotional skills
- Increased cooperation and sense of community
- Improved decision making
- Improved leadership
- Increased awareness of rights & responsibilities
- Increased work readiness

Aim

Broad and individualised outcomes around improved life chances, improved well-being and a reduction in offending behaviour including:

- Improved well-being
- Reduce violence committed by and agaimst YP
- Improved engagement with support services
- More individuals in education/ improved likelihood of employement
- Improved attainment

Feedback from the delivery partners (complemented by external research) highlight a number of additional key features of the programme.

Support provided in the community, by the community:

HCG provides support in the community through detached outreach and community based delivery partners. Research highlights both the potential value of providing support in the places that young people regularly go and of delivery by community-based organisations who are able to recognise the local need and have direct access to the most vulnerable people. Partners also report the importance of being known within the community in building trust amongst YP, which is seen as an essential precursor to being able to provide effective support. Being staffed by individuals with lived experience of the issues faced by YP is seen to provide a level of authenticity that promotes engagement from YP.

Connecting YP with supportive adults & activities:

Relationships with caring, trusted adults, in addition to parents or caregivers, can influence young people's choices and reduce their risk for involvement in crime. The majority of projects in the programme offer an element of formal/informal mentoring. These relationships support YP to get the most from programmes and to connect them with other services where appropriate. In addition, partners highlighted the value of providing visible role models for YP, highlighting the potential transformative effect of connecting with someone who has already found success in spite of facing similar adversities to the YP being supported.

Case Study 'A'

A, a 13 year old with a history of anger and challenging behaviour was excluded from school for being violent towards a classmate, who was also known to have connections to youth crime and violence.

HarPA provided a space for A to talk about what happened and to understand the process and impact of school exclusion. A was remorseful and wanted to apologise to his classmate. As a result of their close connection to the community, meaning that both YP were known to HarPA and they both trusted the team there, they were able to mediate a meeting between them shortly after the incident. This enabled the YP to resolve the issue without any further escalation of violence.

Providing opportunities for individual development:

Skills development has a robust research base, which shows building young people's interpersonal, emotional, and behavioural skills can improve life chances and reduce both youth violence perpetration and victimization. Projects within the programme support social and emotional skill development alongside practical support into education and employment, including access to accredited training.Mental Health support:It is known that the level of need for mental health support among young people involved in/affected by serious youth violence is high, and they can face additional barriers to accessing support. Trying out new approaches or providing support in different environments may help tackle stigma and barriers, which the programme does through the Thinking Space project.

Youth Centred:

Learning shows that trusting young people as experts in their own lives and creating a range of levels of engagement so that young people can commit their time and inputs at a level that works for them supports effective intervention. YP in the programme can choose which projects they are interested in to create a bespoke experience for themselves. In addition partners have highlighted the importance of responding to the needs and activities that YP feedback they want. For example, the outreach team have set up a number of regular sporting activities specifically following requests from YP and other partners have used the provision of food as a way of encouraging a wider range of YP to engage with their projects.

Enhanced referral networks:

The lives of children and young people stretch across families, schools and communities and research suggests that the most effective projects do the same. The programme's scope is limited to working directly with YP but one of the aims of the programme was to enhance referral networks both within and outside the programme it aims to help connect YP (and their families) to other sources of help. Whilst this has proved challenging in practice (see discussion in next section) it continues to be a key focus for the programme.

Skilled staff:

All partners reflected on the value they placed in having skilled staff who are deeply committed to the work they do and have lived experience of the challenges faced by the YP they are supporting. It is known that building trust, developing respect, being accepting and understanding and stable and consistent are key practitioner qualities when working with vulnerable young people and these behaviours were described often during interviews with the providers.

Case Study 'C'

C is 15 years old and lives with mother and 3 younger siblings. His family moved from a neighbouring borough to Haringey due to concerns for their safety. C and his siblings are on a child protection plan. In addition, C was suspected of involvement with gangs as he was assaulted and threatened by gang members.

C told the outreach team that for several years he had been terrified of the gangs in the area assaulting him and therefore missed a lot of school and became NEET. He confided that he wants to get back into education and has an interest in football and boxing. He was invited him to attend weekly boxing and football. C has been attending boxing every week, he has also met with a local college and will begin education there. C also told the Outreach Worker he would like to find work once he turns 16 in a few months and so will be introduced to a training and employment provider after his birthday.

Multidisciplinary work and safeguarding:

The partnership works closely with Early Help, Social Workers, Schools and Youth Centers. This enables effective intelligence sharing about young people and agreeing the best strategies to approach concerns.   This is also an important aspect of safeguarding, which is core to the delivery of the programme. All staff working with children undergo vetting and are trained on local safeguarding practices and policies.

