Interim evaluation of St. Giles Trust's Lambeth Family Gangs project

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April 2018

Contents

1. **Introduction**

Lambeth Family Gangs project exists to provide holistic support to families in the borough who are affected by the current or previous gang involvement of one family member, which can cause trauma and disruption to the whole family. The nature of the support provided involves offering help around issues such as housing, liaising with the authorities and supporting the children and young people in the family to stay engaged with education and employment.

Through casework support, mentoring support and partnership working, the service expects to achieve the following outcomes:

- Increased ability of families to better manage risk
- Reduced community isolation amongst family unit
- Increased awareness of gang activity amongst local professionals

The project is staffed by one full time caseworker and currently, two volunteer Peer Advisors.

The aim of this interim evaluation is to understand whether and how the project adds value to the current commissioning landscape in Lambeth. To this end, this report will consider the following areas in turn, before drawing conclusions and using learning to make recommendations for year three of the project:

- The extent to which the model (caseworker/mentor/partnership support) is addressing the needs of families referred to the service
- The extent to which the project is meeting its target numbers
- The extent to which the project is meeting its stated outcomes

2. **Method**

Data was gathered over three months during early 2018 by an independent evaluator using the following means:

- 1:1 interview with caseworker
- Face to face and telephone interviews with four professionals who have referred young people to the project
- Telephone interviews with two parents whose children have been referred to the project
- Case file review
- Analysis of monthly monitoring data
- Review of reporting feedback to project funder

3. **The effectiveness of the model**

The model is designed to meet the needs of young people currently or previously involved in gang related activity by providing holistic support to the whole family via the professional input of a paid caseworker, supported by input from volunteer Peer Advisors. Young people referred to the project need to meet at least four of the following six key areas of need in order to be in scope: housing;

mental health; ETE; financial; gang affiliation/youth violence; and general health. With only one full time paid member of staff, all initial assessments and support are provided by this person; the project's experienced caseworker. Collectively the service also provides support to partners by delivering gang awareness training sessions and through joint working and sharing information and advice.

Analysis of qualitative data obtained through interviews, indicates five key themes considered to be of particular importance and which can be described as adding value to existing provision in the borough. These are described in turn below:

3a. Whole family approach

All interviewees recognised the importance of working not only with the young person at risk but also with the wider family in order to affect real and lasting change by understanding and beginning to address the complex practical and relational issues that often underpin or can contribute to the situation.

> *'The family element is important. Real impact on challenges cannot be achieved if the focus is only on the young person. The context is important and the fact they can help with issues like housing, benefits and meet parents who give this context. In situations where the family is not having a positive influence on the young person or struggling to maintain boundaries, it's very helpful for St Giles to be involved'.* (Referring professional)

In addition to the family support approach, the project's ability to maintain relationships and support longer term is considered equally important, not least because generally the involvement of other services is more time limited.

> *'They are able to provide longer term family support which is really important. Most other service have constraints which don't allow for this depth of support. That's frustrating for us but it is reassuring to know that there's an additional layer of support available to young people and families in the borough'.* (Referring professional)

The holistic nature of the project's approach is seen to add value and is not the norm in Lambeth where most other services, particularly statutory services, are considered to be more reactive and have a remit to work with the young person only.

> *'Unfortunately, usually service criteria is so tight, but they are flexible and person centred in their response'.* (Referring professional)

> *'The resource is really needed, very valuable, especially regarding early intervention sessions where they offer mentoring and awareness and knowledge. It's very helpful rather than firefighting'.* (Referring professional)

3b. Flexible and responsive

One aspect of the project seen by professionals, parents and young people as very positive and unusual, is the relatively quick response time and short period between referral and assessment. This adds both to the project's credibility and also to the likelihood of engagement if young people and families feel their needs are being responded to within a meaningful time frame.

> *'They manage to operate without a long waiting list which is a real benefit. I had high concerns about someone and they responded really quickly'.* (Referring professional)

'I feel very lucky that they are local and responded so quickly to us. I've seen a marked change in [son's] *behaviour in a relatively short time because he* [caseworker] *caught him quickly'.* (Parent)

The team adopts a flexible and creative approach, characterised by one interviewee as a *'can do rather than a can't do'* attitude. Unsurprisingly, this is popular with recipients and those making referrals and is considered unusual, refreshing and instrumental in the success of the project.

