



**Final report for TNL Community  
Fund (Reaching Communities)  
RORI project  
July 2015 - June 2019**

Reaching Out Reaching (RORI) In has been in receipt of funding from The National Lottery Community Fund - Reaching Communities funding stream between July 2015 – June 2019.

This report provides TNL Community Fund with a final report and overview of the project.

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**Background**

This programme built on the successful Grow to Grow programme which was started in 2010 at Bore Place, providing a model of therapeutic support situated within an organic market garden. Bore Place is the home of The Commonwork Trust which encompasses a 500 organic dairy farm plus residential eco-venue and also runs an educational programme for schools and groups to access.

**Who were we supporting?**

Young people, aged 14 -24 facing challenges, including mental health issues.

**Headline numbers between July 2015 and July 2019**

- 420+ taster days delivered – single days offering taster activities at Bore Place and/or participation in the Grow to Grow programme
- Over 90 young people attended – all started on the 12 week RORI programme, and 62% progressed onto our higher intensity Grow to Grow programme. The remaining 38% used RORI as a stepping stone to get work or to support a fragile school placement

- 540 days of support delivered – averaging 5 young people each day = approximately 2,700 days of support delivered
- 28 young people attended residential programmes in addition to the 90 who attended the 12 week programme
- 46 families where parents/carers have been significantly supported through 1-1 support and training opportunities
- 12 mainstream schools supported
- 9 special schools supported
- 2 colleges supported
- 9 training programmes delivered to professionals
- 94 other young people were referred to RORI, and did not start the programme but substantial work was carried out on their behalf and their outcomes would have been improved through our intervention.

### **Outline of the project**

Taster days:

- All young people attending for an initial visit were offered a taster day of activities.
- We have offered taster days to school groups and youth organisations, and over 420 young people have attended over the four years.

Reaching Out Reaching In (RORI) – 12 week programme:

- RORI offered a rolling programme of informal support, offering a range of activities including helping in the market garden, cooking with the chef, learning about the dairy herd, physical activity around the site with organised walks and social times.

Grow to Grow:

- The Grow to Grow programme provides longer term support for one or two days a week for up to two years. 1-1 key working sessions are included.

The two programmes have accommodated 92 young people in total.

A further 94 referrals were made which did not materialise into a full attendance. Reasons for not attending included:

- Being too young –under 14 years of age.
- Too far away, making it not viable to regularly attend
- Did not like the project
- Bore Place could not meet their complex needs
- Behaviour too risky to be on a working farm

### **Outcomes for the cohort of 92 young people:**

- 46% progressed into education, employment, training or volunteering - Bore Place offered part-time employment to 7 young people
- 34% maintained an educational placement (school, training, college)
- 7% completed the time without having made a decision on future plans
- 13% completed without a positive outcome despite our best efforts
- 83% had improved social skills
- 74% had improved practical skills i.e.ability to travel (public transport and ability to learn to drive, cooking for self and for others in the group)

- 8% young people who had been out of education for some time, received tuition at Bore Place, even though this is not recognised as an educational establishment, and gained recognised and accredited qualifications.

## Psychological assessments and outcomes

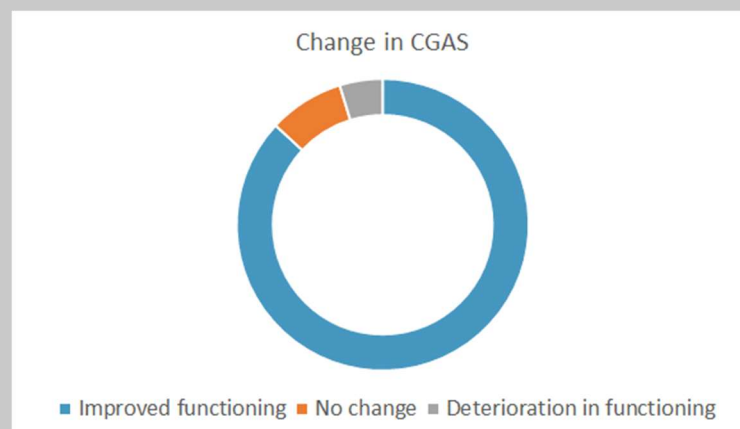
Through the programme our key measurements were focused around:

- 1) Improvements in emotional, social and behavioural functioning
- 2) Progress towards individual goals
- 3) Improvements in wellbeing

