



**Research & Service
Development Centre**

Coastal and Ex- Mining Areas Project

Evaluation

RSDC, June 2007



CEMA Project Evaluation

1. Introduction

In 2003, the Department of Health, The Henry Smith Charity and the Lloyds TSB Foundation funded Mentor's fifteen-month rural research project. The full project report was published and launched at a national conference focussing on drugs and rural areas in November 2004. Arising from this project Mentor UK approached the Department of Health and the Henry Smith Charity with a new proposal for a drug prevention project targeted at young people living in coastal and ex-mining areas. The project received the required funding and began work in October 2004.

1.1 Project Objectives

The declared objectives of the Project were as follows:

1. To undertake a literature review and mapping exercise of work in coastal and ex-mining areas, identifying models of good practice and work which is promising and has been effectively evaluated
2. To research and develop 12 pilot projects, each targeted at vulnerable young people in coastal and ex-mining areas, their parents / carers and those working with young people in order to:
 - address the issues of isolation, parenting and alcohol and drug misuse
 - support and engage young people and local agencies to develop and implement local projects to address local needs
3. To share the learning gained from the 12 pilot projects with policy makers, funders and practitioners in order to encourage the effective implementation of drug and alcohol misuse prevention projects in coastal and ex-mining areas across the UK and internationally
4. To increase the knowledge of policy makers about the drug and alcohol prevention related needs of young people in coastal and ex-mining areas
5. To raise the issue of drug and alcohol misuse prevention up the list of policy priorities



1.2 Evaluation Methods

1.2.1 Attendance at Advisory Group Meetings

RSDC attended and contributed to three meetings of the CEMA Advisory Group.

1.2.2 Mentor UK Staff

Initial and follow-up interviews were conducted with the two CEMA Project Staff.

1.2.3 Pilot Projects

Visits were made to all of the 12 pilot projects. Interviews were conducted with representatives of the management of each of the pilots. Intermediate contact was made with the pilots by telephone and follow-up visits were made to all but one of the pilots. These included, where possible, interviews with the project participants.



2. Establishing the CEMA Project

2.1 Literature Review

The initial literature review, produced by the CEMA Project Worker in February 2005, failed to take a suitably academic approach to the subject matter. Recognising this, Mentor UK commissioned a second literature review from Dr Simon Parker of the University of York. This was published in December 2005.

Overall, we found the Review well-researched and well argued. It sets out the risk factors for drug use amongst young people and the links between drug use and a range of factors linked to indices of multiple deprivation. It also sets out a cogent argument for concentrating on coastal and ex-mining areas as districts experiencing high deprivation but often poorly served by treatment and prevention agencies. The two Districts chosen as exemplars are well-known to RSDC staff who have experience of working on research projects related to drugs and young people in both Easington and Great Yarmouth. As such, we can support the conclusions reached by the Review.

RSDC made only a few comments.

- ✚ The terms *substance use* and *substance misuse* seem to be used interchangeably, with no definition given of either. Nor is there an adequate definition of *substance dependency*. Does the author believe that there is a progression from substance use through substance misuse to substance dependency? If so, how does this work and what are the transition markers from one to the other?
- ✚ There is no distinction between different stages of prevention.
- ✚ There is nothing in the Review concerning best practice in drug prevention work with young people¹

2.2 Staffing

The first Project Worker appointed to lead the CEMA Project, Carol Lock, left in March 2005 after only a few months and was replaced nominally by Eric Carlin, Chief Executive of Mentor UK. In fact the bulk of the Project work was undertaken by Joanna Travis, seconded from Mentor International and by Suzy Zito, seconded from the Dept of Health Drug Prevention Development Team, each working two days a week. The replacement of a single Project Worker

¹ e.g. Canning et al (2004) *Drug use prevention among young people: a review of reviews: First edition*, Health Development Agency.



with two part-time workers was managed reasonably smoothly although this may have contributed to reported communication difficulties with some of the pilots (see below).

In August 2006, due to Suzy Zito's departure on maternity leave, her position with the Project was taken by Apostolos Polymerou, Development Officer at Mentor UK.

2.3 Selecting the Pilot Areas

Selection of the initial 12 Districts to be approached was based on the target to cover the whole country, concentrating on coastal and/or ex-mining areas of high deprivation, with a population of less than 30,000. Project staff initially approached the Drug Action Team (DAT) in each of the 12 chosen areas. This met with varying success. Those DATs that responded were asked to identify existing projects that CEMA could build on as the £10,000 available was considered insufficient to set up a brand new project. This would allow Districts to bolt on provision to test what might work in drug prevention in a coastal or ex-mining area. Where the DAT could not (or in some cases, possibly, would not) provide details of existing projects, staff contacted Health Promotion Offices, the local Council, used internet searches, and the local media.

Staff asked all potential projects to complete a short questionnaire and then had a meeting in June 2005 to draw up a list of those to be invited to apply to take part in the project. All of these projects were visited by CEMA Project staff and a final list was compiled. Where there were gaps because no suitable project could be found in a chosen area, they went back to square one and started looking all over again.

Mentor staff agreed that the amount of work involved in setting up the CEMA project had been much greater and more burdensome than expected. Some Districts did not seem to be interested in taking part in the project at all. Some may not have had the infrastructure to set up a proper project plan. Others were more concerned to talk about treatment rather than prevention. The chief difficulty reported by the CEMA Project staff was getting past the normal contact people down to the ground floor to talk to those willing to make the pilot projects actually happen.

Projects started from different points. CEMA staff found that some already had a good grasp of the concept of drug prevention while others were more oriented towards treatment and needed more guidance. CEMA staff agreed that prevention was a broadly-based concept comprising the following objectives:

- delay onset of initial use,
- prevent inappropriate use



- reduce the harm of continuing use

However, the majority of the pilot projects are concerned more with tackling the antecedents to drug use and exacerbating factors, rather than addressing drug use *per se*.

Some of those contacted appeared to have a good idea about how to cope with project planning while others needed a fair amount of assistance with the planning process and with preparing a properly thought out approach. Districts approached by Mentor UK also appeared to have a different reaction to how much they valued the offer of £10,000 as seed-funding for the project. To some it was just what they needed to get a pilot project off the ground while for others it was not enough to justify returning an initial phone call!

The initial bid² to undertake the CEMA Project envisaged a three-month period for the support and establishment of the 12 pilots, and this is what the majority of them have in fact required. However, difficulties experienced with CEMA Project delivery has meant that project start-up dates were spread over about five months.

Difficulties were experienced particularly in establishing the pilot in the chosen Districts of Bolsover and Mansfield. Further problems were encountered when negotiations with representatives in Stoke-on-Trent broke down and a new District had to be selected and a new pilot project found. At an early stage in the delivery of CEMA, the following conclusions were drawn.

1. The CEMA Project's stated remit - working in coastal and ex-mining areas, limited the number of Districts it could approach to search for partners to run the pilot projects. A similar project run by ADFAM³ without these limitations experienced little or no difficulty in gathering sufficient interest from potential pilot areas.
2. Young people's services were going through a number of changes consequent on the introduction of new Government guidance and a new national service framework under the general heading of 'Every Child Matters'. This resulted in Young People's Substance Misuse Planning Groups focusing more on treatment than on prevention and on the bigger picture rather than smaller pilot projects.
3. Many of the pilot projects commissioned were led by staff who may be good at working with young people and/or parents, but not necessarily so effective in project planning and paperwork. The comparatively low level of funding available for the discharge of the pilots meant that little could be earmarked for administrative support.

