



Family Support Strategy pilot in Darfield 2004

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Family Support Strategy, Darfield

Statistics need to have faces, faces need to have voices, voices need to be listened to – Rt. Rev. David Jenkins

Introduction

In promoting action reflecting the Family Support Strategy (FSS) in Darfield we are looking for a new way of working together and organising at a community level, which will link into the work of the Family Support Strategy across Barnsley and the Children & Young People's Trust.

Additionally the FSS will link with Barnsley wide measures which aim to combat poverty, social exclusion and improve the quality of life and health of Barnsley citizens. It means moving from imposed structures and processes and gives an opportunity for professionals across disciplines to work together and with the community in progressive partnerships, which will define outcomes together, making children, young people and families the focus.

'A new model is emerging for improving social well-being. It is based on the premise that organising at the community level around broad outcomes – or goals – a more specific indicators of social well-being will result in improved quality of life for local people. Inherent to this new model is the understanding that traditional approaches for improving social conditions – in which federal and state governments impose structure and process – often are not effective at the community level'. (P1 Hogan 1999)

It is in the spirit of these new ways of working together and organising at a community level the qualitative participatory action research was designed and undertaken in Darfield. This report will reflect these same principles and values. This report will reject any notion of what people lack 'deficit theory' and will start from a position that the people of Darfield have the vitality, talents and ability to work together and develop new community capacity for their own regeneration. Darfield is a village in transition, which is not only in need of, but ready for progressive social action.

Methodology (see also separate report on methodology)

The research consultation was based on community development methods of qualitative data collection – participatory action research. An emphasis was placed on gathering information in situations close to people's everyday experience. The research methods were participative and interactive, very much based on the principle that participants themselves should benefit from the process of consultation. The residents of Darfield were offered opportunities to increase their knowledge and awareness of existing and new opportunities in Darfield and borough wide. The aim was to increase self-confidence and actually be feeling better and empowered for the experience and have fun during the process. Evaluations were carried out at most events and typical was the words of one woman who had experienced ill health and low moods in recent years. She found the 'We listen to women' women's consultation really good, as there was access to information and an opportunity to meet new people. *"I have laughed today and that is really good, makes you feel you can face things better"*.

Partnership with the community

In order to ensure a full consultation some invaluable working partnerships were established with Darfield Community Association staff and chair Glenda Sheppard, Voluntary Action Barnsley, The Health Improvement Worker, the WEA development worker, Darfield clinic health professionals, as

well as local residents Beverley Buxton, Robin Bates and Councillor Gillian Bates. All were supportive of the methodology and contributed towards the organisation of the activities, gaining additional opportunities for their organisations as well as being helpful in the process of the consultation.

243 people were interviewed in one to one or in small focus groups at specially designed research and consultation events and during other community gatherings or visits to borough wide organisations in Barnsley, including Barnsley Sexual Abuse and Rape Crisis, Relate, Home Start, Barnsley Credit Union. Specific areas were targeted for some events and for others the whole of Darfield was the target. Every house in Darfield was leafleted at least twice during the consultation. Leaflets and posters were also placed in local shops, the library and Health Clinic.

The specially designed research and participatory consultation events were held to reach traditionally hard to reach groups. At the events, confidentiality was assured and a series of informal methods ensured peoples involvement and willingness to share, sometimes very private thoughts about family life, local services and their hopes and dreams for their family's future. A special community lunch, a women's health and information day called "We listen to women in Darfield" and an evening session 'listening to men' were complimentary to attending events organised in Darfield; The Darfield Gala, the Teddy Bear's picnic, a Parent & Toddler group run in the clinic and one run in the All Saints Church. Young people were interviewed at the Youth Summit and they performed an impromptu play about their lives in Darfield. At an informal event in the Upperwood Working Men's club, and at a Health Day organised by Health Improvement Worker Pam Briggs, men, women and young people were interviewed.

Outcomes

In addition to the information collated, the methods were designed to also have concrete outcomes in terms of signposting people to services and new opportunities. Women reported they were thinking of taking Spanish classes, a course of aromatherapy and at the 'we listen to women' event, 3 women signed up for the Barnsley Credit Union and 11 women signed up for the WEA basic skills course. An 'Extend' exercise class organised by Pam Briggs from suggestions at the women's day had 20 people signed up within a few days.

Women reported *"I had a head massage for the first time – it was so relaxing and I learnt about the credit union – great day"* *"I learnt so much and signed up to do a course – I never thought I would"* *"I thought I was too old to go to classes but I'm going!"* *"The lunch was lovely, the facial great... When's the next one?"*

The additional outputs of the research method of consultation is important for people in the community and as a start to the process being advocated within the family support strategy. A good further example of this is when the newly formed sub committee of the Community Association, the Youth development group were interviewed. The members were concerned about the closure of Centre 17 and as part of a networking and training opportunity they were assisted to access specially designed training at an empowering and innovative Young Peoples Community and Resource project called The Warren in Hull. The Youth Parliament representative for Darfield accompanied them on this training and further visits are to be planned. At a subsequent health day organised by the Health Improvement Worker 7 women signed up for the Barnsley Credit Union. One young woman who was supportive of many events stopped smoking and attended the informal support classes and was considering breastfeeding her expected baby. She sought and received support from the Health Improvement Worker.

Professionals interviewing professionals

A separate part of the strategy was for professionals involved in the core group and previous work of the Family Support Strategy to interview their fellow professionals. Health, Social Services and Education interviews were held. The interviews gave professionals an opportunity to contribute their knowledge of Darfield families and explore new opportunities for working together across disciplines. The outcome of these semi-structured interviews has been integrated with the views of the community and professionals interviewed in Darfield and borough-wide for this report.

New Opportunities

The Family Support Strategy does not bring new money but discovers and delivers new capacities within existing resources. It gives new opportunities for individuals who live and work within a community to form partnerships together to bring about collective action. In addition to improving the well being of people, early involvement of the community results in improved finance over time, as less demand is made on professional services and the welfare state. Community development work is a way of discovering new capacities as individuals and the communities grows in confidence gaining new skills and becoming accountable to each other.

It is clear that the professionals working in Darfield are keen to explore new ways of working and work in partnership to ensure the vision of the Family Support Strategy is implemented in Darfield.

Five Priority areas for Darfield

From the consultations five equally important priority areas for community action became clear; Young People; Women and Health; Pre-School Children; Access to information; Changing the Way we work together which not only means change from within institutions and organisations but building the necessary capacity of the Voluntary and Community Sectors within Darfield.

Darfield's Young People

29.4% of the population of Darfield is below the age of 24 years old. Whether negative or positives comments are made about the youth of Darfield it is generally agreed that they should be given a priority in community action for Darfield. As one parent said, "*...without some attention to the young people there are going to be massive problems here.*" The suicide rate nationally for young men is worrying and health professionals report a concern about young men in Darfield. The goal for all is therefore to ensure that some attention is given to young people to ensure that Darfield enjoys its young people and they enjoy growing up and make the transition to adulthood for the benefit of the wider community. "*Treat little children well and they will stop vandalism*"

Lack of trust

At this moment and in general young people are perceived as a problem and the young people themselves know this and feel uncomfortable about it. However, it is very difficult to know what to do and how to gain trust when you are young and not trusted. As one young man said, "*Old people forget what it was like for them to be young*" Another young man wrote on a consultation form 'There are cameras everywhere we go' – he added verbally "*it feels awful, like we are not trusted*".

In addition to the expected desires for space and play areas, BMX tracks and bigger football pitches, sports facilities, speed cameras on busy streets and safe places to 'hang out in' a big priority for young people was about community trust as many said "*We want people to TRUST us*".

Fear of crime

The actual crime figures in Darfield are not high but the fear of crime is very high and this is perceived to be connected to young people. The general lack of trust and respect leads to young people feeling marginalised and without self-respect and little hope of putting this right. There is enormous potential for professionals to work with young people and their parents through health projects, youth projects and the schools. During the period of consultation one of the few youth facilities, Centre 17 was turned from a centre for youth to a base for detached youth workers. This operational decision and the fact that the youth service is understaffed is an ideal time for community and partnership projects.

However, the closure of Centre 17 without any consultation with the residents or even the young people users of the centre spread further despair. It also compounds the general problems that there is a lack of facilities for youth and other community social activities in Darfield.