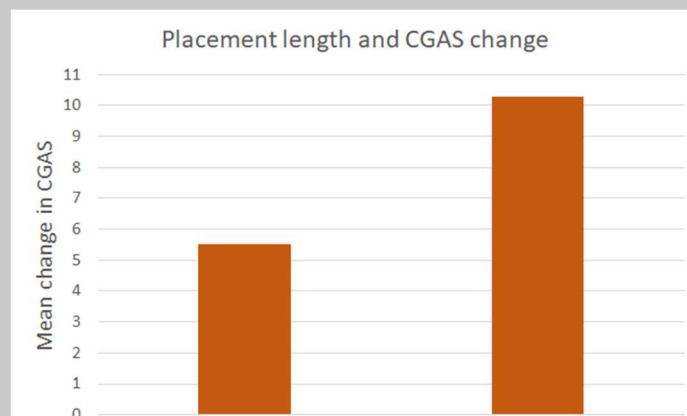
### Improvements in emotional, social and behavioural functioning

We used the Children's Global Assessment Scale (CGAS) to assess overall changes in emotional, social and behavioural functioning. Originally developed for assessing children, it is now also validated for use with young adults. This assessment is carried out through discussion in a team meeting.

87% of young people attending Grow to Grow show an improvement in their functioning over the course of their placements.



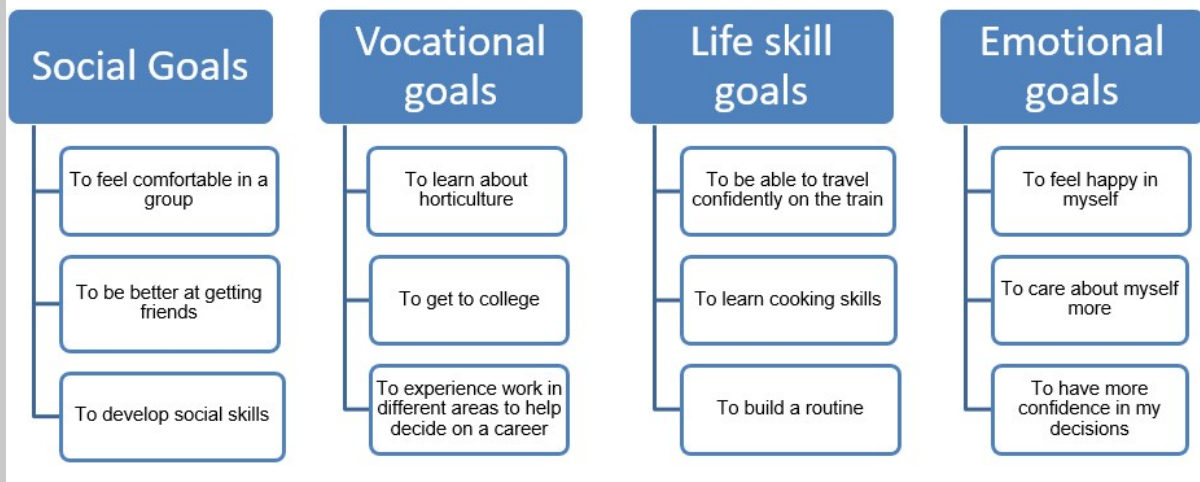
Those who stay at Grow to Grow for over 9 months experience a significantly greater change in CGAS scores than those who attend for under 9 months, highlighting the value of longer-term placements.