² Mentor UK – Proposal to carry out Drug Misuse Prevention Activities in Coastal and Ex-Mining Areas

³ Families/Parents and Drugs: A Peer Support and Education Programme



4. Linked to the point above, some difficulties were reported in achieving and maintaining contact between pilot project leads and CEMA staff at Mentor UK. This may have been due in equal part to the fact that many of the project leads spent considerable amounts of time out of the office and had a number of responsibilities other than the CEMA project and also the fact that each of the CEMA staff at Mentor UK were themselves working part-time on the Project, with a range of other, competing responsibilities.



3. Delivering The Project

3.1 Pilot Projects Agreed

After a certain amount of discussion and the search for a new area after Stoke-on-Trent went back on their initial commitment, the following 12 projects were agreed.

Project Type	Pilot Area	Region
Parenting	Kerrier & Penwith	South West
	Grimethorpe/Barnsley	Yorkshire
Diversionary	Seaham	North East
	Copeland/Whitehaven	North West
	Mansfield	East Midlands
	Doncaster	Yorkshire
	Blyth Valley	North East
Mentoring	Bolsover	East Midlands
	Whitby	Yorkshire
	Salford	North West
	East Lindsey/Mablethorpe	East Midlands

All pilots were linked in with pre-existing initiative. It appears that in all cases the offer of funding from CEMA enabled local areas to develop and implement something they had already wanted to undertake, rather than inventing new projects to make use of the money available.

At the outset, all projects appeared to have a clear idea of their objectives and how they intended to meet them. Interviewees showed an understanding of the process for recruiting, engaging and retaining clients and for moving clients on. Each of the pilots had a process for recording the number and type of clients recruited, the nature of training or other activities delivered, and the level of client attendance. Principal fears expressed by the pilots at initial interview concerned the ability to recruit and retain sufficient clients from their target groups, especially given the chaotic nature of many of these people's lives. In fact this was not borne out by experience and was generally not reported during the project or at follow-up interview.

3.2 Supporting The Pilots

It became apparent to the Project Workers that the amount of support required by the pilots varied considerably. Some of the pilots (e.g. Whitby) were being delivered by larger agencies with a great deal of administrative back-up available to them, while others (e.g. Mansfield) were staffed just by a single worker, or by a number of workers, each with very limited time



available. Thus the decision was made to divide the 12 pilots into 'high maintenance' with a number of support visits planned and 'low maintenance' where fewer support visits were required. To a certain extent, this consideration guided the selection of the pilot areas, as it was realised by the Project staff that they could not give the required level of support to 12 'high maintenance' pilots.

Monitoring the projects was managed by a quarterly reporting process. However, many of the pilots reported that the forms devised for managing the monitoring process proved clumsy and difficult to complete. In the end, pilots generally came up with their own monitoring methods, responding to the required information needs of the Project.



4. Project Outcomes

Details of the 12 projects are given below, together with a consideration of their representation in the Final CEMA Project Report produced by Mentor UK.

4.1 Projects that Succeeded

4.1.1 Kerrier & Penwith

A similar programme was run in two ex-mining and rurally isolated coastal areas. This programme targeted Parents and Carers in deprived ex-mining and rurally isolated coastal areas, specifically hard to reach groups. The target group engaged in training sessions which aimed to increase their knowledge and awareness of drug/alcohol issues for young people and skill them to dialogue with young people within their care. The project also selected and trained young people to deliver the training alongside workers from the agencies. The Project came out of previous work conducted with Mentor UK, and used a training manual and video ('Know Limits', devised and developed by Addaction).

Six courses ran plus half a course which only managed to recruit two participants, so that stopped half way through. The 6½ groups comprised a total of 49 parents and carers. One group (of foster carers in Cambray Leisure Centre in Kerrier) had 20 participants, although they weren't all there for all the sessions. The rest of the groups had between 4 and 9 members. Young people cared for by those attending comprised 40 aged 8-12 and 36 aged 13-16 and 26 younger or older.

The target was hard-to-reach parents. The pilot was partially successful in this. One difficult estate to reach was the Trimmier Estate in Penzance. They had enormous problems recruiting from this to begin with. Then one of the Addaction staff acting as a course facilitator undertook a lot of networking in that area with already established projects and this provoked a better response.

The course changed over the timescale of its delivery in response to parent participants' requests. The trainers purchased a 'drugs box' so that they could introduce information about drugs other than cannabis into the course. Groups varied also in terms of how much input was given by the facilitators and how much free discussion there was between the parents. This depended to some extent on the confidence of the facilitators. All groups used the video.

There was a general feeling among those interviewed that four sessions was not enough to meet all the expectations and needs once the group of trainees was engaged. It proved difficult to stick to the structure and get through all



the material while allowing space for discussion as the need arises. Two hours (the time allotted for each session) was seen as too short a time. There was also some concern that there was too much evaluation and too much paperwork, which further ate into the total time available.

The project leader commented that she was recruited to run the project on the basis of 15 hours a week but it could easily have been a full-time job, such was the level of commitment required. She thought she needed more time to do it properly.

Most facilitators have expressed an interest in continuing with the project if future funding can be identified. They hope funding will be continued through the local Council who have been successful in winning a NRF grant for alcohol and drugs work. They are also trying to embed the project in the Children and Young People's Partnership family work.

Facilitators all reported that they had learned from each other (courses were co-facilitated by an Addaction Worker and a Children's Fund worker). This has helped to enhance each agency's practice.

A number of future developments are possible for this project.

Six parents participating in the course were interviewed in a focus group, including one foster carer. They had heard about the course in a variety of ways, including a poster in the window, leaflet at school, and information sent by foster carer support network. One parent told a friend and she came along too.

One parent explained that she had experienced a crisis with one of her children. She had tried 'Frank', who had turned out to be useless. Parents Against Drugs had given her information about this course. This parent had journeyed to Penzance from the Lizard to attend this meeting. She had had no trouble attending the course and would have moved heaven and earth in order to be there.

They agreed that the course had been useful as it was good to learn about alcohol, and good to have that level of knowledge. *"It gives you an insight into drug use and drinking, helps you get things into perspective."* The practical advice given in the course means you don't have to panic when something happens with your children.

Another parent explained that she wanted to be prepared for things and to know how to talk to young people about drugs. Group members support each other, so there is no need to panic. Once they're 18, young people are not so interested in alcohol because they can drink it legally.

Another parent said that she had found the discussion element in the course very useful, it had helped her learn how to be a model for her children. It



helped her talk to them about subjects that might otherwise have been difficult and thus avoided.

The course should go into schools, into primary schools at Year 6. Drug culture changes, the Course needs to keep up to date to help parents do the same. One parent explained that she wouldn't have gone near any course advertised through the school as they are bombarded by too much stuff from there already. Attending parenting classes can feel stigmatising. Does it mean you've failed as a parent? They need to desensitise the issue.

All agreed that the course should have run for longer - at least 6 weeks. The drugs box needs updating - drugs are changing all the time. They could have learned more from parents experienced in drug use, e.g. an ex-addict.

Parents said that the Course felt relaxed and informative. It was quite fun, really, and opened your eyes. One parent said that it had helped change her relationship with her child. The Course leaders were seen as very helpful, as were the other parents attending. It was useful to know that you weren't alone.

Some parents thought that the course could usefully have included more about how to spot a problem and more on local youth culture. Mentoring after the course had finished would be useful plus a helpline parents can use. There should be more on this issue in schools and more support for teachers.