Case Study 'D'

D is a 17-year-old who has been known to Children's Services throughout her life and was a looked after child 3 times. D initially met with an outreach worker through street outreach was supported to secure employment at McDonalds. A few months later D contacted her outreach worker again say that she'd been asked her to leave home. D advised she had a Youth Justice Service appointment she needed to attend so the outreach worker met her there. D was supported through a MASH referral to Children's Services due to being homeless.   D was advised that as it was late in the day she would need to stay with a friend or family member for the night. D was supported by the outreach worker with breakfast the following morning and sat within children's services for an assessment to take place.

She consented to engage with an NHS mental health provision who were able to offer her weekly mentoring. Children's services were unable to find a placement for D and she spent 4 nights with her extended family until they advised she could stay no longer. D phoned the outreach worker after children's services had closed advising she had no where to stay for the night and she was supported to contact the out of hours team. D was provided with housing after 5 nights of being homeless. The regular contact from the outreach worker enabled the team of professionals to maintain contact with D during this period. The mental health service continues to meet with D weekly and are supporting her around issues that she is now experiencing

Section B – Key Implementation Lessons

The previous section outlined some of the key features that are seen as core to the success of the programme model.   This section highlights the key practical lessons learned through the implementation of HCG, as highlighted by partners during interviews and meetings. The aim is to highlight some of the challenges that the partnership has encountered, alongside the potential solutions that group has identified, and in many cases implemented, so that others setting up similar programmes can learn from these. A key strength of the partnership has been the willingness of everyone to be open and honest about what they see as working well and not so well and to remain focussed on seeking solutions to problems where they arise.   For others looking to implement similar programmes it is important to note that finding the right solution is often a case of 'try and see' as it will vary depending on the individual organisations involved and resources available.

Key lessons from year one of implementation of the HCG programme:

1. Allow sufficient time in the set up phase for process, practice and people

Many reflected on how the set-up phase often seems to take longer than anticipated and cited a broad range of factors that influenced this. It was acknowledged that many of these are necessary and important steps to ensure that services run safely and effectively. Nevertheless, it is useful to highlight these so that others looking at setting up similar programmes can consider whether they may apply to them and prepare accordingly.

Practice & process

Whilst community organisations are often well placed to begin delivery quickly given their location within, and connection to, the local community, there remain a number of sequential practical steps and processes that must be completed before an organisation can begin service delivery.

Key drivers of the length of set up time for HCG cited by partners were: ·

- Gaining approval to distribute funding held by the Council (as lead partner) to other delivery partners in order to commence work·
- Drafting, approving and signing numerous individual SLAs ·
- Review and approval of provider marketing materials by the LA marketing team to enable partners to advertise their services ·
- Recruitment (this was particularly an issue within the LA where additional approval processes were required)·
- Arranging and completing programme specific safeguarding training·
- Enhanced DBS – this particularly relates to the use of ex-offenders as staff especially where they are delivering programmes within other organisations/institutions. Once DBS checks are received these may trigger additional safeguarding processes which may vary between organisations.·

- Approval of course curriculums – where organisations are either creating a new accredited course or are delivering a course within another institution there will be a process for reviewing and approving the course content ·
- Connecting with and establishing working arrangements with schools (where services are school based or aim to take referrals from schools)·
- Sourcing venues in new areas (many of the organisations were based in Tottenham as that had been the initial geographical focus, however latterly the programme sought to also focus provision in Wood Green)

Whilst it was recognised that these necessary steps will inevitably take time, a common theme arising in interviews was the long length of time between initial discussions and actual receipt of funding to start work when compared with the speed at which providers themselves felt they were expected to be operational. This can be a source of frustration and concern was raised that is often the delivery organisations at the 'end of the chain' that are disproportionately impacted.   For example, delays in release of funding from the LA meant that organisations were unable to start until the second quarter of the year without a corresponding reduction in their formal performance targets.

People

This relates to the young people themselves and specifically the time that is required to build the level of trust needed to effectively engage them in services. Some organisations were already well established in their areas and therefore YP, already familiar with them, engaged much more immediately.   However, for newer programmes (or more established programmes working in new geographical areas) it was important to allow time to achieve this.   For example, one partner reported that in the initial weeks he invested time just walking around the local area/estates where he knew YP were to build his familiarity. He reported this made it easier to then engage those YP, although even then he noted that for the first sessions many of them sat at the back of the room and didn't want to join in. By doing this and allowing them to join in at their own pace he was able to engage YP that might not otherwise have felt comfortable participating.   Allowing sufficient time for this type of approach can help getting some of the hardest to reach YP to engage but it does take time and is consequently more resource intensive. It's important that funders are aware of this and that it's built into both resourcing models and performance targets.

