

Westminster Befriend a Family Service Review

August 2015



Registered Charity Number 108245

WELCOME

The past two years have seen significant change within the charity and to the external environment that it operates in.

The loss of our long serving Chief Executive in November 2013 heralded a year of uncertainty until I was privileged to be given the role as her permanent replacement in November 2014. Since that time, there has been an essential process of taking stock together with some changed staff roles.

Concurrent to these internal changes, the current year is the first in the charity's history that it has not received financial support from Westminster City Council. WCC had always been the main supporter (at least 15% of income) and provided vital core funding to the operation. The charity is far from unique in experiencing such loss of funding as the Council has moved to a process of open tendering for all its service outsourcing. The days of grants and service agreements are over.

In order to devise the strategy for the future, it was essential to build a knowledge base that would give a clear mandate for developments. At the core of the knowledge base is the Service Evaluation. We have been fortunate to benefit from the input of two expert social researchers: Dr Chiara Manzoni and Alessandro Di Antonio M.Sc, initially as volunteers but crucially latterly as paid workers enabled by support from William Shelton Foundation. An entirely new system of evaluation was devised that reflects best practice and is separated from the process of individual 'clinical' review.

Supplementing the Service Evaluation, we have collected relevant data and gained feedback from other key stakeholders to further enhance our understanding of the context in which we function. All of this work has been carried out by an army of volunteers – too numerous to name – to whom the charity owes a huge debt of gratitude.

There are inevitably shortcomings to the report, reflecting not only the availability of data but the human resources at our disposal. However, I believe that the content meets the need to have a clear understanding that enables all involved to plan for the future of Westminster Befriend a Family with confidence.

My thanks, once again, to all who have contributed to this report. You know who you are!

Bob Cornell

Chief Executive

August 2015

CONTENTS

Vision, Mission and Values	4
National Context – Causes and Consequences of Poverty	6
Local Context – Need in Westminster	11
Service Mapping	14
Service Evaluation	18
Volunteer Survey	45
Peer Agency Review	55

Further information is available upon contacting Westminster Befriend a Family. This includes the questionnaires from the Service Evaluation, the Volunteer Survey and the Peer Agency Review. It also includes documents regarding code of conduct and advice for interviewers.

VISION, MISSION & VALUES

Vision

WBAF's vision is that Westminster becomes a borough where:

'All families lead fulfilling lives, free from the consequences of poverty'

Mission

Our mission is to enable families to independently address both the economic and social challenges that they face. We deem it vital to recognise the inter-related needs of parents and their children and therefore aim to deliver a whole family approach. We strive to offer support early to prevent families reaching crisis.

Values

- To 'do with' rather than 'do for' in all our interactions. In doing this we aim to promote sustainability, enabling personal growth rather than dependency
- To promote participation – developing a culture of shared ownership, not one of provider: customer
- To recognise the value of normalised, non-expert, relationships in empowering families
- To be transparent in all of our work and foster an understanding and connection with the charity
- To have respect – of peoples' personal journeys and their strengths
- To be inclusive – engaging people in the design and delivery of services to achieve meaningful change
- To have a non-judgemental approach that provides equal access to all residents
- To encourage peer initiatives and support

Objects as in Memorandum of Association

1. To safeguard, protect and preserve the good health, both physical and mental, of children and their parents
2. To prevent cruelty to, and maltreatment of, children
3. To relieve poverty, sickness and need amongst children and their parents
4. To promote the education of the public in better standards of child care within the area of Westminster and its environs

WBAF Activities

Our services, in line with our vision, missions and values, offer a whole family approach; uniquely supporting families with children aged 0 - 18 years. A brief explanation of our current services follows:

- Befriending by trained volunteers who visit the family home each week for an average of 3 hours per week, for a minimum of 6 months. Volunteers help the families through challenges in a non-judgemental way, as an informed friend.
- Providing family support through case work with individual families.
- Offering a weekly drop-in service to provide a crisis response for families.
- Offering community activities, such as free swimming and martial arts lessons to help meet the social and learning needs of families and children as well as improve the child's physical health.
- Providing a range of short term and one-off educational and leisure events.
- Educational projects for children to help improve their learning and development, such as homework clubs.
- Weekly parent support groups, in two locations serving the North and South of Westminster. They provide social interaction, learning opportunities and enhance spoken English amongst the participants.

NATIONAL CONTEXT – CAUSES AND CONSEQUENCES OF POVERTY

Causes of poverty

Poverty is essentially considered to be caused by low income. Although this is the main factor affecting poverty, there are many other factors that must be taken into account when considering how and why many families in the UK experience poverty. Many families who experience poverty also experience other disadvantages that work alongside low-income to cause poverty and deprivation (Barnes & Silversten, 2013; Department of Work and Pensions, 2014).

Worklessness

Parental worklessness is one of the main factors that contribute to child poverty. Families with parents who are out of work are most likely to experience poverty (Barnes & Silversten, 2013). 38% of children in poverty live in workless households (Department of Work and Pensions, 2014). The reasons behind this are fairly obvious – employment is the main source of income for most people, and benefits alone are rarely enough to keep families out of poverty.

There are several barriers that hinder parents from gaining employment. These can include unaffordable childcare, suffering from a disability and/or poor health, no access to affordable transport, caring for very young children, and living in areas with too few jobs (The Children's Society, 2013). Problems can often also continue after a parent has found work. For those unemployed adults who struggle to find work, it is often the case that when employment is found, it is low paid, low quality and insecure, often leading to unemployment again in the future (The Marmot Review, 2010).

Lone-parent families

Child poverty is often experienced in lone-parent families, particularly those with young mothers. Often this is due to losing the extra income of the second parent, and/or the lone-parent not working. 75% of lone-parent families were no longer living in poverty two years after the parent found work (Barnes & Silversten, 2013). Unfortunately, it can often be difficult for lone-parents to enter employment due to responsibilities of caring for young children, and child-care being unaffordable. Families with two parents but only one parent in work are less likely to experience persistent poverty, but are likely to experience poverty temporarily (Barnes & Silversten, 2013).

Lack of Qualifications

Parents' lack of education and qualifications is likely to lead to difficulty finding work, or only having employment opportunities that are low paid with little opportunity for progression. Only 7% of children whose parents have no qualification have never experienced poverty, and 32% have experienced persistent poverty. Of children with parents with qualifications above A Levels, 34% have never experienced poverty and only 4% have experienced persistent poverty (Department of Work and Pensions, 2014).

Children with parents' who have little education, qualifications and skills are also likely to receive an insufficient education and few qualifications. As such, a cycle is formed of parents and children who do not have the necessary opportunities to receive better qualifications (The Children's Society, 2013).

Disabilities

Children in families affected by disabilities are more likely to be living in poverty. 22% of children living with 1 or more disabled adults are in poverty (Department of Work and Pensions, 2014). If a parent is disabled, they are likely to experience difficulties in finding and staying in employment. If a child is disabled, the family are likely to experience poverty due to the extra costs involved in caring for children with disabilities and the possible need for a parent to remain out of work to care for the child (The Children's Society, 2013).

Large Families

Living in a large family also increases a child's risk of experiencing poverty. 36% of children in poverty are in families with 3 or more children. A large family will cause increased household needs, and a parent may not be able to work due to the responsibilities of caring for younger children (Department of Work and Pensions, 2014).

Consequences of poverty

Child development

Having a positive start to life is crucial for a positive development throughout childhood and the rest of an individual's life. Health, education and economic status are all affected by the earliest childhood years and a child's social, physical, emotional, and cognitive development in these early years. Low birth weight, for example, predicts health and educational problems throughout life. Interventions later in life are also more effective if an individual has had positive experiences early in life (The Marmot Review, 2010).

Children in families where parents experience worklessness and low income are more likely to experience developmental problems at a young age, and are also more likely to suffer from behavioural, emotional and learning difficulties (Barnes & Silversten, 2013). Cognitive development, which in turn affects achievement throughout life, can also be affected by deprivation and poverty. One study showed that a child from a lower socioeconomic background who scores highly at 22 months on a cognitive test will go on to have a lower cognitive score at the age of 10 than a child from a higher socioeconomic background who gained a low score at the same cognitive test at 22 months. Therefore, childhood cognitive development tends to improve for those from high socioeconomic backgrounds, but worsens for those from low socioeconomic backgrounds (The Marmot Review, 2010).

Education

Alongside childhood development, an individual's educational attainment is also affected by childhood poverty. Children from low income families and with parents' who are out of work attain poorer GCSE results, and are less likely to continue their education when they leave school (Barnes & Silversten, 2013).

As mentioned earlier, there is a cycle in which poverty as a child leads to lower educational achievement and lower educational achievement then leads to poverty as an adult. However, children who receive positive early education are less likely to experience the negative impacts of having parents out of work. Problematically though, children in low-income families are less likely to receive an early education (Barnes & Silversten, 2013). It has been found that families are the most important factor in determining a child's educational achievement, which suggests that it is crucial for families to have access to the support needed to help them improve their children's education (The Marmot Review, 2010). This support will improve children's' educational attainment, and as such improve future employment opportunities and quality of life.

Employment

Unemployment rates are highest amongst those who have disabilities or mental health problems, lower education levels, those who are single parents, people of certain ethnic minorities, and either older workers or young people (The Marmot Review, 2010). Many of these factors coincide with poverty. It is likely that as well as worklessness causing poverty, poverty may also cause worklessness. Future employment for children is also effected by having parents who are out of work and experiencing childhood poverty. Children from these families are less likely to be in employment, further education or training when they leave school (Barnes & Silversten, 2013). Children from deprived backgrounds leave school with poorer results, and as such any employment they do find is likely to be low paid. As mentioned in an earlier section, low paid employment is likely to also be poor quality work, and insecure, often resulting in further unemployment in the near future.

Social

Social issues can also be consequences of poverty and deprivation. Children from deprived backgrounds are likely to suffer from social and communication difficulties, as well as low self-esteem and social isolation (Barnes & Silversten, 2013; The Children's Society, 2013). Children from deprived backgrounds experience 75% more problems with peers than those from non-deprived backgrounds. Being in a low income family is also likely to result in a less active participation in society (Barnes & Silversten, 2013). As well as relationships with peers and participation in society, poverty can also affect family relationships (The Children's Society, 2013).

In a report about social exclusion and poverty, it was found that the majority of the public believe that poverty does not just include living without the physical and material necessities such as food, shelter and heat (Bradshaw & Main, 2014). Adults and children have other social and material needs, and many families living in deprived households struggle to access these. 88% of the public believe that children need opportunities for taking part in hobbies and other interesting leisure activities, and 74% think that a child being able to attend children's clubs and activities is a necessity. 60% believe that it is a necessity for children to have a day out with family at least once a month. These statistics suggest that it is seen of great importance for children to have access to social and leisure activities outside of the home. However, the same report found that 81% of children living in poor families lacked any social activity. It was also seen as important for adults to have the opportunity to take part in hobbies and leisure activities, although in 62% of poor households at least one adult lacked any social activity, and in 38% of poor households all adults lacked social activity (Bradshaw & Main, 2014).

Health

Poverty, and the effects of poverty, can cause many different health problems for both children and adults. Children in poor families are more likely to suffer from both physical and mental health problems which can be long-term and affect them throughout their lifetime. Mothers from deprived families are more likely to give birth to babies that are premature and underweight, and babies from deprived families are more likely to die than those from non-deprived families. Children living in poor families are also more likely to be injured or killed from an accident (The Children's Society, 2013).

A huge range of adult health problems have been found to be linked with poverty and deprivation and the many factors that coincide with it. People from deprived areas and those who are unemployed are more likely to smoke, partake in problematic drinking patterns, and use drugs. There are also higher levels of obesity in deprived areas; the unemployed are less likely to exercise, and those with lower cognitive scores (and as such, lower educational attainment and lower income) are more likely to suffer from cardio-vascular disease. People with low education levels are more likely to suffer from a limiting illness than those with high education levels. Research also suggests there is a significant link between poverty and its contributing factors, and mental health. Unemployment, low income and low cognitive scores and educational attainment are all likely to

affect or be affected by mental health problems. People in the lowest quintile of household income are nine times more likely to suffer from a psychotic disorder than those in the highest quintile. Suicide rates are much higher among those who are unemployed. Those with mental health problems are more likely to get diseases such as cancer, and are also more likely to die from them (The Marmot Review, 2010).

Deprivation even has consequences for life-expectancy. Those living in the most deprived areas on average die seven years earlier than those living in the least deprived areas. As well as dying earlier, those in the most deprived areas are also likely to suffer from disability and limiting illnesses 17 years earlier than those in the least deprived areas (The Marmot Review, 2010). Other research has found that people in the most deprived areas are likely to have health and disabilities similar to those of people 25 years older than them in the least deprived areas. Increased exposure to deprived conditions increases mortality and poor health, and the divide between the health of those in the most and least deprived areas increases with age (Office for National Statistics).

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LOCAL CONTEXT – NEED IN WESTMINSTER

Population

Based on data from 2013, Westminster has an estimated population of 226,841. Of these, 43,589 are young people (0-19 year olds) (Mid-Year Estimates 2013, ONS). Also notable is that 20% of the population in Westminster changes every year.

Westminster is more ethnically diverse than most other London boroughs. The City is ranked number 9 in London and number 10 out of the 455 Local Authorities in England and Wales according to its Simpson Diversity Index Score (ONS 2012). The main ethnic group is White British, making up 35% of the City's population, which is considerably lower than the total London proportion of 45%. 38% of Westminster residents are from non-white ethnic groups.

The majority of Westminster residents were born outside of the UK (53%). The three primary areas of origin are EU countries (14%), the Middle East (7%) and North America (4%). In 2012, 28% of births in Westminster were to UK-born mothers, lower than the London rate of 43% and much lower than England as a whole (73%) (ONS, 2013).

Other than English, which is spoken by 69% of the Westminster population aged three and over, the dominant languages are Arabic, French, Spanish, Italian and Portuguese. Across Westminster households, 64% have English as a main language used by all residents aged 16 and over, while 22% have no people in the household who have English as a first language (Census, 2011).

Poverty

Westminster is an economic powerhouse, the third most prosperous borough in the UK in terms of average resident based income, and some of the wealthiest people in Britain live there. Yet Westminster also has the fifth highest rate of child poverty in the UK, 39% after housing costs (The Campaign to End Child Poverty, 2014). In Westminster, 24% of children live in severe poverty; 14% of the boroughs' neighbourhoods are deprived according to income. In Westminster North, 43% of children live in poverty (End Child Poverty, 2013). Furthermore, Church Street is the worst ward in London for Child Poverty, with 50% of children living below the poverty line (London's Poverty Profile – New Policy Institute, 2013). Church Street has the fourth lowest median household income of all the wards in London at £19,572 with Knightsbridge and Belgravia the highest at £91,552 (Greater London Authority experimental small area household income estimates analysis of results, 2014). The polarity between rich and poor areas is quite evidently striking. A boy growing up in Lancaster ward in Westminster can expect to live 11 years longer than a boy growing up in Churchill ward (2008 Public Health Annual Report).