Finally, one parent pointed out that there is no point in running these courses in the summer, as all the people you're trying to attract in this area are working for the tourist trade or related jobs, and won't have time to attend.

The Draft Report from Mentor UK states that:

“Feedback from parents via sessional feedback sheets and ‘before and after’ questionnaires indicate that objectives have been achieved. Contents of feedback sheets and questionnaires have been collated onto spread sheets. Parents / carers do feel more knowledgeable about the physical and emotional effects of alcohol and cannabis and their effect on young people. They do feel more able to help their children make safe and responsible choices when subjected to peer pressure around substance misuse: as a result of engagement with the project parents do feel more confident and skilled when talking with young people about issues related to alcohol and cannabis. Parental feedback on the contribution of the older young people in the groups has been highly positive.”

4.1.2 Grimethorpe

The Strengthening Families Programme was conducted under the auspices of the Young People's Health Project currently being run in Grimethorpe, Barnsley and is for young people aged 10-14 and their parents. It is designed



to reduce the likelihood of substance use and anti-social behaviour in the teenage years. The SFP is American in origin and comprises an 8 week parenting programme for parents and young people, running for 2 hours a week - 1 hour concurrently with separate groups of parents and children, and a second hour with parents and children together. Research supporting the Programme shows that there's less conduct disorder among the families that attend. Quite a large section is related to peer pressure and drugs.

'It's about strengthening the relationship between child and parent so that children perhaps have more respect for their parents and respect their parents' boundaries. Likewise parents respect their children a bit more and give them the support they need in terms of growing up.'

The pilot was successful in obtaining an English version of the DVD accompanying the programme, although the materials supporting it are still American. Future groups will be able to use all English materials.

The pilot started off with a lot of referrals from around the Borough but ended up focusing on Grimethorpe and all but one of those on the course were contacted through the local comprehensive school. The pilot staff were firm on needing to identify people who would benefit most from it. One or two were not recruited onto the course because they had younger/older children at home that could not be included in the training and for whom trying to find a carer would have been difficult. There were also a couple of applicants whose personalities were thought to have been too confrontational.

Out of eight that started the course only one dropped out. Funding has allowed them to set up really good incentives, better than the other courses have had. This has helped keep people on board. This includes tea and buns as part of the course and raffle prizes, etc.

What young people were doing in their session and what the parents were doing in theirs, married up in the family session. The activities were complementary and aimed at building up relationships. There was some resistance and some difficulties because it was aimed at building relationships that they had lost. Parents were looking at strategies to help their children and the youngsters were also looking at parents' needs and strategies to help avoid confrontation.

They had hoped to recruit both fathers and mothers but ended up with 7 mothers, most of whom knew each other beforehand. There were 7 children - 3 girls and 4 boys. They tried not to involve brothers and sisters. It initially proved difficult to get parents to express their feelings towards their children and vice versa - *'not something you generally do in Yorkshire. It quite upset some of them, got quite emotional.'*



It took some time to get the venue right. Working in a large room encouraged the young people to be noisy and boisterous. Transferring to a smaller room helped to contain things and the course progressed much better.

All 7 families were successful and reported that they are still using some of the things they were taught. Mothers interviewed at the follow-up visit said that they have learned how to walk away from arguments, and can now persuade the kids to mow the lawn. Young people have also adopted a range of coping procedures, such as going to their bedroom as a means of avoiding an argument.

Staff reported that it sometimes proved difficult to restart second half of the sessions after the refreshment break, especially when they had to be shepherded back to the training room.

As part of the project a residential weekend was mounted, which proved successful, despite one or two of the children dropping out at the last minute. Mentor UK attended for part of the event, complete with film crew!

On termination of project funding a smaller amount of time-limited funding was secured and a further course mounted. This did not have all the extras (tea & buns and raffles, etc) of the original but used the equipment retained from the original project. Again 8 families were recruited and 7 completed the course, which ran successfully. They are now casting around for funding to support further courses.

The Report from Mentor UK states that:

“A baseline and post-intervention questionnaire was completed allowing the evaluation of the impact the parenting programme had on the lives of parents and children. A residential weekend for the children was organised during the summer holidays of 2006 and a day for the parents was organised in October.”

4.1.3 Seaham

Free the Way is a local community based organisation working in Seaham. They previously worked with ex-users and their families and wanted to develop prevention activities with vulnerable young people. The agency has partnered with Co Durham DAAT, County Durham Arts Development Officer and others.

Initially, the project was running quite slowly as they were not getting as many young people as they would like on board. The idea of the project was to ‘*get in there*’ with people who are not using drugs at present, but where family members were, and to highlight the issues involved and move these individuals away from the possibility of using drugs.



But from a slow start word started to spread and soon they were seeing as many young people as they could cope with. Work undertaken included courses running on Tuesday and Wednesday evenings together with one or two residentials a year. At the time of the final interview the pilot was running as many courses as they could manage and had a waiting list. One of the project workers was undertaking a course to qualify to drive a minibus so that the children could be taken out on visits.

Both project workers had direct experience of caring for someone with a drug problem and this appeared to be firing their determination to start prevention activities with young people locally.

The young people themselves helped to set the agenda for the ten-week course, agreeing ground rules and outline course content. Attendance was generally good, although there was recognition that to avoid the young people becoming bored, the courses should run no longer than 10 weeks. Parents often came in as volunteers to help on the course.

Very few difficulties were reported, just the waiting list for joining the course. It was acknowledged that there was very little in Seaham for young people to do and that this may have contributed to the success of the course.

“The children of the last course want to come back and join this course, so what we’ve actually done is we’ve got some of the ‘old’ children join the new one and they’re classed as mentors, so they can help the new ones.”

Observation of one evening course showed that the children appeared quite relaxed, happy to join in and take part in whatever activities were offered. As this was Halloween, activities included apple bobbing and a Halloween costume competition. Health information about illicit drugs extended to cover other health issues including healthy eating. Food provided as part of the course was planned to be as healthy as possible and this was a subject for discussion within the course itself.

The pilot reported a good level of support from Mentor, and frequent communication between them.

From the point of view of Mentor UK, the pilot was seen as successful in introducing prevention activities to a project that was initially established to work with drug users. As a result of the pilot, the agency managed to extend its remit from dealing with current drug users to dealing with those young people affected by drug use. The pilot also helped to develop the agency’s capacity to work on prevention issues, and also their capacity to organise themselves, to report on what they are doing and to raise funds for future activities. In fact, their frequency and quality of reporting improved considerably over the life of the pilot.

The Final Report from Mentor UK quoted one of the Seaham project workers:



“This programme, designed specifically to help children from families in Seaham with substance abuse issues has worked and this model of work will continue. This area is lacking in youth provision and this project clearly satisfied an unmet need. The group environment has been creative and supportive and good, positive working relationships are in place for the future.”

The pilot was hoping to raise funds for the future but faced uncertainty about the possibility of success.

4.1.4 Salford

Binoh exists to meet the needs of children and families from The Orthodox Jewish Community of Salford. Their primary work includes a variety of innovative community based programmes for over 400 people to improve education, family and youth support, citizenship, quality of life and empowerment.

Binoh had been running and funding a teenage support service for the last two years, working with disaffected and excluded teenagers within the community. The nature of the orthodox Jewish community means that a great emphasis is put on religious studies.

‘Unfortunately, not everyone can hack it, for various reasons. Then disaffection increases and exclusion comes in.’

The CEMA project aimed to help formalise and broaden this service by creating a Mentoring and Support system for these affected young people in the community.