2.   Invest resource in supporting partnership working

A common reflection from partners was that during the first year they had been very focussed on successfully delivering and developing their own individual services.   A common theme in all interviews was a sense of pride in how partners had managed to get up and running and delivering support to a large number of young people in spite of initial delays and challenges. However, a number acknowledged that this had, to an extent, come at the expense of investing less time in working together as a partnership.

As highlighted in the previous section a key premise of the HCG model is enhanced referral mechanisms, ensuring that YP engaging reach the services that can best support them regardless of which organisation they initially become involved through. There was a general consensus that this has been one of the more challenging aspects to deliver in practice and is an area that the partnership agreed to focus efforts on in year two.   Key elements of a strong partnership include communication, co-operation and flexibility[1]. Key reflections on how these aspects can practically be supported, based on the partners learning from year one, are included below.

Maintaining regular communication

HCG convenes monthly steering groups which all partners are expected to attend, however attendance at these meetings has been inconsistent. Partner reports suggest that this has primarily been a challenge of capacity - across the partnerships services were being delivered (and PT staff working) at different times/days so finding a time that suits all is difficult.   All recognised that maintaining close contact in the partnership was important and suggestions to make this more effective included:

- Vary the times and days of meetings
- Produce clear agendas and objectives for each individual meeting
- Where partners cannot attend a specific meeting ask for their contributions ahead of the meeting and circulate clear notes from all meetings afterwards
- Use a mix of virtual updates and face-to-face meetings with less frequent but longer face to face meetings (affording more time for partners to network & relationship build)
- Host meetings at different partners premises (where they can and would like to)
- Explore use of collaboration software (e.g. slack, MS Teams, Trello) to maintain contact in between meetings (although it was recognised that this may need to be moderated which has resource implications)

Ensure information on activities/opportunities is easily accessible

Across the consortium a wide range of activities are happening and keeping all partners up to date on what services/opportunities are being offered has been another challenge for the partnerships.   Key lessons/reflections from the learning from HCG include:

- Set time aside early on to discuss and agree how partners want to manage this (e.g. a newsletter, shared document drive, email updates etc)
- Set out clear roles and responsibilities, ensuring that all organisations take equal responsibility for ensuring that they both share information about their own services and keep abreast of other relevant activities
- Some central co-ordination will be required so identify who will do this and how this will be resourced from the outset
- Ensure information shared about services/events always includes clear information about who can/should attend, how to refer and who to contact to discuss further if needed.

Keep referral mechanisms under review

Another key learning point from the set-up of HCG is the importance of regularly reviewing the barriers and incentives to cross-referral, these include:

- Ensuring performance management systems support referrals – For example, to avoid double counting YP who are engaged with more than one partner only the first organisation to engage a YP can report them as a new engagement. This led to some confusion and inadvertently created a disincentive for cross-referrals.
- Ensure the practical referral process is clear i.e. information on who can be referred to each partner and how to do that
- Ensure mechanisms are in place for partners to safely share information about referrals (e.g. checking that a YP attended/completed).

3. Balancing flexibility and clarity

A number of partners commented on the value of having a degree of flexibility in delivery both at the programme and project level. This was important to allow projects to:

a)   adapt to delivery constraints (e.g. We Care Homes developed a condensed programme to fit into the time some schools were able to allocate them); and

b)   to change and evolve as understanding of what works best with YP grows (e.g. Works Works are planning to deliver regular one day employment workshops off site to help more YP access the service)

The capacity of the partners to operate in this way and the support of the funder to do so has been a real strength of the programme. However, partners also emphasised the importance of balancing flexibility with clarity. For example, a number of partners reported that despite being given some flexibility on the age criteria (10-21 years old) the degree of flexibility was unclear and this led to them carrying out work with older YP who they were then unable to count towards their monthly targets[1].   It is key that all partners are kept updated and informed of any changes that impact on delivery at any stage of the programme. For example, some partners reported frustration that they were not aware that the level of funding bid for their organisation was lower than the costs originally submitted to Haringey prior to the bid being submitted.

4. Develop clear and effective reporting structures

HCG works as a partnership, with Haringey Council also acting as the lead partner and NLPC also acting as managing agent. The managing agent is responsible for collecting and validating performance monitoring. Each organisation submits monthly performance returns which are validated quarterly during which the managing agent checks a sample of evidence such as signed attendance sheets, referral forms etc.