The challenge for schools is enormous but they can lead the way to change the culture to a lifelong learning culture for Darfield. Part of the national curriculum provides for citizenship projects and community interaction. Schools are an enormous community asset and joint projects would be welcomed. The lack of parents involved in school activities and the perceived lack of a welcome is of concern, as is the lack of community involvement of the schools. "Schools and community should work together" was echoed during the consultation.

Drugs

Drugs are perceived to be one of the biggest fears for young people and families in Darfield. Self harm and teenage pregnancies are all part of a gloomy picture painted by some health professionals. Health professionals working in schools are respected and can provide a good foundation for more active work in the community. There are very positive initiatives starting around health, diet, exercise and sport but young people want and need to be able to set their own agendas in surroundings of trust and confidentiality. Young people are very capable of taking responsibility and good decision making, therefore some dedicated funding which young people are in charge of and spend would be an investment in the health of young people.

Part of the new GP agenda is to visit school to break down barriers between professionals the 'doctor' and young people. Internet booking will also help young people. Patients in Wath and Darfield have bi monthly meetings on service delivery and to ensure young people are part of the patients panels would be a welcome and very progressive step.

One young woman said *"everyone thinks we always want to know about sex and condoms, we do but it isn't all we want to know about and it always feels that everyone knows your business or we are treated with suspicion... no one believes us if we say it is for a friend."* This is a sad situation because the evidence, which comes from peer group projects from the United Kingdom and internationally is that enormous cultural change and increase in self-esteem happens in a relatively short time when young people are trusted.

Evidence of good practice

Peer group projects, inter-agency work and inter-generational work in Darfield, elsewhere in England and internationally show that enormous cultural change and increase in self confidence can happen in a relatively short time.

Sweden, Fryshuset is a non profit social movement organisation funded by the State to run a complex and a High School based on the philosophy that young people, all young people, are a resource and the future, not a 'problem' or 'a threat'. (See Appendix 1 for full report

Portsmouth in what was described as a 'A report on a ground-breaking initiative which is transforming the lives of adults and young people on a **Portsmouth estate** where Youth offending is down and parents' moral is up', it was explained that "In Portsmouth, the council is leading the way nationally to work with neighbourhoods in ways that cut across traditional service boundaries. Community boards of residents, police, social services, head teachers, businesses and religious leaders have been set up to take responsibility for approving how money is spent. Residents are in the majority on these boards and they have drawn up lists of community objectives which they themselves have a responsibility towards delivering'. Carney (2003) also Joseph Rowntree Foundation website www.jrf.org.uk

Darfield in the summer of 2003 members of the Bowling Club initiated inter-generational activities around the bowling green. Older people had taught the young people to play bowls. This was very successful and brought the generations together in a very positive way.

Upperwood, Darfield there is community action supported by professionals who are working with residents and members of the Tenants and Residents Association (TARA). Concerned by the fact that young people had no facilities and were growing up without a sense of community spirit the TARA representatives asked Councillor Bates if she could initiate help. She took up the challenge like an experienced community worker and facilitated a meeting between key community activists, residents including young people themselves and professionals from the public and voluntary sector. It is early days but this has led to the embryo of innovative projects, where the parents and young people have worked together on their own agendas, which have included health issues, cooking classes, exercise and learning through WEA skills courses and an arts project. Initial indications are that this is already having an effect on the spirit of the young people.

Pre school children

In the Darfield ward there are 2330 dependent children, 616 children live in households with no earner and 1156 (49.6%) live in poverty. 316 lone parents with dependent children, 26 (8%) are male lone parents.

The Park and lack of swings and a play area for little children was one of the most mentioned issues. "*The Park used to be magical*". Involving young children in the community is acknowledged as important, as one young parent said at the Community Lunch, "*Get children involved in planning and renovating the park and they will look after it*".

For many years the lack of parent and toddler groups, affordable pre-school education and projects with crèches and suitable premises have been a major concern in Darfield. The promise of a Children's Centre for Darfield has brought a mix of excitement and hope and fears. The plans for a Children's Centre provide a healthy challenge for professionals and parents in Darfield to ensure that the centre meets their joint needs. Parents need to be involved at every stage of the planning and future decision making to ensure that they shape and influence provision.

The additional challenge will be in ensuring that the Children's Centre is not perceived or run as if it were the only provision but complimentary to a host of different types of provision within

Darfield and accessible to Darfield residents. Informal community and voluntary sector run pre-school parent and toddler and nursery provision has an important role to play.

The common goal for the Children's Centre, other pre-school providers and professionals in all sectors particularly health and social services is working together towards having healthy, happy children, well prepared for state school. In meeting this goal parents want informal groups "*I felt very alone and would have loved some help from another mum...*" Peer groups support with professionals giving informal help would be welcomed. "*...need agencies to see the running of a group as a target/priority*". Professionals felt that if the community agenda is to succeed staff time in their work programmes for project work and appropriate institutional support is vital. Institutional change is necessary for professionals to undertake more informal practice.

Evidence of good practice

Children's services are more focused upon meaningful participative which leads to better decision making and appropriate formal service and capacity building through informal groups in the community. Listening to children and building positive relationships with them and their carers is necessary as everyday practice. This means a change in ethos, policy and practice from within organisations for senior managers as well as front line professionals. Training and support for professionals is important, as is support for individuals who may lack confidence to voice their opinions. Agencies sharing information across the usual professional boundary is time consuming and can be frustrating but leads to more equal partnerships, effective working and increased community involvement.

Women & health

The Issues of depression, which includes postnatal depression, period problems and general depressions of both men and women, sleep problems, low moods, money worries are all of concern to women. "*I would like support but feel I am judged when I tell people that I worry and can't sleep, I never get a break... If it wasn't for family help I would really suffer!*" For some women, fears about domestic violence within their family and extended family are worrying. One woman told me, after taking a leaflet about the Barnsley Sexual Abuse and Rape Crisis service, "*Domestic violence is a big hidden problem, but how do we ask for help? ... You just keep quiet*".

Common is the situation where mothers are working and depend on grandparents for family support. Whilst grandmothers we talked to enjoy the role of carers they were also concerned that they were having to take on more family responsibilities than they expected going into retirement and wanted time for themselves and new opportunities for fun and learning. The Women of aged 50+ who look after both elderly parents and grandchildren also felt their roles as carers were important but respite care and time for themselves was greatly needed. This 'care trap' indicates the lack of community facilities and the high price Darfield residents pay for their culture of independence.

Evidence of good practice

From the consultation it is clear that the issues of health from both a medical and social model needs to be on the Darfield agenda. The majority of health professionals agree with this and want to work as partners with the community. There are also excellent opportunities through the Healthy Living Project. Non-formal and informal learning opportunities have a proven history. It is clear that the way the WEA development worker and the Health Improvement worker are developing new ways of awareness raising in Darfield is working, as new groups are starting and women are signing up for popular adult education courses.

Questioned about parents not wanting parenting skills course (see Community Audit) I was told by a health professional, *“There is a way to ask about parenting classes – if someone says do you want a parenting class it is a natural reaction to say no, I don’t need one, but if when doing something else they can talk about the issues and skills of parenting they can enjoy it with friends, without feeling threatened or as if they were lacking... Talk to Amanda Bradshaw (WEA) she is brilliant at getting people to talk together and raising their skills levels on all sorts of things”*. A ‘drop in’ organised by the WEA grew from 3 to 16 people in the first week – proving the unspoken demand for informal support groups with crèche facilities.

It is also clear from the consultation that the residents, particularly women would like to know more about all the issues Health Promotion want to raise, Healthy Lifestyles, Healthy Cooking, Breastfeeding support and informal advice clubs where mothers can support mothers and ‘Community Grannies’ where grandmothers can give support on a whole range of family issues. I spoke to one young woman having her fourth baby who had gain confidence and due to the informal contact with other mothers and discussions at consultation events combined with support from the Health Improvement Worker she had signed up to undertake formal education, stopped smoking and was now considering breastfeeding her expected baby.

Darfield would be an ideal village for community development processes to be used in conjunction with Health Promotion, thus allowing the community to set their own agenda but to incorporate information and support from health professionals and the promotional information available. The use of positive images within Darfield is essential. The emotional labour within Darfield is enormous but the cost to individuals, particularly women is having its toll. This emotional labour eventually means the financial cost to health services and other caring services is also enormous.