Research had confirmed the existence of a small but noticeable group of disaffected young people within the community who get involved in anti-social behaviour, including alcohol and drug abuse - often those of low educational attainment. Even though disaffected, most of these young people remained within the community, they didn't move away. Despite feeling disaffected the young lads will still keep to the norms of the orthodox community. They won't break away from the main tenets of the orthodox faith. This is the area they have been born and brought up in and still the area where they feel most comfortable. *‘Even if they walk away from some of the community's norms they don't just walk off.’* Many issues faced by the Jewish community are similar to those faced by the Muslim community. The more orthodox parts of both communities need culturally specific provision.

Binoh only used male mentors. The Orthodox Church maintains strict separation between the sexes. Cross-gender mentoring would not be appropriate.



'We have worked mainly in the past with young men. We would like in the future to start working with teenage girls also, but for the time being we are working with the young men so we have to have male mentors.'

Binoh had been running an informal mentoring service on an *ad hoc* basis for the last year and the CEMA project helped to formalise and broaden this service by creating a mentoring and support system for these young people in the community. Binoh engaged with and mentored the young people and aimed to aid reintegration and inclusion by finding appropriate employment, education or training opportunities. The mentors also educated young people in health and personal safety issues surrounding substance and alcohol misuse. Due to the community's ethnic sensitivities, the work could only be successful if it was undertaken by organisations that young people could relate to and trust, such as Binoh.

"A recent survey showed that less than 1% of the Jewish community would go to an outside agency for help if they had a crisis or a difficulty, so therefore solutions have to be found inside the community. So if a kid has a crisis with his school or his job, he won't go to the Job Centre, he won't go to these Job Shops, because he doesn't feel they're sensitive to his religious needs."
(Binoh Project lead)

Binoh used its mentors to both guide young people through their difficulties and to mediate with outside agencies such as Connexions, acting as a bridge with the outside agencies.

Mentors had developed as well, benefiting from the training they had received and the experience they had gained from the mentoring process:

"I would say that every one of these [mentors], there is a new light within them, how they see individuals, how they approach them, how they handle them, different sensitivities you become aware of. I would say, every one of them will have gained immense amounts of knowledge that you don't get in other areas of life."
(Binoh Project Mentor)

Difficulties experienced included retaining mentees' interest in the mentoring experience rather than the 'quick fix' for their problems they might have been expecting. However, this improved as the experience of the mentors grew. The mentors tried to concentrate on working with mentees to help them develop their own skills and self confidence. This resulted in one of the young people reporting to their mentor, *"I now believe there is something within me that I never had, and I'd like other people to see that I can achieve."*



The reporting to Mentor UK went very smoothly and no difficulties were experienced. There was no difficulty with females monitoring a male Jewish project. The pilot was judged successful in delivering culturally appropriate mentoring to what might otherwise have been seen as a very closed community.

It is hoped that the project will continue with financial support from Salford Council.

The Mentor UK report concluded that:

“As part of the CEMA project, Binoh recruited 11 young people between the ages of 15 and 21 and they attended weekly mentoring sessions. At the beginning of the project, the young people spent the required time ‘getting to know each other’ in the sessions. One of the main aims of the sessions was to set goals and milestones, create appropriate work plans and find the best ways to move them forward.”

4.1.5 Bolsover

The move from Key Stage 2 to Key Stage 3 has been identified as a crucial time in pupils’ lives. Many children in Year 6 approach it with preconceived ideas and apprehension, based on myths, misunderstanding, mis-information and stories about what happens in secondary schools. Within those concerns, pupil’s perceptions of drug use and their availability has been identified as a key concern. The project addresses these concerns and provides support throughout the transfer period.

The idea for the project had been a long standing thought among the drug educational advisors based both in the PCT and the LEA. In Derbyshire there are 4 such advisors, with three being funded by the LEA, and one by the DAT. The Bolsover area was chosen for the project as the secondary school is ‘fed’ by a small number of primary schools. The intake for the next school year stands at roughly 150 pupils. It was felt this small number would provide an opportunity to test the project model, and evaluate its effectiveness and the possibility of it being replicated across Derbyshire.

The pilot was aimed at supporting crossover of pupils between primary and secondary, looking at concerns of top primary pupils as they leave for secondary school and looking at ways the issues they raise can be explored through counselling and expressed through art. The Project ran in four primary schools constituting the feed of almost all the pupils into the local secondary school.

Work they were doing was not dependent on a contribution from the participating schools. All support was provided by the project itself. They also set up a secure website - My Life Online (MyLO). This provided a secure Bulletin Board/Chatroom network for pupils to explore issues they had about



moving up to secondary school. A lot of use was made of this over the summer holidays.

All primary school work fitted into PHSE education - the issues needed to be addressed anyway as part of the curriculum. The project did not address substance use specifically. Its brief was to take on board issues that the children themselves brought up. Drugs issues were only brought up once in all the work they did. However, it was still an important project as if children feel confident, then they are less likely to turn to drug use.

(New Paragraph) It was considered important to ensure that whoever was leading the sessions was not only a good artist but also a good communicator, good at getting children to share their thoughts. They worked in groups of ten so all children participated in the exercise. Children also needed to feel secure in what they're doing. Holding it on school premises helped with this. Also, children felt in control of the process, felt it was they who were leading it.

Bullying came up a lot - more perceived than actual - but the over-riding issue was that of friendships - making and keeping friends - and personal organisation - finding their way around, coping with the work, etc. There were few, if any, gender differences.

The main difficulty experienced was that the secondary school didn't come on board with the project, having originally indicated their interest. This meant that it proved difficult to follow up the effects of the pilot with pupils once they had moved on to the secondary school.

Feed-back from primary schools was uniformly positive. There was also good feedback from pupils before they left for secondary school. The project lead is planning to follow-up with the children at the end of the autumn term.

He reported a good relationship with Mentor UK and is hoping to repeat the project with another cluster of schools in a similar locality to Bolsover. He is hoping to find the money as part of an extended schools project.

"Next time we need to ensure that the counselling workshop to draw out children's thoughts should be followed as soon as possible by the art workshops, so we don't have to go over the same ground again as a refresher."

The aim would be to train teaching staff themselves to lead the workshops. This would mean that the project could run at a much reduced cost.

He thought that he would like to test their initial findings in a second group of schools. He has already identified a cluster and an interested Extended Schools Co-ordinator, who would help to pull the project together. There is also an outside possibility of mainstreaming funding from the Healthy Schools Initiative, but if funding was given to this it would have to be taken away



from something else. However, he is currently trying to set this up for next year (2007/08).

The Mentor UK report stated that:

“As the project has shown, art brought a particular quality to what was being done and gave the children special opportunities to express themselves using a range of creative skills. The artist chosen to lead these sessions had done a lot of different work in art education and education through art. It was felt important that whoever did the art work with the children needed to be experienced in this field and that he/she should be an integral part of the project development process.”

4.1.6 Whitby

The Cambridge Centre provides a range of services to address the potential problems related to drug and/or alcohol use. The Young Persons Drug and Alcohol Worker at the Cambridge Centre aimed to recruit 20 mentors from the Whitby Community College between the ages of 14 and 18 to deliver a peer education and mentoring service to 600 pupils aged 14-16 years at the college. They were also considering working with other groups of young people including Youth Offending Teams (YOTs), children excluded from school, etc. The recruitment process of the mentors was formal, including completing an application form and being interviewed by a panel. The mentors undertook training about the roles and responsibilities of a mentor, drug and alcohol awareness, group work and presentation skills.