Health

This leads into the health problems facing Westminster. While Westminster has the second highest life expectancy out of 356 local authorities in the country (NHS Westminster, 2011), there is large inequality with healthcare within Westminster. Rates of good health are extremely varied from ward to ward. 64% of residents in Church Street and West End are in 'net good health' opposed to 91% in Hyde Park and Lancaster Gate (City of Westminster, August, 2010). The gap in life expectancy between the most and least deprived 10% of the Westminster population is 16.6 years for men (the largest gap in England) and 9.9 years for women (the fourth largest gap in England) (Westminster City Partnership, October 2010).

There are key areas in which Westminster struggles with regards to health. Mental health appears to be an on-going problem. Inpatient admissions for severe and enduring illnesses are 59% higher than the national average (Westminster City Council report from 2009 'Our strategy for tackling health inequalities in Westminster'). Another problem is alcohol abuse. Westminster is the borough with the second highest rate of harmful drinking in London (Westminster City Council report from 2009 'Our strategy for tackling health inequalities in Westminster'). It is also disproportionately affected by poor sexual health. Finally, Westminster is the worst borough in the country for childhood obesity. The percentage of pupils, 5-16 years old, participating in physical activity in Westminster is 74.76, while the average for England is 83.36 (NPC, Understanding Social needs in Westminster, October, 2012).

None of these problems are helped by the fact that Westminster's population per GP figure of 1582 is higher than the average for London, which is 1438 (London's Poverty Profile, 2011).

Housing

Housing in Westminster is very poor. 80% of Westminster's neighbourhoods (lower layer super output areas) are in the worst decile for housing in England (Understanding Social Needs in Westminster –NPC Think Tank October 2012). 30% of housing in Westminster is overcrowded as defined by the government. This is the third highest in the country, significantly higher than the London and England averages of 17% and 7% respectively (Understanding Social Needs in Westminster –NPC Think Tank, October 2012).

The number of families accepted as "homeless" by Westminster council has increased by 86% between 2010/11 and 2012/13. Even so, only half of applications were accepted in 2012/13. This is put down partially to applications that do not provide enough supporting evidence, demonstrating that applicants need help with applying. The council also tries to 'divert applicants into other options', which demonstrates its dependence on alternative organisations to provide housing help (LGA 2012/13). Given the high levels of homelessness, the demand for temporary accommodation is outstripping supply (Westminster Council, July 2013), with 2313 households living in temporary accommodation (LGA 2012/13). Moreover, 25% of all rough sleepers in England are in Westminster (Homeless Charity Connection at St Martin-in-the-Fields). These tend to comprise the most vulnerable groups, often being substance abusers or coming from migrant communities, and also primarily men (90% of all rough sleepers are male).

Housing Benefit Caps continue to affect families, with rent far outstripping standard Housing Benefit provision. Many families need help in finding ways to make up the difference. In 2011 the average

cost of renting a 3-bedroom property in Westminster was £700 per week, while the Housing Benefit for a 3 Bedroom property was capped at £340. This has meant that those without alternative sources of income cannot sustain regular affordable rent payments.

Funding in Westminster

Cuts to Westminster council's budget are likely to have a significant impact on levels of social change and charity funding in the borough. Children and Young People's Services, Housing and Advice Services will be the most affected. Moreover, changes to benefits and legal aid are likely to have a major impact and increase the need for advice and more affordable, or even free, English language support.

Westminster Council will make another £35 million worth of cuts next year. One of the areas to face the axe is Children's services, which are set to lose £750,000 in this year from April and another £550,000 in 2016/17.

These latest cuts are revealed in a report to a Cabinet meeting which confirms that in 2016/17:

- Children's Centres will lose another £191,000 (to be added to the £474,000 cut in 2015/16)
- Youth Services will lose another £197,000 (to be added to the £125,000 cut in 2015/16)
- Play Services will lose another £170,000 and £30,000 in 2017/18 (to be added to the £152,000 cut in 2015/16)

In total, £588,000 will be cut from Children's Centres, Play and Youth Services in 2016/17 and 2017/18. A total of £1,339,000 will be cut over the three years from 2014/15 – 2017/18. The youth service budget will be cut by nearly 50% over two years, so by 2016, just £24 per person per year will be spent on young people aged 10-19.

SERVICE MAPPING

There are 1200 charities registered in Westminster. Below is a list of some of the organisations and charities (sourced from umbrella bodies' lists) that offer support to young people, families and vulnerable people. Most organisations provide a range of services that may not be identified in the descriptions – most frequently work and employment services and counselling.

Abuse

Organisation	Role(s)
Advance	Offers support for those affected by domestic violence
London Centre for Personal Safety	Provides advice and information for victims of violence, rape, and sexual assault
One in Four	Offers support for survivors of sexual abuse and violence
Woman's trust	Charity offering support for women suffering domestic violence
Women and Girl's Network	Offers counselling, support, and advice for women and girls who have suffered from sexual and domestic violence

Advice

Organisation	Role(s)
Advice Plus at Beethoven Centre and Church Street Library	Wide range of advice services
Advice Westminster	Website to help people find advice and support in Westminster
Central London Law Centre	Centre offering free legal advice
Law Works	Free legal advice for those who cannot afford legal help
South Westminster Legal Advice Centre	Centre offering free legal advice
Voluntary Action Westminster	Supports local volunteering and community action
Westminster CAB (Citizens Advice Bureau)	Advice and drop-in services throughout the borough, as well as online help

Bereavement

Organisation	Role(s)
Camden, City, Islington, Westminster Bereavement services (CCIWBS)	Organisation offering counselling and bereavement services
Cruse Bereavement Care	Bereavement and grief support

Counselling

Organisation	Role(s)
Caravan Drop-In Services Counselling	Free counselling drop in services for emotional support
Centre for Counselling and Psychotherapy Education (CCPE)	Counselling and psychotherapy services
Samaritans	24 telephone support to anyone in emotional distress that may lead to suicide

Crime

Organisation	Role(s)
Safer London	Supports young people affected by violence and crime
Your Choice Program	Supports young people involved in gangs or gang-related activity

Disabilities and Mental Health

Organisation	Role(s)
Mind Westminster	Charity supporting people affected by mental illness
Respond	Support for people with learning disabilities and their families who have experienced trauma and abuse
Westminster Society for People with Learning Disabilities	Charity offering support for people with learning disabilities and their families

Drug and Alcohol Misuse

Organisation	Roles(s)
Foundation 66	Offers services for those affected by drug and alcohol misuse
North Westminster Drug and Alcohol services	Offers support to people and families affected by drug/alcohol addiction
Westminster Drug Project	Offers support to those affected by substance misuse

Ethnic Minority Groups

Organisation	Role(s)
Chinese Community Centre	Charity offering support to people of the Chinese community
Chinese Information and Advice Centre	Offering advice and information to people of the Chinese community
IKWRO	Culturally specific support for women from the Middle East and Afghanistan
Kongolese Centre for Information and Advice	Charity supporting refugees and ethnic minority groups
Marylebone Bangladesh Society	Services supporting the Bangladeshi community
Queen's Park Bangladesh Association	Charity based in the Beethoven centre with the aim of promoting intercultural understanding

Families

Organisation	Role(s)
Family Lives	Charity offering wide range of family based services
Family Recovery Project	Helps families at risk of losing their children or their homes
Home Start Westminster	Support for families in Westminster with at least 1 child under 5

General Support

Organisation	Role(s)
The Abbey Centre	Centre offering community services in Westminster
Fitzrovia Neighbourhood Association	Charity that runs community projects to improve the quality of life for those living and working in Fitzrovia
People First	Organisation to support independent living
Salvation Army (Central London)	Support through churches, many locations around London
Turning Point	Offering wide range of support services to vulnerable people
Z2K	Charity helping people affected by poverty and low income

Homelessness

Organisation	Role(s)
Cardinal Hume Centre	Supports those in need including badly housed families and homeless young people
Central London Community Healthcare	Offers homelessness support
Homeless UK	Provides support for the homeless and people at risk of becoming homeless
The Passage	Charity that supports homeless people in the Victoria area
SHP	Organisation offering homeless support
The Women's Day Centre	The centre helps women affected by homelessness

Immigration

Organisation	Role(s)
Immigrant Counselling and Psychotherapy (ICAP)	Counselling and psychotherapy services for immigrants
Immigration and Nationality Advice Service	Offers low-cost immigration advice and information
Migrant Resource Centre	Provides services to support migrants, refugees and asylum seekers
Notre Dame Refugee Centre	Charity supporting asylum seekers and refugees, especially those who are French-speaking
Refugee Action	Charity, with a centre in Victoria, offering support to refugees

Parents and Carers

Organisation	Role(s)
CAN Parent (Classes and Advice Network)	Offers parenting classes and support to families
Carers Network – Westminster	Offering services for full-time unpaid carers

Young People

Organisation	Role(s)
Action for Children – Bayswater Families Centre	Supports children under 5 to be ready to start school
Caxton Youth Club	Charity working with disabled young people
Just for Kids Law	Offering legal support and representation for young people
West London Action for Children	Counselling and therapy services for children, teenagers and families

Methodology

Service Evaluation

Method employed: The data was collected during April and May 2015 with a questionnaire administered in one-to-one interviews. The questionnaire included a mixture of closed, multiple choice and open ended questions.

The questionnaire consisted of eight sections. The first two aimed to collect demographic information relating to the family, alongside information on the services or organisations they accessed, and also information about their involvement with WBAF (e.g. overall satisfaction, type of help received, relationship with the staff and volunteer). The purpose of the following part is to evaluate the impact of each service. Therefore, five sections were created, one for each service, and administered to the respondent if the service was accessed during the last year. The final section aimed to collect information about the parents' working status, their (and their children's) health issues, emotional well-being and social isolation.

The respondents were contacted telephonically and an appointment was fixed. In the most part, the semi-structured interviews¹ were conducted at the respondent's home. In some cases they were either carried out at the Beethoven Centre or by telephone. Before starting the interview, the purpose of the research was explained and confidentiality guaranteed. All the interviews were with parents, not with young people.

Samples: To generate a representative sample, all the clients involved² with WBAF were listed and 41 of them were randomly selected. The sampling procedure for each service is listed below:

- *Home Volunteering (HV)* = 18 clients/families receiving HV at least once from August 2014 to April 2015 were identified. The HV is a core service provided by the Charity and for this reason all the families were selected³.

¹ For the code of conduct adopted during the interviews please contact Westminster Befriend a Family.

² We defined clients involved with WBAF as families attending at least one of the services offered by the charity.

³ Two of these families were unreachable.

- *Family Support Work (FSW)* = of the 24 families found to receive regular FSW from September 2014 to April 2015, 7 were randomly selected.
- *Swimming Lessons (SL)* = the attendance sheets provided a list of families with at least one child attending the service. Of the 40 clients using the SL service from August 2014 to April 2015, 6 clients were randomly selected.
- *Martial Art Lessons (MAL)* = the attendance sheets provided a list of families with at least one child attending the service. Of the 19 clients using the MAL service from August 2014 to April 2015, 4 clients were randomly selected.
- *Coffee Morning (CM)* = the attendance sheet provided a list of 15 clients attending at least two CM sessions at the Beethoven Centre or Cardinal Hume from January 2015 to April 2015⁴. 6 clients were randomly selected.

Figures: In total, the sample includes 41 families. The majority of the 41 families selected were involved in different services, besides the one for which they were selected. Information and comments were collected for all the services used⁵. Table 1 shows how many responses were collected for each service.

Service	Number of service sections administered
Home Volunteering	16
Swimming Lesson	14
Martial Art Lesson	13
Coffee Morning	15
Family Support Work	9

Table 1. Number of service sections administered to respondents.

Data Analysis: The data was entered in an Excel spreadsheet and analysed with SPSS 20. The statistic used was mostly descriptive; the small sample size limited more elaborate analysis.

⁴ Previous data was unavailable.

⁵ Where the client had just started using the service, the correspondent section was not administered.

Limitations: The limitations of the study included:

1. *Independence of evaluators.* The evaluators started working on this project as interns, not as independent consultants. For this reason, in some cases they faced difficulties in explaining to the clients their role and independence.
2. *Resources.* There were limited resources allocated to this project, with only two people working during a period of five weeks.
3. *Cultural problems and privacy.* The majority of the selected clients were women from Arabic countries. In some cases the evaluators' gender (one male and one female) proved problematic. Indeed, some of them asked to be interviewed with their partner present or felt uncomfortable being interviewed by a man in their own home. Interviewing them at the Beethoven Centre in the presence of other members of WBAF's staff compromised the client's confidentiality and anonymity.
4. *Communication difficulties.* English was not the first language of many respondents, and in some cases this might have affected their understanding of the questions and the reliability of their answers.
5. *Lack of feedback from children.* Limited resources meant that only the view of the parents was elicited; information about the children was obtained exclusively through their parents. This is not ideal since the work of WBAF often focuses on the children themselves.
6. *The representativeness of the sample and the consequent limitations in generalising the findings.* Difficulties in accessing internal data and an inadequate system of keeping records made it difficult to obtain a clear picture of the families engaging with WBAF and the nature of their involvement. Inaccurate and outdated information meant it was not possible to use the same time frame when analysing the services and also to contact some of the selected clients.

Service Evaluation

Introduction

The mission of WBAF is to “*improve the lives of vulnerable and disadvantaged families in Westminster*” with children under 18 years old⁶.

Low income and unemployment are regarded as central aspects when classifying a family as vulnerable and disadvantaged, but there other factors to consider such as being a lone parent, having three or more children, living in a rented accommodation, having a long-standing illness or disability⁷. Multiple factors can have a cumulative effect which is detrimental for the well-being of families⁸.

The purpose of this study is to evaluate the work of WBAF and answer two questions:

1. Can WBAF’s clients be defined as disadvantaged and vulnerable?
2. Are WBAF’s services improving their situation?

The vulnerabilities and difficulties of WBAF clients were investigated, focusing in particular on health issues, working status, emotional well-being and social isolation.

To answer the second research question, each service provided by the charity was analysed and feedback from clients collected.