[Caseworker] *'is very flexible and available. One young person wasn't sure about having a mentor. He was open to explaining all about it before even receiving a referral and conducting an assessment. It is very personalised, which is so rare. They are very responsive. If a big issue has happened, they are flexible to arranging a Child in Need meeting quickly'.* (Referring professional)

'I have referred a number of young people, not necessarily due to risk of gang involvement, more like school refusers, poor behaviour, at risk of exclusion, extremely challenging family dynamics etc. I have been surprisingly happy that they've picked up these referrals'. (Referring professional)

One interviewee described the service as *'intelligent'* in that it is dynamic and responsive to the needs in the borough, both those of the young people at risk but also of partner agencies. This enables it to operate in a way which compliments other services.

'It's a bespoke service which understands the needs and risks and provides a resource to support the work we do or as an exit strategy from our service, for example ETE, relocation, support in the community to help access other provision. It's been a wholly positive experience'. (Referring professional)

A clear example of this responsiveness and willingness to 'flex' the service in order to meet emerging needs has been the provision of twelve awareness sessions delivered in schools (and even one nursery) during the second year of the contract. This was in response to the caseworker noticing a trend in younger children being referred to the service and his recognition of the need to raise awareness, facilitate discussion and help develop critical thinking in children much younger than was anticipated. This provision is not part of the service contract and clearly adds value.

3c. Effective engagement skills

The cornerstone of effective engagement in this context appears to be the team/service's credibility which takes a number of forms:

Lived experience – for both parents and professionals, the fact that all members of the team have lived experience adds to their credibility and helps young people to visualise a different future for themselves because they can see evidence that change is possible.

'He [caseworker] *is credible. As an ex-offender he has lived experience and the young person feels better understood. This is a group that doesn't feel their voice is heard so it helps them to make informed decisions, see there is another way. When they are entrenched in gangs it can feel hopeless'.* (Referring professional)

Authenticity – staff come across as genuine, non-judgemental, trustworthy and independent and the diverse makeup of the team has meant that most young people feel there is someone they can identify with which can facilitate engagement, particularly initially.

'He's somebody independent of the family or social services for [son] *to talk to and bounce ideas about with. He knows unless there's a concern, information won't get back to us and that trust is so important. He sees* [caseworker] *as a buddy, who's flexible and can respond to his needs by taking a different approach.* [Son] *was very mistrustful but* [caseworker] *has managed to engage him really quickly'.* (Parent)

Ability to engage effectively at different levels – fundamental to the success of the service is the team's ability to engage effectively with the young people referred, their families and the range of other professionals potentially involved in each case. The team appears to get this balance right, fostering trust at all levels while sharing pertinent information in a way that adds positively and credibly to the collective response.

'Engagement is key. It enables them to add valuable intelligence to risk management panels, Child in Need meetings, early intervention, TAC and TAF meetings, which informs the holistic, partnership response'. (Referring professional)

[The caseworker] *has been very professional throughout; proactive in terms of meeting parents, doing home meetings, offering off site meetings etc. This has really helped the school to form extra bridges between school and the community we serve. In one case, the mother of a young person was always negative about him and despite the school describing the ways in which he was doing well, she did not accept it. However, when St Giles attended a meeting it was a breakthrough moment and the mum took on board the positive improvements being made'.* (Referring professional)

3d. Working beyond borough boundaries

All the professionals interviewed recognised the importance of the service's ability to work across borough boundaries, particularly in cases where the risk is so high that the family requires relocating. This ability is in marked contrast to the constraints experienced by other services, both statutory and voluntary sector. In addition to this ability, two interviewees noted that staff tend to adopt a pro-active attitude, often going beyond the call of duty, which sometimes appears culturally at odds with the responses exhibited by some other providers.