The project managed to recruit ten mentors between the ages of 15 and 18. Having an application process may deter some young people from expressing an interest in mentoring but, on the other hand, it helped the project to recruit the most motivated young people. The mentors engaged with the project were well equipped with many personal qualities and with the required skills to deliver the education programme. Two mentor training sessions were developed and delivered to the ten young people. The first session focused on increasing the mentors' personal knowledge around drug and alcohol use, and issues associated with different models of use. The second session focused on developing presentation and public speaking skills, combined with looking at what they thought were the most important issues for young people.

One of the main learning points from this project concerned the level of support required by the mentors to enable them to continue to deliver the mentoring process, e.g. the ability to advise them on how to respond to difficult issues raised by mentees, or the realisation that further action by outside agencies might be required if a particularly difficult issue was raised.

Mentor project staff reported that one of the real successes was the young people's involvement, including setting up drop-in sessions at lunchtime and



an e-mail address for sharing problems. The College staff were pleasantly surprised at how much initiative the young people showed.

A focus group Interview with the peer mentors themselves brought up the following points:

- ✚ When respondents were asked why they specifically decided to become involved, some mentioned that it would 'look good' on their CV, whilst others expressed a desire to start a career in social care, and so wanted to gain some experience. For one male respondent, his experience of counselling made him want to become involved. He thought the project was going to involve things similar to counselling. They also wanted to get involved (when prompted) as drugs education in citizenship lessons was seen as 'boring', as it is always by the same teacher, saying the same things - namely, don't take drugs.
- ✚ They had to fill out an initial application form. This was seen as quite long, and possibly a bit 'over-the-top' for what they were applying to do. Staff members from the Cambridge Centre who were present, stated that the form was initially set-out to resemble what applying for a real job would be like. It was thought that this would give individuals valuable experience, but in hindsight it possibly put people off. Out of a target of 20 they recruited 10.
- ✚ They did like having to deliver a presentation, as they could speak about what they thought on a set topic concerning drugs/alcohol. A number of individuals spoke of their presentations being on the effect of drugs on others, and the abuse of drugs. Staff members also commented on the use of presentations, stating that they used this tool to ensure individuals could speak in a group setting.
- ✚ When individuals were asked about their confidence and ability of being able to speak in group settings, the majority felt comfortable with doing it. Only at the start of setting up each group were individuals sometimes nervous. The presence of having the mentor there was for those experiencing some nerves important and useful.
- ✚ The most interesting part was discussing with the staff members what they should speak about in the classes. They got a chance to say what they think young people should and need to know. In particular they wanted to give individuals the ability to 'think for themselves' and resist peer pressure. This was seen as important for those who 'hang-around' on the streets. They found it difficult at first to understand and grasp the classifications and the effects of the differing drugs.
- ✚ They had developed skills in dealing with particular individuals. During the course of the interview, cases were highlighted whereby in some citizenship classes, individuals challenged the mentor based on their



own experience. Respondents as a result spoke of the need to ignore particularly ‘stupid’ comments, whilst trying to keep these individuals ‘involved’. The presence of a staff member from the Cambridge Centre certainly helped in this regard, as there is always someone to back them up and also to answer any questions that they may find difficult.

- ✚ The importance of the staff members presence during the classes was stressed, as if they had forgotten something, or did not know it then those individuals could assist.
- ✚ The individuals interviewed really enjoyed it, and wanted to do more, even in different schools, but this was seen as difficult, as it would have to be balanced with the demands of completing school work, especially during exam years.
- ✚ They all saw it as a good experience. They think young people will listen to them, as they are all in a similar position. It is not like a teacher saying you can do that, but you can’t do that. With mentors there is less of an age gap, and so there is more trust.

4.1.7 Doncaster

The intention of the project was to encourage the community groups to come up with interventions that are innovative rather than prescriptive, with the details to be agreed with the community groups.

The methodology behind the project is as follows. A steering group made up of the community representatives, the DAT Coordinator, Community Safety Consultant and a police representative, agreed the overall package of measures to be delivered in each area.

In order to ensure that they target those most vulnerable and at risk, they used the model of a successful scheme working with young offenders, called the Youth Inclusion Support Service, which targets young offenders and delivers a tailored package of interventions to prevent re-offending. A panel made an individual assessment of need and co-ordinated the delivery of holistic and seamless services to each young person.

“Well, the things that we are doing - the parenting, mentoring, the diversionary activities, there are other projects happening around Doncaster where that’s going on. What was different about ours was that it is targeted at this specific isolated ex-mining areas, villages where there is really nothing going on, because the stuff that is happening tends to be more centralised, so how we decided to do it was to work with two existing drugs projects that were operating the Surestart that were set-up in these villages, because we knew that they had access to these young people and drugs awareness...”



The Drug Strategy Unit match-funded the Mentor UK grant and took a total of 175 children and their families on trips during the Easter holidays.

“We took coach-loads of families and young people and we went all over the place. We went to Magna in Rotherham, we went to Flamingo Land, to Escape, the sports place, where we did tobogganning and also to a place called Forbidden Corner, a big garden near Leyburn. It was just so they weren’t hanging around on the streets in the holidays. We also used that to get information on what kind of things young people wanted from their areas. We had a captive audience on the bus on the way back so we handed out questionnaires to see what they thought of the drug and alcohol use in their areas and what kind of facilities they’d like to keep them occupied.”

As a result of the feedback received from the young people an art-based programme was developed, titled Far Out Art - reflecting the outreach nature of the work. Discussions took place with key staff regarding the potential art forms to be explored. In addition, potential links with previous and/or ongoing projects in some of the targeted areas were explored.

“There are a lot of youth centres around but they perceive that as an educational place where they’re always getting you to write or whatever, and they just want to go and ‘hang out’ and go on the internet, have a drink. It’s places like that, that they really want.”

This information also feeds into the young people’s planning process within Doncaster.

“This specific piece of work was planned to end but the findings would be used to inform future planning. With the partnership working [with the DAT], it’s really going to help. It’s not going to be a stand-alone piece of work, it’s really going to inform future things.”

Mentor UK staff were enthusiastic about the Project:

“Doncaster was a huge success in terms of bringing small pockets of the community together. It was very well organised because they had the co-operation of the DAT.... They brought three communities together, which worked really well, and put them in touch with each other, which has really strengthened work in that area.”

An event took place on 1 September 2006 to showcase the work that had taken place and also what kind of future work will be done through the arts project. A number of stakeholders attended the event, and there were presentations from Eva Hughes, Children’s Trust Chair; Bob Adams, Arts Development Manager from DARTS; and Joanna Travis, Mentor UK.



The main difficulty faced by this pilot was the shorter time period they had for delivery. This was due to a late start because of the area's late selection by Mentor, itself a result of one of the initial plot areas (Stoke-on-Trent) pulling out of the Project. However, this meant that they worked that much harder to deliver the pilot within a shorter timescale and Doncaster is one of the areas that is continuing its work following the end of CEMA funding.

4.2 Projects that have changed –

4.2.1 Blyth Valley

Northumberland Community Sports Leadership, part of Positive Futures, was approached by the local DAT to take part. Positive Futures itself was set up by the Government in 2000. The main aim is to engage with socially excluded people, to bring them in and to try and work with the issues they have, whether it's drugs, alcohol, anti-social behaviour - *they're the top three* - try and work with them and try to create positive outcomes, change attitudes, change perceptions and move them on to education or employment.