1] See Section 3 for further discussion of the implications of the age ranges

This model provides additional assurance and whilst it is acknowledged that some partners found the level of reporting challenging and/or disproportionate to their individual level of funding, others found the process beneficial and reported that it had helped them to improve their reporting structures within their own organisation in general. Some useful reflections from the learning from HCG include:

- Ensure the right people attend workshops explaining the reporting – this includes managers who are responsible for signing off returns as well as any staff completing them-

- Make guidance on reporting available online (ideally with video tutorials) so that all project staff can access this if needed or for a refresher
- Share common Q&As and mistakes on reporting to help reduce errors

Section C: HCG Year One Key Outputs

This section provides an overview of the key outputs from the first reporting year of the programme, January -December 2019. However, it should be noted that delivery was delayed and did not begin until the second quarter of the year, meaning this data represents 9 months of activity rather than 12 months.

In addition, due to the COVID 19 public health emergency, it has not been possible to access the complete source data. Therefore, this section only includes headline figures provided to GLA as part of the annual submission. Further analysis will be completed in due course.

1,364 | **YOUNG PEOPLE REACHED**
This is the number of unique participants who started activities with one/more of the HCG. delivery partners.

334 | **ACTIVITIES PROVIDED**
This is the number of separate activities/ workshops put on for young people across the nine delivery partners.

54% | **AGED 16-18YRS**
Where age was recorded, more than half of YP accessing services were aged between 16-18yrs, with three quarters between 14-18 yrs. (Funding is restricted to 10-21 year olds)

217 | **ENGAGED THROUGH SCHOOL**
This is the number of YP who engaged in school based activities.

101 | **COMPLETED TRAINING**
This is the number of youg people who completed an accredited/unaccredited course/qualification course through HCG

22 | **SECURED EMPLOYMENT**
The number of young people who secured. employment through HCG

Source: Partner monthly data returns, verified by NLPC

Headline outputs

The original aim of the programme was to reach 2,000 young people in the first year. However, delays to the start of the programme meant that delivery did not start until the second quarter of the year. In total, 1,364 young people were reached through the programme. As would be expected, the majority (just over three quarters) of these were through the outreach element of the programme. It was anticipated that a quarter of those young people reached would access ongoing support and/or engage in programmes, early estimates suggest this may be higher and closer to half of all YP reached.

Whilst all providers were required to collect demographic data on programme participants, in practice collection was inconsistent. As a result the data presented here should be interpreted with caution due to the high proportions of 'not knowns' recorded.

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Ethnicity was recorded in less than half of cases (46%). Of those where ethnicity was recorded, the majority (64%) were Black or Black British, followed by White (15%), Other (13%) and Mixed Ethnicity (6%). Gender was recorded in two-thirds (67%) of cases. Of those where gender was recorded the split was broadly even but with slightly more females (55%) compared to males (45%).

Age was recorded in sixty per cent of cases. Of those were age was recorded, just over half (54%) were aged between 16-18 years and more than three quarters (76%) were aged between 13-18 years. YLF funding is restricted to services provided to young people aged between 10-21. Whilst a limited amount of flexibility at the upper age range has been permitted the age restrictions were raised as an issue by a number of providers. Providers report that in practice their services would benefit by having an expanded age range. For example, HarPA noted that not being able to offer their intervention at a younger age (e.g. 8 years) could be a missed opportunity given that, in their experience, children of this age both need and can benefit from play services. This was backed up by requests from schools for younger people to be referred to their programmes which they were unable to accommodate.   Similarly, at the upper age range, a number of providers noted that often young people are associating with groups that include those older than 21 and that excluding these individuals can be difficult both in terms of practice and ethos of the organisations. For these reasons a number of organisations were continuing to provide 'older' people services, securing additional funding whether possible or, where not, providing them at their own cost.

Section D: Evaluation next steps & the COVID 19 public health emergency

The data collection for this report took place prior to the COVID 19 world pandemic. Understandably, this has impacted on the provision of services across the consortium and at the time of drafting we do not know when it will be safe to resume full operation and what operational changes may need to be made to the way services are delivered. In the original evaluation plans we would currently have been implementing a range of evaluation tools aimed at measuring some of the potential outcomes on young people accessing the programme e.g. improved wellbeing, increased resilience, reduced aggression.   As this is no longer practically possible and in light of the fact that we are measuring outcomes that we would expect to be impacted by the crisis we have paused evaluation activities.   We will keep this under review as the situation evolves, our current aim is to condense the planned activities into the remainder of year two and year three.