'The ability to work beyond borough boundaries is key. Statutory services cannot, so in relocation cases, have no incentive to find out about services and support in the new area. St. Giles goes the extra mile and finds this out to facilitate the transition. They make it their business to find out what's available in the new area and support the young person and family with that transition'. (Referring professional)

3e. Effective partnership working

The benefits of effective partnership working are felt in a number of different ways and contribute variously to improved outcomes for young people, their families and other professionals involved. First, as previously noted, the team is able to engage effectively with young people such that they will often share information not previously shared with other professionals involved. Without breaking confidences, when shared appropriately, i.e. at multi-agency risk management fora, this intelligence can reduce the risk of 'splitting' occurring between professionals and contribute to developing safe and effective multi-agency responses to young people at risk.

'They can really contribute to the child protection plan and help set boundaries and add valuable update and context. He [caseworker] *has been excellent in terms of the multi-agency work, gathering intelligence, letting me know things I did not know that help me fulfil*

my role, like for example that my young person was much better known in the area than I had been led to believe. It helps if I have that full picture'. (Referring professional)

Partnership working does also take a very practical form, for example joint visits. The team's willingness to work flexibly and responsively in a way that best suits the situation and person in question is valued by those interviewed.

'They've helped me out. Sometimes, for safety reasons you don't want to do a lone visit. We have a good joint working relationship. It also helps the young person who may be in their most vulnerable state; it helps to meet someone from the service in person and it avoids replicating the telling of their story. St. Giles have been very open to reaching the young person while being flexible to supporting me in my role'. (Referring professional)

Similarly, the broader advice and guidance offered by the team to other professionals is positively received as is their willingness to use their expertise and experience in the field to support partners and contribute to the learning about what works in relation to reducing risks for young people affected by gang involvement.

'As a sitting member at risk management panels, they are willing to share information and offer advice and consultation. They will also speak with case managers and offer advice and guidance'. (Referring professional)

'The project definitely fills a gap in the market. Children are recruited earlier and earlier and parents don't have a clue about what's going on and children don't understand until it's gone too far. Children, parents, teachers, other professional need more awareness about what to look out for so it's really valuable having them as a resource'. (Referring professional)

However, from the project's perspective, the positive partnership relationship is not always reciprocated in full, particularly with respect to Social Services. For example, through working intensively with a family, the team was able to identify that a Child in Need plan that was in place was not adequate. They recommended progressing to a Child Protection Plan in order to facilitate and improve the family's engagement and support. The recommendation was not accepted and relationships became strained. In situations such as this, the statutory/voluntary sector partnership appears one-sided with the latter feeling that the former is not taking accountability. The team is left feeling that their professional judgement, usually so respected and welcomed, is being questioned.

'This family needs family mediation or counselling etc. We are not qualified to do that but it is needed. [If] *they avoid doing what we've recommended, we are left to deal with the family'.* (Lambeth Family Gangs project)

Another way in which the service contributes to partnership working is through the delivery of gang awareness training for professionals. Analysis of the training evaluation forms indicates that it has been universally well received by participants. This sentiment was echoed by those interviewed who had undertaken the training.

'*The training was really good and pitched right. They captured the headlines well and put things into context; their vision, aims, the objectives of the project and the relationship we can have with them'.* (Referring professional)

4. Outcomes

This section considers first, the extent to which outcomes in relation to referral numbers have been met and second, the extent to which the three stated project outcomes (increased ability of families to better manage risk; reduced community isolation amongst family unit; increased awareness of gang activity amongst local professionals) have been met, exploring challenges and variances where they exist.

4a. Referral numbers

Referrals to the project come from a wide range of sources, including: Social Services; Youth Offending Services; Gangs Violence Reduction Unit; CAMHS; Park Campus Pupil referral Unit; Oasis Academy Lambeth; Single Homeless person's Unit; police; self-referral/walk-in; voluntary sector organisations; and other St. Giles Trust services.

Table 1 - numbers of beneficiaries overall and per year of the project.