## Progress towards individual goals

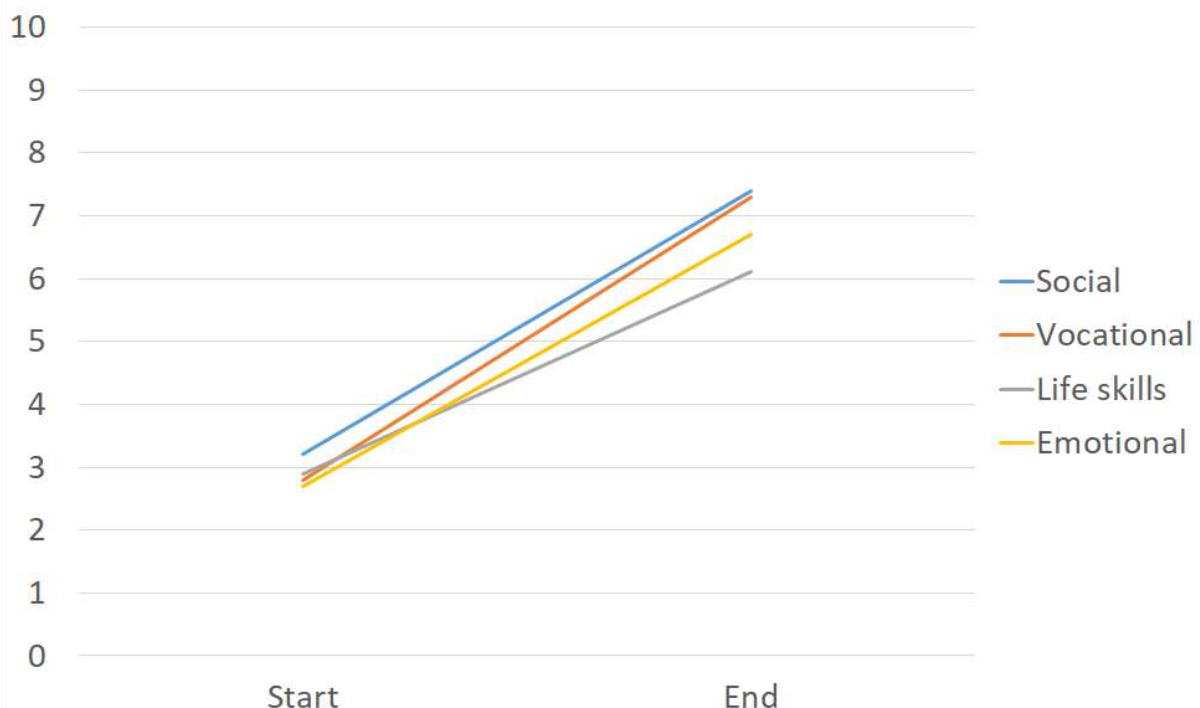
Goal-based outcome measures are recommended as they give clients a voice in determining their individual priorities. When young people start at Grow to Grow, they are encouraged to think about what they would like to get out of the project and set up to three personal goals. We have found that they most often set social, vocational, life skill or emotional goals.

### Examples of personal goals set by young people attending Grow2Grow



Each young person rates how close they think they are to meeting each of their goals on a scale of 0-10 at regular intervals throughout their placement. They report significant progress towards their goals over the course of their placements.