Access

Access to information and services is as essential as receiving the appropriate help at the appropriate time. I was told about the fear of drugs and alcohol and how easily obtainable both are. It is sad but there is a perception that access to drugs and alcohol are easier than information about benefits, health care and general or money advice. A range of ‘access’ issues arise for both professionals the residents in Darfield.

I was able to talk to a little group young women and one young man in more depth and they were concerned about knowing school friends who were self harming. The young people also know a little about domestic violence and feel unable to do anything to help because no one would treat them either seriously or offer services they felt were in strict confidence with the decision making being left with them. Not having access to information easily was the biggest issue.

As one health professional said, *“In Darfield there are no signs where children can access help – no positive images – lack of information – only a few people know about resources like ‘The Barn, in Barnsley’”*.

The young people are aware of the dangers they face, including from drugs, alcohol and teenage pregnancies and would welcome discreet, confidential help and information. They felt that they

were not trusted or treated within a confidential service from the GP's. The new surgery has been planned to accommodate young people but it will take time to ensure young people are able to influence the services they receive.

Access to resources and funding for community projects is too bureaucratic, reporting arrangements can be unnecessarily tedious and sometimes funding is just not available. One health visitor needed £20 to put on an exercise class but seemed to have no access to funding. I was told that "*Jacque Taylor, Nursery Nurse is the toddler assessment nurse and it is part of her job to help parents about playing with their babies and children but she has no proper equipment and there doesn't seem to be a budget. Everyone thinks she is great, mums report that they can really talk to her and she obviously enjoys her job but how can she do it without equipment!*"

Access to suitable premises for community projects, confidential meetings and informal drop in or support meetings is an enormous problem for both the community and professionals.

Making partnerships work - changing cultures

As one experienced professional explained "*Darfield is unusual because people aren't working together*". There have been small but significant changes, like the health visitor's case holding in local areas enables latitude. However, changing working practices and making partnerships, initially takes an enormous amount of time and can be frustrating in the short term. In the long term it saves time, everyone gains and can have ownership of the successes. As the Healthy Living Project manager, recently said about working together..."*not do it better but do it differentlywe need to co-ordinate don't duplicate.... and push boundaries forward all the time.*"

Changing cultures is a tremendous challenge but the professionals working in Darfield, like members of the community want to take up the challenge. Health professionals said recently "*Health not on the Darfield agenda*" another said, "*We need integrated roles and more community development, we need to let people see we can work outside our 'normal' roles'community development ways of working are best but the targets take longer*"

"Health Visitors – need to rethink the long-term view – we need community development"

"Structures and partnership working now – we all need to work in a different way professionals have to work out of their comfort zones...if you change the way you approach things you can do your job more effectively...you need to work with everyone and anyone to get the health message over in different ways"

"Philosophy of working in the community is wonderful but you have to learn and make a dramatic shift from the way you previously worked" Locality Health Specialist.

Challenges – Building the community and voluntary sectors

There is a great deal of positive action in Darfield and as has been shown above and a wish to work together. "*It is up to everyone in the community to make things better – the whole ethos is different now and we need to take responsibility to change it back*"

The main challenge for all is to build an infrastructure of the community and voluntary sectors in order that local services can be provided. Home Start serves 11 families in Darfield and would like to work more. Social Services and Health professionals have stated that they would welcome this

because it is clear that there is little informal assistance available. This means a vital step can be missed before a family reaches a crisis point.

As said above, but worth repeating, one woman told me after taking a leaflet about the Barnsley Sexual Abuse and Rape Crisis service *“Domestic violence is a big hidden problem but how do we ask for help? ... You just keep quiet”*. Organisations like Home Start and Barnsley Sexual Abuse and Rape Crisis service in turn need funding and support to work independently in villages like Darfield.

We were informed that there are a lot of single dads who need help with straightforward things like babysitting, but also emotional support without judgement. It was felt that seeking help was a sign of weakness, and that seeking professional help was dangerous because they would be judged lacking and ‘risky’. *“People don’t ask for help, they need support but who do they ask? ... can’t ask police or social services because they are frightened it will lead to more trouble ... could lose your kids or get your house taken off you”*.

Organisations like Dearne Valley Dads and RELATE were also of interest to people we talked to. Whilst not funded to work in the area Dearne Valley Dads contacts gave information support and were very helpful over the telephone during the Darfield consultation.

Crèche facilities and general support for working parents, after schools clubs would relieve parents but also the extended family. *“Parents need help but sometimes don’t know they do because they are working too hard and too long hours”*. *“There are lots of grandchildren being brought up by older generation, they are sometimes too old and they give in and ‘spoil them’”*. *“Mother’s never worked outside home in the past, now they seem to have to, grandmas are bringing up children more and more, it is lovely but not really fair... in our family we all help, aunties and uncles as well”*

“Darfield was a great place to bring up children but I wouldn’t like to do that now, there are so many pressures on them to work and no community to help like we had”.

“I had help when my first child and second child was born. It was okay but I felt very unsure because the midwife was so harsh about what was best for the babies. I felt very alone and would have loved some help from another mum or someone who understood more about what I was going through instead of what the book said. Just more simple back up is needed when you don’t have a family near”.

As one mum said *“It is fine for professionals to take the lead but we need more informal groups and support”*. A babysitting circle where parents and grandparents could organise amongst their neighbourhood to exchange hours for babysitting was described as a good idea but the fear surrounding child neglect and abuse has actually stopped people organising wider than their ‘best friend’.

This illustrates the tensions between the community setting up groups and little informal projects like a babysitting circle and the fears about what could go wrong. There is a place for professionals to give things a ‘kick-start’ ensuring that projects have the right evidence base and are integrated into a system where safety measures are adequate and then step back.

In Hungary and elsewhere, practice workshops are held between the residents and professionals. They come together to discuss community and practice problems and find joint solutions. These can be short lived and informal groups, convened by the professional or a willing volunteer or ideally both working together. Evidence of good practice from within the community or other areas can be discussed and adapted and implemented at a local level. The professionals are then released to do the same with another group or subject area, leaving the community to integrate their plans into their every day life. Part of the importance of this way of working with the community is to record the small successes as well as the major ones. *“Important to record soft inputs so professionals can see the good in what they do”*. *“We also need to celebrate the good around – how about celebrating how single parents manage!”* (Locality Health Specialist.)

In addition professionals ‘think tanks’ could provide a good arena for senior staff, leads in health, education and social services them to share good practice and discuss evidence based information from other areas, encouraging them to be good managers of community development practice in the community.

The Sharing Voices Initiative in Bradford, funded by the Primary Care Trust, is a community development mental health initiative. It is engaging people with mental health issues, from marginalised and excluded groups, in order to mobilize and empower local people to articulate their own understandings of distress and influence or develop services that are based on their priorities and agendas. The project has been successful in developing a Mutual Interest Group with health professionals, former patients, volunteers, and other community organisations. This steers the project and has created a network, which now mobilises a large number of volunteers and befrienders. Community development methods are seen as the key to the values of the project. Many of the people who are affected by mental health issues particularly from Black and Minority Ethnic communities are involved in running the project and supported in training and finding work in the field. The network also has a core campaigning role to open up services and challenge the power of doctors and professionals who are a barrier to including people in service delivery.

Darfield

In order to understand the information above, some consideration must be given to the village of Darfield within the context of the present and the past. Darfield village is approximately 5 miles south east of Barnsley with a population of 8,062 (2001 Census). Surrounded by open countryside it is the largest of four villages that makes up the Darfield ward, (Billingley, Great Houghton, Little Houghton which also incorporates Middlecliff, a total population of 10,075). Previously the ward was home to former coalmines Darfield Main, Houghton Main and the Dearne Valley. The ward is ranked as the 1004th most deprived ward of the 8414 wards in England. (Deprivation Score (IMD 2000) 41.30 (Barnsley Rank 12)

Darfield is a strong, insular community, with a wide differential, between people classed as living in ‘poverty’ and people living in private houses costing £400,000. Of the 3,350 households, 65.8% are owner occupied, 25.3% are Council or Housing Association rented and 9% are private rented. (2001 Census) Within the culture of independence, family loyalty and caring for each other within the extended family is important. Whilst some areas are obviously poorer than others, the high

percentage of owner occupied homes masks deprivation. Darfield is a place where people stay and return to if they move away. There is still a good, old fashioned, community spirit lying almost dormant, but ready to be unleashed. Darfield is typical of the declining coalfield areas with evidence of real poverty. At present the family carers hide the majority of the poverty and social exclusion, but it is a fragile stability and the emotional labourers pay a high personal cost.