Beneficiaries						
Type of beneficiary	Narrative description of who this includes	Target over project lifetime	Year 1	Year 2	Total	Target number for year 3
Direct beneficiaries	60 families (assuming 1 adult and 2 children) 180 people will be directly benefitting via 1:1 intensive casework and 1:1 peer advisor mentoring sessions. Children, young people and families in Lambeth who are affected by gang activity, serious youth violence or gang related criminality	**60**	16	22	38	**22**
Frontline workers benefitting	1 caseworker, 6 volunteer Peer advisors gaining NVQ level 3 advice and guidance qualification, training, practical experience and improved employability.	**7**	4	2	6	**3**
Other beneficiaries	Professionals from local borough attending gang awareness training. Improving confidence in identifying risk young people and providing support.	**120**	0	63	63	**57**

The project is on track to meet the target of 60 direct beneficiary families over the lifetime of the project. The assumption that adults (usually mothers) will benefit from intensive 1:1 casework support and young people from 1:1 intensive mentoring support is being validated. While it is rarer for direct 1:1 support with siblings to be undertaken, they can be said to be indirectly benefitting

from the needs of the family being better met, e.g. via improved parenting skills and more stability generally in the family.

There have been six volunteer Peer Advisors involved with the project to date. The expectation is for a further three to benefit during the final year.

The expectation is that 120 professionals will benefit from receiving gang awareness training throughout the life of the project. During year two, 63 people received training. Clearly these individuals will not require training a second time so the intention is to deliver additional awareness sessions in schools (as well as to professionals making direct referrals) in order to meet the project target.

Table 2 – Age of direct beneficiaries

Age of direct beneficiaries					
Age	Target over project lifetime	Year 1	Year 2	Total	Target number for year 3
0-10	50	10	11	21	15
11-24	70	26	34	60	30
25-64	60	18	24	42	23
65+	0	1	1	2	0

The project team has found more young people at the lower end of the 11-24 age bracket being referred than anticipated. These can be considered direct beneficiaries. Any young person referred who is over the age of 18 is referred directly on to St. Giles Trust's SOS project for adults affected by involvement in gang related activity. Those in the 0-10 age bracket tend to be siblings and as such, could be considered to be secondary beneficiaries. As a result, the team has adjusted the numbers per age bracket to more accurately reflect need and demand. Beneficiaries in the 25-64 age bracket tend to be mothers and are therefore also direct beneficiaries who receive 1:1 casework support.

4b. Stated project outcomes

Tables 3, 4 and 5 below refer in turn to the three stated project outcomes, describing identified outcome indicators and the proportion of direct beneficiaries expected to be positively affected in relation to each outcome.

Table 3.

Project outcome 1 – Increased ability of families to better manage risk		
Outcome indicators	**Expected project achievements**	
a. **Increased feelings of safety reported amongst families**	Family members are able to live without fear of violence. 85% of the 60 families who engage with us report feelings of safety as a result of our involvement with them	
b. **Decreased level shown on 'Families Risk Management Plan'**	85% of families, who are engaging with us, are scoring below 15 on their Risk Management Plan.	
Expected beneficiaries in relation to outcome 1 over project lifetime		**60**
Number of beneficiaries to date		**107**

As part of the initial assessment, a risk assessment is undertaken with all families which generates a score. This position is reviewed at agreed periods, including the views of professionals involved and a new score generated. A decreasing score over time evidences and increased ability to manage risk. Anecdotal evidence from families relating to their perception of their ability to manage risk is sometimes, but not always, reflected in case notes.

Based on the indicators for this outcome, many more beneficiaries than anticipated are reporting an increased ability to better manage risk. If this trend continues, the project is likely to more than double its targets in this area.

Table 4.

Project outcome 2 – Reduced community isolation amongst family unit		
Outcome indicators	**Expected project achievements**	
a. **Whether or not they record positive activity engagement (an increase being by 4 hours in activity per week).**	60% of Parents and siblings experience reduced social isolation, through engaging with local community networks and meeting others facing similar challenges.	
b. **Increased engagement in services that will support their families' needs.**	At least 85% of families have the confidence/ability to access support such as counselling, health professionals, communicating with schools, probation, improving the welfare of all family members.	
Expected beneficiaries in relation to outcome 1 over project lifetime		**60**
Number of beneficiaries to date		**116**

Identifying the evidence for this outcome is not so straightforward because it is specific to each individual and varies from case to case. The team uses a monitoring spreadsheet which helps keep track of the activities identified for each case in relation to this outcome and evidence is recorded mainly in case notes but also in correspondence with other professionals.

As with outcome 1, many more beneficiaries than anticipated can be said to be less isolated within their communities, with the project having almost reached the end of year target figures by the end of year two.

Table 5.