### Average goal ratings at the beginning and end of placements

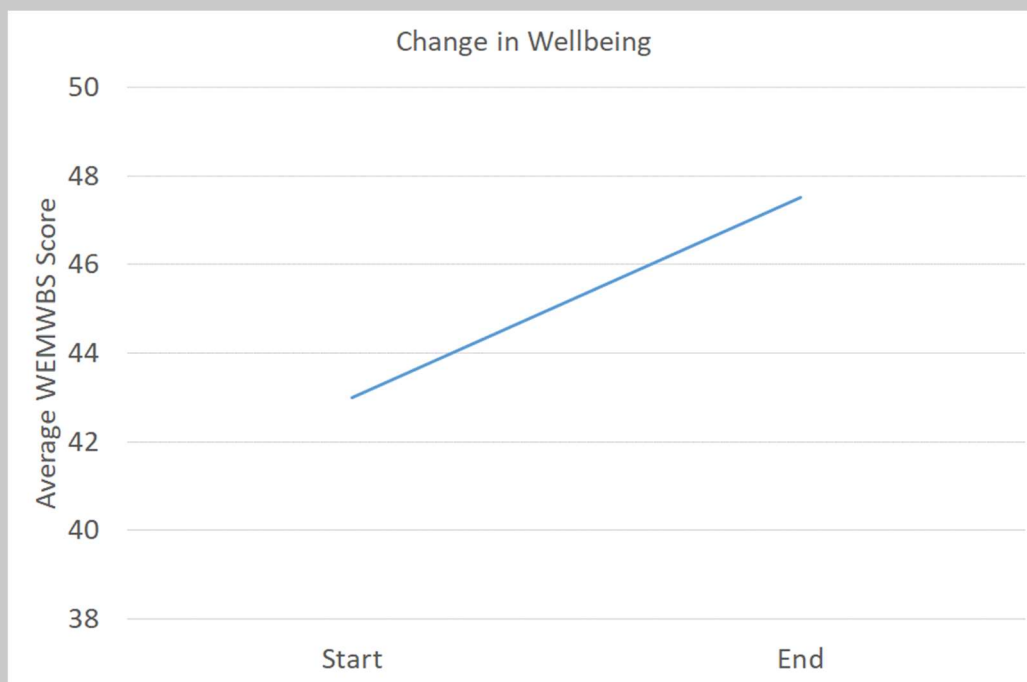


## Improvements in Wellbeing

We used the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) to assess young people's wellbeing. This tool measures both eudaimonic well-being (the extent to which someone thinks they are fulfilling their potential) and hedonic well-being (how happy they feel).

This measure is carried out by the young person themselves, reflecting on how they have felt over the previous two weeks, and logging it on a questionnaire.

Young people attending Grow to Grow report a statistically significant increase in wellbeing.



### Social factors/diversity

Male/Female split:

- 56% male, to 44 % female split for attendance
- 87% of the cohort was white British, 2% white other background and 11% were of mixed ethnic backgrounds. West Kent and the surrounding areas have a lower ethnic mx of population which is reflected in this statistic.

We did some analysis on the social circumstances of the cohort, to help to identify those who found the most benefit from our work.

Education Health Care Plans (EHCP):

- Around 35% of the young people attending have an EHCP which indicates that they need more support with their educational needs, due to health conditions, and that this support is available until they are 24 years old.
- A further 20+% have either applied for an EHCP and been refused, are applying, or have a condition which would make them eligible

#### Looked After Children:

- 8% of those attending were Looked After Children. All were attending some form of education as part of the statutory responsibility of the sending local authority.

#### Young offenders:

- 6% of the cohort were under the youth justice system.

#### Young carers:

- 21% of the cohort are young carers, supporting a parent who is disabled, or having a sibling who has additional needs.  
This is in line with the national statistics<sup>1</sup>, and it is recognised that young carers may have compromised mental health.

#### Bereavement:

- Nationally, 1 in 29 children aged 1–16 experience the death of a parent according to the Childhood Bereavement Network – equating to 3.2% of this cohort<sup>2</sup>.
- 18% of the cohort attending Grow to Grow and RORI have experienced the death of a parent, or live with a parent who has a life limiting illness.
- Others, not included in this percentage, have experienced bereavement when their parents have split up, thereby losing a secure family home and regular contact with both mother and father.

#### School refusers:

- Some are still on the school roll, while parents of some have taken the option of deciding to educate their child themselves.
- 33% of the cohort attending RORI and Grow to Grow were deemed to be “school refusers” with a further 9% being “home educated” as a result of being school refusers.
- 22% of those, following their attendance at Bore Place, went on to return to education, employment or training. Those that are still out of education have applied to College but have not yet had an acceptance. Some have started volunteering as a stepping stone to returning to some form of accredited training or employment.
- 100% of these young people have expressed a wish to return to education, training or work but lack the confidence and/or qualifications to progress with this ambition.

#### **Therapeutic residential offer:**

- Following some contact with a school in Canterbury, some 60 miles away, we hosted two residential programmes

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<sup>1</sup> <https://www.charitytoday.co.uk/new-figures-reveal-800000-young-carers-in-england/>

<sup>2</sup> <http://www.childhoodbereavementnetwork.org.uk/research/key-statistics.aspx>

- The young people who attended were all starting to struggle to maintain their school place, through poor attendance, work deteriorating
- We combined a therapeutic session with a visit to a local equine therapeutic project where the young people were able to interact with horses, painting them (literally) and learning about the high levels of empathy that horses have. The group spent time in the market garden, where they harvested for their meal, and cooked with the support of our chefs.
- We provided a short workshop on creative writing, to assist with articulating the impact of the visit on the young people.
- The programme that we devised has been used as the basis for other similar projects, but working with older young people, some of whom are in the NEET group (those Not in Education, Employment or Training).

### **Future financial sustainability of our work**

Looking to the future we have focused on securing funding to support the continuation of our programmes.

In order to try and achieve a level of additional finance which may serve to provide future sustainable funding for our work, we developed a number of funding routes.

Placement funding:

- Schools funded placements on a daily rate

Bursary funding:

- We launched a Bursary Fund, to receive smaller donations to support the work through sponsorship, memorial donations, or corporate giving etc.