Families and their vulnerabilities

Picture of the families

90% of respondents are female, with an average age of 42 (min 27 - max 55). The predominant ethnicity is Arab/Middle-East (43%), followed by Black African (18%) and Arab/North African (15%) (Figure 1). More than half of the respondents (55%) are single

⁶ <http://www.befriendafamily.co.uk/about-us/>

⁷ Social Exclusion Task Forces (2007) *Reaching out: Think Family*. London: Cabinet Office & National Centre for Social Research (2010) *Towards Universal Early Years Provision: Analysis of Take-up by Disadvantaged Families from Recent Annual Childcare Survey*. Report, University of East London, November.

⁸ *ibidem*

mothers, and 47.5% of the families interviewed have 3 or more children. On average, families have 2.6 children.

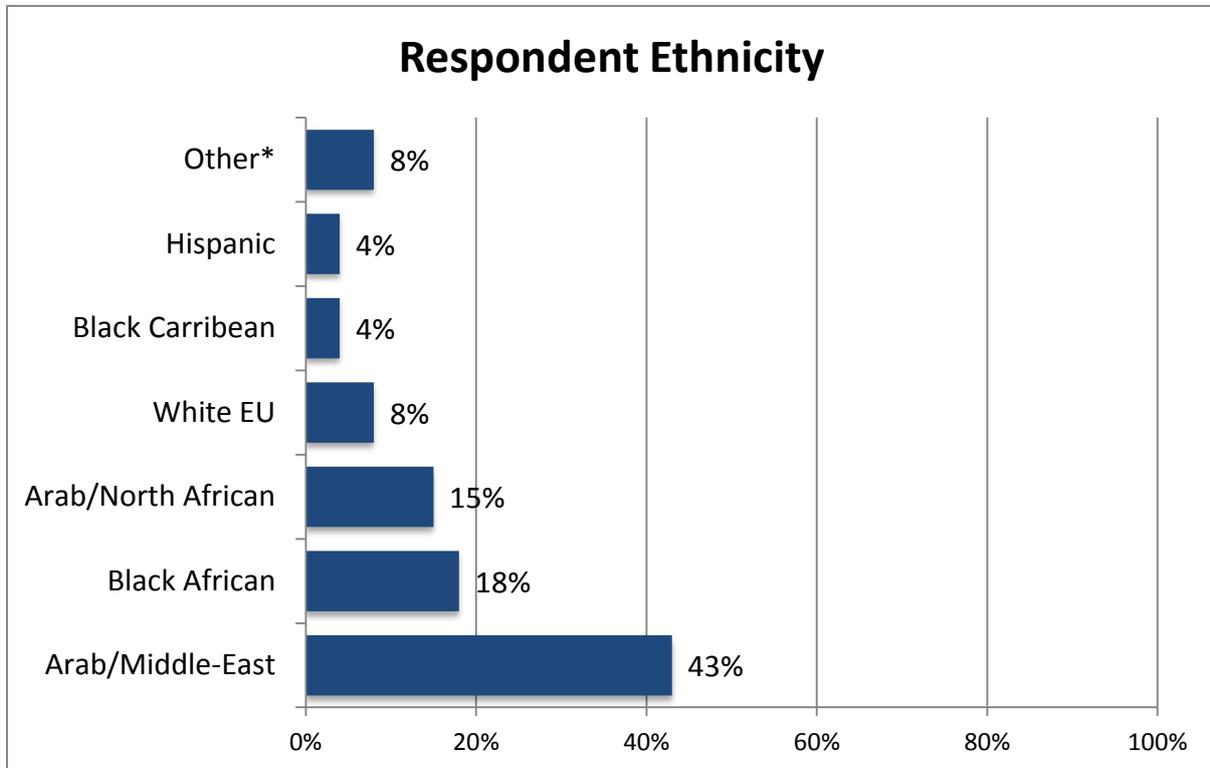


Figure 1. Ethnicity of respondents. *White British, Arab/Asian, Bangladeshi.

All the respondents were based in Westminster, mainly in the North of the Borough. Queen’s Park, Church Street, Harrow Road and Westbourne were the wards in which most of the clients were living. There was a significant group of clients with accommodation in the South of the Borough, in particular Churchill and Vincent Square (Figure 2).

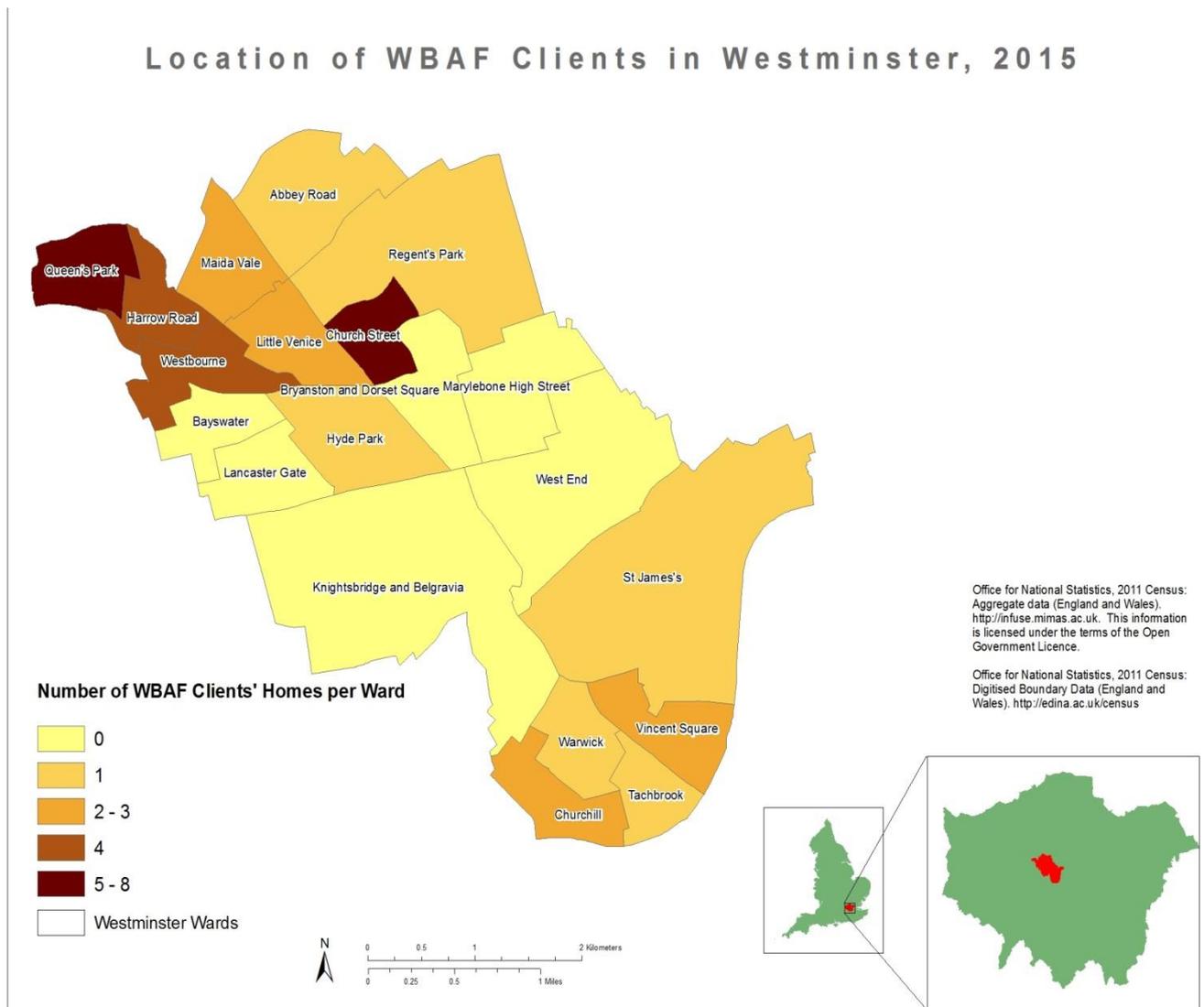


Figure 2. Map showing the location of WBAF clients' homes in Westminster, 2015.

In some cases the clients' accommodation was temporary and they were often receiving housing benefits. Only 32% of respondents were "very" or "extremely satisfied" with the quality of the accommodation, while a significant portion (25%) were "not at all satisfied" (Figure 3).

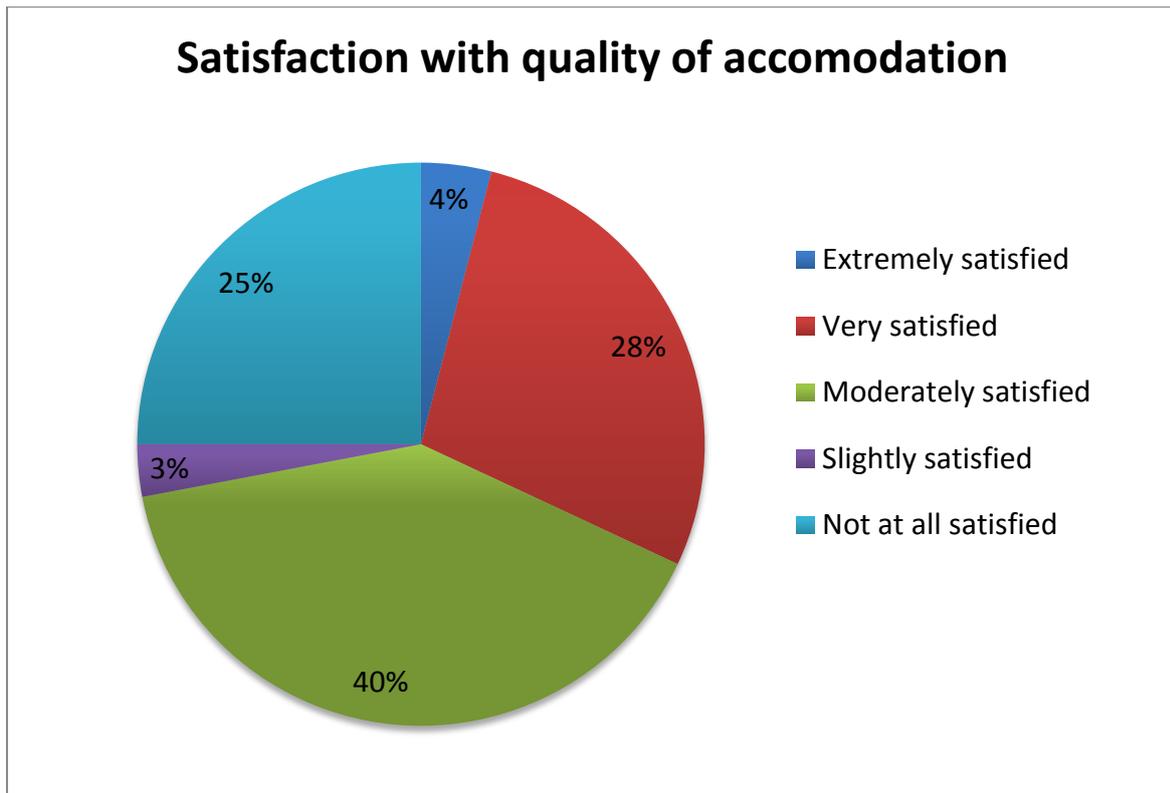


Figure 3. Respondents' satisfaction with the quality of the accommodation.

Working status

As shown in Table 2, 20% of the respondents were working, almost all of them part-time. The remaining 80% of respondents were unemployed, of which more than half were not seeking work (57.5%), while 40% were attending an educational or training course. Being a full-time carer (48%) and possessing health issues (39%) were the two dominant reasons given for not seeking work; few indicated studying (5%) or pregnancy (4%) as a reason (Figure 4).

Working Status	Percentage
Full-Time	2.5 %
Part-Time	17.5 %
Unemployed, seeking work	22.5%
Unemployed, not seeking work	57.5%

Table 2. Working status of respondents.

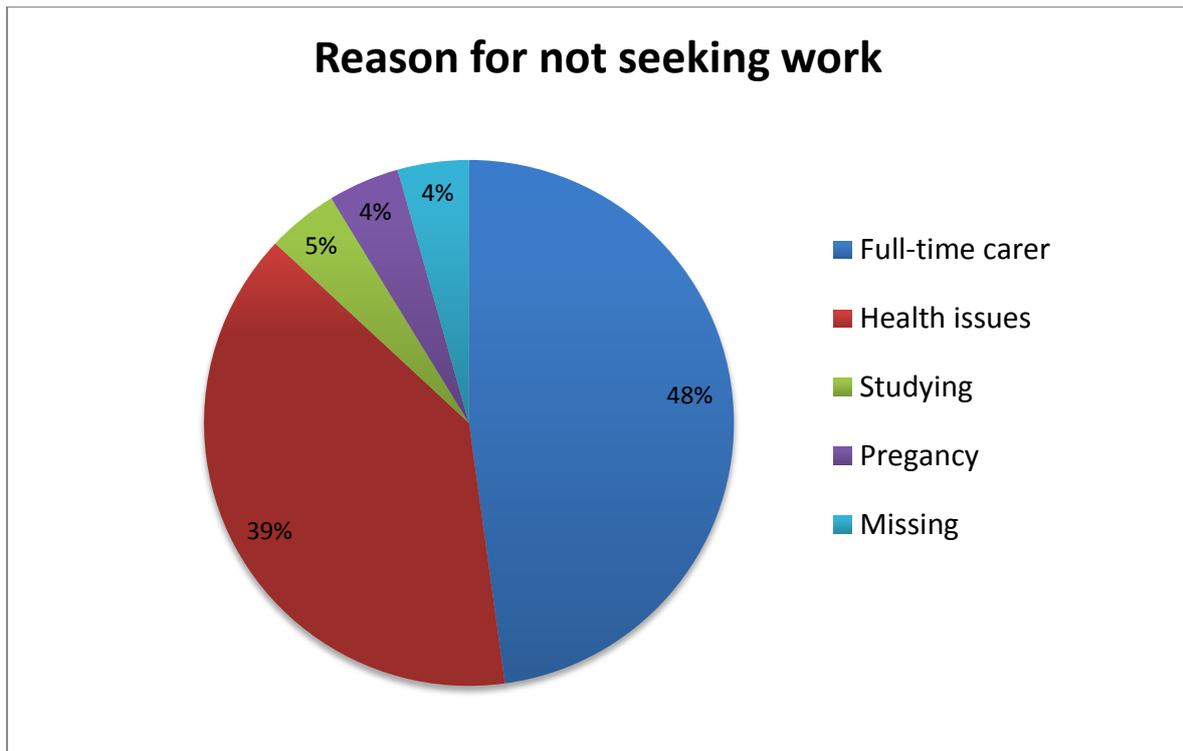


Figure 4. Reason given by respondents for not seeking work.