Project outcome 3 – Increased awareness of gang related activity amongst local professionals	
Outcome indicators	**Expected project achievements**
a. **Whether or not they are able to identify young people involved in or at risk of gang and serious youth violence**	90% professionals, attending the gang awareness training sessions, are able to recognise warning signs that young people may be in gangs
b. **Improved confidence in ability to support young people involved in or at risk of gang and serious youth**	90% professionals, attending the gang awareness training sessions, are able to take appropriate actions to support young people at risk of gang and serious youth violence.

violence.	
Expected beneficiaries in relation to outcome 1 over project lifetime	**120**
Number of beneficiaries to date	**63**

To date, four separate training sessions have been delivered, with one last minute cancellation for a second session with Social Services. The following numbers of professionals have been trained in the structure of gangs, County-lines and girls' involvement in gangs:
Youth Offending Service - 13 in session 1 and 23 in session 2; Social services – 15; Single Homeless person's Unit – 12.

Participants completed evaluation forms which indicated that 90% of attendees felt better able to recognise warning signs that young people may be in gangs and more than 90% of attendees felt able to take appropriate action to support young people at risk of gang and serious youth violence.

The team plans to deliver a second session for Social Services and the Single Homeless Person's Unit plus additional sessions for CAMHS and potentially schools during year three in order to reach the target of 120 beneficiaries in total.

5. **Challenges**

The project model enables holistic support to be provided to the whole family through the professional input of a paid caseworker, supported by input from volunteer Peer Advisors. There are many positives to this model, e.g. volunteers tend to be motivated and committed, it provides people with lived experience an opportunity to use that experience positively and develop new skills, it enables simultaneous (caseworker and volunteer) joint family support and provides positive role modelling. However, it is not without its challenges. At the time of writing, the project is staffed by one full time caseworker and two volunteer Peer Advisors. However, throughout the life of the project to date, there have been a total of six Peer Advisors, two of whom subsequently found paid employment and two of whom dropped out over time. Achieving consistency from the volunteer Peer Advisors is difficult, both in terms of experience/quality of work and also individuals' ability to work regular hours.

Recruiting, training, supporting, mentoring, developing and retaining volunteer Peer supporters is a very important but resource intensive activity. The one full time paid member of staff is responsible for all the supervision and day to day management of the Peer Advisors, in addition to his main responsibilities which include assessing new referrals, case working and partnership working. Interviews with the caseworker indicate that while there is a lot of variability in the level of support required by each volunteer, a lot of his time does have to be dedicated to supervising the Peer Advisors which necessarily reduces the time available for other key tasks.

> *'People drop in and out. They have their own issues and lives... I have someone who has the potential to be good but has never had work before so needs a lot of support. The supervising role is resource intensive'.* (Lambeth Family Gangs Project)

When viewed through this lens, it brings into question the overall cost effectiveness of the model. Arguably some additional paid capacity, with responsibility for managing the Peer Advisors, would enable the caseworker to be more efficient at the aspects of the role considered by stakeholders so effective, as previously outlined.

An issue raised by most of the professionals interviewed relates to capacity. While their experiences to date have been of a responsive service operating without a waiting list, they all expected that in time demand would outstrip supply, which could undermine many of the aspects of the service considered so positive at present.

The same interviewees spoke about feeling conflicted between the need to publicise the service more widely in order to support more young people and the importance of not diluting the service by flooding it with referrals.

> *'I can foresee how quickly they might get overwhelmed with referrals. There's the dumping ground effect if partners get to know about the service but don't fully understand enough about what St Giles can offer. It's a risk with any prevention service'.* (Referring professional)

There was some concern that when referrals are not accepted by the service, the referring agency does not always receive feedback about why that decision was taken. One interviewee made the following observation:

> *'They need to scrutinise referrals more to justify who they work with. They could have a 'referral rejection meeting' where they review it with head of commissioning or Local Authority'.* (Referring professional)

Linked to capacity is a concern around the threshold for accessing the service. This seems to stem from the lack of alternative provision in the borough coupled with the fact that professionals have very limited options in terms of onwards referral for some of their young people. The concern is that by focussing on those currently involved in or on the periphery of gang involvement, the service is doing little to address the issues 'up stream' thus preventing future gang involvement.