Of the 2330 dependent children, 616 live in households with no earner and a total of 1156 (49.6%) live in poverty. (PCT 2000) Darfield ward is in the worst 18% of wards nationally for child poverty. This reflects the fact that in terms of income Darfield is also in the worst 18% of wards. (2000 Index of Multiple Deprivation).

Although not all children in lone parent households can be assumed to be poor, many of them are, and there are 316 lone parent households with dependent children in Darfield. 26 (8%) of are male lone parents.

There are 3,468 dwellings of which 23.4% are detached, 51.2% semi detached, 21.3% terraced houses and 4% are flats. (1991) There are council estates on the western side of the village, the most deprived of which are to the north of Barnsley Road, around Morrison Road and Bellbrooke Avenue. Further west is the most affluent part of Darfield, around Upperwood Hall where there are many modern detached houses. There is a large new housing estate in the south of Darfield at Doveside Drive. On the east side of Darfield is the old village around Church Street and School Street which has mainly older private detached houses, terraced houses and council semi detached houses.

Across the 3,468 dwellings there is balance across the age and home ownership within the community, as the key statistics below show. Car ownership (2001) at 70.7% is fairly high, but given the almost rural isolated nature of Darfield, the fact that public transport is considered poor, the majority of those in employment work outside Darfield and there are little services or entertainment locally, car ownership is essential. Therefore 30.3% not in car ownership is high. There are no statistics to show what people have to do without in order to afford a car.

With an average age of 39.1 Darfield is a very balanced community. Aged 0 – 15: 19.7%; Aged 16 – 24: 9.7%; Aged 25 – 44: 27%; Aged 40 – 59: 21.6%; Aged 60+: 22% (60 to 74 14.5% - 75 and over 7.5%) (2001 Census Age Groups). This is a slight drop (2.9%) in the population since the 1991 census.

1280 people (20.8%) are deprived of work, of these 840 are receiving incapacity benefit. (IMD 2000) Unemployment in February 2003 in the Darfield ward was estimated at 4.2% compared with Barnsley as a whole at 2.8%.

There are 2330 dependent children in 26.4% non-earning households in Darfield Ward (PCT).

Caught between the industrial image of the past and the statistics of deprivation it is clear to see that the world of work was important in Darfield. The closure of the coalmines collapsed the local economy and there are still few local job opportunities. However, the social exclusion, isolation and lack of previous funding opportunities have encouraged families to be insular, caring for themselves and the extended family. In the course of the consultations many people have spoken of Darfield as ‘the forgotten village’.

The heritage of Darfield is not forgotten but is celebrated by many people and the Maurice Dobson Heritage Centre provides a base in the middle of the village. *“The parish of Darfield is situated in the finest part of the West Riding, celebrated for the solubrity of its air and the excellency of its soil, being amply provided with wood and coal and minerals.”* We are also informed that All Saints’ Church in Darfield *“is one of the most splendid medieval country churches in South Yorkshire, with a continuity of worship that probably stretches back to at least the eleventh century.* (P5 Elliott 2001)

Context of Darfield within South Yorkshire

Viewing the decline of the past decade as part of a process, which all villages within the coalfield closure programme seemed to go through, the statistics of deprivation becomes more understandable. It also gives new hope for regeneration as apposed to managing the decline. According to the many people consulted Darfield families are strong and loyal and people return to Darfield. Emotional and practical support is still provided by nuclear and extended families but it is more insular and does not spill over into more community collective action. This is understandable as unemployment leads to segregation between the employed and those deprived of work.

Stages of community development and regeneration

STAGE 1

(a) Shock and loss of morale on closures

Initial counselling, retraining, advice

Plans for large scale ‘inward investment’

Law and order re-established

Community groups try to fill gaps left by closures e.g. tenants

Mobile workers and young people try to move

Redundancy money keeps housing market and consumer spending from falling too rapidly

Councils try to develop plans for future, trade unions lose influence

STAGE 2

Some funds attracted for ‘infrastructure roads, industrial sites, housing some new industry

Education and retraining – resistance from men

Signs of young people rebelling – ‘no hope’

Partnership developed around targeted funds from government and EU

Community groups demands and get recognition as important for redevelopment

Networking between groups and similar areas in UK begins

Resources, centres and projects emerge

Councils and public bodies begin to recognise local democracy and citizenship

STAGE 3

Social economy – people's economy becomes important e.g. caring services (children. Older people) environmental projects and businesses

Sustainable organisations stressed – community development trusts with own assets and incomes

New qualifications and apprenticeship' schemes for community activists (e.g. amateurs) to give jobs in community development and social economy

Self help long term organisations – credit unions, community enterprises

Community organisations demand real power in deciding priorities and policies, develop political voice

Trade unions link recruitment and policy to community regeneration

Networking produces new services and resources for community organisations – IT links and development

Groups on EU projects discover international links

(Grayson & Horton, quoted in Grayson, 1998 pp 4-5 and p 81 Horton 2002)

In the past when, at a time of gainful employment for the majority, there were welfare and social networks supported by the trades unions and Miners Welfare and other similar structures and institutions. There is a loss of interaction between families in work and what would have been described as 'problem families' when shared value systems, support structures would have provided discipline and 'acceptable' behaviour codes. Waddington (1994) This loss of community discipline since the early 1990's and the lack of confidence in the future for young people has meant that there was little hope as people felt that everyone was affected. The rise in what is deemed generally unacceptable behaviour, vandalism, street drinking and crime and the perception of an 'unsafe' community is the result.

New Beginnings

Understanding the context of Darfield as it is now and constructing history to reconstruct the future is important. There is a lot happening in Darfield. Memories and the feelings of being victims of political whims are fading and people want to do something and to become the owners of their own destiny. The acceptance of the idea for collective action to get on and do something for the future is growing.

In 1996 the Villages Four Community Partnership formed and by 2000 had become a company limited by guarantee and a registered charity. The Darfield Community Association is an independent sub group of the partnership. Darfield has Pioneer funding and status. Supported by Voluntary Section Barnsley, Darfield Community Association has two workers, Deborah Netherwood providing administration support and Andrew Glover the Development Officer giving assistance to establish community activity. Their Community Audit has been completed and great efforts have been made not to duplicate consultations and for the resultant FSS actions to be complimentary to their community action plans.

Issues like the park and lack of sports facilities are being dealt with. A newly established Sports Development Officer is now in post and there are plans for community action to redevelop the park.

Of great strategic importance is a creative project, which involves the whole of the community of Darfield (and the villages of Billingley, Great and Little Houghton and Middlecliffe - population of 10,500) making the area into a virtual 'Health Park'. New Opportunity funding of £1,000,000 over three years was secured in a Health Living Centre project, which provides revenue funding for two workers. The first of the Health Improvement Workers Pam Briggs has been in post since September 2003 and the second worker is being recruited in 2004. The project is an integral part of 'Fit for the Future' and aims to work with and compliments the work of the health professionals. A Community Association Health sub group has been formed and new partnerships are being forged to address some health issues and new ways of working.

WEA worker Amanda Bradshaw is building skills through popular adult education. Informal groups raise awareness of a whole range of social issues and leads to discussion and support whilst undertaking a creative tasks and having fun.

The local doctors practice have purchased the former council offices in the centre of Darfield and this is being refurbished into a modern centre integrated for use of the Primary Care Trust.

The Villages 4 Community Partnership and the local fishing club and Environmental Agency are also developing a fishing lake, which will be linked to the Darfield Park. Leisure Services Department of the Council are working with the local community to provide a major upgrade of the Darfield Park behind the council offices.

The Children's centre

The proposals to have a Children's centre in Darfield were welcomed and there was relief mixed with apprehension when the news of more facilities for pre-school children was announced. The challenge will be in facilitating good partnership working and a majority of young parents on the decision making committees, ensuring that the community agenda for children, young people and families has priority.