Funding through Education Health Care Plans (EHCPs):

- 35% of the cohort are in receipt of an EHCP which has provided funding for additional support over and above the school placement funds.

Contracts – Live Well Kent:

- We were commissioned by The Shaw Trust to work with them under their four year Live Well Kent (LWK) programme. This programme offered a range of support for those suffering with mental health problems, from age 17 upwards – we worked with those up to the age of 24.

Grant making organisations:

We have been grateful to a number of grant making organisations who have offered us additional funding to support our work including:

- Kent Community Foundation
- The Great Stone Bridge Trust
- The Edenbridge & Oxted show
- Sevenoaks District Council
- Kent County Council – through Local Priority Group funding

We were also in receipt of funding from:

- Comic Relief – until 2016
- Lloyds Foundation – until 2017

Income from sales of produce:

- Funding was raised through the sales of produce and preserves from the Market Garden.
- This also provided a focus for some of the activities of the young people

## **Partnerships for the future**

Bromley Y

We have developed a partnership with Bromley Y, a nationally recognised leader in the provision of mental health services for young people. Bromley Y has expertise in delivering wellbeing services, longer-term psychological interventions, school support and mentoring programmes. We believe this partnership will enable us to deliver effective, evidence-based interventions to young people with increasingly complex mental health needs.

Education opportunities

We are developing a partnership with our local Further Education provider colleges with a view to becoming a sub-contractor to enable these young people to gain accredited qualifications while attending the therapeutic programmes at Bore Place. These will include Maths and English to a GCSE standard, plus a Level 1 and Level 2 vocational award (LASER Awards) which will be based on the businesses run at Bore Place, thereby also providing valuable work experience which can be reflected in a CV for future use.

Building links

We have supported students from 12 mainstream schools in the West Kent area, crossing to the Sussex and Surrey borders. In addition we have supported students from 9 schools whose students have special or additional needs.

We have also worked with the local Further Education Colleges (Hadlow and West Kent) to support their students.

Importantly we have been the support agency providing follow up services for young people who have been in hospital following a significant period in an in-patient unit for their mental health.

## **New initiatives resulting from the needs identified**

Therapeutic residential offer

- We have developed a residential offer to a range of schools, for both primary and secondary groups, worked up from the model that we piloted during the project and in conjunction with our Education team here at Bore Place. This has the potential to offer therapeutic support as well as an educational experience.

Parents group:

- It was recognised that parents/carers had a huge role in supporting the young people



- Parents/carers are under huge pressure by trying to support the young people, trying to adhere to establishment expectations for school attendance and being under threat of prosecution for non-attendance
- These parents have usually had to deal with the child for several years, with no training in dealing with significant mental health issues, ranging from deep anxiety, depression, psychotic episodes, autism, ADHD, undiagnosed learning difficulties like dyslexia etc.
- As manager of the project, Sally Potter found that she was spending a lot of time supporting these parents, many of whom were themselves, at a crisis point.

## **Difficulties**

During the four years covered by RORI we have been aware of significant national trends that have had an impact on our services.

Shifting referral networks:

- The key to getting successful referrals comes from developing good networks with those working on the front lines for young people who are considered “hard to reach”. These include services who “track” young people who should be in school or in Post 16 provision following their GCSE year.
- The groups that are responsible for this work have undergone significant changes. Some services remained with the local authorities, while some of their services have been commissioned to a range of charitable organisations each having a different brief or a different locality.
- Public sector services have undergone massive restructures resulting in redundancies, and changes of staff.
- One of the results of this has been a difficulty in maintaining contact with those who would be the front-line staff dealing with the clients who this project is aimed at.

Rising complexity of needs:

- There were a small number of highly vulnerable young people who attended following discharge from secure mental health institutions, where no other support was available. Bore Place was identified as a venue for discharge packages and support to enable these young people to have a seamless transition from a highly organised hospital environment, to the community. There was no funding for this work, and it was a difficult choice to make and required additional support from parents/carers to ensure that these young people were safe.
- We had to refuse a handful of young people due to the risk of poor and/or challenging behaviour, which was not appropriate on a working farm where there were dangers that could not be managed. This was rare, and only one young person was excluded for this reason, when he posed a risk to himself and others.
- Lack of educational opportunities – we identified that those who were struggling required some support to maintain their place in learning. Ideally we wanted to be able to support these young people with 1-1 maths and English but there was no funding for this on an ongoing basis.
- Some schools referred to our services but indicated that they had no funding to support these placements, even when there was an EHCP in place.