> *'What about lower needs clients not necessarily yet in gangs but at risk of it in the future? From our perspective, we need more longer-term family support but can't refer these young people as the need not high enough'.* (Referring professional)

However, it seems that different agencies have different experiences in this regard, with Oasis Academy Lambeth having successfully referred a number of pupils due to behaviour likely to lead to exclusion from school rather than gang related activity, which could be said to be very much about prevention.

From the project's perspective, were they to lower the referral threshold for 1:1 interventions to include those not yet involved or on the periphery of gang involvement but potentially at risk of it in the future, they know they would be overwhelmed. Further, some behaviours exhibited by young people that may spark concern about potential future gang involvement, do not translate into that. There is a risk that referring lower risk young people prematurely could inadvertently label them inappropriately. However, it is possible for support for this lower risk cohort to be provided in a slightly different way, for example by delivering more tailored awareness training to small groups of young people in schools; some of which is already happening, or offering brief and focused time-limited interventions with individuals.

Effective communication between all those involved in a case, including of course the family itself, is critically important. It would seem that often the service assumes this co-ordinating role and ensures key information is shared between relevant parties. In this regard, the service could be described as providing the glue which holds cases together.

While communication generally has been very positive between the service and its many beneficiaries, there were a couple of instances where interviewees felt it could have been better. In one case, the issue was specifically about a lack of communication between Peer Advisors and young people.

> *'Communication has not always been perfect. We refer a young person and they get allocated a mentor who is meant to meet with them on a weekly basis. On a couple of occasions, the mentor has not shown up and has not contacted the school or young person to let them know this. For the young person, generally they are used to being let down so this can really set things back several steps. They get angry and refuse to engage for a while.* [Caseworker] *has accepted this and really taken these issues on board and the mentors have contacted the young person to explain and apologise'.* (Referring professional)

This links directly to the challenges described earlier in relation to retaining volunteer Peer Advisors. This situation arose when volunteers were in a period of flux and for personal reasons, were not able to work as consistently and reliably as is ideal.

In another case, the issue was more about channels of communication being more formalised in relation to progress updates at the end of an intervention, enabling everyone involved to review individual cases and learn from them.

> *'Sometimes the work with a young person just comes to an end and while we generally know informally what achievements have been made, it would really help to review progress with all parties'.* (Referring professional)

Expectations of the service are rightfully high, but this can on occasion be challenging, in that parents, and sometimes professionals, can expect the team to have 'magic wands'. It is important therefore for the team to manage expectations from the outset and use their skills and experience to alleviate anxiety by being very clear about what is possible. The caseworker described the situation as follows:

> *'Often, it's a waiting game; at some point they will make contact, when they are ready'.*

Unfortunately, the trigger for engagement can sometimes be that risks escalate to such a point the young person in question feels they have no option but to seek help, for example they are wounded in a violent incident. For parents in distress, the voluntary nature of the service can feel uncontaining, as described by the mother of one young person referred to the service:

> *'I think he* [caseworker] *wasn't that forceful at the start. He talked about all the help that was available but I didn't see it materialise. He* [son] *wouldn't engage at the start so they said it's up to him but what if he doesn't engage? They said if* [son] *doesn't want the support then he can't be forced. That scared me. I thought they'd do more to talk him round'.* (Parent)

6. Conclusion and recommendations

The challenges articulated above are neither serious nor insurmountable and could be considered in the main to be potential development opportunities.

The Lambeth Family Gangs project is on track to meet its targets both in terms of numbers and stated outcomes. It is clearly well received by those stakeholders interviewed and can be said to add

value to the borough's wider commissioning landscape by complementing and augmenting existing provision, both statutory and voluntary.

The flexibility and responsive nature of the team, coupled with the positive working relationships fostered with referring professionals, makes it an inclusive and responsive service which is prepared to adapt to the dynamic needs of this challenging area of work.

The following four recommendations have been identified in response to particular challenges. The first three could be relatively easily implemented during year three of the project and the fourth is potentially more challenging and longer-term but should be considered in any future model development.

