Child to Child in South London:
Evaluation Report

Perpetua Kirby
with Gillian Mann, Bridget Pettitt and Martin Woodhead
THE EVALUATION TEAM

The evaluation was managed by Perpetua Kirby, of PK Research Consultancy, who undertook the design of the evaluation framework and tools, the data collection, data analysis, and wrote the report. Gillian Mann was also fully involved in developing the evaluation framework and tools, and Bridget Pettitt undertook fieldwork in one evaluation site and commented on the analysis and report (both independent consultants). Martin Woodhead (Open University) advised on the evaluation framework, tools and report.

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Sara Gibbs
Child-to-Child project coordinator
St Giles Hospital
St. Giles Road
London SE5 7RN

Tel: 0207 771 [TO ADD] Fax: 0207 771 3366
sara.gibbs@southwarkpct.nhs.uk
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CtC in South London
The Child to Child (CtC) initiative was a three-year programme initiated by the Community Health South London (CHSL) Trust, funded by Lambeth, Southwark and Lewisham Health Action Zone (HAZ). It was set up to develop and promote the use of CtC within the local area and a CtC worker was employed for the three years.

The project aimed to provide professionals with the skills they needed to work in partnership to support 9-12 year old children to conduct projects to improve the health of their community. The projects were designed to support children to identify key health issues in their community, find out more about the issues they selected and then plan and take action to address them.

About the Evaluation
The purpose of this evaluation was to explore both the process and the outcomes of the CtC projects and to compare this across different contexts; in schools and an after school club, and those receiving high or low level CtC worker support.

The evaluation focused on three CtC projects undertaken in Lewisham in 2001. Two projects were in primary schools (Year 5) and the third was in an after school club (Years 6 to 7). Two projects were co-facilitated by the CtC worker, but the other received only initial training and on-going advice from the CtC worker.

The evaluation was participatory and qualitative. Information was collected from participating children and adults before, during and after the CtC projects.

CtC Steps and Principles
The Child to Child methodology consists of six sequential steps. The first step encourages group work. The children brainstorm the health issues or community issues they are concerned about, select an issue, research it by going out into the community to find out the information they need and then plan and take community action. Strategies for action might include hands-on activities (e.g. clearing litter or building a play structure) and/or dissemination of health messages (e.g. songs, leaflets, drama). Finally, they self-evaluate their own project.

There are several core principles that underpin the CtC participatory methodology of working with children: community health, children’s rights, active citizenship (making decisions and taking action), popular education, developing children’s relationships between peers and with adults, and emotional literacy.

The south London CtC initiative is grounded in the World Health Organisation’s (WHO) definition of health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease’. Therefore the CtC projects enabled children to choose project topics that fitted into a broad definition of health.
## CtC OUTCOMES: SUMMARY OF FINDINGS

When CtC was most successfully implemented it achieved the following outcomes:

### Children’s Participation
- Children decided an issue of concern in their community, what action to take and implemented their plans. They also made other decisions about their project.
- Children made more decisions in CtC than at other times in the classroom.

### Children’s Health Action
- Children undertook action and achieved some impact on community health, by supporting elderly people and promoting an anti-racism message.
- Children learned a lot about their chosen health issue. Adults involved in the project also learned more about the health issue.

### Children’s Self-Efficacy
- Children felt more listened to by their class teacher.
- Children felt more valued by their class teacher, their peers and their parents.
- Children changed how they would try to sort out future community problems.
- Children became more active members of the school community.

### Child - Adult Relations and Child – Child Relations
- Children went into the community and met professional and resident adults.
- Children had dialogues with elderly people, professionals and parents.
- Children developed group work skills and made friendships with their peers.
- Parent volunteers improved relations with their own children.
- Parent volunteers provided positive black and male role models.
- Parents developed more positive attitudes to schools and teachers.

### Sustainability
- Adults learned a lot about children’s competencies.
- Adults develop more participatory practice with children in other contexts.
- Adults undertook future CtC projects.

## CtC OUTCOMES: CHILDREN’S COMMUNITY HEALTH ACTION

Children in two CtC projects (School A and the After School Club) succeeded in taking action on a community health project in their community: promoting anti-racism messages and visiting elderly people. The third project (School B) did not have the time to implement their action plans. See box below for project overviews.

In **School A** the children wanted to help elderly people. To research this issue the class decided to visit those who work with elderly people and the elderly themselves. Together they then to take action themselves to help redress the loneliness that some elderly people experience by visiting a residential home. On their visit they talked with elderly people, took cards, joke books and sang songs.

The children in **School B** also selected helping elderly people. In the find out stage adults arranged for children to visit centres working with elderly people. The children then decided to promote a message to others to look after elderly people by producing leaflets, posters and a rap. The project over-ran and workers decided there was no time for the children to take any action in the community.
In the **After School Club** the children decided they wanted to do a project on racism. They researched the issue by visiting and speaking with a council officer and police officers at the local police station. They then made posters and leaflets urging people not to be racist and distributed these at the local supermarket. They were also interviewed and photographed for an article in the local council newsletter.

The children achieved some (small) health outcomes for others in the community, by supporting elderly people and promoting an anti-racism message. The children greatly increased their knowledge about these health issues, through self-directed learning, and participating adults also learned more about the topics. Children learned more about the importance of helping others and changed stereotypical attitudes about elderly people and attitudes and understanding of racism.

### CtC Outcomes: Children’s Self-Efficacy

The south London CtC initiative aimed to increase participating children’s self-efficacy, defined as the belief in their ability to impact on the well-being of the community (including themselves and others). The children that succeeded in undertaking community action and making more project decisions (in School A) improved their self-efficacy. The children that did not succeed in taking action and made less decisions (School B) appeared not to have increased their self-efficacy. This was evidenced by children’s self-reported feelings about their ability to take action, as well as how much they felt able to discuss problems and felt valued, discussed below.

#### Feeling Able to Take Action
At the start of the project all the children were very positive about participating in a CtC project: they wanted to help their communities, voice their ideas and have fun.

After the projects, only children who took action felt responsible for creating change in their communities. The children who did not take action in CtC did not feel they had helped the community, and neither did their adult facilitators.

The children who took action learned more new skills and gained greater confidence and self-belief in their ability to take action and help others. The children in School A applied their understanding of the six CtC steps to undertaking future action and they became more active members of the school as a result of their involvement in CtC.

The children who took action in CtC demonstrated that they would take different kinds of action in imaginary scenarios following their involvement in CtC, including asking professionals to help sort out problems. The children in the project that did not take action (School B) were less likely to take action in the scenarios after doing CtC.

The CtC initiative wanted to help children learn that there are limits to the change that children can (or indeed should) affect (as is also true for adults). The participating children were aware of barriers to taking action, including adult inaction and fear of reprisal from other young people.

#### Feeling Able to Discuss Problems and Feeling Valued
The CtC projects provided children with an opportunity to tell others their views. As a result, it aimed for them to feel more able to express their views and to feel more listened to by adults and peers.
The school children that took action (School A) became slightly more able to tell their class teacher about problems at school after the CtC project, although those that did not take action (School B) became slightly less so. The children in the After School club who took action became more open about talking to the workers about problems, especially the CtC worker, although some remained very negative about how much the youth workers listened to them.

At the end of the project the children in School A felt more valued by their parents, teachers, friends and other kids in the class; indicated by their belief that others would use more positive, and fewer negative, words to describe their feelings for them and their work on CtC.

Some other important findings highlighted how little children generally feel listened to and able to tell others their problems. The school children felt most able to tell their parents, and then their friends, about problems they face at school, rather than class teachers. They felt least able to tell other kids in the class their problems, although there was a slight change over the course of the project. The children outlined a number of reasons why they do not always feel able to tell teachers about problems at school, including not feeling listened to. Also, children did not feel adults asked them much about the problems kids face in school. Adults were not always aware how much children felt listened to.

**CtC OUTCOMES: CHILD-COMMUNITY RELATIONS**

The aim of involving children in identifying and taking action on their own projects focused on the here-and-now of their lives. By undertaking CtC projects children participated in community life and in developing community relations. They left the confines of their school or club environments and entered into dialogue with different community members; community professionals, elderly people and their parents:

**Dialogue with Community Professionals**
The children spoke and met with many professional adults. They felt the adults had listened to them. The adults were impressed by how much children wanted to know, their enthusiasm and their communication skills.

Some of the professionals felt they had learned something from being involved in the projects; including finding out what children think, feel and experience. A couple of organisations valued making links with schools and wanted to keep involved in CtC in future. One considered working more with primary schools as a result.

**Dialogue with Elderly People**
Children and elderly people established a dialogue in which both spoke, listened, learned and enjoyed the others’ company and demonstrated mutual respect. Children learned how to interact with elderly people and demonstrated sensitivity to their needs, and engaged with elderly people who exhibited some challenging behaviour. The elderly people were often very open with the children. The children did not like it on the occasions that elderly people did not listen to them.

**Dialogue with Parents**
Parent volunteers were involved in co-facilitating the two school projects, and this helped improve relationships with their child. Many children talked about the project with their parents and in one project the children wrote a letter about CtC to their parents. Some parents came to see their children’s work in the community.
CtC Outcomes: Children’s Group Communication & Peer Relations

Good group communication and relationships were considered important for undertaking collaborative decisions and action within CtC. In one school (A) and the After School Club the children’s group work skills improved a lot during CtC. The children’s group work skills did not improve noticeably in School B. It was found that when children were most motivated by project activities they worked best as a group. In School A the class teacher became committed to doing more group work in future.

A few children made more friends in the class as a result of CtC and projects helped break down gender barriers by encouraging mixed-sex group work.

CtC Outcomes: Sustainability

An important aim within the south London CtC initiative was to promote CtC and participatory work with children generally. Nearly all the adult facilitators felt they had learned more about children’s competences by being involved in CtC. Professionals who had learned something were more committed to changing their practice in future and one teacher had since made her teaching practice more participatory.

All three of the three evaluated organisations was committed to the idea of doing another CtC project in the future, two had started implementing another project. Adults who had learned something were more committed to doing CtC again. Little work was done to disseminate information about CtC across the host organisations.

CtC Processes: Summary of Findings

Context and process factors found to influence successful outcomes were as follows:

**Children’s Decision Making and Action**
- Enabling children to voice their opinions, make decisions and take action.
- Listening to children (including criticism).
- Children chose and valued the tasks they undertook, rather than instructed.

**Flexible and Responsive Facilitation Styles**
- Adults were non-directive, but also offered appropriate levels of directive support as necessary, including structured activities, advice, information, and discipline.
- Emphasising fun rather than school-type work (especially writing).
- Offering children one to one support where needed.
- Allowing children to opt out of projects for a time.

**Organisational Commitment and Adult Team Work**
- Support and commitment from host organisations and participating adults.
- Not being pressured by the demands of the National Curriculum.
- Understanding and commitment to CtC aims, and enable children to take action.
- Adults and children had time to reflect and review the CtC project.
- High support from the CtC worker, including co-facilitation.
- Sufficient time to plan and debrief sessions.
- Good adult team work, including good relationships and communication.
- Involving parent volunteers.
- School nurses provide a link between health and education.
How Many Decisions Did Children Make?
The children in School (A) felt they made far more decisions in CtC than at other
times in the classroom, which they liked, whereas the children in School B felt they
made fewer decisions in CtC than in lessons. The children in both schools said they
make decisions through their school council, but identified barriers to these forums.

Which Decisions Did Children Make?
Children made a number of different types of decisions during CtC, although some
groups were enabled to make more decisions than others. The types of decisions
made were how to find out needed information, which group tasks to undertake, how
to delegate tasks and make joint decisions, plus choosing their own peer groups.

Making Group Decisions
Within CtC the children made group decisions, mainly by voting rather than
consensus, and children and/or adults enforced fair voting at times. Children
sometimes influenced their peers’ votes, by their popularity or by directly appealing to
others. Collective action assumes shared interests and concerns, although there
were differences within groups that were not always fully considered. Children were
sometimes unhappy about group decisions and showed their resistance.

Adults Influence on Children’s Decisions
Whilst adults welcomed the fact that children would be making decisions in CtC,
some deliberated whether children should always decide the focus of their projects.
There were concerns about children’s project topics ideas if they were felt to be too
self-interested, sensitive, or little could be achieved in the available time. Adults in
one project influenced the children’s choice of topic by the questions they asked.
Children’s own concerns were often not recognised by adults, demonstrating the
importance of allowing children to select their own topics.

Other Influences on Children’s Decisions
There were other influences on the children’s project topic decision. The children
were asked to focus on problems in their communities, rather than positives, which
may have reinforced negative stereotypes of their areas. Many of the children were
concerned with violence, safety and prejudice, reflecting the issues some were trying
to deal with in their own lives. Those that chose elderly people were reversing
children’s societal role by supporting others perceived to be more dependent.

Consenting to Participate in CtC
One of the basic principles underlying much participatory work is that participants
should volunteer. This was not possible within the school CtC projects, in which
participation is compulsory. When children’s participation was voluntary in the After
School Club, workers were more accountable to the children’s interests.

The children were often engaged in CtC sessions but at times they showed
resistance through being disorderly or disengaging from the project. Adults worked
hard to keep children interested and focused. At times children were encouraged
to participate, and at other times they were instructed to do so. Occasionally adults
allowed children to opt out for a while. When children could choose to participate or
not, they sometimes did so more enthusiastically.
CtC Processes: Facilitating Children’s Participation

This section examines the issues involved in facilitating children’s participation, relevant for all those undertaking participatory practice with children, not just CtC.

The Pedagogy of Participation
The pedagogy of participation refers to the principles and practice by which educators enable children to learn through making choices and directing their own learning. Participation in decision making and action assumes choices and undertaking CtC in contexts that restrict children’s choices inevitably caused some tensions. It was a challenge and dilemma for adults to get the balance right between being non-directive enough to enable children’s participation, whilst also offering enough direction to ensure sufficient structure and guidance for learning.

The CtC projects were undertaken in different contexts and with diverse adult teams, which had an impact on the practices adopted. The schools had to accommodate many institutional expectations, including a formally defined curriculum and a more directive teaching approach adapted to delivering these attainment goals. One school felt more pressured by the curriculum, which limited how participatory the CtC project could be. The After School Club had the different situation of introducing a structured project into an informal education environment.

Whilst some adults volunteered to take part in CtC, others were nominated by managers, which had an impact on their enthusiasm and commitment for the project. The adults also had diverse experiences, professional backgrounds and their own histories and styles of working and being with children, which affected their facilitation styles within CtC. Children were most positive about workers who were least directive. Initial training did not sufficiently explore the different roles required to facilitate participation, so adults interpreted and developed their own roles.

Model of Support
A model of support was developed from the evaluation findings (adapted from Klein, 2001), using a scale from non-directive to directive, to illustrate seven roles that adult facilitators had to adopt at different times to support children (see diagram below). There were also times when adults appropriately left children to their own activities.

The least directive roles were ‘observer’ and ‘facilitator’ in which adults enabled children to generate their own ideas and take action. Adults also adopted ‘activator’ and ‘adviser’ roles to encourage children to develop their ideas further. Adults had to provide children with some information (‘informer’); but there were differences in how much this was initiated by adults or by children. Adults were sometimes concerned about inputting ideas or information, for fear of being overly directive.

Adults had to be more directive at times (‘instructor’). They structured the project, including designing sessions and choosing activities, to ensure a framework in which children could undertake a project and keep motivated. Adults enabled children to make decisions, but some told children what to do more often than others. At times adults needed to instruct children to ensure good group cohesion. Adults enforced discipline at times and had different approaches to doing so. Knowing the appropriate boundaries for acceptable behaviour was sometimes a dilemma for adults, particularly in the after school club. Adults also had to ensure children’s safety. Whilst encouraging children to undertake their own action, adults sometimes had to undertake tasks for children, so as not to overburden them (‘doer’).
The Power of Verbal and Non Verbal Communication
The adults in CtC were committed to encouraging children to express their views and adults mainly communicated respectfully and clearly. Different types of examples were found of ways in which adults’ language and nonverbal communication sometimes constrained children’s voice from being articulated and/or heard.

Children’s Request for Assistance
The children made considered choices about who to ask for support. They assessed how well adults could answer their problems (ie their relevant knowledge, availability and proximity) as well as the quality of their relations with adults (eg how much they liked the adult, how supportive adults were perceived to be and how empathetic).

Encouraging and Accepting Criticism
CtC projects emphasised the importance of encouraging children to evaluate their projects. Only in the After School Club, but not the schools, however, were children specifically invited to make constructive criticism of the adults and their facilitation skills. Occasionally adults were critical of children’s negative views about the project.