When both parents were interviewed, it emerged that in almost half of the cases both parents were unemployed (43.75%), and in almost one-third of the cases (31.25%) both parents were not seeking work. When both parents were not seeking work, the main reason was given as either health issues or full-time caring responsibilities.

Children and Parents' Health Issues

55% of parents underlined physical health issues and 30% emotional or mental difficulties. Stress and depression were the recurring emotional and mental issues, while there was a wide range of physical health difficulties limiting the execution of daily tasks.

More than half of the families (60%) had at least one child with physical, emotional or behavioural issues. 12.5% of the sample had at least one child living with autism (in some cases the families were dealing with two autistic children) and 10% had at least one child diagnosed with ADHD.

Emotional well-being and Social isolation

The majority of the clients felt very positive about themselves (68%), considering what they do in life as valuable and worthwhile (82%). However, 29% of respondents did not feel positive about the future and 41% found it hard to be hopeful about the future (Figure 5).

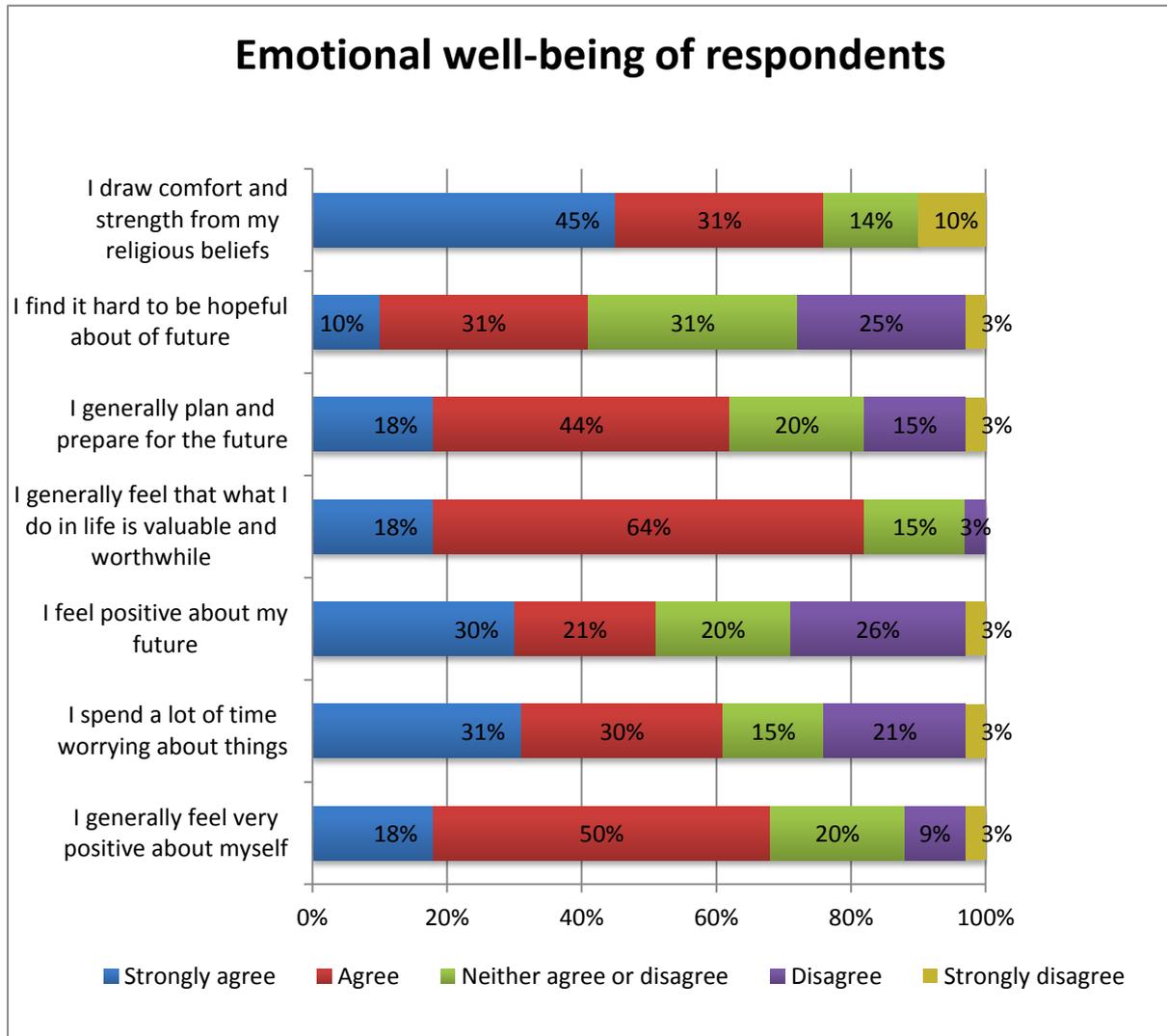


Figure 5. Emotional well-being of respondents.

The survey explored the client's social isolation and social network, showing that 20% of respondents had not met with friends or relatives in the previous week. Moreover, 25% did not have anyone with whom they could discuss intimate and personal matters. In terms of the support received from their families, more than half (52.5%) did not have relatives who could provide help where required.

As shown in Figure 6, families were generally “very” or even “extremely satisfied” with their relationships with neighbours (68%). The majority were also “very” or “extremely satisfied” with the relationships between themselves and their children (87%), and amongst their children (84%). Focusing on the relationship between the respondents and the other partner/carer, the data showed 23% “extremely satisfied” and 23% “not at all satisfied”.

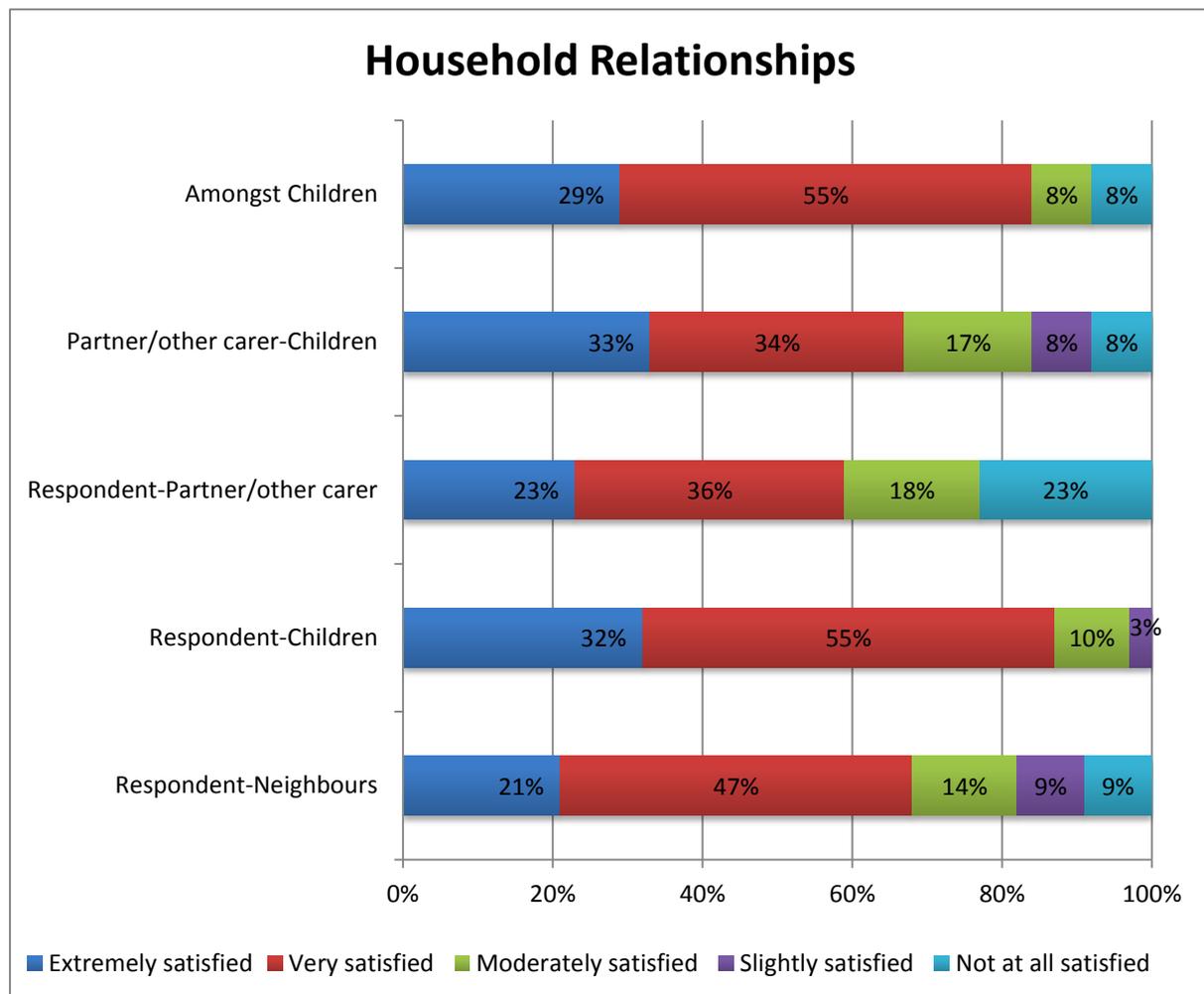


Figure 6. Level of satisfaction with the different types of relationship, as reported by the respondents.

Clients' involvement with WBAF

Referral, accessing services and monitoring progress

As shown in the graph below, a significant number of families found and approached the charity directly. These are classified as self-referral (48%). 28% were referred by Westminster Council services, with 20% being referred by other charities. The remaining families (4%) were referred by schools (Figure 7). Noteworthy is the presence of a significant portion of missing data; for almost one-third (32.5%) of respondents it was not possible to identify the source of referral.

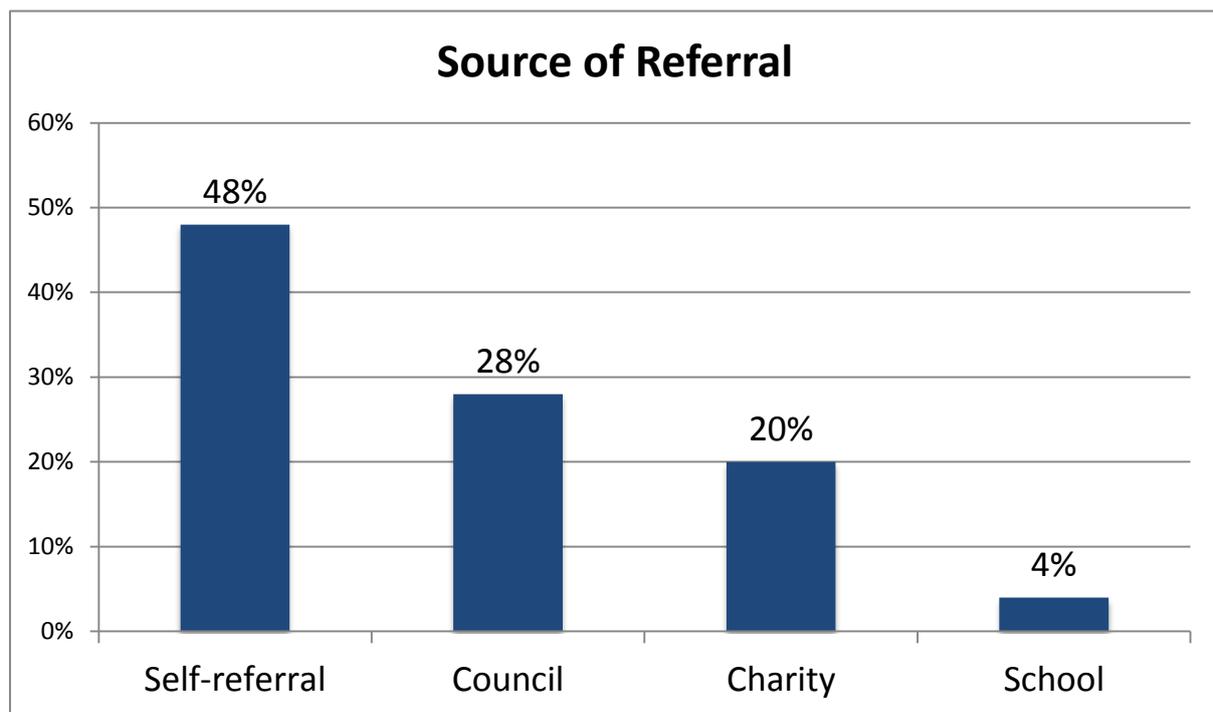


Figure 7. How clients were referred to WBAF.

Of the self-referral families, only 8% found WBAF on the Internet; word of mouth seemed to be the main avenue of discovery, with 67% of self-referral clients having heard about WBAF from friends or relatives.

After a family is referred to WBAF, a project manager personally interviews the family and carries out an assessment of their needs. While families are on a project they are monitored and reviewed to assess whether they still need support. Within the research sample, the last review conducted with the clients occurred on average 12 months before the research survey was carried out⁹. 35% of clients had never been reviewed after the first assessment (which on average occurred 26 months before this study). 30% of clients started being supported by WBAF between 2014-2015; the charity initiated its work with 42.5% of the clients more than 4 years ago (Table 3).

Year of first assessment	Percentage of families
2003-2004	5%
2007-2009	15%
2010-2011	22.5%
2012-2013	27.5%
2014-2015	30%
<i>Total</i>	<i>100%</i>

Table 3. Year first assessment was conducted (with the selected families).

⁹ 9th June 2015 was arbitrarily chosen as reference date.

Satisfaction with WBAF and type of help received

Overall, clients were satisfied with the support received from WBAF, with almost 80% rating it as 'excellent' or 'good' (Figure 8).