- **Systematic communication regarding unsuccessful referrals** - a total of thirteen unsuccessful referrals were made during year two of the project. While this is not a large number, it would be beneficial to more systematically communicate the reasons for non-acceptance to referring organisations as a means of further educating partners about the scope/parameters of the service. Further, if unsuccessful referrals can be shown to be coming predominantly from one or two specific services, this might indicate a need for further awareness raising and/or training or the convening of 'referral rejection' meetings, as suggested by one interviewee.

- **Responding to sub service threshold referrals** – young people not currently involved in or on the periphery of gang involvement, but about whom professionals have reals concerns about the risk future gang involvement could be supported in a time-limited way. This could potentially be via the delivery of further small group awareness sessions in school for young people in a similar position (twelve awareness sessions have already been delivered) or via short, focused, brief 1:1 intervention/mentoring (4-6 sessions). However, the latter would need to be managed carefully in order to avoid the service becoming overwhelmed with referrals. The team would need to develop clear guidance for professionals about what constitutes an appropriate referral and final decisions about suitability must be determined by the team using their experience and professional judgement.

- **Developing a partnership Memorandum of Understanding (MoU)** – if the team's professional assessment of a family's need is that a particular statutory response or intervention is required, and they can evidence their decision, they should be able to expect partners to respond accordingly. In order to address the occasional lack of reciprocity in such situations, an MoU could be developed with the aim of holding partners to account for implementing recommendations made by the Lambeth Family Gangs Project. This would also ensure the service continues to provide added value and doesn't risk plugging gaps in statutory provision.

- **Managing and developing the volunteer Peer Advisor role** – at present, the recruitment, training, support, supervision, mentoring and development of volunteer Peer Supporters is the responsibility of the one paid member of staff. Undertaking these activities is vitally important to the success of a paid staff/volunteer model but often the resource implications are underestimated which can call into question the real cost effectiveness of the approach. An additional half time paid post would add the requisite capacity to enable focus on this important aspect of the role and also free up valuable caseworker time, enabling him/her to focus on the aspects of the service described by partners as adding the most value.

7. Appendices

7a. Case Study 1 – Relocation (all names changed)

A referral was made for the Bilal Family from the Lambeth Social Care team requesting support for the whole family; there were concerns their eldest son, Isiah, was being recruited into a local gang and their safety concerns due to the levels of violence used by this gang. At the time of the referral Isiah was living at home with his mum, Fatima and younger sister Sheree, dad was in regular contact with family but lived abroad.

Fatima had recently been discharged from a 6 week stay in hospital due her schizophrenia diagnosis. Isiah had recently received an autism diagnosis and was targeted by local gang members to when he refused to join the gang he was violently assaulted. Sheree was also attacked; she was stabbed in the shoulder while walking in the local area. While she was unable to identify her attacker, it was assumed the attack was linked to the recruitment of Isiah.

The family were distressed and seeking support. After meeting the family and completing an initial assessment to capture the needs of the whole family as well as their individual needs, St. Giles Trust's Family Gangs Worker developed an action plan and risk management plan in partnership with the family.

The immediate need for the family was to ensure their safety; the Family Gangs Worker raised concerns with the local authority housing department, police and social services and advocated on behalf of the family for them to be relocated.

The local authority could only relocate them within the borough and it was decided it would be safer to present them to another London borough under the circumstances of fleeing violence – this approach was successful. The family were placed in a two-bed accommodation for temporary measure, sharing a bedroom was something new, the space was limited but the increased feeling of safety was reassuring. The family was placed on a waiting list for a permanent offer of social housing and given a high priority banding due to their current overcrowding and the safety concerns.

With a safe and secure living environment the Family Gangs Worker began working on the family's individual goals. Isiah was matched with a Peer Mentor to support him with making college and apprenticeship applications. Due to Isiah's autism diagnosis and recent attacks there were additional needs the Mentor had to be aware of and take into consideration. Isiah was anxious and had become withdrawn. The Mentor worked with him to identify a positive activity; Isiah began engaging with a football team which increased his confidence and ultimately allowed him to have fun again. Isiah made a number of applications to colleges for a Personal Training course and has received several offers.

Fatima's mental health deteriorated significantly during this difficult period and she lost control of the structure she had previous had in place at home. The Family Gangs Worker supported Fatima to engage with her mental health support services and worked with her to set out and implement a daily routine. Fatima had always been keen on gaining paid employment and this is the next step of her individual action plan.