“Positive Futures is core funded by the Home Office Drug Strategy Directorate to deliver across the four areas. What the Mentor Project allows us to do is a piece of experimental research with the use of Sports Leaders Awards, the use of accreditation, use of outdoor pursuits to try and engage disaffected young people in activity. We wouldn't have been able to do this without the additional funding; it's just not something we could've done. And to wrap it up and to evaluate it and to spend so much time on it, wouldn't have actually been a possibility, it just wouldn't have happened.”

The aim of this project was to offer sports diversionary activities to a wide range of 'at greater risk' young people from the SE Northumberland Coalfields area. Young people would also have the opportunity to achieve a qualification as a Sports Leader.

This turned into a much broader project than initially envisaged. Not just sport based, it included a range of activities - computers, graffiti art, etc. The Junior Leadership Course worked through recruiting via Framlington Youth Centre. It was able to merge the project's resources with the Centre's and make a real difference locally. Twelve young people were recruited to the course and 9 completed. There was a 'really good' assessment weekend, camping in Kielder Forest at Easter with snow recently on the ground. The young people were assessed in leading a range of activities - from leading cycle rides to night walks to extreme frisbee! All activities were led by the group.

The pilot started a Level One Football Coaching Course. Twenty registered their interest but only 5 turned up on the first day. They all completed the



course, but these weren't really in the target group the project was looking for, these were people who would do well in football at school, anyway. Others may have decided not to turn up because it was a course that they were afraid they would fail.

The pilot wanted to target young people who were more disengaged, trying to get them involved in activities to boost their confidence and get them more involved. A lot of people who live in Blyth don't leave it very often. Self-confidence was a massive issue for all of them. The project took a group of young people abseiling. This helped boost their perception of what they could do. They had water sports activities running alongside this. All this was to try and demonstrate the importance of gaining natural 'highs'. Out of ten starting this course, eight completed. The object was to boost their self-confidence, then get them interested in football and generate enough competitive spirit that they could form a team to play against other teams in the local area.

The project lead reported that if he had to resubmit the bid now that he submitted last year, it would look completely different. He might not even use the word 'sport' and replace it with something like 'activity leadership'. Sport hasn't been that successful, but general activities have been very productive. The Mentor project has helped him develop an approach based on the realisation that sport is OK for a small number of people, but you can broaden it out and engage far more people by running a broader set of activities.

'What we managed to do last year was to develop a menu of activities that worked across all spectrums and across all ages. If I go into a room, now, with my little menu, I've got a range of different tools I can use for fixing particular jobs. Whatever the situation is, I can probably come up with an intervention or activity that'll help. Then, if I structure them together, you can then start challenging perceptions - like social behaviour, drink-related problems, or just general self-esteem. You can use different activities to get different results.'

The lead reported that Mentor UK has been one of the better funders he's worked with. Staff changes in the project have caused problems so reporting has been less effective than originally envisaged. This has not affected how the course itself developed. Support from Mentor has been good including a useful funding day in Leeds. For their part, Mentor project staff reported that the pilot had communicated well.

The project finished on 31st August 2006. It is hoped to use the project experience as a basis for making further funding applications.

'Government needs to take more notice of what's going on in projects like this.'



The Report from Mentor UK states that:

“The programme challenged the drug, alcohol and anti-social behaviour culture that is present within the Blyth Valley area by questioning attitudes and perceptions towards substance misuse. The project aimed to redirect young people’s interests into activity led interventions, giving them the skills needed to lead groups in safe sporting and recreational activity. It encourages them to take responsibility for others, developing their organisational and communication skills whilst instilling self-confidence.”

The pilot hopes to continue its work in Blyth with funding from the local DAT. There is close co-operation with other local providers and the experience gained through delivering the pilot is being built on.

4.2.2 Mansfield

The aim of this project was to deliver music workshops to young people and to challenge drugs and anti-social behaviour through music. It was expected that engaging vulnerable young people in music workshops would help them to develop their personal skills and increase their personal ambition, social awareness, self-confidence and motivation.

Workshops were run on a weekly basis for young people aged between 12 and 18, giving them the opportunity to create their own music in the style of their choice. Hard-to-reach communities were also targeted by providing transportation to and from the workshops, and engaging groups of young people from the same locations. Young people, with experts’ support, wrote lyrics and made music, culminating in the production of a CD published on the music website (www.musicalfutures.org). The website hosts work from other young people around the country, giving the opportunity to the participants of this CEMA project to collaborate with other young people with the same interests. The group leaders encouraged participants to produce music that reflected their life and communicated positive social messages regarding their local community and young people.

The project lead was already engaged in this type of work in Nottingham (funded by the National Foundation for Youth Music) and wanted to expand it to Mansfield and the rural areas surrounding it.

“Basically, we’re running a structured music workshop. What I always try and do, I teach them without them knowing that I’m teaching them. I get them to run it as much as possible.”

The project hoped to recruit up to 8 young people for every 7 week course but expected that only about 5 would actually turn up. The course would be open to both boys and girls but, from experience gained in Nottingham, the lead expected the boys to be more committed to the course. Most of the work can be done using a laptop computer.



Difficulties in obtaining the project lead's CRB clearance delayed the pilot for up to 5½ months. This, in his opinion, was the County Council's fault - due to their bureaucratic approach. He was able to recruit young people to the project while awaiting clearance, but had to jam the number of courses he was expecting to run over 9 months into less than 4.

He had experienced no problems in recruiting young people to the project. He used the local Youth Services, who have groups running already that he was able to tap into. He kept a written report for Mentor of the numbers recruited and attending, although the sheet they supplied was a little confusing to complete. Courses have been run in Mansfield, Edwinstowe and Bilsthorpe among others.

Total contacts numbered 50, with regular attenders being put at 15 - 20. The Musical Futures website on which he was hoping to enrol those completing the course had shut down, so there has been no success there. However, he managed to enrol two of his participants on a pop promo course being run in Nottingham.

The project lead said that the course he was running had a low level of sustainability but he knew that when it started. It was aimed at those with whom it was going to be difficult to work and keep engaged. But some of those who attended are now making music on their own, using their own computers.

He commented on difficulties experienced with racism in small mining communities. His clients have mostly been white but he has two black participants. In retrospect, he thought that perhaps he should not have worked quite so closely with the Youth Service. He would have preferred to work with local Day Centres. The Youth Service was pressuring him to complete all the courses by September. They saw it more as a diversionary activity. At the Day Centre he thought he could achieve more than this, could redirect young people's lives.

"The project has proved a bit of a headache, really. I work on it mostly alone although I have recently recruited a trainee assistant - Nathan - from the Music for Youth initiative."

The £10K funding was seen as sufficient for what the project set out to do and the support from Mentor UK had been very welcome. However, there was not enough funding available to ensure the future sustainability of the project. It proved difficult starting the project from scratch and it definitely took more hours than originally planned.

An interview was conducted with one of the project's clients. T is an Afro-Caribbean male and in his late teens. He has joined up with one of the other course participants, his white girlfriend, to create a well-produced rap song (seemed surprisingly tuneful to me!). T heard about the music workshop



through the Sherwood Rd Day Centre in Mansfield. He was told about it by staff at the Centre and was immediately interested in taking part. He has some experience of writing lyrics, but has never used a live mike before.