The Family Support Strategy

The F.S.S does not bring new money but encourages new ways of working across disciplines within existing resources. It gives new opportunities for individuals who live and work within a community to form partnerships together to bring about collective action. In addition to improving the well being of people, early involvement of the community results in improved finance over time, as less demand is made on professional services and the welfare state. Community development work is a way of discovering new capacities as individuals and the communities grows in confidence gaining new skills and becoming accountable to each other.

Everyone improves existing skills and gains new skills -

Problem solving is done together

Communication is improved

Support systems set up

Gathered momentum towards shared social outcomes

The quality of family life improves

Economic capacities increases

Local money is kept in the community

Local Authority spending and grants to the Community and Voluntary Sectors proves to be an investment as crime and vandalism diminishes

Work satisfaction improves

Key to all this is persistence and stamina, as development is never straightforward progress and is time consuming and can be frustrating. Vital is an increased role for communities and families but this will only come when they can see constructive gains, particularly economic gains.

Family Support Strategy Vision

The Children and Young People's board vision is that through combining the aspirations for our children, with the effort and focus of service providers and other key stakeholders, we can: -
“..... Achieve a safe supportive and healthy environment which values children, young people and their families and creates opportunities for all to grow and develop”.

The Focus themes of the FSS

The four focus themes of the FSS are below. The detailed information of what people said about Darfield is recorded below and has been fitted into these themes. Whilst this has proved difficult, it was felt important in order to be able to access information quickly. It is therefore necessary to read in conjunction with the five priority subjects in order that the full range of issues in Darfield can be understood. Reading the full report gives the participatory action research context and helps to understand the issues from the point of view of the community and professionals working in Darfield.

Health and Emotional Well Being

Sport, Leisure and the arts

One young woman told me *“The Park used to be magical”* sadly this is no longer the case and without exception the park was the most discussed issue. Another parent told me that we should *“get children involved in planning and renovating the park and they will look after it”*

Lack of sport opportunities and sports facilities

Lack of leisure opportunities and facilities

Sports for children and parents together needed

No discussion of ‘the arts’ however there is a great need for more local fun and learning activities

Lack of meeting places for general meetings

Lack of social opportunities apart from public houses

Park (ranked 2nd lowest in Barnsley) needs a complete refurbishment, with adventure playground, facilities for young people and separate safe play area for young children and families, separate space for dog walkers etc., cycle tracks, nature trails etc.

Facilities that are available e.g. football need upgrading

Lack of venues which professionals can use, from small rooms where confidential discussions can take place to large training facilities

Desire for keep fit classes for all ages

Self defence courses and informal exercise like dancing ‘salsa’ classes etc.

Somewhere just to meet people – both men and women, other than the public houses

Nowhere for young people to go

General low level of sports and leisure activities across Darfield for the majority

Very little after school facilities or homework, arts type projects for all school age children and young people

More to do in school holidays

More play areas

The Environment needs attention for more flower planting parties through to pick-up litter campaigns, park clean up and more global environmental awareness raising. *“We need road sweepers with a brush and barrow”*

Events to get people together needed for holiday periods like Christmas, Easter as well as Summer Activities with crèche facilities for parents

More detail as reported by professionals and community members

There is general agreement between professionals and members of the community that a **local focal point where leisure activities** could take place is the ideal. In this way professionals engaged in outreach work could work locally rather than people having to travel to a town centre venue.

Football seems to well catered for, and local people involved are very dedicated but some upgrading of facilities is desired.

Older people in Darfield want special sports and exercise classes. An EXTEND class has been very well supported but people want more ‘unusual’ opportunities like Tia Chi and yoga.

There are **very few good meeting places or central buildings** for people to gather. Church halls are used but these prove to be places where people ‘make do’ with, rather than want to use. Typical of the problem of the hunt for premises are the parents of the Blue Bell Parent & Toddler group, who have been trying to set up facilities for parents and pre-nursery age children and have found premises their main stumbling point. Sometimes churches are reluctant to rent to, or cannot give appropriate space for child centred projects.

There are very few, if any places where meeting rooms for hire where confidential discussions can take place. This can be restrictive for professionals like the Intensive Prevention Team who would ideally like to see local central premises, and physical resources where young people and families are welcomed and this would make a focus for the community. This echoes the needs expressed by the community for places to meet other people for friendship and spend leisure time.

As there is little leisure, sports or arts activities and **‘nowhere where things happen’** it is difficult for professionals to encourage people into local activities. More formal activities like the Webster Stratton training need suitable venues. A lot of hopes are being focused on the proposed Children’s centre being somewhere which can fill some of the gaps in the provision of premises.

In addition to the **clearly expressed need for facilities for parents and toddlers**, children and families in general, the top of the Darfield agenda is **more services and facilities appropriate to young people**. A more proactive youth service has been a constantly re-iterated need expressed by professionals, young people and all the groups and people visited during the course of the consultations for both the community audit and the Family Support Strategy. Young people are perceived ‘as a problem’ and the young people themselves lack confidence because they feel they are not trusted and know they are perceived as a problem.

During October 2003 Centre 17, which was managed by BMC Youth Services, was ostensibly closed as an operational decision, and turned from a centre for young people into a base for detached youth workers. Youth Services are drastically understaffed however this presents itself as

an ideal time for a more proactive work with the community as an equal partner in new youth ventures.

A Youth Development Group, which at present is linked to the Darfield Community Association, has been formed and is keen to work in a progressive way in Darfield. They are also keen to work in partnership with the professionals in Darfield. The Community Association staff, the Sports Development Officer, the WEA and the Health Improvement Worker, supports the group. The Youth Development group are keen to undertake work within an empowering framework, with young people and include them in the decision making structure of any projects and facilities. Training for the group and one of the Youth Council representatives for Darfield was organised and took place at The Warren, Hull. Further training is being planned but the steps from being a development group to actually working with agencies and ensuring young people are fully involved are enormous and need a tremendous amount of support, time and dedication from all involved.

'The arts' is not a phrase, which has been used in Darfield, but the call for a local 'mini cinema' has been heard. Art type projects and an outlet for those who wish to learn about drama and theatre would also be welcomed.

Lack of transport and the financial implications of travelling outside Darfield to participate in leisure and arts activities is also a big obstacle, particularly for young people.

Healthy and nutritious diets

There is a strong interest in Darfield in healthy diet and informal fun cookery clubs would be welcomed.

Health issues in general

A health worker said *"...lack of understanding of some of the issues like health...people don't see the problems they have... or that there is a different way... they aren't doing it wrong but they have health issues and lives could be better...you have to break the cycle because better health means better education and better social life and better quality of life altogether."*

Frustration about the waiting times for doctors appointments

Clinic uninviting and no area for confidential discussion *"the surgery is terrible, uninviting and unwelcoming...no information and what there is is all culred up and tatty!"*

Lack of information

Youth perceive confidentiality issues at doctors surgery

Waiting time issues around child and adolescent services

I was also told that "Priority is on children – 0 to 5 years old – Health Visitors concentrate but the elderly have assistance health visitors – elderly doesn't seem to be a high priority but the elderly population is living longer and there is COPD – Chronic Obstructive Pulmonary Disease and the birth rate is dropping. It is worrying that the PCT are organising like this.

Health visitors *"make you feel you know nothing and they are the professionals who know everything...and it isn't true"*

Mental health and emotional well being

Depression which includes post natal depression, period and general depressions for women

Sleep problems

Low moods generally

Depression amongst men including health professionals being concerned about the suicide rate and concern for young men in particular

Lack of local informal help and support

Fears about unemployment

Fears about domestic violence

Money worries in general

No informal support available

Little information available

No positive images around Darfield

A mother of a 15 year old had received help from school, hospital and professionals in Darfield, also the library staff were very helpful accessing information, she said, *“Emotional support when caring for children is important.”*

“I felt very isolated when my baby was born, friends were at work and I’ve got nowhere to go to meet other mums and have help and someone to tell you what they did when their baby was poorly.”

Self harm in the senior school e.g. 3 girls cutting legs/arms, mild to severe was reported. Self harm witnessed in last two years in the area at Foulstone School and in one of the primary schools.