Maintaining Children’s Motivation and Interest
Children were most motivated during CtC by taking action, making decisions, having fun (including arts, games and food) and not having to do too much work. Those who took action and achieved some change in their communities were most positive about CtC. When there was too much emphasis on work, particularly written work, and too few games, the children were unmotivated.

The CtC approach was relatively unstructured for schools, although provided enough structure to be useable and useful. Whereas it was considered to be very structured, and rather school-like, for the After School Club.

The projects were around 10 to 12 weeks. It was a struggle to ensure there were enough sessions to cover each step, whilst not letting it drag on too long and lose the motivation of the children. The two-hour sessions were an appropriate length.
CtC Processes: Organisational Issues

The Role of the CtC Support Worker
The CtC worker provided excellent support to other adults and organisations to implement CtC projects. Her on-going involvement was a key factor in determining successful outcomes. The project that received less CtC worker support (including no co-facilitation) had less understanding of CtC, which translated into their practice.

The CtC worker was reflective about her own practice and succeeded in encouraging others to do so too. A dilemma for the CtC worker was deciding how much to interfere and comment on others’ work practice.

Adult Team Work
Establishing good adult group work was important for ensuring good project practice and outcomes. This was helped by developing good relationships and communication (eg about aims, roles, facilitation styles), making time to adequately plan and debrief, and ensuring time to finish the project even when it ran over.

Involving School Nurses
School nurse involvement in CtC provided links between education and the health service and proved a useful role for school nurses. Some found it harder to engage well with the children.

Involving Parent Volunteers
Parent volunteers were successfully involved in the facilitation of the two school CtC projects. Schools used several criteria to select parents: including availability, positive role models and those in need of parenting support. The schools valued the involvement of the parents and provided good support. Parents valued and enjoyed the experience, and gave up a considerable amount of their time to be involved. They overcame initial anxieties about their ability to co-facilitate and felt they gained from being involved, including increased confidence to work with children, changed perceptions of schools and teachers and improved relations with their children.

Other Issues to Consider for Schools and After School Clubs
Organisational support, particularly the commitment of the head teachers, was important for implementing CtC. The projects demanded relatively high staff ratios to ensure that the adults provided all children with the opportunity to voice their opinions as well as hear and listen to what they are saying. Lone teachers, however, could also adopt more participatory practice without the support of other facilitators.

Staff cover was needed when children made visits into the community. The CtC sessions were not used to fulfil National Curriculum objectives, although it could in future. It was harder, but still possible, to run a CtC project within a drop in context; flexibility was needed to allow for children who did not attend all sessions.
SUMMARY OF EVALUATION DISCUSSION

Children’s Participation
The CtC programme succeeded in enabling children in schools and after school settings to identify their own issues of concern about the places where they live. The children were supported to make decisions, research and plan their projects. In two of the three evaluated projects they were also supported to carry out action.

The children were enthusiastic about the opportunity to discuss their own ideas, make choices, take action to help their communities and have fun whilst doing so. In the school where they made most decisions, and took action, a number of positive project outcomes were identified for both children and adults. In the school in which adults did not enable children to make as many decisions or take action, fewer positive and some negative outcomes were identified. In the after school club the children wanted to help change their area, but also prioritised using their free time to socialise with their peers and participate in fun youth work activities. Adults worked hard to overcome difficult group dynamics and the group succeeded in working collaboratively to make decisions and take action, and achieved positive outcomes for the participating children and the adults.

The CtC projects were undertaken in different contexts, with diverse adult teams and with some highly disadvantaged children. These factors influenced how projects were undertaken and what outcomes were achieved. In schools children and adults were subject to well-established institutional expectations, notably the demands of the national curriculum and a high level of pupil discipline. Also each school and each adult had different expectations. The more directive culture in schools inevitably constrained the extent to which children were able to make their own decisions and take action. The After School Club faced a different challenge: how to implement a structured approach in an informal education setting.

Children’s Community Health Action and Self-Efficacy
Those children who were most involved in developing their own projects achieved the greatest community health outcomes. The children developed personally, including increased self-efficacy and knowledge of health issues. Their action also achieved some (small) health changes for others in the community, although adults tended to focus more on children’s learning than on creating change. CtC was originally devised for communities in developing countries where health problems are serious and basic health measures less known. In the UK, the ‘added value’ of children taking an active role in health care is not as self-evident. Adults sometimes initially questioned children’s priority issues, but the chosen topics were valuable in understanding the lived experiences of children in London today.

Community Relations
Relationships are central to human learning and action. Improving child-adult and child-child relations helps to increase children’s participation within their communities.

Adult-child interaction and institutional power relations structure relations between adults and children. CtC helped to improve child-adult and child-child relations and demonstrated the value of two-way relationships to children’s learning. Using non-directive facilitation, meeting community adults, working in groups with their peers and involving parents all helped improve relations. There are deeply entrenched patterns of speaking and behaving with children that reinforce adult power, however, and these are hard for adults to discard.
Citizenship education in schools needs to actively redefine current adult-child relationships, rather than rely on knowledge based approaches. To do so requires improved daily interaction, as well as initiating formal structures for children’s participation. Commitment to children’s rights must take place across whole organisations and requiring support from different staff. Commitment to children’s rights needs to take place across the whole schools, not just in individual classrooms, and the support of head teachers and participating classroom teachers is important.

**Formal and Informal Education**
CtC brought an informal education approach to schools. Informal education is based on volunteerism and self-directed learning, whereas formal education is mandatory and directed by adults, although both are committed to children’s learning.

CtC provided an appropriate approach for promoting and implementing the concept of children’s participation in schools; offering enough structure for adults used to directive teaching, whilst allowing children’s significant input. The direction of CtC projects is initially unknown and therefore risky for adults, but they worked hard to give up control. Some achieved this more than others, partly influenced by organisational factors. When the children defined their learning needs and interests, and had fun, they were most motivated to participate and learn and preferred CtC sessions to other lessons.

In the After School Club the positive impacts were a lot to do with implementing improved participatory youth work practice. A six-step approach may be appropriate for some groups but too structured for others and have to be applied flexibly. The steps are less important than the underlying principles of CtC.

**Adult Support Roles**
Existing models of children’s participation are useful for identifying the level of children’s decision making relative to other projects but they stop short of identifying how children make decisions and take action, including what helps and hinders.

In order to enable children to make decisions adults primarily had to be non-directive. This was harder for those who had more directive styles. Adults had to constantly assess what level of support and intervention was appropriate and at times they had to instruct children and make some decisions. Striking a balance between allowing children’s participation whilst ensuring sufficient boundaries demands a re-think of attitudes and practices. Adults also needed to be careful to facilitate rather than manipulate children’s choices (a process referred to as ‘facipulation’).

Improved training, experience and the time to reflect helps adults to develop their practice. Commitment is improved when adults volunteer. A dedicated CtC worker was valuable in supporting adults to develop and reflect on their practice. School nurses’ involvement in CtC helps bridge links with education and health.

There are boundaries to what is acceptable behaviour for children. A participatory approach involves children in defining these boundaries. More radical still would be if they were involved in developing groundrules for adults’ behaviour and involved in examining how they learn and what support they want. It is important to be clear about the constraints on children’s participation. One of the biggest obstacles for implementing CtC in schools is that it is currently perceived as additional work to the National Curriculum, although it can be used to fulfil several curriculum objectives.
**Taking CtC Forward in South London & Key Good Practice Lessons**

**Schools**
The CtC six-step approach provides one very effective framework to introduce children’s participation, child directed learning methods and active citizenship into schools. It enables the development of links between the school and the community.

The commitment of both the participating class teacher and the head teacher is important for implementing CtC. Some additional resources are needed for teaching cover and travel.

**Youth Service**
Within after school club settings the CtC methodology can be implemented, but some flexibility may be needed to ensure the project meets the interests of the children whose participation is voluntary. Sessional and part-time youth workers need to be paid sufficient hours for adequate planning and debrief of CtC sessions.

**Health Services**
CtC projects provide one effective framework for involving children in community health projects. School nurses have a valuable role to play in delivering CtC, linking education and health, but may require more training or on-going support.

**CtC Worker Support Role**
The CtC worker facilitator role is needed to offer support to projects implementing CtC for the first time, including training, co-facilitation and on-going advice. The amount of on-going support offered needs to be assessed for each organisation.

**Future Developments for CtC**
It is important to allow children to select their own topics in CtC projects. Children could also be more involved in working collaboratively with adults on health issues.

CtC projects need to emphasise the aim of achieving community health outcomes. Goals related to children’s learning and well-being are important but only a first step.

More work could be done to disseminate CtC across participating organisations. More input is needed with decision makers to ensure children influence their work. Parents should be encouraged to participate in facilitating CtC.

Guidance is needed on how to make CtC integrated with the National Curriculum, and this should be done in association with teaching professionals.

**Facilitating Children’s Participation**
Adults in many contexts, including schools and after school clubs, need to more actively seek children’s views about a range of problems (CtC is one approach).

Training for adult facilitators needs to examine the different roles involved in facilitating children’s participation. Adults also need time to reflect on their practice. Develop good adult team working, including good relationships and communication.

The assumption should be that children make decisions about their own projects. Emphasise fun and minimise school type ‘work’, particularly writing. Groundrules for acceptable group behaviour, what behaviour will be disciplined by adults, and what children can expect from adults, should be negotiated with children.
INTRODUCTION

OVERVIEW OF THE CtC PROGRAMME AND EVALUATION

About the Report
This evaluation report examines the work of three south London Child to Child projects with children in two primary schools and an after school club. This programme of work was carried out with the support of the Community Health South London (CHSL) Trust and the Lewisham, Southwark and Lambeth Health Action Zone (HAZ).

This report is aimed at the following audiences:

• The CtC initiative in south London, including CHSL and HAZ.
• Teachers.
• Community health teams, including school nurses.
• Play and youth workers, plus other practitioners undertaking participatory work with children and young people.
• Researchers interested in child and youth participation.
• Policy makers interested in: multi-agency working, community health, citizenship education, social inclusion, links between schools and communities, youth work and community development, children and young people’s participation in neighbourhood regeneration.

CtC in South London
The Child to Child (CtC) initiative was a three-year programme initiated by the CHSL Trust, funded by the Lambeth, Southwark and Lewisham HAZ. It was set up to develop and promote the use of CtC within the local south London area. A CtC worker was employed to pilot and evaluate CtC projects, in order to establishing whether the approach could be used more widely in the future.

The project aimed to provide adults (teachers, school nurses, youth and community workers, etc.) with the skills they needed to work in partnership to support 9-12 year old children to conduct projects to improve the health of their community. The projects were designed to support children to identify key health issues in their community, find out more about the issues they selected and then plan and take action to address them.

A total of nine CtC projects were undertaken with children in South London between April 2000 and March 2002.

About the Evaluation
The purpose of this evaluation was to explore both the process and the outcomes of the CtC projects and to compare this across different contexts; in schools and an after school club, and those receiving high or low level CtC worker support.

The evaluation was designed to ensure the work being carried out within CtC was accountable to HAZ but also to help learn about the participatory methodology to develop future practice in this area. The learning from this evaluation is important both to those undertaking CtC work, but also to others engaging children in decision making, within schools and in other contexts.
The evaluation focused on three CtC projects undertaken in Lewisham in 2001. Two of the projects were in primary schools (Year 5; nine and 10 years old) and the third was in an after school club (Years 6 to 7; 10 to 12 years old). Two projects were co-facilitated by the CtC worker, but the other project received only initial training and on-going advice from the CtC worker.

<table>
<thead>
<tr>
<th>Structure of the Report</th>
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<tbody>
<tr>
<td><strong>About CtC and the Evaluated Projects</strong></td>
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<tr>
<td>The remainder of this introductory section explores the background to the CtC approach, how this methodology was implemented in south London, plus an overview of the three evaluated projects.</td>
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<tr>
<td><strong>About the Evaluation</strong></td>
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<tr>
<td>This section outlines the aims of the evaluation, the methodology and methods used, the sample, and other implementation and ethical issues.</td>
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<tr>
<td><strong>CtC Outcomes</strong></td>
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<tr>
<td>Five chapters of the report identify the outcomes of the three evaluated CtC projects, in the following areas:</td>
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<tr>
<td>- Community health (see chapter ‘Children’s Action on Community Health’).</td>
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<td>- Children’s self-efficacy (see chapter ‘Children’s Self-Efficacy’).</td>
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<tr>
<td>- Relations between the children and adults in the community (see chapter ‘Child-Community Relations’).</td>
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<tr>
<td>- Children’s group work skills and peer relations (see chapter ‘Child-Child Relations’).</td>
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<tr>
<td>- The sustainable impact of CtC on organisations’ and facilitators’ participatory practice with children (see chapter ‘Sustainability’)</td>
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<tr>
<td><strong>CtC Processes</strong></td>
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<tr>
<td>Three chapters explore the processes involved in CtC, examining what helped and hindered the projects’ delivery and impacts, as follows:</td>
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<td>- What decisions children made and some factors that influenced their decisions (see chapter ‘Children’s Participation in Decision Making’).</td>
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<tr>
<td>- How adults facilitated children’s participation, including the different support offered (see chapter ‘Child-Facilitator Relations’).</td>
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<tr>
<td>- Important organisational issues in delivering CtC projects (see chapter ‘Organisational Issues’)</td>
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<tr>
<td><strong>Discussion and Recommendations</strong></td>
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<tr>
<td>The concluding chapter (see ‘Discussion’) provides an overview of the issues identified in the evaluation and analyses the implications of these for future practice. The list of practice suggestions at the end of the report (see ‘Good Practice Lessons and Recommendations’) translates the learning from the evaluation into practical guidance for future projects.</td>
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**BACKGROUND TO THE CtC APPROACH**

**The History of CtC**
The CtC approach to health education was first introduced in 1978, following the UN Alma Ata Declaration on Primary Health Care (Morley et al, 1983) and in preparation for the International Year of the Child. It was developed by a team of health and
education professionals at the University of London, with advice from prominent international advisors, as a way for school-aged children to learn about and pass on basic health messages to their peers and younger siblings. The underlying premise of the approach is that children, if given the opportunity, can make important contributions to the health and well-being of themselves and others. Today, it is estimated that over 250 CtC projects have taken place in more than 70 countries.

Initially, CtC activities were designed for children in the world’s poorest countries and were focused on primary health care issues such as malaria and diarrhoea. By the early 1990s, however, recognition of the flexibility and appropriateness of the approach for children in other contexts led to the adaptation and implementation of more child-rights focused projects, one of which was established in Manchester, UK. In 1999, the National Health Service (NHS) Trust in Lambeth, Southwark and Lewisham chose to build upon this global and national experience and to launch the first CtC project in London.

The CtC Steps
The Child to Child methodology consists of a series of steps. In south London six steps were used (outlined in the box below; also see Gibbs et al, 2002), based on other work undertaken in the UK (Occleston and King, 1998) and Canada (Mann et al, 1997), although elsewhere four or seven steps have been used.

<table>
<thead>
<tr>
<th>Step 1: Group Work</th>
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<tbody>
<tr>
<td>The CtC process begins with ice-breaker activities and co-operative games which build on the children’s group work skills and provide an opportunity to explore issues such as trust and the value of listening to others’ points of view. The games and activities in this step are designed to be fun and are also used throughout the project.</td>
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<th>Step 2: Ideas for Change</th>
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<tbody>
<tr>
<td>Facilitators ask children a focused question about the health issues or community problems that they are concerned about. Children then share with one another a whole range of issues and these are recorded and then discussed.</td>
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<tr>
<th>Step 3: Choose an Issue</th>
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<tr>
<td>From the list of issues generated in Step 2, children prioritise one or two issues that they feel are most important and relevant to them.</td>
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<th>Step 4: Find Out More</th>
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<tr>
<td>Once the children have decided on an issue, the next step is to find out what they already know about the subject and what additional information they would like to know. Children decide how to gather the required information: examples include interviews with professionals, telephone calls, visiting libraries, conducting surveys. Throughout children are supported in recording the information gathered, to use in their action plans.</td>
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<tr>
<th>Step 5: Plan and Take Action</th>
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<tr>
<td>Children decide how best to address the issue or situation that they have chosen, using the information collected in Step 4. Strategies might include hands-on activities (e.g. clearing litter or building a play structure) and/or dissemination of health messages (e.g. through song, rap, leaflets, drama, puppet shows, etc). After they have planned their action and target audience, they go out and do it!</td>
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<th>Step 6: Think it Over</th>
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<tr>
<td>Children evaluate the CtC process and activities at every stage in the six-step cycle. Nevertheless, the final step is explicitly intended for the children to reflect on the process, what they have learned, what they have achieved, what they would do differently next time and how they might sustain the action they have taken and build on the skills they have learnt. Project workers and others, such as parents and teachers, involved in the process also contribute to the evaluation of CtC projects.</td>
</tr>
</tbody>
</table>
Principles Underlying CTC
There are several core principles that underpin the CtC participatory methodology of working with children, as follows:

- Community health
- Children’s rights
- Active citizenship (making decisions and taking action)
- Popular education
- Developing children’s relationships between peers and with adults
- Emotional literacy

Community Health
The central aim of CtC is to encourage children to undertake a health project within their community. The south London CtC initiative is grounded in the World Health Organisation’s (WHO) definition of health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease’. Current debates in the health field see healthcare services moving ‘towards a broader more holistic view dealing with the social determinants of health’ (Mill, 2001, p. 146). Health is not just the sole concern of medicine, but in its fullest sense it is the ‘foundations of achievement’ (Seedhouse, 1986; cited in Mill, 2001). DfEE guidance, for example, defines ‘health schools’ as those which are ‘successful in helping pupils to do their best and build on achievements’ (DfEE, 1999a). The government’s report Saving Lives: Our Healthier Nation identified a range of factors that influence health, listed in the table below.