He said that his girlfriend had attended the course as well and initially had refused to sing, but he eventually managed to persuade her. Has been coming to the course for 6 weeks and has really enjoyed it, and has found it really helpful. He can now use the mike properly, and the other equipment, and can do 'sampling' as well. T said he has learnt to prepare and write down his lyrics rather than relying on 'freestyling', as he did before. He finds that if he doesn't write them down he tends to start repeating himself. He has now signed up to a pop promo in Nottingham and would like both himself and B (his girlfriend) to carry on in the music business.

The report from Mentor UK noted the following:

"The project has successfully introduced music and music technology to at least 60 young people who have not previously had access. Through the use of outreach work the project has successfully recruited young people from areas of severe social deprivation, e.g. Pleasley, and involved them in the project. Participants in the project have been enabled to continue their music-making activities by referral to similar projects in the area. Some of the participants stopped taking drugs prior to the workshop sessions so they were able to participate properly. The project played a key role in educating these young people about the negative impact of drugs on their creative abilities. Actually establishing the project in an area where there have not been any links or contacts with the target group or any support agencies is in itself a significant achievement."

The programme hopes to continue with funding from Connexions.

4.3 Projects Encountering Problems

4.3.1 Copeland/Workington

Mobex is a charity which runs personal and social development programmes through activity based training to encourage participants to aspire and achieve their full potential. They work with both young people (aged 13-25 years) and their families who are either directly or indirectly involved with individuals who have substance misuse issues.

Mobex (Mobile experience, exploration, expeditions) is about offering experiences to people, things they would never thought of trying before. This can include things like step aerobics, yoga, meditation, things that young men would not think of doing. They hoped to use this as a basis for building better relationships within the family.



The initial stages of this project involved recruiting young people and setting boundaries within the group. Some initial problems were encountered trying to engage with the young people as the contact at their main referral agency was on sick leave for some time. However, Mobex managed to recruit 18 young people in the first three months through their own established networks. In addition, the group began the process of developing trust and mutual respect in order to ensure that the group would work well together.

Then the project encountered difficulties. These chiefly related to the member of Mobex staff assigned to lead the project. Files regarding activities undertaken and the numbers of young people attending were either lost or, more probably according to the Mobex lead, not kept at all. This meant that reports concerning progress made by the project could not be submitted to Mentor UK.

The Mobex lead interviewed at follow-up reported that a range of young people were recruited and a wide range of activities mounted. Recruitment was principally managed through the local Community Centre. Recruitment proved no problem and participating groups could have been doubled in size if Government guidelines had not limited the numbers you can work with at any one time.

In addition to sport, activities included pottery and First Aid. First Aid training proved very popular and nearly all those that started the course completed it successfully. There were even one or two reported cases of trainees successfully applying the skills they had learned on the course in real life situations.

But lack of reports to Mentor UK meant that funding for the pilot was no longer forthcoming. This caused difficulties as the raised expectations of the young people involved could no longer be met. However, Mobex took the decision that, if at all possible, the pilot should continue and alternative funding (from Connexions) was secured.

From this work, some of the young people involved set up the South Copeland Rural Young People's Forum, to campaign for the voice of young people to be heard within the District. They have corresponded and met up with the local MP and have identified a range of issues of concern to local young people. Chief among these is lack of public transport, which they feel is an issue for young and old alike.

Mentor staff were sad about the demise of the pilot but were concerned that the work could not be completed by the August deadline.

“Obviously, that was our principal difficulty, that the staff just weren't there when it actually came down to it, and they didn't communicate early enough the actual seriousness and size of the problem.”



The Report from Mentor UK states that:

‘Mobex Cumbria experienced many difficulties in delivering the agreed project and Mentor UK terminated the contract.’

4.3.2 Mablethorpe

The project aimed to add an extra dimension to the Positive Action Team to serve the area of Mablethorpe. The Positive Action Team started off as part of Tackling Drugs Together. It developed into an intensive support service for young people with drugs issues, committing crime, or at the risk of so doing. This pilot comprised a mentoring project designed to provide an extra dimension in this regard.

The project aimed to increase protective factors within the vulnerable target group with the support of Mentor UK, the life skills development approach, and access to alternative lifestyle opportunities. The programme covered training of the mentors and the time mentors spent with young people. In addition, the Positive Action Team produced a manual for mentors.

Many of the first steps for establishing the project were in collaboration with agencies undertaking work in the area and involved key stakeholders. After meetings between the Youth Service and CG Partnership, the mentoring training was undertaken with an additional training session by the DAAT on drugs awareness. The project also worked with Stepladder, an organisation that offers advice to people in the Mablethorpe area regarding training and education, and the local Volunteer Bureau in Skegness, to recruit mentors.

Mentoring training took place at the Boatshed in Mablethorpe and continued for nine weeks instead of the anticipated seven. This was as a result of the training provider and the mentors wishing to develop their training further than was needed for accreditation. This included work around self-esteem and the self-concept.

All mentors gave very positive feedback in their evaluation of the training and their anticipation about starting to work with young people in the area. All mentors passed accreditation and were presented with their certificates.

The main difficulty experienced by the pilot was their complete failure to recruit any young people from their target group as mentees within the agreed time frame. Mentor UK staff attributed this problem to difficulties in coping with already systematised referral pathways, a new Headteacher at the local school and the temporary closure of the local Youth Group.

This was the only one of the 12 pilot projects that refused a follow-up visit by the evaluation team. Thus the evaluation findings in this respect are limited to the following section from the final Mentor UK report.



“By the third quarter, mentors were meant to be supporting programme delivery. Despite the Lincolnshire Drug Audit and the needs assessment carried out in December 2005, the project had great difficulty finding young people who need the additional support in the Mablethorpe area. Because of this and other contributing circumstances, no young people were identified to work with the trained mentors during the designated period. However, due to the positive outcome of the mentor training and the recruitment of five committed mentors, the local DAAT will continue to offer mentoring to young people.”



5. Discussion

5.1 Successes

It is clear that the CEMA Project was largely successful in its objectives. The Project managed to set up and co-ordinate 12 pilots, the large majority of which were delivered successfully and on time. The Project also succeeded in working with two different funders, generally satisfying both of them. A discussion of how the Project met its stated objectives is set out below.

5.1.1 Literature Review and Mapping Exercise

The second of the two literature reviews undertaken by Mentor achieved its aims. It set out the risk factors for drug use amongst young people and the links between drug use and a range of factors linked to indices of multiple deprivation. It also set out a cogent argument for concentrating on coastal and ex-mining areas as districts experiencing high deprivation but often poorly served by treatment and prevention agencies. However, it appeared to be less successful in identifying best practice in drug prevention work with young people.

The final Project Report states that:

“All the projects undertaken aimed to influence the factors which make substance misuse more likely (risk factors) and those which make it less likely (protective factors).”

This was largely reflected in the areas selected and the projects finally chosen. However, there was less in the Report concerning the evidence informing the decision to adopt pilots using a mentoring, parenting and/or diversionary approach.

5.1.2 Research and Develop 12 Pilot Projects, Targeted at Vulnerable Young People in Coastal and Ex-Mining Areas

The Project achieved this objective. The pilot projects identified were designed to address the issues of isolation, parenting and alcohol and drug misuse and also to support and engage young people and local agencies to develop and implement local projects to address local needs

A summary of the work undertaken across the 12 pilot areas is given in the Table below.

Project Type	Area	No of Participants	No of Sessions/ Mentors
Parenting	Kerrier & Penwith	50	26
	Grimethorpe/Barnsley	26	9
Diversionary	Seaham	26	56
	Copeland/Whitehaven	Pilot terminated	
	Mansfield	60	56
	Bolsover	243	12 x ½ day
	Doncaster	200	24
Mentoring	Blyth Valley	109	142
	Whitby	165	10 mentors
	Salford	11	
	E. Lindsey/Mablethorpe	0	5 Mentors

Only two of the 12 pilots ran into significant problems and the reasons behind these are discussed in section 5.3 below.