“I would like support but feel I am judged when I tell people that I worry and can’t sleep. I never get a break.... If it wasn’t for family help I would really suffer!”

Of concern was of being a carer, particularly when women were carers of both grandchildren and elderly parents. One woman expressed this as *“the trap of being 50 years old”*.

Drugs, Alcohol and Tobacco

Drugs are perceived to be one of the biggest fears for young people and families in Darfield.

Sexual Health and Teenage Pregnancy

Preventable illness and accidents

Reports of young people being involved in street drinking and as one health professional told me her concern were that there seemed to be *‘drinking to get drunk, not just to show off’*. Other professionals repeated this.

Drugs, alcohol, sex advice before going to Foulstone school

Parents need help to support young people

A parents forum could be held, in order to involve the parents in the planning of services – all services – not just about drugs, alcohol and tobacco.

Sexual Health and Teenage Pregnancy

Teenage pregnancy is an issue

Sexually transmitted disease

“There are issues about normality – to some 13 year olds having sex is normal”

There is a need for positive role models

Internet café for Darfield has been discussed with Malcolm Bradley and the need for internet booking for a doctor’s appointment would be welcomed by young people.

Preventable illness and accidents

The wish for GP’s to visit the school to break down barriers between professionals and the ‘doctor’ and young people would certainly help to prevent illness.

Doctors appointment system was reported as inefficient *“you just can't get an appointment ...they should have a card system and priorities emergencies better. Darfield residents have to go to Wath on Dearne... transport is really difficult”*.

Fulfilment

Get away from the 'blame culture'

When talking about fulfilment a health work said that we ought to congratulate some young people and celebrate – single parents managing!

Community project where young and old had worked together was described and the comment made *“we learnt a lot about respecting each other”*

“Get children involved in planning and renovating the park and they will look after it”.

Low level of activities generally in Darfield makes it difficult for professionals to link people who need more fulfilment into groups and projects.

Housing was an issue for a few people and older people explained that it should be easier to downsize housing, as you get older. There are needs for bungalows and appropriate housing for health reasons.

People are apathetic because they have been ignored for so long!

Learning and Fun

One young woman who had lived for four years outside Darfield had experienced Sure Start courses with crèche facilities. One course called 'connecting with your kids' and basic skills courses were very beneficial to her. She wanted to continue building on her skills in order to take paid work but there was no Sure Start in Darfield or anything else where she could learn the same skills. She was really disappointed and felt Darfield women were really disadvantaged because of the lack of information and opportunities with support like crèche facilities.

Women of all ages reported that they would like basic skills courses – aromatherapy, baby massage, computer lessons and affordable driving lessons. Crèche facilities in order to undertake vocational courses and training as well as work are needed.

There is a desire for fun things – *‘Salsa, rock ‘n’ roll, as everything is geared to training and vocational skills’*

Family Partnership

One young man interviewed admitted to a lot of debt because his ex-partner had made him go through a long custody process. He explained that he tries to be generous with money for his child and felt it right that the money goes to the mum but then he runs into financial problems where he has the child to care for. Impartial advice about money and legal advice about parenting laws would be useful, as would informal support outside the family.

Professionals and hospital staff supported one mother of a 2 year old and the help was good but continued support in the community would have been welcomed. She said, *“Sometimes you just feel so alone dealing with a toddler who is ill.”*

Safety

Children Safe

Good facilities for all ages of children were reported as essential for Darfield.

After school care needed

Drug education – “basic safety for even 4 year olds”

Domestic Violence

Please see Women and Health section – just keeping quiet is not a real option. Sensitive, self help and awareness raising projects, combined with a full professional service across disciplines and sectors is essential. Help for men and women and all family members who are victims or witness domestic violence is necessary. Cultural change, moving away from macho images to positive images of caring, looking after each other and family life, as is instilling self respect from birth, are all equally important.

Youth Offending

“Police turn a blind eye to drugs problems. Police should be in the right place at the right time like at the school – kids are dealing at lunchtime”.

“90% of the youth have an attitude problem...need something to occupy the kids and stop them blowing up the telephone boxes”

Managing Information Effectively

As stated throughout this report information is necessary on every aspect of life in Darfield.

“More information about local politicians – telephone numbers – where they can be contacted – who they are!”

Social Engagement

A man with two children moved into Darfield recently from the south of England. He and his wife were impressed with the schools and professionals in Darfield. *“Darfield is a lovely village and really friendly place”.* The couple had had problems in the past and dealings with social services elsewhere in England. They had solved their problems and had high praise for Social Services in Barnsley.

Darfield needs places where people can meet and be sociable that aren't public houses.

For Fun and recreation in Darfield *“there are only pubs and over 65 year olds have bowls”*
Darfield needs a “non alcoholic pub for kids and a summer school... a park and general information easily available...”

“Without some attention to the young people there are going to be massive problems here.”

Need space in Darfield that is shared by everyone

Fear

The fear of crime is high in Darfield, despite the relatively low statistics about crime.

Community Involvement

“It is up to everyone in the community to make things better – the whole ethos is different now and we need to take responsibility to change it back”

Older people have special clinics they can attend but there is no transport so patients can't access. A volunteer driver scheme is needed.

There is a need to integrate people who live on their own and have no family into the community and groups for activities.

Finding resources for community projects can be a problem for some professionals

“Structures and partnerships working now – we all need to work in a different way ... professionals have to work out of their comfort zones... if you change the way you approach things you can do your job more effectively... you need to work with everyone and anyone to get the health message over in different ways.” (Health professional).

“Philosophy of working in the community is wonderful but you have to learn and make a dramatic shift from the way you previously worked” (Locality Health Specialist.)

Training and Education and computer courses are needed. Some people would like to work with children and disabled children but need to know how to train as an adult. *"...I would volunteer to benefit the Darfield community... I just don't know how to find out about courses or who to talk to... they might think I am not good enough."*

"I go outside for everything...there is nothing in Darfield."

Parents of an eight-year old child received help from school, school nurse and health visitors *"help received was brilliant...the school nurse was always available and everything was confidential."*

There are refugee and asylum seeking families in Darfield and the Community Association would like to welcome them. Professional support to 'do the right' thing culturally would also be appreciated.

POST SCRIPT

On Friday 5th March 2004, the Darfield Community Association held an evening of 'Celebration of Success'. This was the first event of what will become an annual event to recognise the volunteering and achievements of local people. The celebration event concentrated on what I had witnessed during my short period in Darfield - the community spirit. Men, women and young people were honoured, by their peers, which is accolade indeed. All were very special people but I mention just three as examples of the diversity and amazing talents that Darfield has in the midst of the village life. Denise, the hairdresser, who had lived in Darfield all her life, had trained over 200 young people to become hairdressers and had become the centre of an international hairdressing business from Darfield. Her father and brothers had been miners and she had obviously had many opportunities to live anywhere in the world, but remained in Darfield. Beverley Buxton a young mum, who was given a special recognition for personal development, Ron Briggs who during the miners strike learnt to play bowls and had gone on to do intergenerational work at the bowling green, the scouts and the church. It is apposite to leave the last word in this report to a local person Ron Briggs, who said that Darfield people had learnt the lesson *"stick together and you'll make progress... Darfield is a village that is united."*

Appendix 1

Casestudy

Sweden has some interesting good practice, which is detailed below. This may contain ideas for multi agency and community work, which could be investigated, adjusted and perhaps implemented in Darfield.

Fryshuset

The impressive Fryshuset complex in a former dockland and industrial area of Stockholm. Fryshuset is the old Cold Stores of the area. The complex includes a recently established High School (an FE College in UK terms) funded by the State, but run and controlled by Fryshuset a non-profit social movement organisation.

There are also extensive meeting rooms, skateboard galleries, basketball gym and performance areas, a restaurant, and display exhibition areas. The sheer size and resources available to young people are impressive. At times like weekends there are dozens of children, young people, and parents using the facilities. Typical of major events was a recently held major hard rock event, which was to run all weekend, night and day.

Fryshuset has developed from early work by its founder Anders Carlberg, a national figure on the Swedish Left from the 1970's, and his supporters in the Stockholm YMCA. The philosophy underlying is based on the firm belief that young people, all young people, are a resource are the future of Sweden NOT a 'problem' or a 'threat'.