Table One: Factors affecting health (Department of Health, 1999, p.16)

<table>
<thead>
<tr>
<th>Fixed</th>
<th>Social and economic</th>
<th>Environment</th>
<th>Lifestyle</th>
<th>Access to Services</th>
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<tbody>
<tr>
<td>Genes</td>
<td>Poverty</td>
<td>Air quality</td>
<td>Diet</td>
<td>Education</td>
</tr>
<tr>
<td>Sex</td>
<td>Employment</td>
<td>Housing</td>
<td>Physical activity</td>
<td>NHS</td>
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<tr>
<td>Ageing</td>
<td>Social exclusion</td>
<td>Water quality</td>
<td>Smoking</td>
<td>Social services</td>
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<td></td>
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<td>Alcohol</td>
<td>Transport</td>
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<td>Sexual behaviour</td>
<td>Leisure</td>
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<td></td>
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<td>Drugs</td>
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</table>

In the south London initiative the children chose their own project health topic and were enabled to use the broad definition of what is a ‘health’ issue to them in terms of what impacts on their own and the wider communities’ well-being.

Involving children in a participatory health project was seen as impacting on community health in a number of ways. Firstly, the aim was to support children to identify issues that impact on their own or others’ well-being, to learn about these issues and then to take action to help redress problems; by supporting those in need and/or promoting health messages. Secondly, it was recognised that children need to work together with their peers and to establish dialogue with adults, thus helping to improve community relationships by building mutual respect, trust and a more cooperative environment.
In the process of undertaking CtC, the intention was also that children increase their own emotional literacy, learn other skills and develop personally in other ways, including greater self-belief in their ability to create change and their importance within the community. In this way the act of actively involving children in their communities was considered a positive step towards improving their well-being.

People’s health is affected by their circumstances. Well-being, a sense of control over your life, and optimism about the future is good for health. (Our Healthier Nation, 1998, p. 16)

**Children’s Rights and Active Citizenship**

Whilst CtC was first developed before the UN Convention on the Rights of the Child 1989, CtC has since become rooted in a children’s rights approach, asserting children’s right to information, to express their views and to be listened to, as laid down in the convention.

CtC promotes children to have a ‘more meaningful role in the world around them’ and to ‘participate as full members of society’ (Gibbs et al, 2002). This includes expressing opinions, participating in decision making processes and influencing solutions. CtC particularly aims to engage children in identifying community problems and working collectively to solve them, thus recognising children have a valuable contribution to make to the improvement of their communities.

**Popular Education**

The theoretical educational approach underlying CtC is informal or ‘popular’ education, influenced by the work of Paulo Freire (1970), which emphasises the role of the educator in supporting children to ‘make sense of the world around us by placing our understandings and experience at the heart of learning’ (Gibbs et al, 2002). Rather than learning ‘expert knowledge’ from others, it emphasises ‘building on the knowledge we already have to address issues that are relevant to us’ and in this way ‘teaching and learning is about everyone learning from each other’ (including children and adults) (Gibbs et al, 2002). CtC therefore enables learning through experience; it has no fixed curriculum and no fixed certainties. In this way it is similar to social action work undertaken more often with older young people in youth work.

**Developing Relationships and Emotional Literacy**

CtC is based on a view of childhood which recognises children’s active role in their development. They influence other people as well as being influenced by others. Their agency is expressed through their relations with others; their role as social actors cannot be understood in isolation from their relationships with peers, adults and the structures that occupy their worlds.

CtC therefore attempts to improve community relationships by engaging peers, and adults and children, in joint dialogues. This joint communication is a foundation of informal education; it is a reciprocal process based on cooperation, thinking about others’ feelings and experiences and giving each other room to talk (Jeffs & Smith, 1996, p. 23).

CtC emphasises the importance of building children’s relationships, as much as ‘knowledge’ building, and underpinning this is the need to develop children’s emotional literacy. The first step of CtC is devoted to building group work skills and encouraging children to express their feelings. As Klein (2001, p. 21) notes, emotional literacy ‘equips children with the communication skills and self-confidence
to express themselves and to function effectively within a group’. She specifies its benefits:

- promoting self-esteem and positive identity
- engendering an understanding of one’s own feelings
- learning to control one’s feelings, especially anger, desire, frustration and jealousy
- being able to interpret other people’s emotions
- encouraging a sense of empathy
- offering a vocabulary for expressing feelings
- nurturing a sense of cooperation and social responsibility.

**CtC in South London**

**Aims of CtC in South London**
The aims of the CtC initiative are listed in the box below (and the full list of objectives is listed in appendix one).

<table>
<thead>
<tr>
<th>The Aims of CtC in South London</th>
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<tbody>
<tr>
<td><strong>Community Health</strong></td>
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<tr>
<td>• Support children to undertake a health project.</td>
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<tr>
<td>• Increase children’s knowledge of a chosen health issue and resources/services that exist in the community.</td>
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<tr>
<td>• Increase the health knowledge and/or health of others in the community.</td>
</tr>
<tr>
<td><strong>Children’s Participation</strong></td>
</tr>
<tr>
<td>• Develop approaches and methods of working for professionals and children to achieve their participation in health promotion.</td>
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<tr>
<td>• Increase children’s participation as active citizens in the community.</td>
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<tr>
<td><strong>Children’s Personal and Group Development</strong></td>
</tr>
<tr>
<td>• Provide opportunities for children to work collaboratively and for children to improve their group communication skills and relationships</td>
</tr>
<tr>
<td>• Increase children’s belief in their ability to contribute to their own and others’ health (ie self-efficacy)</td>
</tr>
<tr>
<td>• Increase the participating children’s other personal developments (including skills, knowledge, self-belief and confidence)</td>
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<tr>
<td><strong>Sustainable Practice</strong></td>
</tr>
<tr>
<td>• Increase professionals’ and the wider communities’ knowledge of the CtC approach.</td>
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<tr>
<td>• Increase the use of the CtC methods by organisations and professionals working with children.</td>
</tr>
<tr>
<td>• Increase professionals’ and other adults’ commitment to involving children in decision making.</td>
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</table>

**Undertake monitoring and evaluation of the CHSL Child to Child Project**

[Drawn up by the CtC worker, and revised in discussion with the evaluation team and CtC advisory group, 2000-2001]
The Policy Context and Rationale for Undertaking CtC in South London

In 1997 the government introduced 26 Health Action Zone across the country with the aim of improving the health of communities by encouraging local organisations to work together to find innovative ways of tackling health problems and reshaping local services. All Health Action Zones are located in areas with high levels of poverty, social exclusion and poor health, reflecting the government's commitment to tackling health inequalities. The first phase of the Health Action Zone's work in Lambeth, Southwark and Lewisham had a particular focus on improving the health of children and their families.

The Child-to-Child (CtC) project was set up to support children play an active role in addressing the health issues that they themselves felt were of most importance in their communities. The project was initiated by two paediatricians who first learnt about CtC projects internationally.

The CtC project also links to a wide range of government policy arenas and initiatives, and aimed to meet with existing guidance and targets, as follows:

- CtC promotes multi-agency working by setting up adult teams that cross traditional boundaries (health, education, voluntary sector, parents) all working together. Children also make links during the project (e.g. with police, council, shop-keepers, media, churches, community members, etc).

- CtC constitutes a whole systems approach integrating health, education and social issues and has a public health ethos as outlined in Department of Health (1999) and DfES (DfEE, 1999a) guidance. It tackles issues of health inequalities profiled in the Acheson report (DOH 1998). It links with Health Action Zones, National Healthy School Standard and the Our Healthier Nation initiative.

- CtC promotes children's participation and user involvement in public decision making, as promoted by the government’s Children and Young People's Unit. (2001), and in other legislation, including Best Value, Quality Protects and Connexions.

- CtC promotes Child Citizenship values, helping to meet National Curriculum changes. It links into Education Action Zones and Excellence in Cities (particularly links with learning mentors).

- CtC links children’s involvement into neighbourhood regeneration, as emphasised by a number of initiatives (including Single Regeneration Budgets, New Deal for Communities, Neighbourhood Renewal Fund, Local Agenda 21). The Local Government Act 2000 places a duty on local authorities to prepare ‘community strategies’ and the guidance states that ‘specific efforts should be made to involve representatives from under-represented groups such as . . . young people and children’.

- CtC promotes greater links between schools and the wider communities, as promoted by DfES (DfEE, 1999b) and Home Office (1998) guidance.

- CtC promotes social inclusion, and aims to tackle social exclusion through targeting specific children in need, and by promoting access to services through increased knowledge and involvement. Thus it helps to address priorities identified by the government’s Social Exclusion Unit, Children's Fund and the Children's National Service Framework / Children's Taskforce
Background Information about Lambeth, Southwark and Lewisham

The three vibrant but deprived boroughs of Lambeth, Southwark and Lewisham in the south of London have a combined population of 750,000. Their communities are ethnically diverse: 25% are from ‘non white’ groups, including 30,000 refugees, of which 7,000 are children. The largest refugee groups are Kosovan, Vietnamese, Colombian, and those from the Horn of Africa. The boroughs also have a large black Caribbean population.

All three boroughs score highly on the Jarman index of deprivation, indicating high levels of poverty, and social exclusion. This has a major impact on children’s health and well-being. Forty per cent of children live in non-income earning households, 25% live in overcrowded housing and 25% live in lone parent families. Around one in six children suffer from mental health problems and of that number 27% are from black Caribbean communities. Children from this group are also more often excluded from school and subject to juvenile justice referrals. There are above average children with statements of special education needs and more looked after children in local authority care than in most other areas of the country (65 per 1,000). [Statistical information provided by CHSL]

Three Phases of the South London CtC Programme

The CtC programme was a three-year initiative in which a CtC worker was employed between August 1999 and May 2002. The programme was divided into three phases outlined below, during which a total of nine CtC projects were undertaken within Lambeth, Southwark and Lewisham.

Phase One: Setting up and developing learning
The first step of the programme was to develop a project methodology drawing on relevant literature and the experience of key contacts, both in the UK and internationally. An advisory group was also set up to support the CtC worker throughout the life of the project. In the first phase of the work three projects were carried out in three different settings: one in an after-school club, another in a primary school and one in a summer holiday play scheme. The CtC worker co-facilitated all the projects, supporting other facilitators (teachers, school nurses, youth and play workers) with training and on-going support. The project process was internally monitored and evaluated by both the facilitators and the children.

Phase Two: Reflecting on the CtC Practice
A learning and reflection period followed. This included a fact finding trip to Canada where CtC projects have been up and running for around eight years. Reviewing the data from phase one projects as well as drawing out the learning from the Canadian material and other relevant literature ensured that the project methodology, programme aims and evaluation framework were refined and developed.

Phase Three: Initiating new projects and promoting the CtC approach
In the third phase further projects were carried out: one in a drop-in after-school facility for young women and another two in primary schools. These projects were externally evaluated and are the subject of this report. In the spring of 2002, another three CtC projects were initiated. The third phase also involved disseminating information about CtC, producing a manual, providing open training courses for those interested in facilitating CtC projects, and further piloting the approach with Year 7 students in secondary schools (and including 6th formers as facilitators).
Overview of the All the CtC Projects in South London

During the three year initiative, south London children chose to focus their CtC projects on a range of topics, as follows: elderly people, racism, murder, drugs, safe places to play, child abuse, children being hit and school uniform. They researched these issues by visiting a range of community organisations and people, including the police, elderly people, voluntary sector projects, council officers, a housing office, the mayor of Southwark and shopkeepers. They then took action on the issues by writing letters to decision makers (including local MPs, councillors, housing officers, council officers, the chief commissioner of police in London, the Mayor of London and the Prime Minister), producing leaflets, posters, raps, poems and cartoons, and visiting elderly people. They displayed their work in local supermarkets, an adventure playground and a community centre. One group visited a secondary school to discuss the issue of violence with older students. Some groups contacted the media and gained publicity on local radio and in both the local and national press.

One group, on the basis of their CtC work, were invited by the council to become young consultants on a project to improve play facilities across their borough. Another group won a Southwark Young Citizen of the Year Award for their work.

Overview of the Three Evaluated CtC Projects

The evaluation focused on three CtC projects, all in Lewisham, as follows:

**School A**
A CtC project undertaken in a Lewisham primary school with the on-going support of the CtC worker. Year 5 children (aged 9 to 10) undertook a CtC project on elderly people and they took action by visiting elderly people in a residential home.

The school already placed emphasis on the importance of children voicing their opinions about school life. For example, there is a school council, children were consulted about what they wanted in a new head teacher, they developed their own class rules, a group of children had been supported to raise money for new school toilets and some children individually wrote letters to the head teacher and received personalised responses.

The children in this class were from mixed social economic backgrounds and over a third were from minority ethnic groups. The school staff were nearly all white. The CtC project was facilitated by the CtC worker, the class teacher, a school nurse and two parent volunteers. All the staff were white and the two parent volunteers were black, the class teacher and one parent were male.

The children in the school achieve well academically, above both the national and local borough average. Around a fifth of the school pupils are eligible for assessment with SEN (special education needs).

**School B**
A second CtC project in a Lewisham primary school with Year 5 pupils was also evaluated, but this project was different in that it did not have the on-going support of the CtC worker. These children also chose (quite independently) to do their CtC project on elderly people; they planned to leaflet and poster the local community about the importance of helping elderly people.

There were existing arenas for children to express their voice within the school. There was a school council and children sit on interview panels for new staff.
Community organisations also worked alongside the school to do other extra curricular activities.

The children in this school were from more deprived economic backgrounds than in School A. Nearly all the children in the CtC class were black or from other minority ethnic groups, including refugee children and others for whom English was a second language. The school has high levels of black staff. The CtC project was facilitated by a class teacher, a school nurse and one volunteer parent; all were female, the staff were both black and the parent volunteer was white.

The children in the school achieve slightly lower than the local Lewisham average in test scores, although there has been a large increase recently. Well over half the school children are eligible for assessment with SEN.

**After School Club**

A CtC project undertaken with children in a Lewisham After School Club was also evaluated. They chose to do their project on racism and put up posters and handed out leaflets against racism in their local supermarket.

The children were used to making some decisions in their club, such as what activities they wanted to do, their own group rules and a few decisions about the running of the club such as when the tuck shop would be open.

This was with an all girls group. A total of 17 girls participated in CtC sessions but the club was run as a drop in and so there was a smaller group of eight who regularly attended CtC sessions. The majority were aged 10 to 12, although the ages ranged from 9 to 13 (Year groups 5 to 8). The large majority of the girls (14 out of 17) were from black and other minority ethnic groups, including mixed race.

The club staff were of mixed ethnicity. The CtC project was initially facilitated by three youth workers – although two left soon into the project - and the CtC worker. All were female, two were white, and two were from minority ethnic groups.

### Summary of the Evaluation Analysis

The evaluation focused on three projects undertaken in different contexts – two schools and one After School Club – all of which undertook the CtC projects in different ways and following the CtC approach to different degrees, depending on the contexts, expectations and confines of their different settings. Two projects (School A and the After School Club) had the on-going in-depth support of the CtC facilitator. Whilst in School B the CtC worker was not involved as a co-facilitator, but she supported the project at a distance.