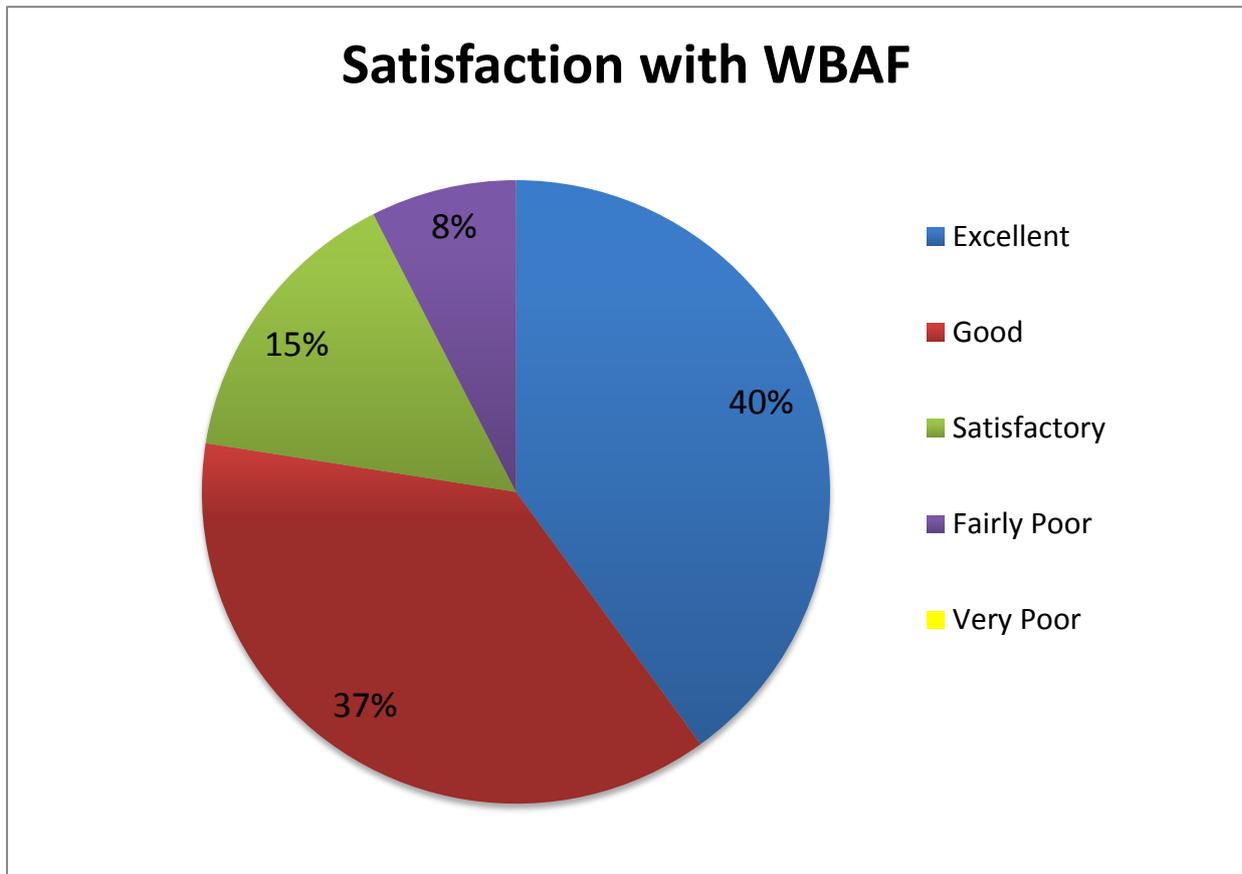


Figure 8. Clients' satisfaction with the overall support received from WBAF.

Focusing on the relationship with WBAF's staff and volunteers, respondents outlined strong sensitivity. Moreover, 60% of service users either agreed or strongly agreed that "[WBAF's staff and volunteers] helped me to be more conscious about my problems".

Another aspect investigated was how clearly WBAF's staff and volunteers were providing information about their services and activities. The feedback was less positive compared to other aspects, with almost 38% rating it as "neither agree nor disagree", "disagree" and even "strongly disagree". The data is in line with the open end answers, in which several respondents indicated a lack of communication from the charity.

"I see Emmanuel [at the Martial Art Lessons] but that's it. I do not know what help you provide, what do you do. It is difficult for me to talk". (Respondent 38)

As shown in the graph below, respondents stated that the type of support received from WBAF concerned mostly leisure activities (80%), meeting new people (60%), emotional support (42.5%) and language and communication skills (32.5%).

Type of support	Percentage
Leisure activities	80%
Meeting new people	60%
Emotional support	42.5%
Language and communication skills	32.5%
Help with finance for home's items	25%
Help with finance/benefits	20%
Child care issues	15%
Help with school problems	10%
Health issues	10%

Table 4. Percentage of clients receiving different types of support from WBAF.

This data reflects the purpose of the charity's main projects. In particular, respondents outlined the importance of the leisure activities both for meeting people and for allowing the children to enjoy their spare time by attending swimming and martial arts lessons, as well as occasional trips and parties. Moreover, it emerged that the coffee morning sessions and the presence of home volunteers represents relevant emotional support.

"[The home volunteer service] It is crucial. It helps discussing with someone who listen, someone you can talk when you have an issue. She [the home volunteer] took some stress from me." (Respondent 13)

"[During the coffee morning sessions] You can get advice from other parents. You know you are not alone. It boost your confidence because you know that problems happen to other parents. Also, it is good for a break. I do not think about my problems; the only time for me to be with friends is during coffee morning" [single mother attending coffee morning]. (Respondent 27)

WBAF Activities

Less than half of the respondents (47.5%) were using only one service offered by the charity. 37.5% were receiving support from two services, while 15% were accessing three or four different projects. The feedback and comments collected for each of the 5 services are presented in the following sections.

Home Volunteering (HV)

Most of the clients (69%) considered it “very important” for their family to receive Home Volunteering (HV) (Figure 9).

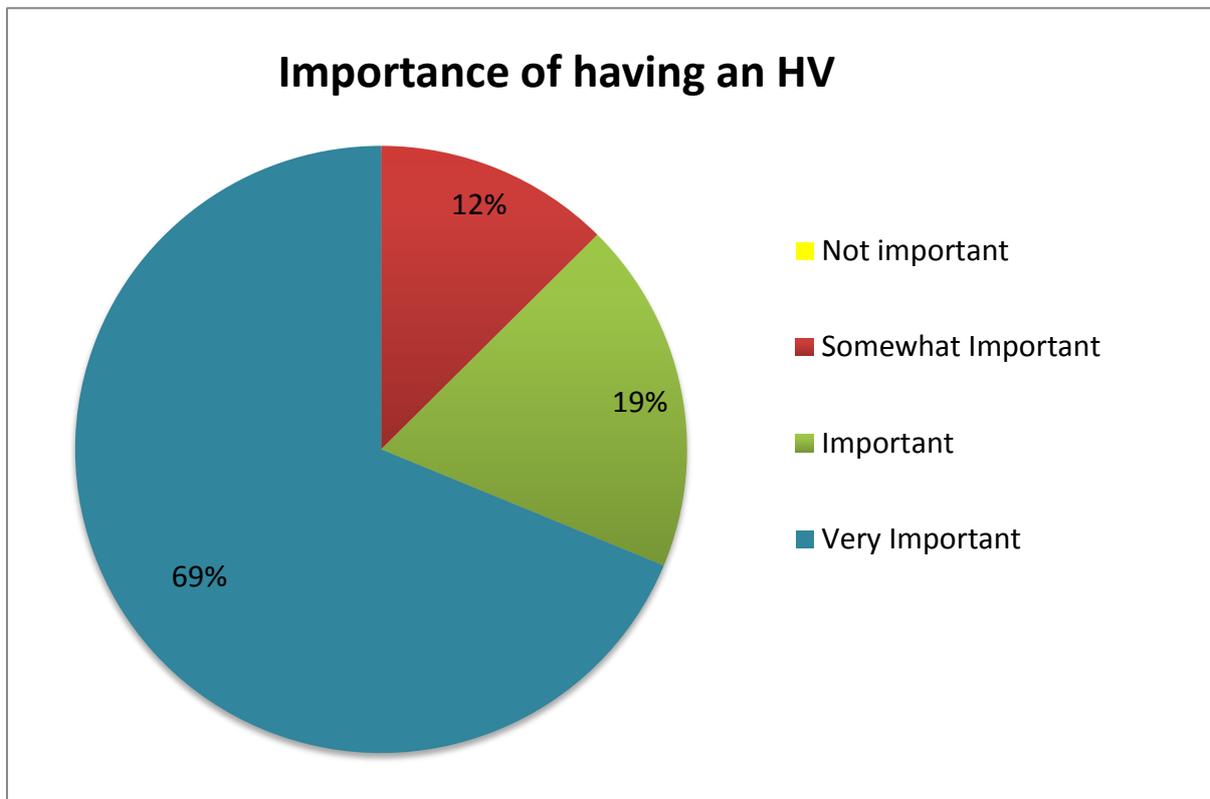


Figure 9. Importance of having or receiving Home Volunteering (HV), as reported by clients.

As shown in Figure 10, HV is mainly focused on the client's' children, with most of the respondents receiving a home volunteer claiming that their children were receiving help with homework (88%) and with outdoor activities (70%).

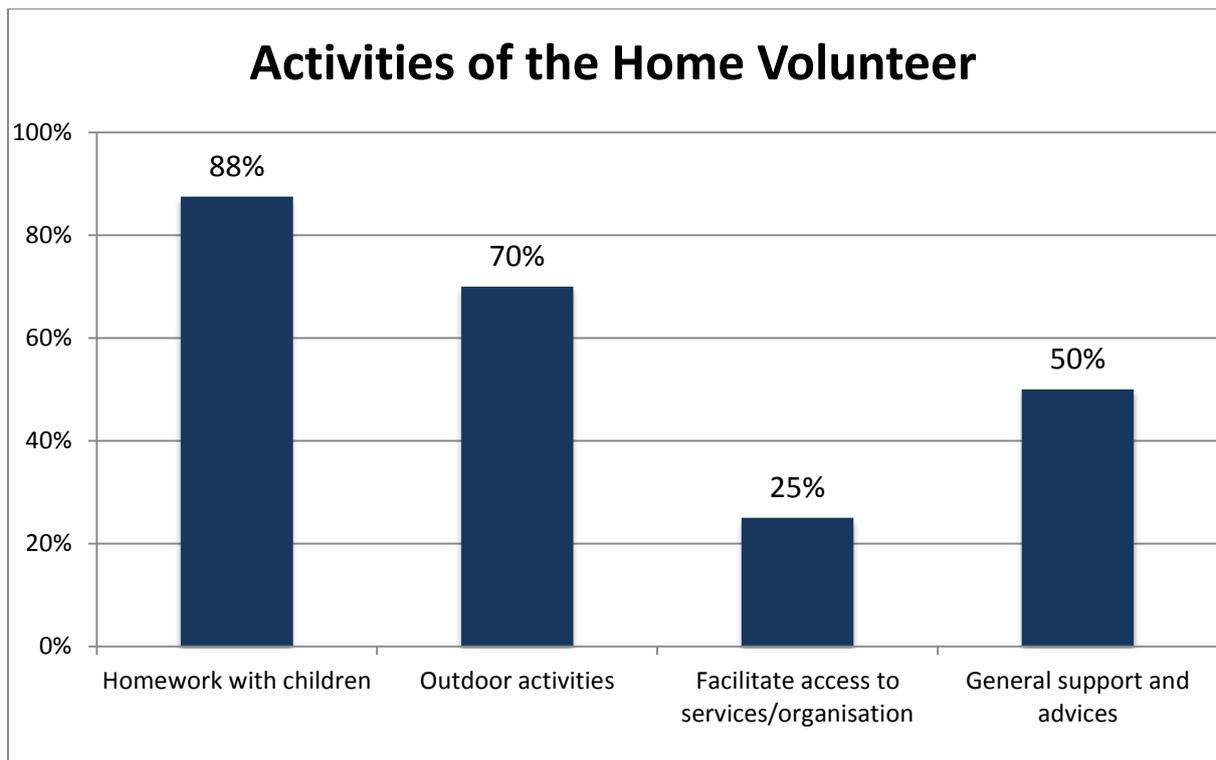


Figure 10. Type of activities the home volunteer conducted with the clients.

When asked to specify in which aspects of their children’s lives the HV was having an impact, most of the respondents claimed that it has improved their children’s confidence and self-esteem (88%), emotional well-being (83%), school performance (72%), ability to positively interact with adults (74%) and respect for rules and authority (71%) (Figure 11).

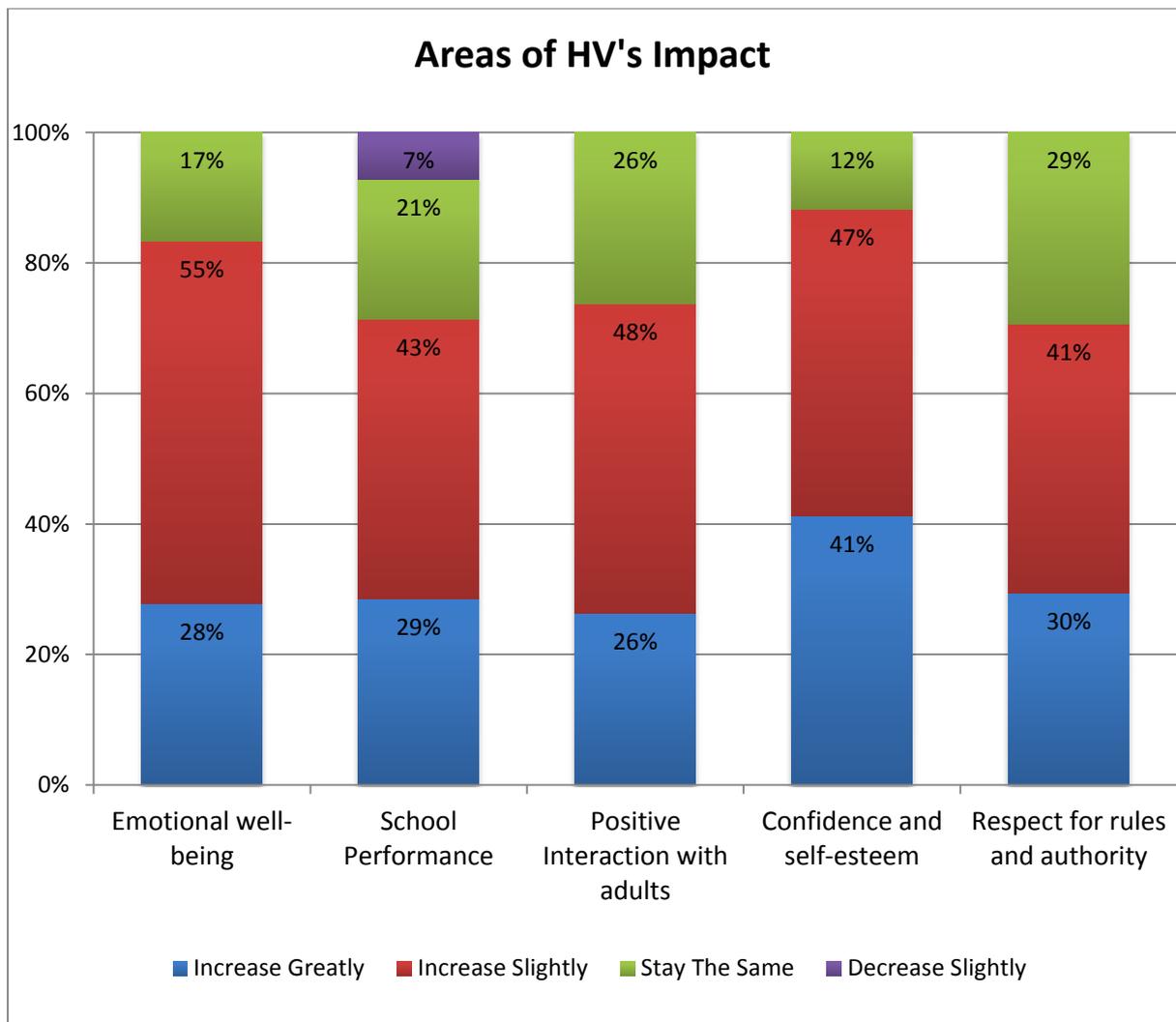


Figure 11. Aspects of clients' children which have changed thanks to the support received from Home Volunteering (HV).