Fryshuset was founded in 1984. In 1986 violent riots in the suburbs of Stockholm involving domestic and immigrant teenagers changed the focus of the work of the project towards anti-racist activities. In 1997 Fryshuset moved to its present extensive site. The complex has housed various projects over the past few years. There are Social Projects, Educational work and what the organisers call 'passionate interests'. This entails the organisation, including the High School using experiential methods based firmly on the immediate, real 'passionate' social and educational interests of young people.

There is a range of projects at Fryshuset, which include **Neglected Children**, which works with children from families with alcohol or drug abuse problems. **United Sisters** is an organisation to strengthen the self-confidence and power of young girls. Groups of young girls organise night patrols in Stockholm to give a helping hand to other young girls. **Network for the Caring** offers advice and support in Sweden and internationally to groups wanting to set up youth projects and has a website.

In the centre of the complex is a **small, quiet, silent room**, which demonstrates the Fryshuset philosophy that young people need not only activities but also space to reflect, be calm, pray if they wish, and be themselves.

One of the projects is **Calm Street**, which originated in efforts to counteract violence and vandalism on public transport in Stockholm in 1995. A group of unemployed young people between 20 and 30 years old were employed to prevent problems and make contact with young people hanging out in and around **the subway system**.

The programme, which employs 90 workers, is still supported by the City, and transport companies, but has grown to include: -

The Junior Project now reaching 500 young people in 14 suburbs where older teenagers in their areas supervise younger teenagers, trained in conflict resolution, first aid, legal rights etc. They patrol their own neighbourhoods but go on camps, to lectures and sporting activities. The Juniors sometimes meet with their mentors in the community café in Skarpnack folk high school. There are young people from a range of backgrounds including Turkish, Iranian and Somali origins.

The School Project entails Calm Street workers being contracted by the education authorities to work with young people in secondary schools and colleges, not in the classrooms but around the campus.

The Home Call Project interestingly supports young crime victims exposed to robberies etc. from other young people. They will turn up in court in force to support the victim and will support them to retrieve the victim's everyday safety, at times working with the family of the victim.

Tollare folk high school offers training for the older workers and volunteers. Training includes legal rights, non violent methods of resolving conflicts, organising skills etc.

Grayson (2003)

Appendix 2

The Barnsley MBC Youth Summits report 2003 - Darfield Youth extracts below Aspirations

To do well at school

To get a good well paid job

To become a successful professional e.g. teacher, footballer, artist, actress

To achieve good grades in order to get into College and University

Education

More practical lessons in school that are interactive e.g. design, art, drama, technology

To have a wider range of subjects to chose 'options' from

Teachers to try and be understanding and not be as strict or hold grudges against pupils

Change traditional teaching methods, *'times have changed so should our schooling'*

To have more field trips for lessons like history and geography, this would keep pupils interested and enhance their understanding and learning.

Health

Free; water, fruit, milk and vitamins in school

More cheap, healthy dishes available in school

More sporting activities in the local area on an evening and holidays e.g. a mobile sports van – to go around the area forum weekly to involve young people

A youth gym that offers cheap swimming, aerobic facilities

To have sexual health clinic in school that is totally confidential and that teachers cannot access

Remaking Barnsley

Bigger, modern shops that are young people friendly

Better facilities for young people in the local area; skate park, legal graffiti wall, track for off road bikes, drama centre, youth centres (especially in Great Houghton) sports fields and youth shelters

A centre specifically for young people in the area to offer sexual health services, drug and alcohol support services and any other provision young people feel they need

A cleaner/safer area: more bins (brighter coloured) CCTV, police presence on the streets and better lighting.

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Useful websites

General health issues

- HYPERLINK "<http://www.ivillage.co.uk/health>" www.ivillage.co.uk/health
- HYPERLINK "<http://www.bbc.co.uk/health/awareness>" www.bbc.co.uk/health/awareness
- HYPERLINK "<http://www.nhs.direct.nhs.uk>" www.nhs.direct.nhs.uk
- HYPERLINK "<http://www.lifebytes.gov.uk/>" www.lifebytes.gov.uk/
- HYPERLINK "<http://www.behaf.org.uk/docs>" www.behaf.org.uk/docs

Smoking

- HYPERLINK "<http://www.ash.org.uk>" www.ash.org.uk
- HYPERLINK "<http://www.givingupsmoking.co.uk>" www.givingupsmoking.co.uk
- HYPERLINK "<http://www.nosmokingday.org.uk>" www.nosmokingday.org.uk

Alcohol problems

- HYPERLINK "<http://www.alcoholics-anonymous.org.uk>" www.alcoholics-anonymous.org.uk
- HYPERLINK "<http://www.recovery.org.uk>" www.recovery.org.uk

Drug related problems

- HYPERLINK "<http://www.recovery.org.uk/>" www.recovery.org.uk/
- HYPERLINK "<http://www.hopeuk.org/>" www.hopeuk.org/

Women's health

- HYPERLINK "<http://www.womenaid.org>" www.womenaid.org
- HYPERLINK "<http://www.womenshealth.co.uk>" www.womenshealth.co.uk

Healthy Eating

- HYPERLINK "<http://www.bbc.co.uk/food/healthyeating>" www.bbc.co.uk/food/healthyeating

Healthy Heart

- HYPERLINK "<http://www.bhf.org.uk/hearthealth/index>" www.bhf.org.uk/hearthealth/index
- HYPERLINK "<http://www.childrens-heart-fed.org.uk>" www.childrens-heart-fed.org.uk

Disability

HYPERLINK "<http://www.focusondisability.co.uk/>" www.focusondisability.co.uk/

HYPERLINK "<http://www.radar.org.uk>" www.radar.org.uk

Appendix 1

Family Support Strategy in Darfield

The pilot methodology

Statistics need to have faces, faces need to have voices, voices need to be listened to – Rt. Rev. David Jenkins

Introduction

This paper will present a critical evaluation of the pilot methodology used in the village of Darfield. I was employed at the implementation stage, to work with the community to help set the priorities for the Family Support Strategy within Darfield. The FSS professional stakeholder group acted as a steering group and undertook peer group interviews within their disciplines of Health, Social Services and Education. The consultation method used was participatory action research, which has been widely used within the UK and is established internationally.

The Principles of Participatory Action Research

A Reversal of Learning: to learn from local people, directly, on the site, and face-to-face, gaining insight from their local physical, technical and social knowledge. Using an interactive rather than an extractive approach.

Learning rapidly and progressively with conscious exploration, flexible use of methods, opportunism, improvisation, iteration and cross-checking

Offsetting biases: being relaxed and not rushing, listening not lecturing, probing instead of passing on to the next topic, and seeking out the poorer people and women and learning their concerns and priorities.

Optimising trade-offs: relating the costs of learning to the usefulness of information, with trade-offs between quality, relevance, accuracy and timeliness.

Triangulating and cross checking information by assessing and comparing findings from many different sources, places, times, groups, etc.

Seeking Diversity: deliberately looking for and learning from exceptions, contradictions, anomalies, dissenters etc.

They do it: facilitating investigation, analysis presentation and learning by local people themselves so that they generate and own the outcome and also learn. This is also known as “handing over the stick/ pen /chalk’ etc)

Self-Critical Awareness: facilitators continually and critically examine their own behaviour and welcome errors as offering the chance to learn.

Personal Responsibility: PRA practitioners take personal responsibility for their actions and use their own best judgement, rather than relying on manuals or rigid rules.

Sharing of Information and ideas between local people themselves and between outsiders and local people as well as between facilitators and outside practitioners

(Extracted from Robert Chambers “Participatory Rural Appraisal (PRA): Analysis of Experience”. World Development. Vol. 22, No. 9. 1994)

Values of Community Development

Community development is at the heart of the participatory action research model

Focus is on collective action and integral to the practice is a strong belief in equal opportunities, social justice and that every individual and group has the right to reach their full potential.

Practitioners strive to assist people to open up resources and services and assist the most disadvantaged and oppressed groups and 'hard to reach' groups to make informed decisions.

The process of consultation is important and produces rich data and expected outcomes but the 'unexpected outcomes' are many and usually empowering.

The process is different from a questionnaire when people are usually acting as passive individuals.