The evaluation focused on three key areas:

- The process of implementing CtC ie what happened and how well it worked.
- The impact of the project on children, facilitators and the wider community.
- An exploration of what differentiated the CtC projects in the three settings.
ABOUT THE EVALUATION

EVALUATION OBJECTIVES

The key evaluation aim and objectives are listed in the box below.

Evaluation Aim
Undertake monitoring and evaluation of the CHSL Child to Child Project.

Evaluation Objectives
- Establish whether CtC aims (see appendix one) were achieved within year three of the CtC project.
- Assess the appropriateness of the CtC aims.
- Identify which practice methods and approaches contributed to the project outcomes.
- Identify what context specific features contribute to the project outcomes.

[Defined at the outset of the evaluation by the evaluation team, with the agreement of the CtC worker, 2001]

The primary focus of the evaluation was on the CtC aims that addressed the following issues:
- Children’s participation (decision making and action).
- Children’s self-efficacy.
- Children’s relationships with adults.
- Adult support for children’s participation.
- Adult and organisational learning (including sustainability).

The secondary focus of the evaluation was on the CtC project aims that addressed the following:
- Community health.
- Children’s relationships with their peers.
- Children’s other personal developments.

METHODOLOGY

Qualitative and Participatory Approach
The evaluation was qualitative and participatory. It sought to understand the children’s and adults’ own perspectives on their experience of participating in the CtC project.

The evaluators examined the children’s (and the adult’s) lived-experience of undertaking their project, by asking them their views and feelings about their involvement in CtC. The evaluation reflects CtC’s commitment to children’s participation by using a child-focused approach in order to bring ‘children to the foreground, so that their lives can be as clearly seen as adults’ (Boyden & Ennew, 1997; 11). The evaluation is also grounded in a theoretical model of childhood, which views children as active agents of change (James & Prout, 1997), as follows:

- Children can report on their experiences and offer valid explanations.
• Children’s feelings and understanding of their situation are of equal value to adults’.
• Children have their own concerns and agendas.
• Children have the competency to actively participate in society, including research.
• Children have different competencies and interests to adults, which require age-appropriate research approaches and methods.

The evaluation began with a review of methods commonly used in this kind of work. A qualitative and participatory approach emerged as the most suitable for CtC given the methods used in the project work itself. This approach enables the children to take part more fully in the evaluation and to develop an in-depth understanding of the issues, processes and impacts of the CtC project.

We also attempted to go some way to meeting the needs of our primary health audience (whose discipline is rooted in evidence-based practice using randomised-controlled studies), by undertaking the following:
• Providing evidence of the impact of CtC on the children’s well-being.
• Comparing baseline data with follow up data.
• Collecting some numerical as well as qualitative data.

**Where and when information was collected**
Information was collected from a range of stakeholders involved in the CtC projects; including children, adult facilitators (teachers, school nurses, the CtC worker and parent volunteers), school head teachers and professionals in the community whom the children visited.

In all the evaluation sites information was collected from the adult facilitators and children before, during and after the CtC project. In addition, within one school site (School A) both the adults and children were interviewed again six months after the end of their project to examine longer-term impacts. The chart below illustrates from whom and where data was collected at different times over the course of the evaluation.

**Table Two: When the different stakeholders were involved in the evaluation.**

<table>
<thead>
<tr>
<th>Before CtC</th>
<th>During CtC</th>
<th>After CtC</th>
<th>Six months After CtC – School A only</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All adult facilitators</td>
<td>• Adult facilitators</td>
<td>• All adult facilitators</td>
<td>• Class teacher</td>
</tr>
<tr>
<td>• Children</td>
<td>• Children</td>
<td>• Head teacher</td>
<td>• Head teacher</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Children</td>
<td>• Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Community professionals</td>
<td></td>
</tr>
</tbody>
</table>
**METHODS**

**Range of Methods Used**
A range of methods were used to collect data, both from children and adults, listed in the box below. Information collected using different methods and different sources was compared (i.e., triangulated).

<table>
<thead>
<tr>
<th>Project documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s interviews</td>
</tr>
<tr>
<td>Facilitators’ focus group discussions</td>
</tr>
<tr>
<td>Children’s self-evaluation</td>
</tr>
<tr>
<td>EVALUATION METHODS</td>
</tr>
<tr>
<td>Facilitators’ interviews</td>
</tr>
<tr>
<td>Children’s focus group discussions</td>
</tr>
<tr>
<td>Facilitators’ session forms</td>
</tr>
<tr>
<td>Session observation</td>
</tr>
<tr>
<td>Head teachers’ interviews</td>
</tr>
<tr>
<td>External adults’ telephone interviews</td>
</tr>
</tbody>
</table>

**Children**
The children’s views and experiences were obtained using the following methods:

- One to one interviews (before and after CtC projects, in School A only).
- Focus group discussions (before and after CtC projects).
- Observation (during CtC projects).
- Self-evaluation materials (during the CtC sessions).

When consulting the children directly in interviews and group discussions, participative techniques were used which were designed to be fun and engaging (see box below). We used visual and interactive mediums to help children discuss their views and share their experiences. The techniques were aimed at helping children to objectify and translate difficult concepts and their emotions into something they could talk about (Christensen and James, 2000). Some were adapted from previous evaluations of the CtC approach overseas or adapted from other research with children (e.g., Peloso, 1997). The activities proved useful in engaging the children’s interest and helped them to express their views and feelings, but the children were also very capable of having discussions without using these activities.

As part of CtC children undertake their own evaluation in the last step (‘Think it over’) and the information from this stage was also used in this evaluation report.

One of the aims of the evaluation was to ‘identify appropriate evaluation methods for the CtC project’, therefore new methods were developed and existing methods adapted and piloted with this sample. The methods were (in the main) found to be appropriate and valid and they demonstrated impacts even in this small sample size of children. It is therefore envisaged that they can go on to be used with larger
samples of children in future CtC projects. (For examples of the Children’s participatory methods, see appendix two.)

### Techniques used with children

<table>
<thead>
<tr>
<th>Techniques used with children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual five-point scales (eg smiley/sad faces; ticks; ears)</td>
</tr>
<tr>
<td>Emotion faces</td>
</tr>
<tr>
<td>Tables to complete</td>
</tr>
<tr>
<td>Writing/drawing on post-it notes, charts, flipchart</td>
</tr>
<tr>
<td>Discussion of scenarios/vignettes</td>
</tr>
<tr>
<td>Ranking</td>
</tr>
<tr>
<td>Voting with stickers (dots/stars)</td>
</tr>
</tbody>
</table>

### Adults

In each of the three sites, a group discussion and short one to one interviews were conducted with all the participating adult facilitators before the start and after the end of the CtC project (see appendix three for examples of adults’ tools). This included:

- the CtC worker
- the class teacher, volunteer parents and school nurse in schools
- the youth workers at the after school project
- the head teacher

The adults completed a two-sided project evaluation form after each CtC session, including their observations of the child interactions with external adults.

In one school a follow up interview was also conducted six months later with the class teacher and the head teacher to find out what longer-term impact CtC had had on the school’s practice of involving children in making decisions.

Telephone interviews were conducted with the adults in external agencies who had met with the children during their CtC project. These adults were chosen to be involved in CTC by the children (whereas the adult facilitators were, in the main, self-selecting and therefore more motivated to listen to children) so it was particularly interesting to see what impact the project had on them. It was not possible to talk with any of the elderly people who the children had visited but we did speak to adults who worked with them.

### Sample

The data in this evaluation is localised to three projects, and uses a small sample of children, so caution should be taken about applying these findings to other contexts, although there are lessons that clearly apply to other participatory work with children.

The CtC self-evaluation was undertaken with a total of 36 children; 31 children in School A, and 5 children in the after-school club. No self-evaluation data was available for School B. We wanted the external evaluation to add to, rather than duplicate, existing CtC self-evaluation work, so we decided to focus in depth on a sample of 18 children - six in each school and the after school project – by interviewing them both before and after the project, using focus groups (plus one to one interviews in School A only). In addition, a focus group was conducted with another five children at the end of the After School Club project. The participating children were selected to give an equal representation of gender, ethnicity and ability.
Interviews with a total of 13 adult facilitators were conducted for the evaluation, including the CtC worker, two class teachers, two head teachers, two school nurses, three volunteer parents and three youth workers. In addition, eight professionals in external agencies who had met with the children during their CtC project were included.

ETHICAL AND PRACTICE ISSUES

Consent
All children and adults were asked for their consent to participate in the evaluation.

The evaluators wanted to ensure that the children made informed decisions about whether they wanted to consent to participate in the evaluation. The evaluators met with all the children in each project and explained that their job was to find out what they think about CtC to help improve the way these projects are done in future. We explained the role of an evaluator using the illustrations in the box below. Each child was then given a consent leaflet outlining the evaluation (adapted from see appendix four for adults’ monitoring form); including its purpose, how they could participate and how their information would be used. The leaflet asked whether they would or would not like to participate in the evaluation and they were reassured that it was fine to say no (teachers were not informed if children refused consent). From those children who agreed (almost all children), we selected our sample to interview.

My name is Perpetua. My job is to . . .

ask questions + listen + look = ideas + write a report

Consent was seen as on-going, and not just agreed at the start, so children were informed they could stop the interview at any time. Sometimes children did withdraw their participation by concentrating on something else, getting up or leaving the room.

Access
Access to children and adults was readily agreed by all projects, as their participation in the evaluation was a condition of being supported by the CtC worker. In all sites the adults supported the children to take part in the evaluation and provided quiet space for interviews and allowed children to miss lesson time. Staff prevented one child from participating in the follow up evaluation interview because she had been barred from the project for that session (for disciplinary reasons). In one evaluation site, there appeared to be some resistance from adults to participating in the evaluation; repeatedly they did not return phone calls, they cancelled prearranged interviews, cut interviews short and did not send documentation as agreed. Some adults in this project appeared to feel inspected and tested by the evaluator, one asked ‘how did we do?’ after the final interview.

We would have liked to enable all the children to be interviewed who wanted to be, but this was not possible due to a lack of resources. Most children however had the opportunity to express their views about the project during their self-evaluation session (in the ‘Think It Over’ step) and this information was used in the evaluation.
**Confidentiality**
All participants were told that their information was to be confidential and that only the independent researcher would have access to their data. The children were told that their information was confidential unless they disclosed that they were being harmed, or harming others, in which case the evaluator may have to tell another adult. They were told that what they said would go in a report but their names would not. Children sometimes re-checked during interviews that the evaluators were not going to tell others what they had said.

**IMPORTANT NOTE ON CONFIDENTIALITY**
Please note that to protect confidentiality the sex of all participants in this report has been written as female, unless it was felt to be relevant to report that they were male and/or where there was no possibility of their identity being revealed.

**Feedback and Analysis**
Children were involved in analysing their data by being asked, where appropriate, to explain their responses to questions. In the follow up interviews they were also asked to explain differences in their responses from before and after the project.

All interviews were taped (with permission from participants) and transcribed. The data was coded and sorted with respect to the categories identified in the evaluation framework.

The children in the first (and earliest) project site were sent a leaflet outlining interim results from the evaluation of their project. These children and those in the later projects were all sent a summary of this evaluation report. The evaluators fed back interim findings to the CtC worker to help inform on-going practice.

**Contradictions in the Data**
There were some differences in the data between what the children said about the projects, what the adults involved said about the children and the children’s actions (and ability to work collectively). This is not to say children were always negative and adults always positive, far from it, but there was sometimes a disparity between what they reported (and disparities between children). This was the case in all projects, but particularly in the After School Club, in which one group of girls was particularly negative about the project. Their responses to nearly all questions were dominated by saying they disliked the youth workers (although another group was more positive), whilst the workers highlighted more positive experiences that they believed the girls had and the group had succeeded in producing successful project outputs.

The children’s self-perceptions and self-reporting therefore did not always reveal as much behavioural and attitudinal changes as one might have imagined or as much as the adults report. These children valued the opportunity to say what they thought unhindered and it was clearly rare for them to do so; they were amazed that they could be critical of staff without being chastised and a very few took the opportunity to do so using highly critical and insulting language. Perhaps these children (as service users) were making the most of this rare opportunity to express their concerns, whereas adults have more other opportunities to do so. And perhaps adults (as service providers) had more reason to emphasise the positive outcomes, as well as the difficulties, of their support roles.
**The Evaluators’ Roles**

The evaluators had to find a balance between allowing the children’s participation whilst also ensuring their protection (this mirrors the dilemmas faced by the CtC adults facilitators; see the section on ‘support roles’ in the chapter on ‘Child-Facilitator Relations’). Our role as evaluators was to listen non-critically to what the children said. We were not ‘teachers’ and did not assume an authority role, and we emphasised the children’s voluntary participation in the evaluation. At times, however, we did have to instruct the children. In the group interviews the children sometimes became distracted from the issues being discussed and enjoyed the time out to discuss other issues and have fun with their peers. The evaluators had to find the balance between instructing the children sufficiently to keep them focused on the task (e.g. asking them to listen to others speaking), whilst also allowing them the opportunity to opt out for a time, or leave, if they wanted. Occasionally we had to instruct the children to ensure a level of group discipline that meant children were not rude to each other. We had to protect their safety, for example by asking them not to swing on their chairs and in one instance an evaluator probed further about a raised sensitive issue to identify whether it was a potential child protection issue.

The participatory evaluation approach reflected the ethos and practice of CtC, in that we focused on listening to children and told them their views were important. We were non-judgemental and responded to their questions (including personal questions, such as ‘who’s your boyfriend?’). In this way the evaluators were not simply passive observers but we became part of the context being observed. As participatory researchers we broke down the rigid divisions between research and practice, and we may have further influenced some of the outcomes for the children.

**Children’s Views About the Evaluation**

The children appeared very pleased and excited to participate in the evaluation. One said they were the ‘lucky ones’ to be selected to take part and children who were not interviewed said they wanted to be. In the main the children appeared to enjoy talking with the evaluator, although sometimes they lost interest for a time. For a couple of individuals their primary motivation appeared to be to miss class time, in one instance children repeatedly and persistently asked to be interviewed again because they did not want to be in class with a disliked strict teacher.

The children were asked what they thought of the evaluation interviews. Some were asked to say and others were asked to write their comments anonymously on post-it notes. They were reassured that it did not matter if they were negative, although the evaluators’ presence will no doubt have influenced how critical they felt able to be. The children said they enjoyed being interviewed for a variety of reasons:

- Fun (including the participatory evaluation activities and given stickers).
- Answering questions and being listened to.
- Speaking about what they had done on the project.
- Better than being in class with a disliked teacher.

I’m not just saying this coz you’re here, you have done really well. All these things that you’ve prepared, it’s really good . . . I like to be interviewed. It feels really like, I love to be interviewed . . . because I like to know that I’m being listened to, because interviews sometimes about to be, to improve, to be listened to and stuff, and I just like to feel that I’m listened to. (Child)
CTC OUTCOMES: CHILDREN’S HEALTH ACTION

OVERVIEW

This chapter explores what action children took during their CtC projects. It explores their agency within the projects, in other words the extent to which they were enabled to take action and effect change on issues that they identified as important. It examines what action they took and what impact this had on the community’s health, including the children’s own learning about the health issues.

This chapter is divided into the following sections:

- **Children’s Action** This section outlines what action the children undertook within the communities, and how this helped to actively involve them in their communities.

- **Children’s impact on Other’s Health** This section examines how much impact the children’s projects had on community health.

- **Children’s Learning About Health Issues** Children learned a lot about their chosen health topic, and some other skills, identified in this section.

- **Changing Children’s Attitudes To Others** This section outlines how children’s increased knowledge helped to change some of their own attitudes towards the elderly people and on racism.

CHILDREN’S ACTION

**Summary of section**

- The children in two projects succeeded in taking action on their chosen health issue within their communities. The third project did not have time to implement their plans.

- Whilst some children chose to communicate a health message to adults, others became agents of change by helping members of the community themselves.

- Some children promoted anti-racism messages through leaflets and posters and others visited elderly people.

The children succeeded in taking action in their community within School A and the After School Club. In School B the children went through most of the CtC steps and planned their action but due to a lack of time, they did not have the opportunity to deliver their ideas.

A summary overview of what the children did within each project is given in the table below.
Overview of the Children's Projects

In School A the children identified that they wanted to help elderly people. To research the issues the class decided they wanted to visit those who work with elderly people and the elderly themselves, to find out about their needs. They split into four groups and each visited a different centre. On their return they shared what they had learned and together decided they wanted to take action themselves to help redress the loneliness that some elderly people experience by visiting a residential home. On their visit they talked with elderly people, took cards, joke books and sang songs.