St Giles Trust also supported the family to send quality time together by subsidising some positive activities for mum and children to do together; to rebuild their relationship after this distressing time. The family are now in a safe environment, working towards securing a permanent home and are looking forward to the future.

7b. Case study 2 – Day to day support

KM is a 12-year-old male who has for the last few years felt isolated, he has been left to his own devices and figured out how to fend for himself which has led for him to be groomed and exploited by his local gang.

KM is on a child protection plan as his gang affiliation/exploitation has been identified as a risk factor. His mother is in full time employment and has neglected her four children and pregnant with another. There is a history of social care involvement with this family and the removal of two children to children social care previously has resulted in mother's reservations to engage with the social care team.

KM has behavioural, emotional and social developmental difficulties; he attends a specialist school which works hard to support him knowing his circumstances at home. KM arrives to school late as he has no structure at home, he can at times be up to the early hours of the morning playing games console. KM arrives to school with several notes of hygiene being a concern.

The list of KM's issues is long and his summary of findings suggest he has severe difficulties in his understanding of language, severe difficulties using language to express himself and these factors contribute to his struggles to understand the intentions of others. KM has no role models and all the male influences are involved with the criminal justice system; they exploit him to hold and sell drugs for £30 a day. KM does not like doing this but feels like he has no choice considering his circumstances at home.

KM was matched with a mentor to identify what are the main areas of support. KM was able to get his voice heard through the support of his mentor that he meets with weekly. This has borne results as KM opened up about the situation at home which was borderline neglect and we were able to prioritise this as our main area of support.

The family were assigned a female worker who was visiting the family home every 3 days to support mother implement new strategies. These strategies enabled her to understand her son a lot more, build a relationship through better communication and ultimately empowered her to gain control of the children through clear instructions of how to discipline and create structure through delegating some tasks and taking responsibility for other tasks. The mentor was working in tandem with the family work by ensuring that the mentoring sessions encouraged KM to engage with mother's new changes. This continued for a period of four weeks and we started to see huge amounts of change. KM now wanted to be at home and not outside getting involved with the negative influences in the community. KM was now excited to come home so that he could cook with mum and care for her during her pregnancy.

St. Giles Trust further assisted by subsidising some positive activities for mother and child to do for the family to build their relationship. This started off a routine for mother to continue to spend time with KM, even if it's an hour a day to talk. St. Giles is continuing the work with the family and there are small details yet to work on however the family are in a better place to make better choices.

7c. Case study 3 – co-ordinating a multi-agency response

N was referred to the service with the professional network really concerned that he was being groomed and exploited by the local gang. N had been stealing huge amounts of money from his mother but was never bringing anything home to show for it. He was constantly running away from home and the relationship with his mother had broken down, with him wielding a knife at the family. N's education was deteriorating as a result of this.

S, N's mother is a single parent of four children who is employed. Her relationship with the father of her children had ended and there was no support network what so ever.

As a priority N was supported to directly work on the associated gang issue with his mentor who was quickly able to establish that N was not involved in any gang and that the family dynamics were the catalyst for all of his concerning behaviour. N had some unresolved emotional issues with mother and St. Giles supported with mediating between the two. Mother was matched with a St. Giles caseworker to support her with new parenting strategy and tools.

N's behaviour at home and school was not being understood and he was viewed as a neuro typical child. Although N had been diagnosed with ADHD there was no support in place for him. He was attending a mainstream school and was unable to maintain a place in any school for longer than 6 months, he was on his last warning at his mainstream school and most days spent time in isolation, so there was now a clear indication why N had been acting out.

St. Giles Trust advocated to the professional network that this young man needed to be assessed and provided with a support plan that would help him reach his goals. CAMHS and educational psychologists were able to complete assessments and N was given medication to help him manage his ADHD and an educational healthcare plan was drafted. This was a huge step to creating a suitable educational environment for N to thrive in.

The plan moving forward is to find a specialist school; however, his current school have made changes to meet his needs and the dynamics have improved.

S was supported to access benefits and this will further aid N with his needs at home.

The family are engaging with all agencies and are finding themselves able to communicate better as well as being more supportive and understanding to each other's needs.