The remaining 10 pilots made a significant impact with the communities in which they were placed. They appeared to be successful in attracting hard-to-reach members of their target groups (especially Kerrier & Penwith, Mansfield, Blyth Valley and Grimethorpe), at engaging with and retaining their clients (especially Blyth Valley, Doncaster, Seaham and Salford) and in building a base from which further activities could be developed and future funding could be sought (especially Doncaster, Bolsover, Blyth Valley and Seaham).

The work undertaken in terms of the number of participants recruited, the number of training sessions offered or mentors trained and supported appears to be impressive, given the limited funds of £10,000 available to each of the pilots. The evaluators believe that the investment appears to have paid a reasonable dividend in this respect.

5.1.3 Share Learning Gained with Policy Makers, Funders and Practitioners

This sets out the learning gained from the 12 pilot projects, and the recommendations arising there from. The recommendations appear to be well linked to the experience arising from the conduct of the pilot projects.

5.1.4 Increase the Knowledge of Policy Makers

The Final CEMA Project Report sets out the experience gained and evidence for the substance-related needs of young people in coastal and ex-mining areas. The planned dissemination events (see below) will enhance this process.



5.1.5. Raise the Issue of Drug and Alcohol Misuse Prevention up the List of Policy Priorities

As discussed in the section above, the planned dissemination events will assist with this process. However, it is beyond the scope (and timescale) of this evaluation to determine the effectiveness of the CEMA Project in achieving this objective.

5.2 Capacity Building

One of the major unlooked for outcomes of the CEMA Project was the extent to which the experience of taking on a pilot project had built on and extended the capacity of the staff delivering them.

“I really do feel that in all 12 areas, their capacity was improved by going through this process. The fund-raising workshop that we held in April this year for all the projects to attend was a real eye-opener for the ones that did. That’s something we never anticipated and I think is a real positive achievement.” (Mentor UK CEMA Project Lead)

The CEMA Project enabled the pilot areas to have a chance to try things out. This was in some cases building on experience already gained in one area and transferring it to another, trying out a long-held ambition to develop prevention activities in a particular direction, or the opportunity to develop a response to a drug or alcohol issue that had already been identified.

Additionally, for instance in Seaham and in Kerrier and Penwith, the CEMA Project allowed agencies that previously had primarily focussed on treatment delivery to develop and implement activities aimed at prevention and thus to extend the scope of what they were able to offer in the future.

The pilot areas have also had the opportunity to develop activities that could be built on in the future and/or transferred to other settings (e.g. Whitby). The experience gained has led others (e.g. Blyth Valley) to alter their approach and to extend their scope to incorporate a wider range of prevention activities.

5.3 Difficulties

A number of problems were encountered in the delivery of the CEMA Project and these are discussed below.



5.3.1 Staffing - CEMA

The staffing changes within the CEMA staff at Mentor UK were not seen as a problem. The handover appeared to have been managed fairly well. No lack of continuity was reported by the pilot projects. However, there were some problems reported by one or two of the pilots during the set-up period due in part to the lack of communication between the pilots and the Mentor Project leads.

However there were reported advantages in having two Project leads in that they were able to discuss different approaches to supporting the pilots and to preparing the final Project Report.

5.3.2 Staffing - Pilots

Staffing at some of the pilots proved a more contentious issue. Due to the comparatively small amount of funding on offer, the pilot areas were unable to offer to appoint a full-time member of staff to deliver the work. What generally happened was that the funding was used to extend the hours of a staff member already in post or to appoint another member of staff on a full-time basis. This generally worked well unless problems were experienced.

For instance, a principal reason given by Mentor UK for the decision to terminate the Copeland contract was the inability of the pilot to supply the necessary project reports. This was itself principally due to the failure of the person appointed to lead the pilot to meet the requirements of the post and the inability of his supervisor to intervene due to his hospitalisation.

Where small amounts of money are offered on a strictly time-limited basis, there is comparatively little slack in the system, resulting in the inability of a pilot project to survive significant staffing problems.

Additionally, some pilots (e.g. Kerrier & Penwith, Mansfield) were concerned that the number of hours required for delivery of the pilot exceeded the number of hours envisaged at the planning stage and indeed the number of hours for which they were funded. This may have been sustainable for the limited period for which the pilot was operating but does not provide a true guide to the real cost of delivering the agreed objectives over a sustained period of time.

5.3.3 Timing

The pilots were scheduled to run for 12 months or less (in the case of Doncaster, substantially less) and in some cases the timings did not always work out as planned. In Mansfield the first five months of the pilot were lost as the lead person waited for CRB clearance to work with young people in the area. Although he managed to make up most of the time and meet his targets, the delay resulted in the pilot being rushed and therefore of less value than it might have otherwise been.



Similarly, in Mablethorpe, the mentors, once trained, had no mentees with whom to work, as the rather rigid referral patterns operating locally meant that no referrals could be made within the limited time at the pilot's disposal.

Obviously, these are issues that will afflict any time-limited pilot such as this and it is perhaps to the project's credit that this difficulty was only experienced with two of the pilot areas.

5.3.4 Sustainability

As stated in the Final CEMA Project Report, all projects were instructed to include a sustainability plan in their initial project plan in order to ensure the work could have the potential to continue after completion of the CEMA project. To support this, a fundraising workshop was offered to all project partners in June 2006 in Leeds, focusing on where and how agencies might apply for local/community funding. Unfortunately only four of the projects attended the fundraising workshop. The feedback from those attending was very positive and all seemed to find the information beneficial.

Towards the end of the pilot projects' term Mentor UK contacted the D(A)AT in the area of each project by letter, informing them of the work that had been undertaken and the project's achievements. A brief follow-up questionnaire was sent to all CEMA pilot projects in March 2007, in order to identify how many pilot projects continued after the end of CEMA funding.

As far as the evaluation can determine, six out of twelve pilot projects continued after the end of the CEMA project. These are as follows:

- Doncaster - Far Out Arts
- Diversionary activities in Blyth Valley
- Know Limits Parents/Carers Project in Penwith
- Know Limits Parents/Carers Project in Kerrier
- The Bolsover Arts and Transition Project
- Mentoring programme for Orthodox Jewish young people in Salford

Additionally, the Cambridge Centre will be rolling out similar projects, based on learning gained through the CEMA project in Whitby, in other local schools in Scarborough and Malton.

However, there are ethical considerations regarding the extent to which pilot projects initiated to develop and extend services can and should be able to meet expectations they have raised among their target client groups in the longer term.



6. Dissemination

Four dissemination events are planned, starting at the end of June. These will take place in London, Manchester, Bristol, and Newcastle. The events will provide an opportunity to engage with the stakeholders and will offer the staff of the pilot projects to have a voice and to present their work. It will also offer a chance for Mentor UK to present the overall findings from the CEMA Project.

The events will allow participants to look at how recommendations in the report can be implemented at ground level, what they really mean in practice.

The Project staff would have liked to have a one year follow-up to assess the long-term impact, but realise that this would be impractical given the absence of continuing funding.

Mentor UK is currently unsure about funding for future initiatives, but would like to develop recommendations from the report, and are searching for possible funding sources.

The success of the dissemination process is beyond the scope of this evaluation.