The children in School B also selected helping elderly people. In their find out stage the adults arranged for two groups of children to visit two different centres working and accommodating elderly people. The children then decided they wanted to promote the message to others to look after elderly people by producing leaflets and posters and performing a rap. They had planned to distribute the materials and perform out on the street but the project had over-run and workers decided there was no time for the children to do so. They did not get to take any action on their project.

In the After School Club the children decided they wanted to do a project on racism. They researched the issue by visiting and speaking with a council officer and police officers at the local police station. They then made posters and leaflets urging people not to be racist and distributed these at the local supermarket. They were also interviewed and photographed for an article in the local council newsletter, which was distributed to local households.

In School B and the After School Project the children decided to communicate a health message to adults: help the elderly and stop racism. In School A, rather than advocating for change to those in authority, the children chose to be agents of change and help the elderly people themselves, although their action also communicated a message about the importance of this issue to them. Children chose their own approach and both were equally valid paths of action within CtC.

CHILDREN'S IMPACT ON OTHERS' HEALTH

Summary of section

- Children succeeded in achieving some health outcomes for elderly people, by offering company and demonstrating an interest in their well-being. This support was on-going, as children continued to make repeat visits to the residential home.

- Children promoted an anti-racism message to many thousands of local people through leafleting and posters at a local supermarket and having an article in a local newsletter.

- The adult facilitators learned more about racism and the needs of elderly people through the children’s work. One project received positive comments about the children’s action from some community members.

The children in School A succeeded in achieving some health outcomes, albeit small, by giving elderly people company and demonstrating their interest in their well-being. The children felt that they had helped mainly by being ‘comforting’ and ‘cheering up’
those who are lonely and providing them with somebody to talk to: ‘[one man] needed to talk to somebody because she just didn’t stop talking when I was there’ (child). Through their action the children also communicated their concerns about the elderly population to the Ctc project facilitators, those working with the elderly and elderly people themselves. This was valued by the elderly people, although one very able group were pleasantly amused that the children assumed all elderly people needed help.

I enjoyed helping them and I think they enjoyed it as well. They sometimes feel lonely and they might of thought it was comforting when we visited. (Child)

The importance of involving children actively in their communities was recognised as a valuable outcome in one school. They supported the children involved in the original Ctc project, and a new class of Year 5 children, to make visits the following terms to the residential home. In this way the children initiated on-going support, rather than just temporary action.

The After School Club’s anti-racism message reached a potential 150,000 people in the local supermarket. The leaflet on the following page illustrates the power of their message and the group received several very positive messages from community members (placed in a comment box in the supermarket) about the importance of their work. The group also had their message promoted in an article about their project in a local newsletter, which is delivered to thousands of local households. The girls believed they had shown racism the ‘red card’ and that ‘some people will have changed their minds’ (child).

I agree with what you’re doing. I think that racism should be stopped because everyone is the same. (Community resident)

Adult facilitators and one of the professional adults said they had learned more about elderly people or racism. The supermarket staff also mentioned that there were sometimes racist incidents between customers and that the children’s posters might have been helpful in promoting an anti-racist message.

I like to think that I think about these things [racism] anyway, but it did make me think . . . It was thought provoking and makes you think in other ways. (Professional Adult)

Little work was done to inform relevant professionals about children’s concerns and nothing was done to attempt to influence decision makers to take account of these concerns in developing future policies or services. The racism project reached the wider community through the leaflets, posters and the newsletter article, but otherwise the children’s work within these three Ctc projects was not disseminated within their community (other than to parents), thereby missing a valuable opportunity to promote the importance and value of their action.
Stop Racism

Thousands of people each year get beaten up and physically hurt because of their colour.

Eventually it could kill someone inside - it could crack them up.

But YOU could put a stop to it for once and for all.

YOU can help - have a little faith in yourself even though it's hard.

Contact the police if you know of anyone who is being abusive, threatening or violent to someone because of their colour.

And try to understand the pain of people who are hurting inside because of people’s cruel words.

If you are one of the racists - think hard because sometimes the people that you are being racist to might get so hopeless that they might commit suicide.

And you probably don’t care - but you should - you should stop being racist because you could kill someone just with your words.

CHILDREN’S LEARNING ABOUT HEALTH ISSUES

Summary of section

• Children learned a lot about their chosen health topic, elderly people or racism.

• One school developed learning objectives once the children had chosen their topic, the children succeeded in meeting these through their own investigation.

• Adults were impressed by how much children learned in the CtC projects.

The project facilitators aimed to enable children to impact on community health, but the adults in all the projects emphasised children’s learning rather than action, although this was not the case for the CtC worker. A couple of groups of children were selected because it was hoped the project would help them with their difficult behaviour and the adults also stressed the importance of the projects for ‘preparing them for society’ and for ‘adulthood’ rather than focusing on their active role in the here and now. The project was seen as ‘being good for them’ rather than for society (see Prout, 2000, for a critique of this ‘futurism’ attitude). Given that schools are educational establishments it is inevitable and understandable that much of their emphasis is on what children can learn from their experiences. At the After School Club there was less also still considerable emphasis on children’s learning.

In School A both children and adults felt the children had learned a lot during CtC. The adults said it had a ‘massive’ effect on the children. In the other two projects the children had learned less, although they certainly learned some things.
The children in all the projects learned more about their chosen community health issue - either elderly people or racism – including the ways services respond to people’s needs. The find out stage of CTC ensured that children made informed decisions about what action to take. This stage also helped develop research skills.

The children in the After School Club learned a lot about racism, including different forms of racism, and how it is policed and responded to by the council. The school children learned a lot about the needs of elderly people and the services available to them through their visits into the community, including talking to elderly people and to professionals who work with them. Adults noted that the children had learned some health issues around looking after themselves and being aware of health issues affecting the elderly. By talking with the elderly people the children learned about twentieth century history and about life in other countries from those who had travelled or immigrated. One school also visited a history exhibition, which included immigration history.

In School A, once the children had chosen their topic, the workers listed learning objectives that they wanted the children to fulfil during their find out stage (see box below), which they succeeded in doing through their own efforts. The workers were impressed by how much information the children obtained (see table below). This exploration – in which the children acted very effectively – was in its own right an important outcome.

I didn’t even think about old people I just thought, coz I know there’s lots of help for old people, but I didn’t know as much and now I know a lot about old people. (Child)

<table>
<thead>
<tr>
<th>Summary of Learning outcomes, As Decided by Adult Facilitators</th>
<th>Summary of Children's Key Learning, As Defined by the Children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not all elderly people face difficulties</strong></td>
<td><strong>We Found Out What Elderly People Like and Need</strong></td>
</tr>
<tr>
<td>• Many remain active and are healthy and well.</td>
<td><strong>We found out that they need:</strong></td>
</tr>
<tr>
<td>• A resource not a problem</td>
<td>• Company and the chance to socialise,</td>
</tr>
<tr>
<td><strong>Main difficulties / problems elderly people, as a function of their age, do face.</strong></td>
<td>• Support and comfort</td>
</tr>
<tr>
<td>• Poverty</td>
<td>• To feel proud of what they have done in their lives</td>
</tr>
<tr>
<td>• Isolation and loneliness</td>
<td>• To be respected</td>
</tr>
<tr>
<td>• Mental and physical health problems</td>
<td><strong>We learnt that some stay healthy throughout their old age, but others have:</strong></td>
</tr>
<tr>
<td><strong>Range of services already available</strong></td>
<td>• Physical problems</td>
</tr>
<tr>
<td>• See pensioners directory</td>
<td>• Mind problems</td>
</tr>
<tr>
<td>• Statutory services</td>
<td>• Short-term memory problems</td>
</tr>
<tr>
<td>• Voluntary sector</td>
<td><strong>There are some services they can get from:</strong></td>
</tr>
<tr>
<td>• Benefits</td>
<td>• Hospitals and doctors</td>
</tr>
<tr>
<td><strong>Ways in which children can help</strong></td>
<td>• The government - e.g. their pensions</td>
</tr>
<tr>
<td>• Direct action: visits - company or help.</td>
<td>• Day centres and residential homes</td>
</tr>
<tr>
<td>• Awareness raising: about the needs of the elderly.</td>
<td><strong>We learnt that:</strong></td>
</tr>
<tr>
<td></td>
<td>• Some elderly people find it difficult to ask for help, and many people don’t want to help elderly people... BUT WE DO WANT TO HELP!!</td>
</tr>
</tbody>
</table>
**Children’s Attitudes To Others**

<table>
<thead>
<tr>
<th>Summary of section</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Children changed their stereotypical views about all elderly people being dependent.</td>
</tr>
<tr>
<td>• Children changed their understanding and attitudes about racism.</td>
</tr>
<tr>
<td>• Children learned more about the importance of helping others.</td>
</tr>
</tbody>
</table>

Through learning about others’ needs, the children’s own attitudes changed in some ways, although this was not an original aim for CtC.

The children’s learning about elderly people helped challenge their stereotypes that all elderly people are dependent, for example that they do not all like to knit and that some enjoy watching sport and listening to modern music.

> [Elderly people] can still do stuff like we do today, like dancing and going down to the café and talking to their friends. (Child)

Several children – mostly in School A - mentioned that they learned the importance of sympathy, thinking about and helping others, and respecting those who are less able (including the elderly, but others too). The adults also noticed this increased concern for others.

> I learnt to accept the fact that some aren’t as able as others and because of that we need to help them. (Child)

> I learnt a skill that some people might think strange but I learnt to respect elderly. (Child)

The children in the After School Club themselves used racist language, but during the project this was challenged by workers and this was thought to have helped change their understanding and attitudes about racism.
CTC OUTCOMES: CHILDREN’S SELF-EFFICACY

OVERVIEW

This chapter examines what impact taking part in CtC had on the children’s self-efficacy, in other words their belief in their ability to impact on the well-being of the community (including themselves and others).

• **Feelings About Project Achievements** This section outlines children’s feelings about participating in a CtC project and what they had achieved for their community.

• **Feeling Able to Take Action** This section examines how children learned more about taking community action through participating in CtC and how this translated into a greater self-belief in their ability to take action, using both real and hypothetical examples. It also outlines children’s understanding about the barriers to taking action.

• **Feeling Able to Discuss Problems** This section examines how much the children felt able to discuss problems with teachers, parents and their peers, and how much this changed over the course of the CtC project.

• **Feeling Adults Ask For Their Views** The children discussed how much they thought teachers asked their views about problems in school.

• **Feeling Valued by Adults and Peers** This section examines differences in how much children felt valued by parents, peers and their class teacher before and after the CtC project.

FEELINGS ABOUT PROJECT ACHIEVEMENTS

Summary of section

- At the start of the project all the children were very positive about participating in a CtC project. They wanted to help their communities, tell people what they think and have fun.

- The children who took action felt responsible for creating change in their communities.

- Those children who did not take action in their project did not feel they had helped the community, and neither did their adult facilitators.

At the start of the project all the children were very positive about doing the CtC projects. They understood that it was about helping their community and they all wanted to take part and create change. They wanted to help and be kind to other people, ‘make things better’ and ‘improve stuff we think needs improving’ such as the environment, health, transport and play spaces, as well as provide help for others in need (such as the homeless, poor people and the elderly). They wanted to tell people (including the council) what they think ‘so you’ve got a say’ and elevate themselves from being ‘just’ children. Children in both schools were also looking
forward to having fun. One child from the After School Club was 'surprised' that ‘grown ups want to spend time with us helping us'.

[I’d like] to know that we’ve actually done something to [Lewisham], instead of just being school children, we’ve actually done something for [Lewisham] to make it better. (Child)

The children that took action in CtC projects felt they had been responsible for creating change in their community, some felt so very strongly. They were pleased and proud of the action they had taken and their achievements. The fact that the children took action to help elderly people, and felt they had affected change – it felt ‘good inside’ - demonstrates a level of self-efficacy in itself. Six months later the children in School A still remembered a lot of detail about what they had done in the project and felt very positive about what they had achieved.

The feeling that you have helped, when you go home and think ‘I just did something really important and I feel proud!’ . And the way the elderly people's faces light up when they see you. (Child)

I felt good and pleased because it stopped other people being racist. (Child)

In School B, in which the children were not able to deliver their action plans, neither the children nor the adults felt the project had achieved anything for elderly people; ‘we didn’t even help the elderly, we didn’t help them really’ (child).

They've done a lot of work. . . they've been to visit old people in a home and they've seen how old people are, but that's as far as it's got. (Adult, Sch B)

<table>
<thead>
<tr>
<th>FEELING ABLE TO TAKE ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary of section</strong></td>
</tr>
<tr>
<td>• The children learned new skills and increased their confidence and self-belief in their ability to take action and help others. Children in School A learned more than others.</td>
</tr>
<tr>
<td>• In School A, children demonstrated their understanding of using the six CtC steps for undertaking future action. And they became more active members of the school as a result of their involvement in CtC.</td>
</tr>
<tr>
<td>• Using imaginary scenarios, children in School A and the After School Club demonstrated that they would take different kinds of action following their involvement in CtC. The children in School B were less likely to take action in the scenarios after the project.</td>
</tr>
<tr>
<td>• The children identified barriers to taking action, including adult inaction and fear of reprisal from other young people.</td>
</tr>
</tbody>
</table>

**Taking Action**

Through their involvement in CtC the children in all three projects developed their ability to take action, although children in School A appeared to have learned more than those in School B and the After School Club. The skills and self-belief that the children and adults identified children had gained during CtC are listed below.
• The skills necessary to take action for themselves, including how to research information and solve problems.
• Increased confidence to take action; ‘having a go at everything’ (child).
• Self-belief that they have a ‘voice’.
• Self-belief in their ability to help others; ‘[I learned] to help people can really do a lot’ (child).

I think it shows that kids are not just kids, they can be a force to be reckoned with, if they get into groups and make a difference, that’s what it’s all about. I think that’s the main thing, the kids are actually understanding that, we did make a difference and they’re proud of that. And I’m proud of that, that they’ve done that. (Adult)

The children in School A demonstrated their understanding of how the CIC six steps approach could be used to resolve future community problems; including ways in which they could build relationships, identify problems, examine solutions and take action to resolve the problems. In the following dialogue they are discussing how they could use the steps to resolve conflict between neighbours who did not like each other. Six months later the children could still name all but one of the six steps.

Child: Talk to both sides and see what’s bothering that one side, what’s happening that made them got a problem with the other side, find out the other sides problem and bring them together and see what they’ve got to say . . .
Adult: If we find out the problem from both sides, what step is that? . . .
Child: **Feelings and cooperation** . . .
Adult: So the next step would be brainstorming, so what would we do for **brainstorming**.
Child: How we could work out the argument.
Child: Yeah, say one flat said ‘oh we want to make them move’ and another flat said ‘maybe we could compromise’ we could get them to think what they really think and what they really feel deep down inside and what they really thought would be the best . . . (Children)

This increased self-belief in the School A children was thought to have translated into future action and therefore achieved long term impacts. Six months later, a teacher believed the children had benefited from CtC in the following ways:

• Become more active members of the school society than the previous Year 6.
• Better at resolving problems between themselves and between other children.
• More able to take on responsibility.

This change in the class was thought to impact on the whole school because as the new Year 6 they provided ‘decent role models’ for others and were able to help resolve conflict amongst younger years. Parents had reportedly been very positive about the impact of the project on their children and some felt it had meant the children ‘are quite a nice year group now’ (adult).

They’re doing things to make a difference and a lot of that, I’m sure, has come out of the fact they they’ve carried out this project and they’ve seen that they can do something even though they are only kids . . . They realised they can do things and they can be special people. (Adult)
Taking Action in Imagined Scenarios

The action the children took on their chosen issue highlights their existing agency. To examine whether there had been a change in their self-belief about their ability to take action on issues affecting their community we used hypothetical scenarios of possible problems in their school or area (needles and other dangerous litter; teenage bullying; see appendix two for full scenarios) and asked what they would do.

In School A most children (four) said they would ‘try to do something’ about the problem both before and after the CtC project, but the type of action they would take changed over the course of the project. Before CtC those who said they would do something about the litter said they would clean it up themselves and get others to help them do so (including parents, neighbours, friends). After the project the children were more likely to get professionals to sort out the problem, including the council, rather than cleaning up the litter themselves. The quotes below show how the same child shifted from taking action to advocating for others to take action. Given that within their own CtC project the children opted to take action by helping elderly people, rather than advocating that adults take action, it is interesting that they were more likely to approach adults in the follow up scenarios, possibly because they had experienced talking to community professionals during their project.