The presence of the home volunteer is not only helpful for the children, but also for the parents since it provides them with emotional support and counselling; 50% of HV users received “general support and advice” (Figure 10). Also, about half of the families with a home volunteer (53%) claimed that their confidence as a parent increased thanks to the HV, and generally the clients were very satisfied with the aspects of support and advice received:

“Because I don't have any kind of family support here and especially for this reason the [Home Volunteering] help was really important” (Respondent 7).

“She makes my daughter happy and not be alone. Me as well I feel I am not alone”
(Respondent 9).

“She help my son. She help us, I tell her and ask her everything and she help us”
(Respondent 15).

Moreover, by spending time with the children the home volunteer gave the parents the opportunity to have a rest and carry out *“domestic tasks like cooking and cleaning the house”* (Respondent 13).

“It gives me a break. I am a lone parent and I do need this support; when [the Home Volunteer] doesn't come I can feel the difference”. (Respondent 28)

This might be particularly important for lone mothers and parents whose children need constant supervision due to health problems.

In some instances families outlined that the help and support received was not enough in terms of time, especially in the case of clients with more than one child. When asked about suggestions and complaints regarding the HV service, some families reported inconsistencies from the volunteer (with emphasis on their poor punctuality), low frequency of the visits and a high turnover.

“The service is a good idea but is not working well. Since we start with Westminster Befriend a Family we had 6 different volunteers and between one and the other we waited months. Also for our daughter is not really good as she became friend and she had to start again with another one. The volunteers are changing too often and the majority are students busy, so you can count one week but not for the two weeks after. At the beginning they told us that the volunteers should stay between 6 months and one year, for 2 or 4 hours a week. Some of ours volunteers stopped before 6 months, as they got a job or they were busy. Moreover the volunteer generally stay one hour, no more. S. was a good volunteer, as the previous one, but she left. Now we are still waiting for a new one” (Respondent 11).

Moreover, some clients stressed a lack of understanding with regards to the criteria for using the service as well as the period the service was assured for. 50% of the families that do not have a home volunteer expressed the desire to be assisted by HV even if they lacked awareness of how the waiting list works.

Family Support Work (FSW)

Family support workers assisted families with a range of different issues, mainly related to housing, benefit, school, bureaucratic advice and emotional well-being. All of the families were “very” or “extremely satisfied” with the support received.

The main support provided from FSW is the provision of linkages with appropriate services/organisations, with two-thirds of the families receiving FSW reporting help in writing letters, filling in forms or contacting the right people. In some cases the nature of the help involved fundraising for specific items (e.g. washing machine or kitchen furniture) while in others the FSW helped with the application for housing benefits.

Moreover, the family support volunteer assisted families who had been summoned to court evictions. When asked about suggestions, some clients stressed the importance of having a solicitor able to deal with legal matters.

Swimming Lessons (SL)

14 families completed the survey, representing 27 children involved with the Swimming Project. 63% of the service users had been attending swimming lessons for more than one year and 11% for less than six months. The majority of the families reported having been on the waiting list between 6 months and a year.

All the respondents were “very satisfied” (71%) or even “extremely satisfied” (29%) with the SLs. Explaining their satisfaction, parents underlined several reasons:

- their children learnt how to swim;
- it is a healthy activity;
- it allows their children to socialise;
- it helps control their anxiety.

"She is anxious and the swimming lessons helps her to calm down. It helps for emotional well-being" (Respondent 13).

A great number of parents emphasised the fact the SLs were having an impact on their socialisation and ability to share information with other parents.

"My daughters waits for Thursday, she begs me to go! It is very important for our children and for us as parents. It is the time when we meet and have a chat" (Respondent 20).

"I did not had friends before starting with WBAF. At the swimming lessons I could have a chat, I had a social life. I was always waiting for the swimming lessons. The charity got me out of isolation; it was hard for me to find friends and communicate with people. When I started [bringing my children to] swimming I made 2 very good friends. I feel so confident and happy to speak with other people" (Respondent 32).

In order to evaluate the impact of the Swimming project, respondents were asked about specific improvements achieved by the children partaking in the activity. The majority of families agreed that the SLs have improved their children's:

- physical health;
- energy;
- concentration;
- positive interaction with adults;
- behavioural control;
- socialization;
- confidence and self-esteem;
- respect for rules and authority.

The highest percentage of "strongly agree" responses clustered in two different areas: the socialization (60%) and the improvement of physical health (64%) and energy (57%).

All the families underlined the importance and quality of the swimming project. However, the feedback received suggests some areas of improvement. First, the duration of the lesson appears to be too short, considering the time spent before and after entering the pool.

Second, several SL users suggested the introduction of higher skill levels, both to motivate the children and improve their technique.

Another point underlined by several families concerns the selection criteria, that is, how it is decided which families will benefit from the SL. The ambiguity concerns the number of children allowed to participate and the length of the class (30 minutes in some cases and one hour in other cases). As the majority of the families live in the same area and know each other (the majority were self-referred), the comparison among clients is recurrent. The location of the Swimming pool is convenient for service users living in North London, but it is distant for families living near Pimlico and Victoria; these families expressed their desire for having swimming lessons in a location closer to their accommodation.

Martial Arts Lessons (MAL)

13 families completed the survey, representing 20 children involved with the Martial Arts Project. 45% of the service users were attending the MAL for more than one year and 20% for less than six months.

The majority of the families have been on the waiting list between 1 and 6 months (33%) or even less than a month (25%), a relatively short period compared to the SLs, where the average time on the waiting list was between 6 months and one year.

The respondents were “very satisfied” (58%), “extremely satisfied” (25%) or in some cases “Moderately satisfied” (17%) with the martial art project.

When explaining their satisfaction, families underlined the importance of MALs for their children’s fitness. Moreover, several parents noticed an improvement in their children’s confidence and self-esteem, as well as their respect for rules and authority. This activity seems beneficial especially for children who have been bullied at school:

“Children like it. Also it is improving the confidence of the youngest one (son), who has been bullied at school” (Respondent 32).

“It keeps them active, teach them skills and also discipline. When you listen to instructions it helps other skills. It helps also with school. I am sure that martial art is helping her confidence” (Respondent 4).

"It is really useful because he take all the anger out on the lessons" (Respondent 22).

Generally, respondents were in agreement on the following improvements experienced:

- physical health;
- energy;
- concentration;
- positive interaction with adults;
- behaviour control;
- socialization;
- confidence and self-esteem;
- respect for rules and authority.

The highest percentage of “strongly agree” responses stressed physical health improvement (53%) and increased confidence and self-esteem (50%).

“Like for swimming she is more confident, she is able to defend herself. Every child should do Martial Art and Swimming" (Respondent 13).

77% of Martial Art users agreed that lessons have been an occasion to make new friends, compared to 96% of Swimming Lessons users. This difference is probably linked with the different environment and type of activities conducted.

When asked about complaints and suggestions for the MAL, the same ambiguity of preferential treatment emerged; for example, a client reported that she had to pay for the children’s uniform but other MAL users did not, and she was not given a reason for this. Moreover, the venue seemed to be too small and there were some complaints on how the teacher ran the classes.

“He said that they are not doing Karate, they only run and stretching. Also the place is too small" (Respondent 23).

Coffee Morning (CM)

The 15 families interviewed attending CM were mainly non single parents (67%) from Arabic countries (80%) and attending 2 or more WBAF services (73%). None of the respondents had a single child and the majority had 3 or more children (60%).

Noteworthy is that almost 75% of CM attendees heard about WBAF from a friend; although it was only possible to identify the source of referral for 6 families. Of these 5 were self-referred to WBAF (83%) and only 1 was referred by the council (17%).

Most of the clients were attending CM at the Beethoven Centre (73%). This is in line with the attendance sheets, which show a greater presence at the Beethoven centre than Cardinal Hume, where CM started more recently. Generally, clients are regularly attending the CM. 57% attend once a week and 14% 2-3 times per month, although some respondents (almost 30%) reported to show up less than once a month.

All of them claimed to be either “very” or “extremely satisfied” with the CM. Three key reasons for their satisfaction emerged:

- emotional support and counselling;
- taking a break and meeting people;
- learning skills.

The first area – emotional support and counselling – was outlined by more than 50% of CM users. The CM is “*like a therapy*” (Respondent 4), a space where clients can go and share their experiences.

“I meet so many people coming from different groups. Every time that I have problem in any different subject I go there” (Respondent 8).

“To share with other mums. Take ideas from them. You can learn from each other [...]” (Respondent 33)

Other positives of the CM included leisure opportunities and socialisation; again, the feedback was generally positive and the CM was perceived as useful. For example, the

practical sessions such as jewellery “*helped us to learn new things*” (Respondent 23) and meeting people “*improves your communication skills*” (Respondent 24). Also, the CM provides a break, “*changes your routine and gives you more energy to do more and for your daily life*” (Respondent 4).

"Thursday is my day. We feel that all what we do for our kids, but Thursday is for us. I meet people and we share experience as mums" (Respondent 20)

To investigate which aspects of the CM were perceived as most helpful, a list of areas for potential improvement was presented to clients:

- English;
- communication skills;
- parenting skills;
- confidence as a parent;
- making new friends;
- interaction with people living outside the household;
- support in day-to-day life;
- willingness to seek support if needed.

Overall, the clients reported an improvement in all of these areas.

In particular, clients reported that most development brought by CM related to their social life; almost all the respondents suggested that they had made new friends and had more frequent interactions with members living outside their household. Another area in which clients reported improvement is related to parenting, with the majority stating increases in both their parenting skills (86%) and confidence (almost 95%).

The same results were found in the other areas but to a lesser extent. Respectively, 21.5% and 14% of respondents did not feel more supported in their day-to-day life or more willing to seek help.

Many respondents did not have any complaints or suggestions (almost 50%), while others suggested more physical or skill-based activities such as sewing, swimming, cinema, yoga and the use of a gym.

Conclusion

As expected, the data depicts a situation of relative disadvantage for the families involved with WBAF. In almost 45% of the families interviewed, both parents were unemployed, either for health reasons or because of full-time caring responsibilities. 55% of clients were single mothers and almost 50% had 3 or more children.

There were a wide range of physical issues limiting the execution of daily tasks for 55% of parents, and around 30% of parents reported depression or stress. Also, the majority of families had at least one child with physical, emotional or behavioural issues.

A significant finding is the lack of support from family members, with more than half of respondents reporting that they do not have relatives who can help them. The friends network was more extensive, with most of the clients having someone with whom they could discuss intimate and personal matters. Most had also met friends or relatives in the previous week; this might be related to the support provided by WBAF.

The three main areas of help received from the charity were leisure activities, meeting new people and emotional support. Almost 80% of the clients rated the support received from WBAF as “excellent” or “good”.

Overall, clients were very satisfied with WBAF’s services. The charity was successful in dealing with the family as a whole, with some activities directed at children (e.g. swimming lessons, martial art lessons) and others at their parents (e.g. coffee morning, family support work). Moreover, the activities were beneficial for the others members of the family; for example, the swimming and martial art lessons were helpful in reducing the parents’ social isolation and the coffee morning increased the mothers’ parenting skills and confidence.

Mainly, WBAF’s services provided support in the following areas: confidence, self-esteem, fitness, socializing – for children – and emotional support, counselling, reduction in social isolation, parenting skills – for parents.

Form this study it emerged that several aspects of the charity need improvement:

1. Selection and management of clients

The number of self-referrals (when data was available) is considered too high. Indeed, WBAF has decided to stop accepting self-referrals and focus on clients referred from Westminster Council or other charities; because this decision was relatively recent (February 2015) it is likely that the impacts will appear in future.

Another aspect of concern is the period of the clients' involvement. More than 40% of families interviewed have been engaging with WBAF for more than 4 years, and in some cases the charity initiated its work with clients 11 years ago. Also, of the families interviewed, 35% have not been reviewed since the first assessment, which occurred on average 26 months before this study was conducted.

2. Poor communication between charity and clients

WBAF is not effectively informing clients about their services. Indeed, the level of satisfaction in receiving "*clear information of the charity's services and activities*" was significantly lower than other aspects regarding the relationship between the client and WBAF's staff.

Many of the clients were not aware of what the charity was offering (besides the service they were accessing) or only had partial information. Also, often there was no clear understanding of the services' selection criteria and period of involvement.

3. System of keeping records

A major issue that emerged from the research concerns the way internal information is kept. Information about the charity's services was often inaccessible, outdated or incomplete.

The design of a new method of keeping records is advised. This new method should include:

- Information for each service, such as attendance sheets and details about the nature of the involvement. In particular, there was a lack of data for the Family Support Work, a core service of WBAF. For this service a system similar to the one adopted for Home Volunteering is advised, in which the family support workers complete a daily feedback form specifying which clients received support and how.
- A list of the clients currently engaging with the charity. For evaluation purposes, this list should not include clients who have not received support from WBAF for a certain period of time; also, it should specify which services were used and for how long.

VOLUNTEER SURVEY

Methodology

Introduction

WBAF does not just aim to benefit the service users that it works with, it can also benefit those who volunteer with the charity. One of the aims of conducting a survey of volunteers was to find out what volunteers have gained from their time with the charity, and how WBAF can work to improve the volunteering experience for future volunteers. Another aim of the volunteer survey was to find out how the charity is doing from the perspective of volunteers, as they are likely to have different thoughts and opinions about WBAF than paid staff and service users.

To begin the volunteer survey, desk research was carried out into volunteer surveys. Literature about volunteer experiences, volunteer surveys found online, and the volunteer section of the previous WBAF evaluation were all studied to gain a complete and varied understanding of the different areas and questions that can be explored when studying volunteer experiences.