## Future Plans

We have been in discussion with our local Further Education provider colleges with a view to becoming a sub-contractor to provide a therapeutic education to support those who are unable to cope with college or sixth form. This offer will enable the college to access the Post 16 education funding which can also include funding through the Education Health Care Plan.

This offer will include Maths and English to a GCSE standard, plus a Level 1 and Level 2 vocational award designed to incorporate the current activities but presenting evidence of competence in line with LASER Awards which the colleges can support.

We are seeking funding to engage with three mainstream schools who have supported their students who were referred to us, to offer support within the schools to try and prevent mental health difficulties from escalating, through to offering support at Bore Place. We will deliver this in conjunction with Bromley Y.

## Final budget statement

### 1. TNL budget

	Revenue			Capital		
	Budget	Actual	Difference	Budget	Actual	Difference
Year 4	£78,018	£78,018	0	0	0	0

### 2. Project budget

	Revenue			Capital		
	Total cost	Budget from fund	Difference	Budget	Actual	Difference
Year 4	£147,460	£78,691*	£68,769	0	0	0

\*£70,673 for Year 4 plus £8,018 underspend from Year 3

Sally Potter  
Manager, Health and Wellbeing  
Commonwork Trust

**Theory of Change: Aim – to improve participation and life opportunities for young people experiencing mental health difficulties**

	<b>Improved mental health</b>	<b>Improved social skills</b>	<b>Re-engagement in learning</b>	<b>Experience of being in a work environment</b>	<b>Future impact</b>
<b>How do we do it</b>	Therapeutic approach – proactive, longer term if needed, informal and respectful	Working alongside the young people, and enabling them to be with others in a safe environment	Enabling young people to learn again, and to recognise that they transferable skills	Learn to work as a team, gaining experience and knowledge	Quick referral system to support young people who may be unable to access other therapeutic services
<b>What happens</b>	Relationships are created over shared activities. Young people are offered 1-1 catch up time each week	We work together, eat together and have social time together where staff oversee all situations and ensure all feel safe and valued	We provide a simple framework for learning about a working environment which translates into employability skills	All young people support our business activities, enabling them to translate this experience into employable skills	Young people will feel more able to seek work by being able to conduct job search, build a CV, manage an interview and get a foothold on the jobs ladder
<b>What is different</b>	We work proactively, encouraging success and equipping young people to build on small successes. We work for a prolonged period – for up to two years	We help young people to fill gaps in their social skills and experience, offering boundaries and advice	We run a business – young people learn about this despite themselves, and recognise that they can learn even if school has been difficult	We encourage the young people to recognise that they have a place in the world of work, and that their skills can be increased and then valued	Our approach builds a lasting change – the issues that young people face have developed over a long period, and cannot be fixed in a few short weeks.
<b>Impact</b>	Improved mental health – measured and observed	More able to cope with a group and in a family	Increased attendance in education and/or re-engaged in learning	More employable having gained experience and knowledge	Less need for other services More likely to become economically active
<b>Benefits to society</b>	Less impact on NHS and CAMHS services Less likelihood of reliance on benefits in future	Increased sense of wellbeing, improved family life	Better exam results – young people more able to seek work	More likely to be able to join the job market and contribute to the economy in near and further future	Improved mental health, improved employability Less need for benefits Less need for NHS and mental health services

## Case Studies

Jo

Jo came to us suffering with anxiety and depression, and was receiving support from an NHS unit. There were lots of issues, not least of which was some degree of physical frailty and Jo was affected by extremes of weather, plus struggling with large groups and lots of noise.

However it became apparent that Jo was highly skilled at problem solving, and an ice breaker with the social groups was to see how quickly someone could solve the Rubik's cube, pitched against Jo. After failing miserably, most young people asked Jo to show them how it was done and one or two continued to work through the codes and systems that Jo found second nature.

Jo also displayed a huge range of knowledge about the environment, wild life and insect life. As the programme neared the end, Jo started to attend as a volunteer to support out educational projects, being an extra pair of hands and also contributing to the wider knowledge.