**Before**

I think I’d like get something to pick it up and put in the bin . . . If it kept on happening I’d have to ask, I’d have to ask that if they put their litter on the floor to put it in the bin. (Child)

**After**

Get the council to like everyday come and clean it and put notices up saying no, and put bins in there, like put you know where the dog does a poo . . . Phone them up and if the first time no one listens keep on trying and they will. (Child)

When older threatening teenagers were involved in the scenario problem – ie bullying – then the children always sought the help of an adult; this included parents, teachers, deputy and head teachers and neighbours. This was the case both at the start and end of CtC. The children were sometimes scared that there would be reprisal action from the teenagers if they were found to have done something about the problem. For some, the fear of being threatened was thought to make this a problem harder to resolve.

In School B, the children were less likely to take action about the scenario after the CtC project. Before they said they would do something about unsafe litter by cleaning it up themselves, doing a CtC project, or telling other professionals about the problem. At the end of the project however they were concerned that the litter was ‘too dangerous’ to clean themselves and did not consider taking any other action; ‘I don’t have no control about talking to the council. I don’t know about how to do that’ (child).

In the After School Club they said that they would try to solve the problem, both at the start and at the end of the project, by telling adults to sort it out, although their suggestions about who to tell became more realistic (for example, the council rather than the mayor).
Identifying Barriers to Action

Whilst enabling children to take action, the CtC initiative also wanted to help them learn that there are limits to the change that children can (or indeed should) affect (as is also true for adults). It was felt to be an important objective within CtC that children recognise barriers to what they could achieve, in other words develop self-awareness about their competence, efficacy and agency in creating change, and to know when to ask for support. It was not clear how this was explicitly addressed with the children in the CtC sessions, however it was an issue that the adults discussed and one that possibly the children learned through taking part in the project and seeing the barriers to change for themselves.

At the start of the project the children had some questions about what they would be able to take action on, and how, illustrating awareness of some potential barriers to achieving change in their community. Their biggest concerns were whether they would be allowed to change the things they wanted and would those in authority listen to them. They recognised that others in the community may not like their ideas and that not everyone (children and adults) would get a say in how things should change locally.

How do we know the council are going to do something? How do we know they’re going to listen? (Child)

In the follow up interviews children also identified adult inaction as a potential barrier to solving the scenario problems. Examples included adults not believing children or doing nothing to resolve the problem. A couple of children identified strategies to avoid these barriers, including involving an adult to encourage other adults to listen to children, getting many people involved as it is harder to ignore lots of people and to keep on trying. Also, one group talked about fear of reprisals from older children and adults, including ‘dangerous’ adults in the park.

Phone them up and if the first time no one listens keep on trying and they will . . . Sometimes they [council] don’t believe you . . . They only believe adults so all we could do is get an adult and say. (Child)

FEELING ABLE TO DISCUSS PROBLEMS

Summary of section

- The children at school felt most able to tell their parents, and then their friends, about problems they face at school and this did not change over the course of the CtC project. Children do not feel able to tell other kids in their class their problems, although there was a slight change over the course of the project.

- Children in school A became slightly more able to tell their class teacher about problems, although children in School B became slightly less so.

- The children outlined a number of reasons why they do not always feel able to tell teachers about problems at school, including not feeling listened to.

- The children in the After School club became more open about talking to the workers, especially the CtC worker, although some remained very negative about how much the youth workers listened to them.
The CtC projects provided children with an opportunity to tell others their views. As a result, it aimed for them to feel more able to express their views and to feel more listened to by adults and peers. We asked six children (in School A) to identify who listens to them about problems at school and how much and whether this changed over the course of the project.

The six children had recently experienced a range of problems at school: getting picked on by other children, arguments with friends, being told off by a teacher, the class teacher sometimes being too busy to listen, difficulties with work and a lack of grass in the school grounds. The children had generally informed their class teacher about problems, particularly more serious problems such as bullying. The children explained that the types of problems they tell their teachers were work problems, bullying, fighting and others being rude. They said they would not always tell teachers about problems with the school, such as holes in the playground ‘because they don’t do anything’ about it. They said teachers most like to hear about bullying, and some felt they do not like to hear about problems with the school or ‘how to change it’. Children do not always want people to help them, sometimes ‘you don’t really want much, you just want to tell somebody’ (child).

We asked children if they had a problem now, which people they ‘could talk to’ and ‘be sure that they would listen’. The table below shows their response both before and after the CtC project.

Table Three: Aggregate scores indicating how much the children feel they could talk to different people about problems at school and be sure they would listen.

<table>
<thead>
<tr>
<th>N=6</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mum &amp; Dad</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Friends in the class</td>
<td>24</td>
<td>23</td>
</tr>
<tr>
<td>Class teacher</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td>Other kids in the class</td>
<td>8</td>
<td>12</td>
</tr>
</tbody>
</table>

30 is the highest possible score (ie all children indicate others listens a lot ¿ 5)
5 is the least possible score (ie all children indicate others do not listen at all ¿ 1)

Parents and Peers

The majority (four) of the six interviewed children felt most able to speak to their parents, because they ‘always listen’. A couple felt most able to talk to friends, and others rated friends highly too. There was minimal change in how much children felt able to tell their parents and friends after CtC. Some children also said they spoke about problems with grandparents and siblings.

My mum always listens to me and she helps me with stuff. And sometimes when we’re doing work I tell her about my problems and she normally sorts them out with me, and she tells me to talk to the teacher. (Child)

They [parents] would like to try and sort it out and I don’t like it when my mum tries to sort it out coz she makes trouble. Like she goes to them ‘why did you do this?’ ‘why did you do that?’ and it’s really annoying. (Child)

Children felt least able to talk to ‘other kids in the class’ although for some there was a slight increase in how much they felt able to do so after the CtC project as the language they used to describe other children was less threatening afterwards. One child said she had more friends now so she could tell more people her problems. The girls said that they were less able to tell boys their problems than girls.
**Class teacher**

Some children felt able to talk to the teacher about problems at school – particularly those who had previously had problems sorted out well by the teacher - whilst others did not because they said the teacher listened little or not at all. In the focus groups interviews the children in School A said they felt more able to tell their teacher about problems at school after the CtC project (see table below) (although there was less of a change in the one to one interviews). They explained this change was because as a result of doing the project they knew their teacher better, trusted her more, and felt she had stopped telling the children off so much as the class worked better together.

The opposite was the case in School B; the children said they felt less able to tell their teacher their views after the project.

**Table Four: The number of children that felt able to tell their teacher their views about the kinds of problems kids face in school, both BEFORE and AFTER the CtC project.**

<table>
<thead>
<tr>
<th>School A (N=6)</th>
<th>School B (N=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE</td>
<td>AFTER</td>
</tr>
<tr>
<td>A lot</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Not at all</td>
<td>1</td>
</tr>
</tbody>
</table>

Some of the factors that the children (in both schools) said prevented them from telling teachers about problems in school were that they do not listen, they do not do anything about the problem or they blame children for something they did not do; ‘If you do something bad and it wasn’t your fault, she thought you did it she won’t listen to you’ (child). Sometimes children could tell them ‘small things but not really strong points’ such as family problems or bullying. Other complaints were that teachers’ attempts to stop bullying are ineffective, whilst one did not like it that teachers do not keep it secret if told about being bullied. One child felt infantilised by teachers’ over-attention to personal problems, she said they ‘act like you’re a baby’ (child), rather than perceiving the child as an agent of change. Sometimes children felt more able to tell other teachers their problems. One group stressed that adults did not value their opinions and it is best just to do as told, rather than challenge them. It is important to note that these comments may be as much to with the group of children consulted as with their teachers.

C1: [Teachers] might not listen to us, they might just carry on.
C2: Exactly, they'd just ignore us.
C3: They think we're stupid because we're so young but we're not, we're quite sensible.
C2: They're just going to say that you can't have what you want always. They might think that we're midgets.
C1: So we don't give them trouble. We just do what they say. (Children)

**Youth Workers and CtC Worker**

In the After School Club project the children began to open up more to the workers over the course of the project, especially the CtC worker. She had helped create an atmosphere in which the children felt able to talk about their concerns, including problems at school. The children often brought to the sessions the problems they had faced that day and often wanted to spend time discussing these. On occasion they
asked to speak to a worker alone. In the focus groups, however, the more challenging group of children were very negative about the youth workers (although positive about the CtC worker) and did not feel listened to.

We can talk to them but we have to argue with them to get them to listen to us. (Child)

**FEELING ADULTS ASK THEIR VIEWS**

**Summary of section**

- Children did not feel adults asked them much about the problems kids face in school. The children’s views did not change much over the course of the project in one school, although in another they became more negative about adult interest in their problems.

- Adults were not always aware how much children felt listened to.

Whilst the six interviewed children in School A felt more able to tell their class teacher about problems at school by the end of the project (see section above), most did not think the class teacher asked their views about the problems children face in school both at the start and end of the project (see chart below). In school B, at the start of the project the six children felt adults asked little about their opinion and by the end of the project all but one felt they asked even less.

**Table Five: The number of children that felt the class teacher asked their views about the kinds of problems kids face in school, both BEFORE and AFTER the CtC project.**

<table>
<thead>
<tr>
<th>School A (N=6)</th>
<th>School B (N=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE</td>
<td>AFTER*</td>
</tr>
<tr>
<td>A lot</td>
<td>A lot</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Not at all</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

* One child did not want to complete the chart.

The teachers were not always aware how little children felt listened to. The teacher in one school believed ‘every child in this school would say they are listened to’ by school staff and parents. Another teacher was surprised that the children would remain engaged in a one to one interview with the evaluator for an hour.
Summary of section

• At the end of the project the children in School A felt more valued by their parents, teachers, friends and other kids in the class; indicated by their belief that others would use more positive, and fewer negative, words to describe their feelings for them and their work on Ctc.

• Children mentioned that the Ctc project may have made elderly people view children more positively.

If children are to feel they can make an active contribution to changing their communities, it was assumed that they need to feel that both they and their contribution is valued by others. We therefore asked six children (interviewed on a one to one in School A) to identify how they felt others would describe them and their work on Ctc. In the ‘after’ interview they were also asked how others felt about them and their work on Ctc.

Between the start and end of Ctc the six children began to feel more valued by their parents, teachers, their friends and other kids in the class; indicated by more use of positive and fewer negative descriptions at the end of the project. Whilst this change may not only be attributed to Ctc, the fact that the children particularly used positive worlds to describe how others felt about their work on the project indicates they certainly felt valued in this aspect of their school work. The children were asked (six months later) to explain why they might have used more positive words after the project. They said they had ‘felt better’ about themselves and they believed others may have too. They said others ‘didn’t like us’ before but after the project, by talking to them and being praised, they learned that they were liked.

Before when we had not got to know the bright side of [others] so we were like not positive, but afterwards when I speak to our parents about, teachers and stuff, my friends, well, they sort of like encourage me and say ‘oh, you’re good’. So we saw the bright side of them so we thought ‘oh, they like us really, they do’. (Child)

We feel happy afterwards because we’ve done something good so we feel good about ourselves. (Child)

Parents

In the before interviews, the children used almost as many negative words or phrases as positive ones to describe how their parents feel about them (see table below). In the after interview, however, they were far more positive (and less negative) about how their parents would describe them. As shown in a later chapter (section ‘Dialogue with parents’ in chapter ‘Child-Community Relations’) the children discussed and showed their parents the work done on Ctc. The children were extremely positive about parents’ views of their work on Ctc; they only used positive descriptions, except in one instance where a child still felt her parents considered her too shy.
How do your parents feel about you?

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>• Quite funny</td>
<td>• Quite clever</td>
</tr>
<tr>
<td></td>
<td>• Good boy</td>
<td>• Quite funny</td>
</tr>
<tr>
<td></td>
<td>• Cares</td>
<td>• Listens sometimes</td>
</tr>
<tr>
<td></td>
<td>• Cute</td>
<td>• Cute</td>
</tr>
<tr>
<td></td>
<td>• Funny (as in unusual)</td>
<td>• Tall</td>
</tr>
<tr>
<td></td>
<td>• Nice</td>
<td>• Kind</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Shares things</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mature (x2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Help people/helpful (x2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Do lots of work.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Funny (as in unusual)</td>
</tr>
<tr>
<td>Negative</td>
<td>• Sometimes naughty.</td>
<td>• Quiet.</td>
</tr>
<tr>
<td></td>
<td>• Shy.</td>
<td>• Cheeky.</td>
</tr>
<tr>
<td></td>
<td>• Worried.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Need to stand up to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>others.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sometimes I get into</td>
<td></td>
</tr>
<tr>
<td></td>
<td>trouble and sometimes I don’t.</td>
<td></td>
</tr>
</tbody>
</table>

Class teacher

There was also a shift for the class teacher, but not quite as much as for parents. Both before and after the project the children chose more positive than negative words to indicate how their class teacher would describe both them and their work on CtC (see table below). After the project the children used a higher number of positive words and fewer negative words; the negative words were also far less critical. Only good feelings were mentioned about their involvement in CtC.

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>• Worked hard.</td>
<td>• Quite clever.</td>
</tr>
<tr>
<td></td>
<td>• Sometimes good.</td>
<td>• Quite funny.</td>
</tr>
<tr>
<td></td>
<td>• Doing very well.</td>
<td>• Good in science.</td>
</tr>
<tr>
<td></td>
<td>• Sometimes I can do</td>
<td>• Fast runner.</td>
</tr>
<tr>
<td></td>
<td>helpful things.</td>
<td>• Clever.</td>
</tr>
<tr>
<td></td>
<td>• Different/unusual</td>
<td>• Quite hard working.</td>
</tr>
<tr>
<td></td>
<td>(positive).</td>
<td>• Kind.</td>
</tr>
<tr>
<td></td>
<td>• Polite.</td>
<td>• Mature.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Helpful.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Peculiar/weird (positive)</td>
</tr>
<tr>
<td>Negative</td>
<td>• Bit lazy.</td>
<td>• Bit of listening problem.</td>
</tr>
<tr>
<td></td>
<td>• Sometimes immature.</td>
<td>• Quiet.</td>
</tr>
<tr>
<td></td>
<td>• Thoughtless.</td>
<td>• Need bit of work help</td>
</tr>
<tr>
<td></td>
<td>• Naughty.</td>
<td>• Bit naughty sometimes.</td>
</tr>
</tbody>
</table>
Peers in the class
The children also appeared to feel more valued by their peers in the class by the end of the project: both their friends and the other children. By the end they used more positive and fewer negative words to explain how other children feel about them. The children found it hard to answer the question about how their peers would describe them and their work on CtC (so this is not included in the following table), possibly because they were all involved and are not used peers commenting on their work.

<table>
<thead>
<tr>
<th>How do your friends feel about you?</th>
<th>How do other kids in the class feel about you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>After</td>
</tr>
<tr>
<td>Positive</td>
<td>Positive</td>
</tr>
<tr>
<td>• Quite funny</td>
<td>• Quite clever</td>
</tr>
<tr>
<td>• Clever</td>
<td>• Quite funny</td>
</tr>
<tr>
<td>• Good</td>
<td>• Fast</td>
</tr>
<tr>
<td>• Listens</td>
<td>• Helps friends (x2)</td>
</tr>
<tr>
<td>• Friend</td>
<td>• Sticks up for friends</td>
</tr>
<tr>
<td>• Really nice</td>
<td>• Friendly</td>
</tr>
<tr>
<td>• Like me</td>
<td>• Good friend</td>
</tr>
<tr>
<td>• You’re all right</td>
<td>• Nice (x 2)</td>
</tr>
<tr>
<td>• Weird</td>
<td>• Good to talk to</td>
</tr>
<tr>
<td>• Funny</td>
<td>• Understand people</td>
</tr>
<tr>
<td></td>
<td>• Good to play with</td>
</tr>
<tr>
<td></td>
<td>• Useful</td>
</tr>
<tr>
<td></td>
<td>• Fun</td>
</tr>
<tr>
<td>Negative</td>
<td>Negative</td>
</tr>
<tr>
<td>• Shy</td>
<td>• Naughty</td>
</tr>
<tr>
<td>• Do good stuff (negative)</td>
<td>• Nutty</td>
</tr>
<tr>
<td></td>
<td>• Naughty (x2)</td>
</tr>
<tr>
<td></td>
<td>• Stupid</td>
</tr>
<tr>
<td></td>
<td>• Annoying</td>
</tr>
<tr>
<td></td>
<td>• Weird</td>
</tr>
<tr>
<td></td>
<td>• Stupid (x2)</td>
</tr>
<tr>
<td></td>
<td>• Annoying</td>
</tr>
</tbody>
</table>

Elderly People
The children were not asked how much they thought the elderly people valued them but, as illustrated elsewhere they mentioned that they felt the elderly people enjoyed and benefited from their visit (section ‘Dialogue with elderly people’ in chapter ‘Child-Community Relations’, plus section ‘Children’s impact on others’ health’ in chapter ‘Children’s Health Action’). They felt the elderly people had shown them respect and a couple of children said they felt the CtC project had changed elderly people’s views of children for the positive:

I think we might have made them feel better about kids our age and stuff, because they might not feel nice around our ages . . . because kids around our age and a bit higher than our age, some kids are just really horrible to elderly people, they think because they’re older they’re deaf and you can say all sorts of nasty stuff to them and things like that. (Child)
OVERVIEW

The aim of involving children in identifying and taking action on their own projects focused on the here-and-now of their lives. Whilst the project expected outcomes for the children and the community the experience of taking part in their own project was valid in itself, regardless of what else it achieved, as it included them in their communities as equal stakeholders. This chapter explores how children participated in community life and in developing community relations, by leaving the confines of their school or club environments and entering into dialogue with different community members.