Sample

Most of the volunteers that WBAF have are family volunteers. Other volunteers include 4 office volunteers, 5 swimming volunteers and 3 coffee morning volunteers. 53 active volunteers were asked to complete the survey. We received a 30% response rate. Of those who responded, 25% were male and 75% were female. 31% of respondents were aged under 25, 19% were aged 25-35, 31% were aged 36-45 and 19% were aged over 45. Most of those who responded were in employment, with 56% currently in full time employment, and 19% in part time employment. 13% of respondents were unemployed and currently seeking work, and 13% of respondents were students.

Materials

The survey was developed using Google Forms. Google Forms is a free online tool for creating simple surveys. The survey included 9 sections: About You, Choosing WBAF, Your Role at WBAF, General Satisfaction, Volunteer Management and Support, Benefits and Skills Gained, Usefulness and Effectiveness of Your Work, Training, and Final Questions. The questions were a combination of multiple choice check boxes, Likert scales, and text box spaces for the participants to type a response. At the end of each section, the participants had the space to add any further comments about that topic.

Analysis

Choosing WBAF

The first question in this section asked respondents how they found out about WBAF. Volunteers found out about WBAF in a variety of ways, the most common being through Universities, online and word of mouth (see Table 1).

Through University	19%
Online	19%
Word of mouth	19%
Newspaper	13%
Council	6%
Through work	6%
Through another charity	6%
Volunteer bank	6%

In this section of the survey, there was a general feeling that the kind of work WBAF do is important to the volunteers. When asked why they chose WBAF to volunteer for instead of another charity, 63% of respondents commented that WBAF help and support families and the community and this is the type of work they wanted to be involved with. In response to the question asking how WBAF compared to any other charities the respondents may have volunteered for, 31% of respondents commented on the positive impact that WBAF and WBAF's volunteers have on families and the wider community.

As well as an interest in supporting families in need, other reasons for volunteering with WBAF included location, flexibility with other time commitments, the charities reputation, and the atmosphere of the workplace.

The most common ways respondents felt WBAF compared with other charities regarded organisation, support and training. 31% of respondents commented that the organisation/efficiency/general running of WBAF was better than that of other charities, although 6% of respondents felt that the organisation of WBAF was worse than in other charities they had volunteered with. 38% of respondents commented on training; 32% felt that the training they had received was particularly good, though 6% claimed they found it difficult to receive training. 25% of respondents were pleased with the support and supervision they received, but 6% of respondents felt that they did not receive enough support or feedback. 19% of respondents considered the appreciation they received for their work at WBAF to be better than they had experienced in other charities.

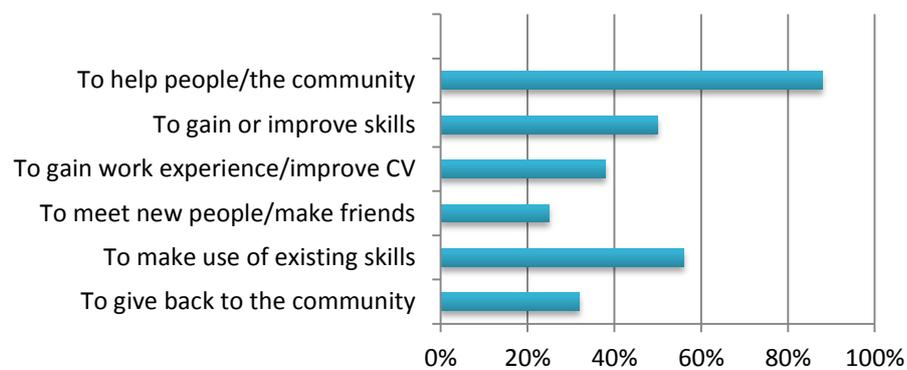
"I have been really impressed by Westminster Befriend a Family's incredible organisation and efficiency"

“I have volunteered for organisations similar to WBAF, what makes it different is the way it goes closer to the families and listens to their needs”

Motivations to Volunteer

Respondents were also asked what motivated them to start volunteering, and were given the option to choose up to 3 answers. Most respondents, 88% in total, gave ‘To help people/the community’ as one of their answers. 56% of respondents wanted to make use of existing skills, 50% wanted to gain or improve skills, and 38% were hoping to gain work experience or improve their CV. See Figure 1 below for full results.

Figure 1: What were your motivations for volunteering with WBAF?



General Satisfaction

Overall, volunteers were satisfied with WBAF, with 94% of respondents claiming their overall experience has been ‘good’ or ‘excellent’, and 88% rating the appreciation they have received for their work as ‘good’ or ‘excellent’. One respondent was unsatisfied with their time spent at WBAF, rating both overall experience and appreciation of work as ‘poor’. Figures 2 and 3 show full results for the ‘General Satisfaction’ sections.

Figure 2: How has your volunteering experience been so far?

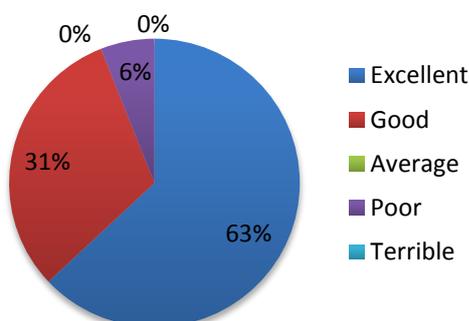
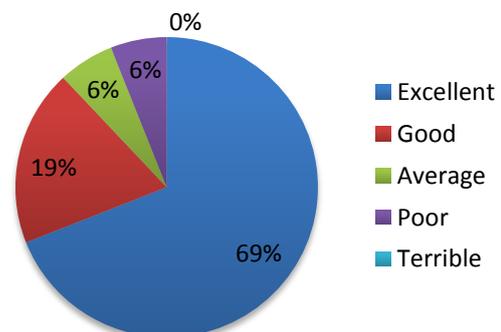


Figure 3: How would you rate the appreciation you have received for your work so far?



Volunteer Management and Support

Respondents were mostly positive about the support available to volunteers (see figures 4 and 5). 81% felt that support was definitely available when they needed it. 75% of respondents rated the support they received as 'good' or 'excellent'. 6% of respondents rated support for volunteers as terrible, and one response to the 'Any other comments' question at the end of the section remarked that they had not received any support.

Figure 4: Is support available when you need it?

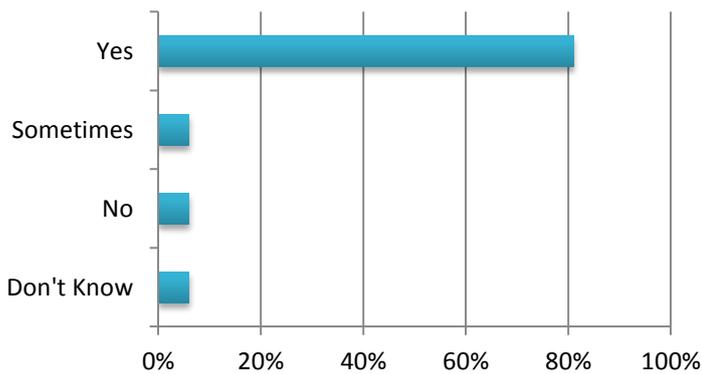
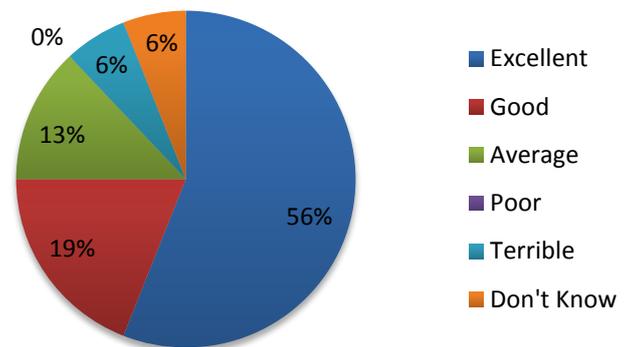


Figure 5: How would you rate the support you have received?



Volunteers were asked how well organised and managed the individual projects were. No respondents considered the organisation and management of the projects that they worked on as 'poor' or 'terrible', and 75% considered it 'good' or 'excellent'. They were also asked how well organised and managed the organisation is as a whole. 82% rated it 'good' or 'excellent', but 6% considered it 'terrible'. See figures 6 and 7 for full results on organisation and management.

Figure 6: How well organised and managed is the organisation overall?

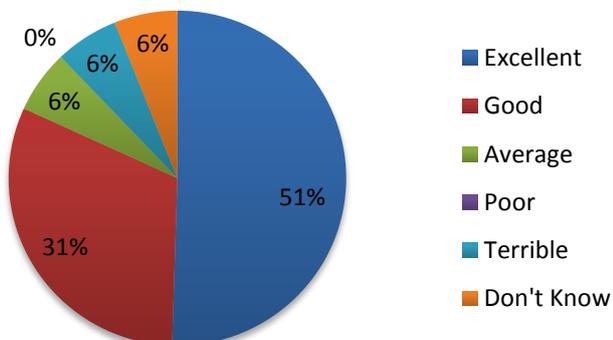
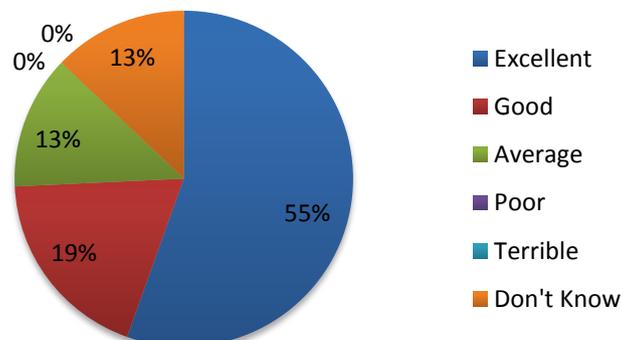


Figure 7: How well organised and managed are the projects you are involved with?



The area of management that respondents felt needed the most improvement was keeping volunteers up to date. Volunteers felt more up to date on the individual projects they were working on with 67% of respondents claiming that were kept up to date on projects, and 57% saying they were kept up to date with the organisation overall (see figures 8 and 9). 13% said they were not kept up to date on their projects, and 21% were not kept up to date on the organisation in general.

Figure 8: Are you kept up to date on the projects you are working on?

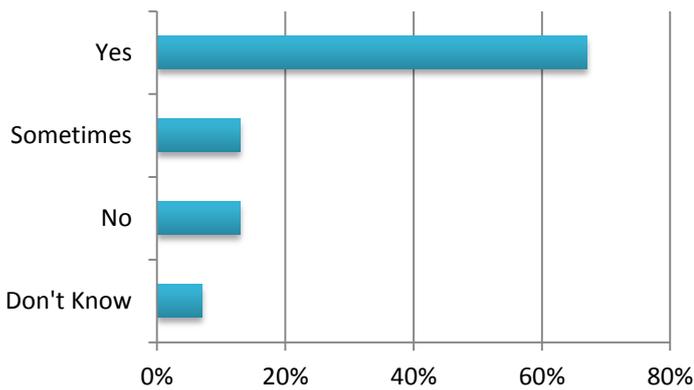
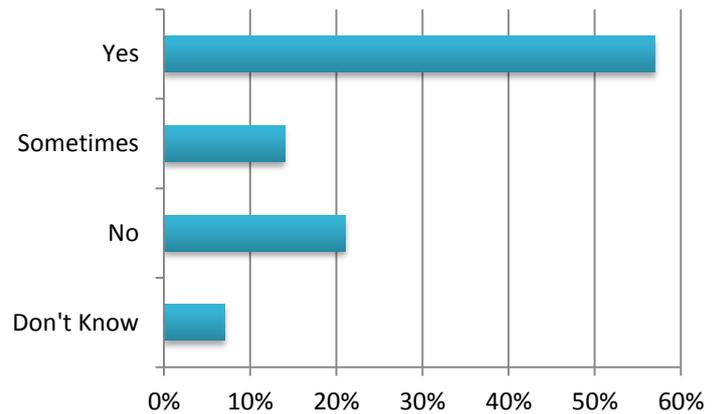


Figure 9: Are you kept up to date on the organisation in general?



Benefits and Skills Gained

All respondents felt that volunteering with WBAF had benefited them in some way, and most respondents thought that they had been benefited in more than one way. The most common ways that WBAF benefited the respondents was giving them a sense of achievement (63%) and giving them the feeling that they have made a difference and helped others (63%). Half of respondents have gained valuable work experience, 38% have experienced improved confidence, and 31% have learnt new skills.

Figure 10: What have been the main benefits of volunteering with WBAF?



All respondents found at least two skills that they had gained or improved during their time volunteering at WBAF. The wide range of skills volunteers gain or improve are all useful skills for both the work place and life in general. The most common skills to be gained or improved were those related to working with people. 69% of respondents had gained or improved their interpersonal skills, and 50% had gained or improved their listening skills. Problem solving and responsibility were also common answers, both with 44% of respondents finding these to be skills that they have improved during their time at WBAF. 31% of volunteers answered that they had gained or improved skills specific to their chosen career, suggesting that volunteering at WBAF helps some volunteers gain career-specific skills as well as general workplace skills.

Figure 11: What are the main skills you have gained/improved?



“Volunteering with WBAF allowed me to try a range of different roles, therefore allowing me to develop several new skills, which all helped me to find employment in my chosen career”

Usefulness and Effectiveness of Your Work

Overall, there was a general sense from respondents that they felt that the work they do is useful to WBAF and the families that the organisation works with. On a scale of 1 (not at all useful) to 5 (very useful), all respondents answered at least 3 when asked how useful they think the work they have done has been to WBAF. 43% felt that their work has been very useful to WBAF. Similarly, when asked on a scale of 1 (not at all) to 5 (definitely) whether they think the work they have done has made a positive difference to others' lives, all respondent's answered 3 or above, and 38% of respondent's answered 'definitely'.

Figure 12: How useful do you think the work you have done has been to WBAF?

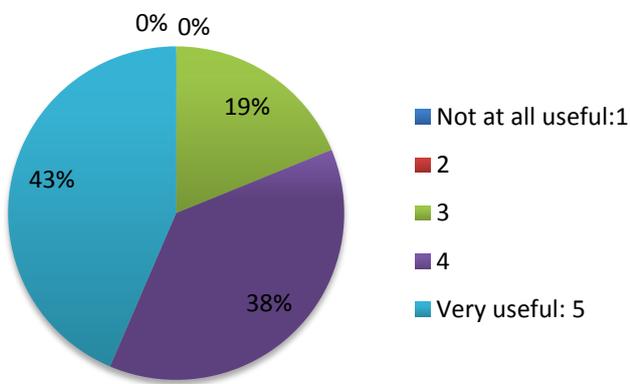
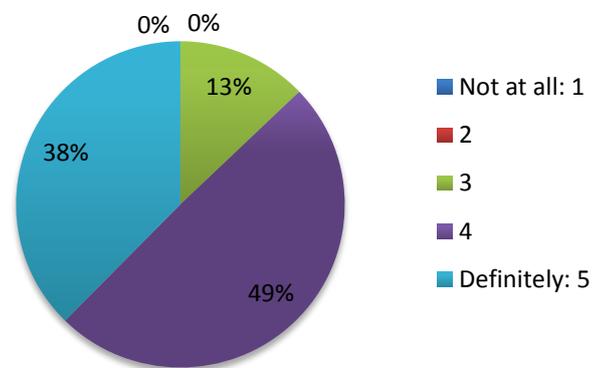


Figure 13: Do you think the work you have done has made a positive difference to others' lives?