Luke

When Luke's father died of cancer, he struggled to tell his family and his school how he was feeling. He did not have the communication skills to express his deep feelings of loss or the fact that he missed his Dad, and knew that this would not get better. He started to skip school and struggled to get out of bed in time to go. Slowly this slipped into a case of "school refusal" and Luke found himself the centre of a debate about whether he would be allowed to continue at his school, where he had a place in a special educational needs unit.

Luke started coming to Grow to Grow under an agreement with his school who required information on his attendance to transfer to their records. As we slowly worked through his issues we realised that he was also concerned that everyone else would forget his father, and he was able to express his anger at this. Although it was a difficult concept for him to understand Luke started to realise that no-one who knew his father would forget him but that these relationships were never going to move forward,.

Luke started to commit to returning to school on a reduced timetable, and this worked, although he realised that he had missed a significant amount of learning and may have to do the year again. He finished Grow to Grow improved, but not totally "cured".

Daryl

Daryl was referred to Grow to Grow by an Early Help support worker.

He had been excluded from his school and was not in any form of education, employment or training (NEET). There were some concerns about his behaviour at home, towards his mother and grandmother and he was deemed to be vulnerable by nature of his friendship group who were taking advantage of his disability payments. He had a diagnosis of ASD and was also diabetic (Type 1) which was being well managed.

Daryl started attending for one day a week and we assigned a key worker to start to engage him. He was happy to work in the Market Garden and was a hard worker, as long as he was supervised and knew what he was supposed to be doing. He expressed a wish to work on anything mechanical, and was soon adept at keeping mowers running, looking after tools and using them after suitable health and safety training.

We supported a range of initiatives to engage Daryl some of which were successful, some of which were not. We wanted him to try the food that we eat at the project, but due to his anxiety about his diabetes, he refused this and brought his own packed lunch. However, he did start to eat his own food with the other members of the group rather than taking himself outside and eating on his own.

We recognised his skills, not his weaknesses, and encouraged him to engage in some sessional work at Bore Place, mainly mowing the lawns and strimming the weeds. He was happy to do this and very capable. He was suitably reimbursed. We tried to encourage him into independent travel, either by train or on his bicycle, but this was not successful.

During his time with us Daryl's circumstances changed. His father died suddenly and at a very early age. We supported him throughout this difficult period. In addition we worked with the local authority to ensure that he had ongoing support through the Adult Disability Team for when he turned 18 as we felt that he would always need some element of support. We successfully supported his mother in seeking a housing association home for the pair of them.

Lastly we referred him into a training programme which was local to his home so accessible, and which provided him with an appropriate training programme for his individual needs. He continued to progress through the levels, proving himself to be a model student.

## Jon

Jon was referred to Grow to Grow through the health needs schooling service, as he was not attending school and had stopped going out of the house. There were concerns over his attendance which, in Year 10 had totally stopped and over his general mental health as he was becoming increasingly anxious and unable to go out let alone attend school.

Jon's mother visited the project, looked around and took some photos to show him. Initially his referral resulted in the referrer talking to his bedroom door for the first month, but keeping in touch with us. Our promise to Jon was that, if he wanted to come (and we understood he did) but was unable to that we would hold a place for him and his "name is on our board".

Eventually he managed to visit and the first attendance at Bore Place was to talk to the Project Manager in the car park, with his mother present. We slowly built up from these short visits to him attending for longer, but with his mother present.

Over a period of several months we moved from this limited attendance, to regular visits, with longer time at the project, and allowing his mother to leave him, with us taking him home, thereby decreasing the dependence on her for everything.

After meetings with the school where Jon was still on roll, with his mother, she was invited to "home educate " or risked being prosecuted for his non-attendance. However, after some discussion with the Grow to Grow Project Manager being present, the school decided that he was engaging in some activity and started to work with us.

Subsequently Jon was assessed and awarded an Education Health Care Plan which took into account his needs, both physical and mental. On the back of that he remained on the roll at his school, but was receiving some educational input from English and Maths teachers, to try and re-start his education.

At the time of his departure, as his family were moving away from the area, Jon had tried, at his own request a GCSE English past paper which he passed with a Grade 4 (C Grade equivalent) much to his surprise. He planned to return to school in his new area, into a Year 10 group rather than Year 11, giving himself enough time to catch up with his English, Maths and possibly ICT. His confidence was much higher and he had been empowered to return to learning but on his own terms and in a flexible manner which suited his health needs.