Collective action is required during the consultation process

people gain information and knowledge

people are encouraged to discuss the past and future

people think about their situation and their village

people begin to change perceptions about their circumstances and abilities

The activity within the village lays the foundation for further activity and change.

Legitimising decisions previously taken is a disempowering process, it is therefore important to stress that community development processes and participatory action research gives people a chance to set their own priorities and own agenda and encourage new community leaders or activists to emerge. Important in all this is an element of confidence building and FUN!

Familiarisation

Darfield is in transition, from the previous mining industry with its networks, funding from employment and its strong social infrastructure. Darfield has a rich cultural history and a strong, insular community. There is a perception in Barnsley of dependency culture – people being dependent on the local authority and the state, but certainly within Darfield there is a culture of independence, family loyalty and caring for each other within the extended family is important. Whilst some areas are obviously poorer than others, the high percentage of owner occupied homes masks deprivation. Darfield is a place people return to if they move away. There is still a good, old fashioned, community spirit ready to be unleashed, but at present ensures that the majority of real poverty and social exclusion is hidden. Darfield is typical of the declining coalfield areas with evidence of real poverty. Unemployment creates segregation within communities and it is difficult to create and maintain mutual space for collective action.

Many people described Darfield as the 'forgotten village'. It was therefore important that trust and honesty was established in order to get past feelings of community anger or that people have been ignored. Trust and honesty are essential when it is remembered that the Family Support Strategy is dealing with issues, which are rooted in emotional lives, and the practitioner is asking to discuss issues of family, trust, safety and quality of life.

It is impossible to look at problems of communities or families in isolation, as issues of class, poverty, gender, sex, and sexuality are inter-related. There is at present a low level of activity in Darfield. It was in this context that familiarisation took place and decisions on designing the research tools for a stage by stage method of participatory action research.

Mapping

The approach, as a field worker and a participant observer, was to identify existing agencies. In the course of establishing who the borough wide organisations and institutions working in Darfield as well as the Darfield organisations, 'hard to reach' groups and 'invisible people' discussions were held with the Community Association, Voluntary Action Barnsley staff, the Darfield Librarians,

Health professionals and active groups like the Blue Bell Group, some church members and a retired couple passing by and overhearing a conversation went on to provide invaluable information.

Partnership with the community

In the course of establishing the social geography some invaluable working partnerships were established with Darfield Community Association staff and chair Glenda Sheppard, Voluntary Action Barnsley, The Health Improvement Worker, the WEA development worker, Darfield clinic health professionals, as well as local residents Beverley Buxton, Robin Bates and Councillor Gillian Bates. All were supportive of the methodology and contributed towards the organisation of the activities, gaining additional opportunities for their organisations as well as being helpful in the process of the consultation.

The partnership working also assisted in establishing what information people in Darfield need, want and don't have. This ensured the appropriateness of the FSS activities within the Darfield agenda – not the field workers agenda - as well as being able to link into activities already happening.

Methodology

An emphasis was placed on gathering information in situations close to people's everyday experience. The research enabled data to be gathered on people's emotional labour in the community. Methods were participative and interactive, very much based on the principle that participants themselves should benefit from the process of consultation. The residents of Darfield were offered opportunities to increase their knowledge and awareness of existing and new opportunities in Darfield and borough wide. The aim was to increase self-confidence and actually be feeling better and empowered for the experience and even having fun during the process. Evaluations were carried out at most events and typical was the words of one woman who had experienced ill health and low moods in recent years. She found the 'We listen to women' women's consultation really good, as there was access to information and an opportunity to meet new people. *"I have laughed today and that is really good, makes you feel you can face things better"*.

Listening to community 'voices'

243 people were interviewed in one to one or in small focus groups at specially designed research and consultation events and during other community gatherings or visits to borough wide organisations in Barnsley, including Barnsley Sexual Abuse and Rape Crisis, Relate, Home Start, Barnsley Credit Union. Specific areas were targeted for some events and for others the whole of Darfield was the target. Every house in Darfield was leafleted at least twice during the consultation. Leaflets and posters were also placed in local shops, the library and Health Clinic.

The specially designed research and consultation events were held to reach traditionally hard to reach groups. At the events, confidentiality was assured and a series of informal methods ensured peoples involvement and willingness to share, sometimes very private thoughts about family life, local services and their hopes and dreams for their family's future. A special community lunch, a women's health and information day called "We listen to women in Darfield" and an evening session 'listening to men' were complimentary to attending events organised in Darfield; The Darfield Gala, the Teddy Bear's picnic, a Parent & Toddler group run in the clinic and one run in the All Saints Church. Young people were interviewed at the Youth Summit and they performed an impromptu play about their lives in Darfield. At an informal event in the Upperwood Working

Men's club, and at a Health Day organised by Health Improvement Worker Pam Briggs, men, women and young people were interviewed.

Outcomes

In addition to the information collated, the methods were designed to also have concrete outcomes in terms of self confidence and new opportunities as well as signposting to services. During the consultations women reported they were thinking of taking Spanish classes, a course of aromatherapy and at the 'We Listen to Women' event, 3 women signed up for the Barnsley Credit Union and 11 women signed up for the WEA basic skills course. An 'Extend' exercise class organised by Pam Briggs from suggestions at the women's day had 20 people signed up within a few days. At a subsequent health day 7 more women signed up for the Barnsley Credit Union. A young woman who became involved in many of the events was also influenced to seek the help of the Health Improvement Worker and to stop smoking and was now considering breastfeeding her expected baby –something she says she had never considered before.

Women reported *"I had a head massage for the first time – it was so relaxing and I learnt about the credit union – great day"* *" I learnt so much and signed up to do a course – I never thought I would"* *"I thought I was too old to go to classes but I'm going!"* *"The lunch was lovely, the facial great... When's the next one?"*

The additional outputs of the research method of consultation are important for people in the community and as a start to the process being advocated within the family support strategy. A good further example of this is when the newly formed sub committee of the Community Association, the Youth development group were interviewed. The members were concerned about the closure of Centre 17 and as part of a networking and training opportunity they were assisted to access specially designed training at an empowering and innovative Young Peoples Community and Resource project called The Warren in Hull. The Youth Parliament representative for Darfield accompanied them on this training and further visits and training are to be planned.

Professionals interviewing professionals

A separate part of the strategy was for professionals involved in the core group and previous work of the Family Support Strategy to interview their fellow professionals from Health, Social Services and Education. The interviews held gave professionals a further opportunity to contribute their knowledge of Darfield families and explore new opportunities for working together across disciplines. These were complimentary to the times professionals were involved in the participatory research and exchange of views with the fieldworker. The outcome of these semi-structured interviews has been integrated with the views of the community.

Statistics

The method used within the communities is centred on qualitative information but is considered within the context of the existing quantitative data from a wide variety of sources e.g. index of multiple deprivation, census data, P.C.T data. Statistics were used in the preparation of material for the Capping event and were considered when assessing the five priority areas.

Five Priority areas for Darfield

From the consultations five equally important priority areas for community action became clear; Young People; Women and Health; Pre-School Children; Access to information; Changing the Way we work together which not only means change from within institutions and organisations but building the necessary capacity of the Voluntary and Community Sectors within Darfield.

Capping event

In theory this is an event, which transfers ownership of the process and information gained back to the community and professionals within the community. The event worked well but could have been better as too few members of the community attended and the format was more professional friendly than community friendly. The theory had been that people could drop in for five minutes or stay for the two hours and in practice the format of presentations and workshops meant people who came after the initial presentations and workshops began were disadvantaged. Leaflets were sent to every household in Darfield but the timings over lunch proved to disadvantage those with family commitments. There was no crèche facilities offered and places had to be booked in advance which apparently put some people off. The handouts presented on the day were found to be useful. The feedback particularly from professionals working in the community and the community association staff and members who attended were very complimentary about the information presented. Five priority groups were formed and there was enthusiasm for participation and taking forward the issues.

Transferability

The Darfield experience shows that undoubtedly the method can be transferred. In other parts of Barnsley a local community stakeholder group might well be established at the beginning of the process. The method has demonstrated that the crucial difference between this and other methods is that it generates real outcomes to the benefit of the people and builds capacity in community organisations. It actually creates social capital and the conditions for ongoing and sustainable involvement in the delivery of the Family Support Strategy.

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