Despite all respondents feeling their work was at least somewhat useful, further results suggest that when it comes to how effective volunteers work is, there may still be room for improvement. In this section, volunteers were also asked whether they felt that their work could have been more effective or more useful if they had received better support or management. 47% of respondent's did not feel that they needed any better support or management to improve their work, but 27% responded that they did think better support or management would have been beneficial to their work, and 27% were unsure.

Training

Respondents who were required to take part in training for their role were asked to complete a section on the training that they had received. There was general feeling among respondents who had required training for their role that they would have liked more training. With 78% of respondents answering 'yes' or 'maybe' when asked whether they felt further training would have been beneficial to them. On a scale of 1 (not at all prepared) to 5 (very prepared), respondents were

asked how prepared they felt to meet the responsibilities of their position after completing their training. All respondents answered 3 or above, and 75% answered 4 or 5. This suggests that although further training may have been useful, most respondents received at least enough training to carry out their role confidently. See figures 14 and 15 for results on training.

Figure 14: Do you feel that further training might have been beneficial to you?

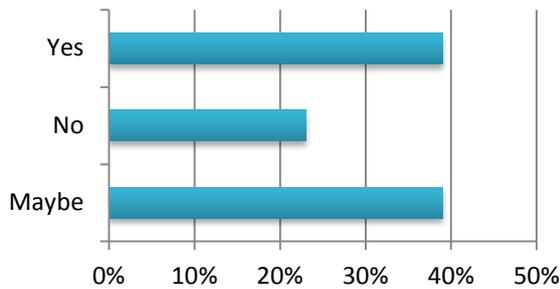
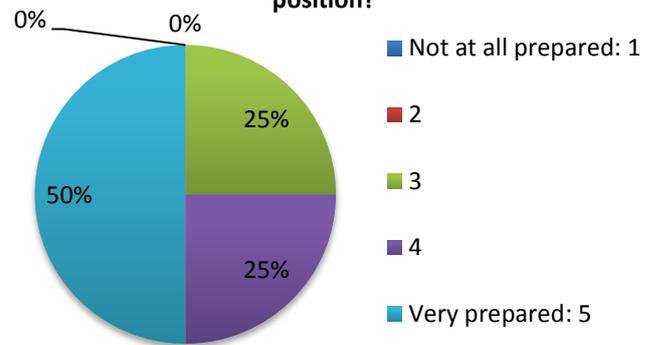


Figure 15: After your training, how prepared did you feel to meet the responsibilities of your position?



Final Questions

The final section of the survey asked respondents whether they would recommend WBAF to family or friends as an organisation to volunteer for. 89% of respondents said they would recommend it, 6% said they would not, and 6% said they would maybe recommend it.

The final section also included three written answer questions, asking respondents for positive aspects, negative aspects, and any other comments they had about WBAF or their volunteering experience. The main feeling among respondents was that the primary positive aspect of volunteering with WBAF is the impact the work has on families and the community. Respondents felt rewarded by seeing the difference their work makes, by the support that families are offered and by the close relationships they form with families they work with. Other positive aspects that respondents commented on were the work experience and skills they have gained, the friendly staff, and the support and guidance they have received. The negative aspects included one volunteers' disappointment in the management of the charity and also a lack of appreciation of their skills, and another felt that staff did not always have enough time to work with volunteers.

"I believe WBAF make a positive difference in the lives of many families"

"I gained a lot from volunteering as it provided me with an opportunity gain valuable work experience that I would have been able to find elsewhere"

"My volunteering experience with WBAF is a positive one and I am happy and proud to be working with WBAF"

Volunteer Roles

63% of those who responded stated their role in the charity as befriending /supporting families. 19% were involved in projects such as swimming, martial arts, the Christmas party, and other youth projects. Responses were also sorted and analysed by role. This section includes an overview of how the volunteers for each of these three roles (family volunteers, project volunteers, and social research volunteers) responded.

There was an overall high level of satisfaction expressed by the volunteers who befriend/support families. The majority of these volunteers believed support to be available when required, and judged the quality of the help received to be 'good' and often 'excellent'. Family volunteers were also satisfied with the overall running and management of the organisation. Overall, these volunteers felt their work was highly rewarding and believed their work makes a positive difference to families, and the majority felt they receive excellent appreciation for their work. Although most volunteers state that they received the necessary training and felt sufficiently prepared to perform their role, there was a general agreement that more training would be beneficial for this role.

For those volunteers whose role was assisting/coordinating projects, there was an overall feeling of satisfaction with the volunteering experience. Support and management was good or excellent, and they believed their work to be useful to the charity and beneficial to the families who are supported by WBAF. However, there was an overall feeling among project volunteers that they could be kept more up-to-date on the organisation, and with better management or support their work may have been even more useful.

The social research volunteers gave the most negative responses compared with the family and project volunteers. The support, training and overall management of the organisation was rated as average or terrible, and they felt they were not kept-up-to date on projects they were working on and not given any proper information on the different areas of the charity. Although 50% rated the appreciation of their work as 'excellent', one felt it was 'poor'.

Conclusion

There was a high level of satisfaction among volunteers, with a small number of areas that could be improved. The results have shown the ways in which WBAF is going above-and-beyond to ensure volunteers are given the best possible experience, but the results have also highlighted the areas that may be in need of improvement.

Volunteers working directly with families and those working on family-based projects seem to be receiving an acceptable level of support and volunteer management. However, it may be necessary to ensure that all volunteers are aware of how to access support when they need it and that all volunteers, particularly those working in the office such as the social research volunteers, have a member of staff allocated to them for support and guidance with their work. Many volunteers felt that with better support and management they could have performed better in their role, suggesting that a small improvement in management and support of volunteers could result in WBAF's work being even more beneficial to the vulnerable families and community of Westminster. Some volunteers felt that they were not informed or updated on all areas of the charity, so it may be

worthwhile to find a way in which all volunteers can be kept up-to-date on what is happening throughout the organisation.

There may be room for improvement in volunteer training. Although family volunteers were pleased with the training they received, some form of training and a better introduction into the charity may be beneficial for volunteers working in other parts of the organisation, such as the social researchers. It may also be worthwhile to offer additional training to family volunteers.

The most positive parts of the volunteer experience at WBAF seem to be the benefits that volunteers gain, and the positive difference that volunteers feel they are making to the lives of the families they support and the charity in general. All volunteers developed a huge variety of different skills during their time at WBAF, many of which may be beneficial to their careers. Many volunteers also received a sense of achievement and the feeling that they were doing work that was very worthwhile and beneficial to others and the community.

1. Methodology

Introduction

The aim of the Peer Review Survey was to gain feedback from the agencies with which we regularly work, in order to identify potential areas for improvement in our relations with partner agencies and our provision of services.

Sample

In terms of sampling, the survey targeted agencies which WBAF work with on a regular basis. The surveys were sent to the agency staff with whom WBAF has most contact. Of the 12 agencies sampled, 8 responded.

Method

In July 2015, an online survey was sent to agencies with whom WBAF has regular contact. The survey was developed using Google Forms (for a copy of the survey, please contact Westminster Befriend a Family). It was comprised of 11 questions:

- The first question asked for the name of the agency and was optional, thus allowing for anonymity.
- 3 questions were open-ended with a text box space to type a response.
- 7 questions used a five point Likert scale.

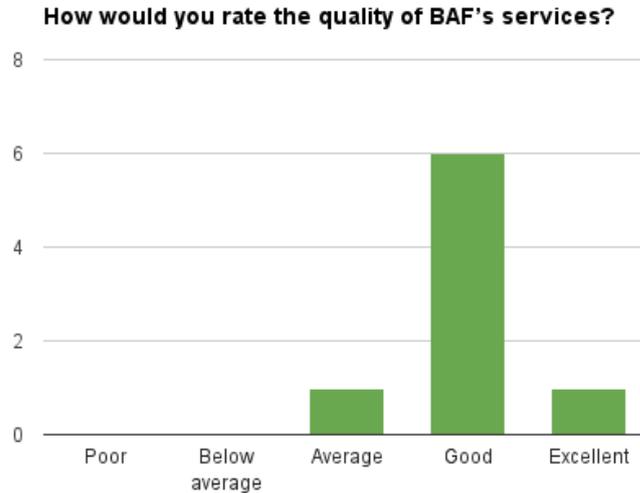
Questions were posed regarding knowledge of WBAF's services and the quality of these services, WBAF's ease of contact and response to requests, WBAF's overall contribution to the Westminster voluntary sector, and the agency's relationship with WBAF.

Limitations

- Limited scope- in order to make the survey as convenient as possible for respondents, the number of questions was limited and structured questions were primarily used.
- The online nature of the survey meant respondents could not be probed or asked to elaborate.
- The survey only questioned agencies which WBAF works with regularly; therefore we have no data from agencies which come into contact with WBAF less frequently.

2. Analysis

WBAF's services: good quality but poor communication

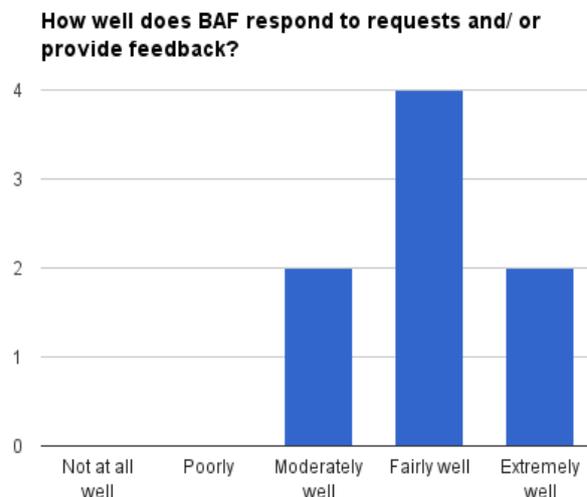


As demonstrated by the chart above, WBAF's services have received a lot of praise, with 75% of the respondents rating the quality as 'good'. However, peer agencies' cooperation with WBAF is believed to be compromised by a lack of information and dialogue. While half of the respondents feel like they know WBAF's services 'well' or even 'very well', the other half state only to be moderately informed.

"From my point of view, there could be a bit more dialogue so we could take on more people. I know a few specific people at WBAF and can contact them about particular issues but it would be even better if there were a central point to get information from so more people could be referred."

As this comment illustrates, WBAF's peer agencies are particularly concerned about the negative effects the lack of information has on service provision.

WBAF addressing client needs: compromised by lack of dialogue



Although the majority of respondents believe WBAF’s ability to address their clients’ needs to be good according to the graph above, some peer agencies wish for more communication and direct collaboration with other services in order to ensure a smoother, faster and more efficient delivery of their programmes.

WBAF’s ease of contact, response to requests and feedback

The same concerns are echoed by the survey results dealing with WBAF’s ease of contact. While the vast majority of peer agencies can get in touch with the charity very easily, they mention that they often struggle to reach a particular member of staff.

“I guess WBAF could just be a bit more transparent about who to contact about what. Having a list of the staff and who is in charge of what would make everything easier.”

Furthermore, many participants lament a lack of feedback and mention not being kept up-to-date on the progress of those families that they referred. They express a desire for regular reviews and updates automatically provided by WBAF in order to quickly identify any problems and adequately respond to a change in the family’s needs. The comments below exemplify these views:

“I suggest that WBAF try and improve their communication. I’ve used WBAF a few times, and initially I had a very hard time getting through to the family support workers. They didn’t tell me the person in charge of the case had left so I think they need to improve their case management.”

“Our agency could improve its relationship with WBAF by having more regular reviews to see if the families they are working with have any more needs.”

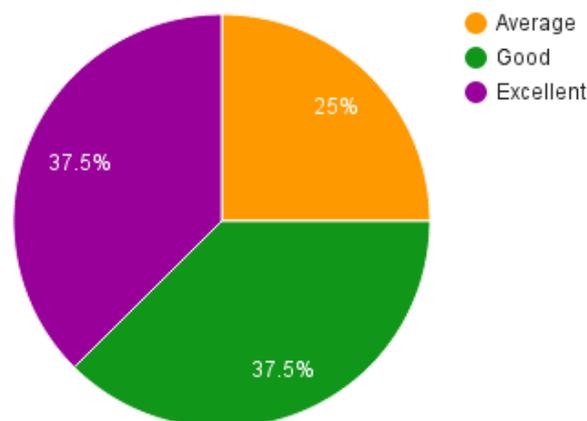
“It would be really good if I got feedback automatically from referrals that have been made, so if a family has been seen or some work has been done with them, I’d like automated feedback rather than me having to ask for it”

“There is a big lack of communication between WBAF and our service. In particular, once I’ve made a referral, I have to chase it up, which wastes time.”

In essence, the responses once again emphasize a lack of communication as the biggest stumbling block preventing efficient collaboration.

WBAF – an important contribution to Westminster’s voluntary sector

How would you rate BAF’s contribution to the broader Westminster voluntary sector?



As 75% of the respondents rate WBAF’s overall contribution to the broader Westminster voluntary sector to be ‘good’ or even ‘excellent’, it appears that WBAF’s role and the importance of its services for the local community have been acknowledged.

“I think that WBAF offers a unique service and I feel it is very much needed. (...)”

“I hope WBAF lasts, it is an essential community service. The work is excellent and I wish them all the best.”

WBAF’s relationships with other agencies

In terms of their agency’s overall relationship with WBAF, respondents give very positive feedback, 7 out of 8 respondents rating the collaboration to be good or even excellent.

“I enjoy working with the CEO currently [...] he is very open to collaboration.”

Conclusion

In summary, although WBAF's peer agencies have identified certain areas of improvement and believe that more could be done to enhance service provision and collaboration, notably in terms of communication and feedback, they nonetheless believe WBAF to play an important role and are keen to continue working together in order to collaboratively improve the lives of Westminster's residents.

"I think Befriend a Family has a vital role to play but needs to link more with other agencies"

"The experience I have had has been very positive, but I think there could be more."