Lasting change

IN LOOKING at a future of delivering lasting change to families across the Humber, our vision is to support the next generation by assisting today’s parents. To understand our reasoning for this work, let’s examine some key statistics from across the region.

The health summary for North East Lincolnshire, published in 2018 began with this paragraph:

“The health of people in North East Lincolnshire is generally worse than the England average. North East Lincolnshire is one of the 20% most deprived districts/unitary authorities in England and about 26% (7,900) of children live in low-income families. Life expectancy for both men and women is lower than the England average.”

Other key facts for North East Lincolnshire:

• Life expectancy is 12.3 years lower for men and 7.7 years lower for women in the most deprived areas of North East Lincolnshire than in the least deprived areas.**

• In Year 6 (10/11 year-olds), 22.4% (398) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 is 34*. This represents 12 stays per year.

• Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average.

• The rate of alcohol-related harm adult hospital stays is 675*, worse than the average for England. This represents 2,027 stays per year. The rate of self-harm hospital stays is 285*, worse than the average for England. This represents 767 stays per year. Estimated levels of adult excess weight and smoking are worse than the England average. The rate of hip fractures is worse than average.

* rate per 100,000 population

The team at CatZero recognises the hard and prolonged work that is being carried out in North East Lincolnshire and Hull and the resulting positive changes. But there is little doubt that public services continue to be stretched and our aim is to secure funding to work WITH our statutory partners to change lives in the long-term. Full Families in Grimsby is already achieving this. This Spring we plan to extend this work to the Preston Road area of Hull.

The same 2018 report for Kingston upon Hull paints a similar picture:

“The health of people in Kingston upon Hull is generally worse than the England average.

Kingston upon Hull is one of the 20% most deprived districts/unitary authorities in England and about 28% (14,300) of children live in low-income families. Life expectancy for both men and women is lower than the England average.”

• Life expectancy is 11.2 years lower for men and 9.5 years lower for women in the most deprived areas of Kingston upon Hull than in the least deprived areas.**

• In Year 6 (10 and 11-year-olds), 22.7% (676) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 is 38*. This represents 21 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average.

• The rate of alcohol-related harm adult hospital stays is 854*, worse than the average for England. This represents 2,027 stays per year. The rate of self-harm hospital stays is 201*. This represents 305 stays per year. Estimated levels of adult excess weight, smoking and smoking in routine and manual occupations are worse than the England average. Rates of hip fractures, sexually transmitted infections and people killed and seriously injured on roads are worse than average.

* rate per 100,000 population
90 children go into care EVERY DAY.

In the next five years, the number of children living in poverty is expected to exceed five million.

Children’s commissioner, Anne Longfield, has identified 2.1 million children with complex needs, including 470,000 living in material deprivation and 825,000 living in homes with domestic violence. Only around a quarter of them are receiving any support.

Research shows how the effects of the adverse childhood experiences lead to social care intervention that will stretch well into adulthood, and include mental health difficulties and crime.

In 2017, the Children’s Commissioner’s office released a report estimating that 670,000 English children live in ‘high-risk’ situations, including with parents addicted to alcohol or drugs or in temporary accommodation, at least 800,000 have mental health disorders and 580,000 are in need of direct intervention.

According to the latest published data, there are 389,480 children in need in England. Approximately 6 per cent of the total population of children and young people in England qualify as ‘in need’ at some point throughout the year.

More than £2.5bn is spent supporting children in foster and residential care every year.

“... giving me confidence and support ... be sat inside all day ... anxiety ... going out now ... stronger family ... better people ...” (Parent)

So, how is our first Full Families Programme working in Grimsby, and what lessons can we take from its first year?

Our finances to cover the three-year programme were secured in conjunction with CPO (Creating Positive Opportunities) from the Big Lottery – as a result our work is evaluated, with a first annual report just released.

Dr Roger Green specialises in Community Engagement Research with the Department of Social Therapeutic and Community Studies at Goldsmiths, University of London. He visited Grimsby late last year to examine our work in detail, and here are the key highlights from his report:

Four project outcomes were identified ...

- To work with 100 families (300+ individuals) to develop family action plans with targets achieved while addressing and confronting root causes of problems and barriers to improvement.
- To reduce NEETs, improve school attendance, reduce anti-social behaviour and improve health and wellbeing.
- To create stronger, more resilient communities
Working for a better future

“It’s what social work should be about ... I wish I could do what you’re doing.”
(Local Authority Social Worker)

through the development of activity and great community and voluntary activity.
- To create up to 24 volunteering, training and education opportunities for participants.

In this first 12 months, what progress has been made towards those outcomes:
- 55 families were referred to the programme, with 44 still engaged at the end of 2018, exceeding the target. Numbers will be closely monitored to ensure the teams continue to deliver quality outcomes.
- Engagement with vulnerable families was the key success to date with families open in their praise and trust for the staff working with them.
- The provision of a ‘community social work’ model of change focused on supporting children/young people with often chronic non-attendance and related issues to re-engage with educational provision.
- Helping young people to overcome agoraphobic conditions by supporting them in venturing out of their home environment and attending family events and community resources, for example, going to a gym, building relationships, advocating on families behalf, encouraging self-advocacy and providing much needed material help when the situation arose, such as furniture.

Our results so far are clearly stated in the report ...
- 90% of families have engaged;
- Improved communication within families;
- Prevented family breakdown;
- Better knowledge of local provision and take up
- Employment take-up;
- Improved school attendance, behaviour and return to educational provision;

More on page overleaf ...
FULL FAMILIES: a Catzero programme

- Participation in CPO/CatZero organised family events and activities
- Family members now engaging with local professional services eg. mental health
- Individual personal growth
- New social skills acquired

This engagement with often very isolated families with limited social networks was enhanced by offering family events and activities at which all family members were invited to attend.

In conclusion, the close and developing relationship working with stakeholders including North East Lincolnshire Council, Humberside Police Early Intervention Team and the NSPCC was highlighted.

Dr Green added: “There is emerging evidence from Year One that without GFF’s community intervention in engaging with referred families, some of these families, individual family members, children and young people, would be in a far worse situation.

“Whether it be getting a young person to leave their house; re-engage with educational provision; parents/adults and children talking to each other in a non-confrontational manner; families experiencing new and different activities and places; cooking food together; laughing together, all might appear rather trivial however they are beginnings that the GFF Delivery Team can be proud of and build on in Year Two.”