The chapter is divided into the following three sections:

- **Dialogue with Community Professionals** This section examines the interaction that children had with community professionals, whom they met when researching their chosen topic and in their action phase.

- **Dialogue with Elderly People** This section examines the ways in which the children and elderly people met, engaged in discussion and shared experiences. It examines in what ways the experience was positive for many young people, and why sometimes it was not.

- **Dialogue with Parents** Some parents volunteered in the CtC project, and this section examines the positive impact their involvement had and the occasional difficulties faced. It also examines how much children engaged with the parents not directly involved in the projects.

DIALOGUE WITH COMMUNITY PROFESSIONALS

**Summary of section**

- The children spoke on the phone and met a range of professional adults during their CtC projects.

- The children felt the adults had listened to them and they felt able to communicate what they wanted to them.

- The adult were impressed by how much the children wanted to know, their enthusiasm, the number of questions they wanted to ask, how well they asked them and how much they listened to what the adults said.

- Some of the professionals felt they had learned something from being involved in the projects; including finding out what children think, feel and experience.

- A couple of organisations valued making links with schools and wanted to keep involved in CtC in future. One considered working more with primary schools as a result.
The children spoke on the phone and met a range of professional adults during the research and action phases of their projects; including those who work with the elderly, council officers, police officers and supermarket staff. Those who were interviewed were positive about the children’s visits. The adult were impressed by how much the children wanted to know, their enthusiasm, the number of questions they wanted to ask, how well they asked them and how much they listened to what the adults said. The children felt the adults had listened to them and they felt able to communicate what they wanted and got the information they required. The children valued the adults’ respect and help. One visit was less successful when the adults used a lot of jargon and made a long presentation, which was boring for the children.

The questions for the girls their age were brilliant . . . They were very well prepared before they came. They had thought long and hard about their questions. (Professional Adult)

The adults focused on what the children had learned about the elderly and racism. Some explained that they too had learned something from the visits, including picking up on the children’s enthusiasm, having a chance to meet children, finding out what they think about the issues raised, ‘heartened’ by their interested in the issues, and learning what ‘is really going on’ in these children’s lives within the borough.

The CtC projects helped the schools and after school club to get noticed more in the community. A couple of external organisations valued making more links with schools, and one already working with secondary school aged children, said they would think about working with primary schools in future as the children had demonstrated how much racism was an issue for them too. One organisation was unclear what they had learned and the police said this was just one meeting amongst many and therefore it would have no impact on their service. A couple of organisations were keen to keep involved with the CtC projects.

I don’t know [if I learned anything]. The answer is probably yes, but if you ask I couldn’t tell you. More of an experience, than a learning experience. (Professional Adult)

### Summary of section

- The children in one project highly enjoyed and valued their visits with the elderly people. Those in another project enjoyed the visits less.
- Children and elderly people established a dialogue in which both spoke, listened, learned and enjoyed the others’ company and demonstrated respect.
- Children learned how to interact with elderly people and demonstrated sensitivity to their needs. The elderly people were often very open with the children and shared personal and sad events in their lives. The children did not like it on the occasions that elderly people did not listen to them.
- The children engaged with elderly people who exhibited some challenging behaviour. Some were initially scared, but overcame their fear with the support of the adult workers.
The children in School A and School B met elderly people (in their find out and/or action step). Most of the children in one school enjoyed visiting the elderly people; over half (15 out of 27) included this as what they most liked about the project and several specified talking with and listening to the elderly.

Children in another project enjoyed the visits less, although the adult facilitators and professional care staff were more positive about the interaction. The children believed the adult facilitators had decided that they should visit the community organisations; they felt they ‘had to’ go. They were not sure the elderly people had benefited much.

Some children emphasised the importance of having a dialogue, in which both they and the elderly people benefited, including having fun, learning ‘about each other’ and being happy: The children were very positive about the people they met and six months later they still described elderly people as ‘kind and generous and pleasurable’ (child). They also felt the elderly people had liked them and that they had improved their view of children as result of the visits; ‘I liked talking to the elderly people because it makes them and us happy’ (child).

Many elderly people were reportedly ‘very open’ with the children and told them about their lives, including a lot of personal information; a couple cried whilst telling children sad stories. An examples was found in which an elderly woman was better able to communicate with children than with other adults:

[An elderly woman] didn’t talk to people, she didn’t talk to adults, she didn’t really have any contact with adults, she didn’t like that. And some of the children just went up . . . the interaction was just between the children and this elderly person, and she just totally opened up and started chatting and talking, and it was a really good thing. (Adult)

Many of the elderly people the children visited were infirm and needed a high level of care support. Some were confused or hearing impaired, which was sometimes challenging for the young children to deal with. For example, one group had shown their work to some elderly people who did not understand what the children were saying. Some children were initially scared and felt some elderly people were ‘grumpy and started shouting at us’. Most of the children overcame their fear (with support from their teachers and other facilitators) and engaged, or attempted to engage, with the elderly people. One adult felt it had worked best when the elderly people were more independent and therefore better able to engage with the children.

There was this man, yeah, I was going to give him my card, yeah, and he goes ‘no, not yet’. I tried it again and he goes ‘no, not yet, I haven’t finished my biscuit’. So I went to the teacher and I said ‘who can I give it to?’; she went ‘to this nice man’ and it was the same man and he went ‘I told you NOT YET’. It was funny. (Child)

The children learned how to interact with elderly people, including offering comfort and company, patience, listening, speaking up and writing words larger for the partially sighted. Many of the children had not had much contact with elderly people before and the project provided a valuable opportunity for this cross-generational contact. Some found it easier to talk with them than others; ‘it was just like talking to my friends, just older’ (child), several found it was particularly difficult talking to the elderly people from Vietnam who could speak little or no English. The adults observed that initially the girls were more confident than the boys, but the boys
'warmed up, they got into it too'. The children indicated that they were aware to others’ feelings and did not want to upset the elderly people and they demonstrated skill in asking questions sensitively. Elderly people and children appreciated signs of mutual respect.

The emphasis of the visits had been on children asking questions of the elderly people, and those they work with, rather than the adults finding out the children’s views. The children did still get to express their views at times by telling elderly people that they want to help them. The elderly also asked the children some questions. The children did not like the few occasions when they felt the elderly people had talked too much and had not listened to them.

When me and [another child] sat down with a man, he didn’t let us ask him any questions, he was telling us, he was telling us [about a past experience]. . . . The lady said let the children ask questions and about half an hour later he was like still [talking about the same thing]. (Child)

The children and elderly people also communicated with each other using gesture and body language, important in signalling care, interest and attention. Children wrote to thank the elderly people after their visits, which were appreciated by the staff and elderly people at the centres. Some exchanged letters with individual elderly people, and this was highly valued by the children. Those children who were allowed to decide what entertainment to provide for the elderly people enjoyed performing songs and making cards and joke books for the elderly people. Some children were instructed to sing, which they did not like being told to do.

There were two chairs, it was a little boy sitting there and another girl sitting over there, the little girl was really animated talking to this old lady and she’s talking back. And then you can see the boy really shy with his head on its side, and the old lady stroking him and talking gently. (Adult)

### Dialogue with Parents

<table>
<thead>
<tr>
<th><strong>Summary of section</strong></th>
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<tbody>
<tr>
<td>• Parent volunteers were involved in co-facilitating the two school projects.</td>
</tr>
<tr>
<td>• Two of the three parent volunteers improved their relationship with their child as a result of their involvement in the projects. One child was also felt to benefit a lot from having parental involvement.</td>
</tr>
<tr>
<td>• It was occasionally difficult for parents to assume a different role with their children when in the classroom, although discussing their role with the child helped prevent this problem.</td>
</tr>
<tr>
<td>• Many children talked about the project with their parents and in one project the children wrote a letter about CtC to their parents. Some parents came to see their children’s work in the community.</td>
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Three parent volunteers were involved in the school projects. They valued the opportunity to see their children at school, which they rarely do, and to learn about that part of their children’s lives.
Two parents said their children had benefited from having them working on the project. The teacher also noted that one child’s behaviour and learning had ‘improved a lot’ as a result of having their parent involved. Both parents talked about Ctc with their children out of school and both said that being involved had helped improved their relations with their own child. One parent, for example, said she used the Ctc group rules with her child to help the child improve relations with other children outside of school by encouraging the child to ‘compromise’ more.

At school she was keen to impress, she impressed me, she showed that she was listening; she does come up with ideas. Whereas at home she is a totally different person [laughs] . . . It has made a difference, not only at school but at home as well, which I wouldn’t have assumed it would have done. But I’ve seen my daughter in a different light . . . It’s given me, I don’t know if it’s a different viewpoint, or given a different chance that my daughter does come out with good ideas, that she does use her initiative sometimes and given that leeway, ok then give her a chance to come out with it, before I didn’t. I always used to think for her left, right and centre. And if she couldn’t do something I’d do it, or ask my daughter who’s younger than her, so she wasn’t really given a chance. I’m giving her a chance and we’ve got closer as well, which is a weird thing, but yeah we’ve got much closer. (Parent volunteer)

It was sometimes difficult for parents to work in the classroom with their child and their new role presented dilemmas. When one parent attempted to offer her child unwanted advice her child told the whole class that ‘It’s good having you [Mum] there but sometimes you annoy me’. Parents were aware of their new role and worked hard to overcome difficulties; ‘I was trying to be there not as mum, but I was getting to be a bit slack and I was being mum so I decided I’d work away and give her school space’ (parent). One parent regularly checked to see whether her child thought it was right for her to be present in the sessions. Another was reluctant to discuss the project for fear of treating her child as ‘special’ compared to the other children.

Little work was done to involve other parents in Ctc, other than informing them that the children were taking part in the project and in one school the children were told to write home telling their parents about the project. Telling parents about the project was considered beneficial as it informed them that children were making decisions, to help ‘make sure that this work is more standard to what happens in their home life’ (adult). The children had reportedly discussed the project a lot with parents. In the After School Project some of the parents went to see the anti-racist posters in the supermarket and were positive about the children’s work. Some children talked to their parents about racism as a result of the project.

They were really affected by visiting the people. A lot of them went home and spent a lot of time telling their parents what they’d seen and who they’d met and talking about the people’s lives. (Adult)
CTC OUTCOMES: CHILD ➔ CHILD RELATIONS

This chapter examines how CtC impacts on children’s group communication and relationships, which are considered important for making group decisions.

The chapter is divided into two sections as follows:

• **Group Work Skills** This section explores the extent to which working collaboratively in CtC developed the children’s group work skills.

• **Peer Friendships** This briefly illustrates how increased group work helped some children to develop new friendships with their peers.

### Group Work Skills

#### Summary of section

- In School A the children’s group work skills improved a lot during CtC. This improvement was also noticed in other lessons.

- In School A the teacher became committed to doing more group work in future as a result of learning the value of collaborative work on CtC.

- The children’s group work skills did not improve noticeably in School B.

- The After School Club children had poor group relations at the start of the project and this improved during the course of the CtC project.

- When children were most motivated by project activities they worked best as a group.

In order to work collectively the children needed to have good group skills, an important life skill that is also transferable to other contexts. In School A where children engaged in most group discussion, decision making, and joint action, they developed their group skills. Before the CtC project the children did little group work in class. The children and teacher did not feel the children worked well together with their peers. Whilst they were said to be aware of the skills needed, and could list these if asked, the children were thought to be too ‘self-interested’ and therefore found it difficult to compromise. As a result group work was ‘harder to manage’ and the teacher did ‘as little as possible!’.

> Everyone just likes their own ideas and doesn’t like listening to other people’s ideas in the class, so, they’re just contradicting and stuff. (Child)

By the end of the project both the adults and the children felt the class had improved at group work. In the final review and reflect session the most frequent outcome, mentioned by the majority of the class, was group work skills, including cooperation, compromise, trust, sharing, helping others, listening, taking turns and respecting others’ opinions. Six months later the interviewed children still felt they had developed their group skills during CtC. Other group communication skills also improved, such as talking in front of the class and making presentations; they
developed increasingly creative methods of making their presentations more interesting to the rest of the class, including using quizzes and plays.

During the project I learnt how to compromise better in a group. I have learnt how to respect each others opinion. I have co-operated more with other group members and trust each other more. (Child)

The improvement in School A children's group work skills was also noticed in other lessons, as well as within CtC, and the class teacher said they 'loved' working in a team. As a result she became committed to doing more future group work with children.

[CtC] gave team work a higher value in the class, that's partly down to the fact that I hadn't given it such a high value before then because the objective for any lesson had always been do this experiment, find out whatever, and the team work that was happening was incidental. But with this the team work became very important. (Adult)

The children in School A became well versed in the rules for good group work and these were important in helping them work well together. The children would tell their peers that 'you're just not compromising, you're not listening to each other'. Sometimes they needed reminding of these rules to help resolve problems. In one instance these group rules were found to help improve relations between a participating parent and child (see the section on 'Dialogue with Parents' in the chapter 'Child-Community Relations'). The class teacher complained that they became so familiar with the group rules that sometimes they abused the terms, and accused others of not compromising when they did not do what they wanted them to. Only one child was found not to understand the group jargon: 'I forgot what the word [compromise] means, but I knew that [my friend] done it because everyone kept on saying' (child).

Just be nice and like, if you want to draw a ship in the middle and I want to draw a car in the middle we've got to cooperate and say 'oh you can draw the ship in the middle and I can draw cars around it'. (Child)

Whilst these children improved their group skills they were not always good at working in a group. When observed (both in the class and the group discussions) they frequently did not listen to each other, and sometimes not to the adults, they could be argumentative and occasionally rude to each other.

In School B it was felt the group had not developed their group work skills much during CtC. They had practiced their presentation skills and one adult felt they had learned that people have a right to say what they think even if others disagree with their ideas.

Group relations in the After School Club started off very badly between several girls, but over time it was felt that these improved; they were 'bitchy' less often and managed ways of being less insulting to each other; sometimes they made a great effort not to react to others' provocation or they snapped under their breathe rather than out loud. They also listened to each other more, and were less likely to talk over each other in a group. In the interviews the more challenging girls said they had not improved their group skills, whereas the quieter girls felt the group work had improved as a result of the stricter rules that barred those who acted inappropriately. They also gave examples of how they helped each other out on difficult tasks.
Problems were partly caused by the children bringing difficulties in their relations at school into the group setting.

Certain people bicker quite a lot and that causes problems. Mostly they all go to the same school and problems at school get brought here. (Child)

Children’s motivation in the project had an impact on their group work. The children in School B felt their group work skills had been worse in CtC because they had not enjoyed the project and they ‘didn’t have that much help’. The importance of children’s motivation on their group skills was noticed in the After School Club as well; they were most interested when designing their posters and leaflets and worked best together during those sessions, including offering support to their peers. They also enjoyed the group visits into the community and worked well together when discussing the visits on the following session; ‘that was a very big step to be able to discuss without arguing, without shouting and bitching’ (Adult, ASC).

**PEER FRIENDSHIPS**

**Summary of section**

- A few children said they made more friends with other children in the class as a result of the CtC project.
- The group work helped to break down gender barriers by encouraging males and females to work more together.

To explore the role of the project on the children’s relationships we asked the interviewed children in School A whether it had impacted on their friendships within the class. Two of the six interviewed children felt they had made new friendships and got on better with other children in the class as a result of working together in groups in CtC.

The projects helped me actually with friendship and everything. It’s just made me learn all about friends. Because it wasn’t just about helping elderly people, it was about working in a team, finding different ways, because some of the people I said didn’t like me before, and when we worked together we found each other, like nice and stuff, so we became friends. (Child)

We got to know each other more because we were working very good together so we know we could rely on each other to do work. (Child)

The CtC group work was also found to have helped break down gender divisions at times. In class and socially the children tended to talk with their own gender, but in the groups, where they had to work together, they sometimes increased the amount of interaction with those of the opposite sex and ‘were ‘interacting better’ (adult). This was important for helping children to value different perspectives and skills.
CTC OUTCOMES: SUSTAINABILITY

OVERVIEW

An important aim within the south London CTC initiative was to promote CTC and also participatory work with children more generally. This chapter examines to what extent the workers and organisations involved in facilitating CTC became committed to undertaking future CTC projects and other participatory work with children. It is divided into two sections:

- **Facilitators' Learning**: Identifies the different ways adults learned from working with children and how this translated into making their practice more participatory in future.

- **Facilitators future commitment to CTC**: This section identifies how many facilitators were committed to implementing CTC in future. It explores what helped and hindered facilitator and organisational commitment to CTC.

FACILITATORS’ LEARNING

Summary of section

- Nearly all the adults learned more about children’s competences as a result of being involved in CTC.

- The professionals that felt they had learned something were more committed to changing their practice of working with children.

- One teacher had since made her class practice more participatory.

CTC is rooted in the idea that both children and adults can learn from working together. All but one of the participating teachers, school nurses and parent volunteers said they had learned something from taking part. They learned more about children’s competencies and some learned more about the lives of elderly people or about racism as a result of the children’s research. The CTC worker also learned more about children whilst doing the project. The things they said they learned from children included:

- Children are perceptive.
- Children can come up with worthwhile ideas.
- Children have complex thought processes, illustrated by use of analogies.
- Children have the ability to learn a lot of information.
- Children have more abilities than realised and their standard of work is ‘fantastic’.
- Children are respectful, empathetic and considerate of others, and skilled at expressing these feelings.
- Children can behave better than expected.
- Children with challenging behaviour can do a CTC project.
- Praising children helps them go further; all children have potential if given time and nurtured.
• Children want constructive critical feedback and not just indiscriminate praise.
• The importance of trying to see the world from a child’s perspective
• Children are vulnerable and need to have boundaries.

They got so much information, I was so impressed where all this information is coming from. I was like you’re only 10 what do you know, but they knew whole heaps, tons, so they must be listening or doing something whilst they’re playing or whatever, coz I’m sure I wasn’t like that when I was a kid. (Adult)

The adult learning was developing their future practice: those adults who felt they had learned more were the ones most committed to changing their practise of working with children. For example, recognising children can have ‘worthwhile ideas’ meant one adult would ‘relax more’, rather than worry that children would ‘come up with something totally unrealistic, and that we’d have to literally pick them up and shove them in the right direction’ (adult).

CtC is a six step method for encouraging children’s participation, but the principles of underpinning CtC can be used in other contexts. A teacher was found to have translated her learning from the project into other classroom practice – described below - which she said was directly the result of doing CtC:

• **Children develop their own rules:** Rather than developing classroom rules, the children working in small table groups now decide what different roles (or ‘jobs’) they want to delegate to group members (for example, whether they want someone to tidy the pencils, put chairs up, clean under the table) and what rules they need to work together as a group (for example, we’re going to respect each others’ property, we’re going to listen to each other, we’re going to share ideas). As a result she felt the rules had progressed away from general rules about classroom behaviour and how to get along together (eg we’re going to respect each other, we’re not going to hit each other) which were considered ‘no longer relevant’ because they are ‘common sense’. Instead they developed ‘smaller rules’ about specific issues, which are also more concerned with their independent learning (for example, by setting personal targets, concentrating on their own work and keeping organised). By allowing children to develop ownership of their rules, the teacher believed ‘they stick to them more’ (adult).

• **Encouraging reflective and supportive learning:** Influenced by the way children were encouraged to reflect together on their own learning at the end of CtC sessions, the teacher had changed the way she now summed up lessons. Rather than testing children by saying this is what we’ve learned ‘who feels they’ve done well on it and who hasn’t?’ she instead asked them a more open question ‘what have you learned?’ She felt this encouraged children to ‘test each other and support each other’ and therefore to ‘internalise the learning intention for that lesson’.

Supporting each other through their learning wasn’t something that was happening in my teaching before so it has had quite an impact. (Adult)
Facilitators’ Future Commitment to CtC

Summary of section

- All three of the three evaluated organisations was committed to the idea of doing another CtC project in the future, but just two had made firm plans to do so and already started implementing another project.
- The professionals that felt they had learned something were more committed to doing CtC again in future.
- Involving just one staff member from the host organisations meant there was a danger that knowledge would be lost or isolated within organisations.
- Little work was done to disseminate information about CtC across host organisations.

All three of the organisations were committed to the idea of doing another CtC project again, but just two had firm plans to do so and had already initiated another project at the time of writing this report. In one case, the organisation was implementing another project with different workers and in a different setting. The other organisation was not planning on doing another CtC project in foreseeable future. The staff in one project seemed as if they wanted someone to bring the project to them, rather than take the initiative in leading another project.

Adult learning was important for sustaining a commitment to implementing future CtCs. Those professionals that felt they had learned something were more committed to doing CtC again in future.

When only one staff member from the host organisation was involved in running the project this meant there was a danger that the knowledge gained would be lost if that person moved. One school recognised this problem and were involving the learning mentor in delivering the second CtC project, as well as the original class teacher. The school nurses also provided a useful on-going link (see section on ‘Involving school nurses’ in chapter ‘Organisational Support’).

Workers found it hard to ensure the head teachers were fully updated in the schools because they were so busy. Neither schools did much to disseminate the process or learning from CtC across their organisations. In both the children did an assembly on their projects, and it was mentioned in staff meetings that the CtC project was being undertaken, but that was all. A lack of time prevented more from happening.
CTC PROCESSES: CHILDREN’S PARTICIPATION IN DECISION MAKING

OVERVIEW

This chapter identifies which decisions children made in CtC but also looks in more depth at how these were made. It explores the role of adults, peers and other influences on children’s decisions. The chapter is broken down into the following sections:

• **Who makes decisions?** The first section examines how many decisions children made compared to adults both in the CtC project and at other times in their school (both in class and in school councils) or after school club.

• **What decisions did children make?** Lists the different types of decisions that children made in CtC.

• **Making group decisions** Most of the children’s decisions in CtC were negotiated within groups; this section explores how group decisions were made and the difficulties of incorporating differences in opinion.

• **Adults’ influence on decisions** This section explores the way adults openly and inadvertently influenced the decisions children made.

• **Other influences on children’s decisions** There were some other influences on children’s decisions, which are discussed in this section.

• **Consenting to participate in CtC** The children in the schools did not have a choice about whether they participated in the CtC, whereas those in the After School Club volunteered to take part. How this had an impact on the project is explored in this section.

WHO MAKES DECISIONS?

**Summary of section**

• The children in one school (A) felt they made far more decisions in CtC than at other times in the classroom, which they liked. The children in the other school (B) felt the opposite; that said they made fewer decisions in CtC than in other lessons.

• The children in both schools said that children make decisions in school through their school council, although some barriers to doing so were mentioned: not all children get to make decisions that way, the council could only change some things, it meets ever half term and it is boring.

**In the Classroom**
The children in School A felt they made far more decisions in CtC than in other class time (see table below). They said CtC compared favourably to other times in the classroom with their teacher because it was ‘better’, ‘more fun’ and they liked being
able to make decisions. In School B, however, the children felt they made very few decisions in CtC, and fewer than they normally do in the classroom.

C6: [Our class teacher] always makes decisions in the class.
C1: Exactly
C3: Yes . . .
C6: [In CtC] we’re the bosses so it’s quite cool.
C3: Cool yeah, definitely. (School A)

Table Six: The number of children that felt either teachers or children made more of the decisions in the classroom (asked at the start of the project) AND in the CtC project (asked at the end of the project).

<table>
<thead>
<tr>
<th>In the Class</th>
<th>In CtC</th>
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<tbody>
<tr>
<td><strong>School A</strong></td>
<td><strong>School B</strong></td>
</tr>
<tr>
<td>N=6</td>
<td>N=6</td>
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<tr>
<td>Teachers make ALL decisions</td>
<td>Teachers make ALL Decisions</td>
</tr>
<tr>
<td><strong>School A</strong></td>
<td><strong>School B</strong></td>
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<tr>
<td>(N=6)</td>
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<tr>
<td>Teachers make ALL decisions</td>
<td>Teachers make ALL decisions</td>
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At the start of the project both the children in School A and B said most of the class decisions were made by their class teacher (see table above); teachers decided what work the children will do, although those in School A felt they decided how they were going to do the work. The teachers were also said to decide when they could do fun things; ‘most of the exciting stuff you do’, such as when they can go on trips or watch a video, although they sometimes get to decide what they do in the fun time, such as what they want to play in ‘wet play’ or which video to watch.

The teacher decides what work we do and we decide how we’re going to do it . . . She tells us what to write about but we decide how we write it. (Child)

Some children found it hard to say what decisions they made in class; ‘I know about teachers but I don’t know about children’ (child). They recognised their low status.
They did not complain although one child reflected that: ‘some teachers make the decisions, and some children might not like it’ (child).

Adults make the decisions of children and children make the decisions of babies. And then babies make the decisions of a mouse, and then a mouse makes it for ants, and then ants make it for a small crumb. (Child)

During CtC the children in School A felt they made all or the same number of decisions in CtC compared with the adult facilitators (see table above). The children gave examples of the decisions they had made, including choosing their own project name, voting which issue to take action on and voting on who phoned the elderly support services. In School B, however, the children felt they had made only a very few decisions; such as choosing the topic (elderly people) and deciding how their posters looked. They felt teachers had made all the other decisions including what the children should write in their books, what internet sites to look up, and that they had to visit elderly people. As a result they felt ‘it’s not even our project’ (child). They even felt they made less decisions in CtC than at other times in the classroom, because although in other lessons they were told what work do to, they could at least ‘decide what things we put in it’ (child).

It was supposed to be us doing it by ourselves, making our own decisions, but they were making all the decisions. (Child, School B)

The children in School B were aware of how many decisions the adults had made. In School A, however, the children were not always aware of how much influence the adults had on initiating and managing the project, despite the fact that they made decisions with the children present as well as behind the scenes. Whilst some acknowledged that the adults had done some planning and organising they were in disagreement about how many decisions the adults had made. Occasionally they alluded to the adults’ decisions, and on one occasion, for example, they were unclear why teachers had decided not to allow them to have coca cola when offered it at a community organisation.

C6: It was balanced, it was the same, they made decisions, we made decisions.
C1: No it wasn’t, the children made all the decisions . . .
C5: [Adults decided] to organise where we go.
C6: They had loads of meetings and stuff.
C1: No, we organised that (Children, School A)

Whilst the children made important decisions about what and how they would focus their project, the adults planned the sessions, decided what games or tasks the children would undertake, put children into groups and imposed discipline. In this way, children were frequently instructed, rather than given choices. Most of the adults’ decisions were made because CtC is a structured approach to children’s participation that explicitly involves adults in defining the project process (this is discussed further in the section on ‘Support Roles’ in the chapter ‘Child-Facilitator Relations’).

In the After School Club the children were split in their views about how much adults make decisions. One group – the most dominant and challenging – were very negative and said adults made all the decisions. This group were angry about the discipline being imposed by the adults and their negative comments in part reflected this anger. At the start they felt they were ‘not really allowed to speak’ about what they thought of the workers and that ‘no one is really like paying attention to what we
think’ (child). Their perception was the same. They felt adults had made all the decisions in Ctc even though they had in fact made several decisions such as their project topic, what action to take and what games to play. This group did feel that the Ctc worker had a different approach and enabled them to make more decisions.

The quieter group of children in the After School Club who liked the new rule imposed by adults that barred children if they acted inappropriately (including being cruel to other children), felt the adults had made about half the decisions. They welcomed the adults’ role in the project ‘as they can do more than we could because they know who to talk to and get in touch with people we need to’ (child) although they too wanted to be involved in making decisions.

School Councils
The children in both schools said that children make decisions in school through their school council. In one school they said that only some children get to make decisions that way, whilst others do not. In the other school they felt the school council could change a ‘certain amount’ but it could not do many things due to a lack of money and it only meets every half term. A former school council representative said it was ‘boring’ because they missed their lunch break.

### What Decisions Did Children Make?

<table>
<thead>
<tr>
<th>Summary of section</th>
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<tr>
<td>• Children made a number of different types of decisions during Ctc: deciding the focus of their project, how to find out needed information and which group tasks they wanted to undertake, how to delegate tasks and make joint decisions, plus choosing their own groups.</td>
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The children also made many different types of decisions, in which the adults were the lead deciders, discussed below. Adults necessarily made a number of decisions during the Ctc projects (which are explored in the section on ‘Support Roles’ in the chapter ‘Child-Facilitator Relations’).

**Deciding the focus of the project**
The children made the key decisions about the direction of their project. In both Schools and in the After School Club they chose a name for their project and what issue they would focus on (elderly people, racism). In School A and the After School Club they also chose where they would find out information, although the children in School B felt it had been the adults decisions to look on the internet and visit elderly people for this stage. In all projects the children decided what action they would take (visit elderly people, make leaflets and posters, perform a song), and in School A what they would do for elderly people (make cards, joke books, write letters, etc).

In School A the children were asked what future action they wanted to take. They came up with many ideas, most of the ideas involved visiting or contacting the elderly, but a few other preferences included having a party and having more games/fun. The adults agreed that it was a good idea for them to visit the elderly in future, and supported them to do so, but they did not address their other ideas.

**Deciding how to undertake group tasks**
Whilst the adults tended to decide which activities the children would undertake in Ctc sessions, the children often decided how they would do these. They decided
how they would together undertake ‘work’ tasks, such as how to design a poster of their brainstormed ideas. They also decided how to play games, for example what they needed to do to work together to form an object in a game of charades and how they would untangle themselves in a game of knots.

**Delegating tasks**
When a task needed to be delegated to one or a few children only, the children were often (but not always) asked to select who should do it. For example, they decided who would present group work to the rest of the class or who would phone an external community organisation. Sometimes adults chose who would undertake tasks, and at times this was because adults wanted to ensure different children had a chance to participate (discussed further in the section on ‘Support Roles’ in the chapter ‘Child-Facilitator Relations’).

**Decide how to make joint decisions**
Children decided how they would make their joint decisions, and often used voting to do so. They enjoyed the voting and ‘came up with lots of different ways of doing it’ (adult). They liked the privacy of secret ballots. (For further discussion see the next section on ‘making group decisions’).

**Deciding which groups to be in**
The children were sometimes allowed to decide which groups or pairs they wanted to work with. This was rare for the children during other lessons at school, as teachers tended to split children up to ensure they were not too distracted by sitting next to friends. Being able to sit with whom they wanted was something some children said they valued. There was sometimes reluctance and resistance to being made to sit with those they did not want to: in one example, two girls who really did not get on refused to work together.

### MAKING GROUP DECISIONS

**Summary of section**

- Most group decisions were made by voting. Attempts to reach consensus were sometimes problematic as this took too long.

- Children were keen on voting and for voting systems to be fair. Sometimes children attempted to enforce fair voting and at other times adults did so.

- Children sometimes influenced their peers’ votes, by directly appealing to them or because groups would follow the lead of more popular children.

- Collective action assumes shared interests and concerns. However, within large groups of children there were differences between children, which were not always fully considered.

- The children were not always happy about the group decisions and occasionally demonstrated resistance to decisions.

- Achieving group commitment to the chosen project topic was potentially more important in the voluntary After School Club, because the girls could have left if uninterested in the topic, although this proved not to be a problem.
CtC is based on joint decisions. Nearly all choices in the schools were made by voting rather than attempting to achieve consensus. In the After School Club some decisions were made by consensus and this proved problematic at times, as it took too long to decide.

The children were keen on voting and for voting systems to be fair and they took their decisions seriously. Sometimes children were observed to influence how others’ voted, either by directly appealing to them or indirectly when more popular children influenced others’ decisions; ‘the pecking order was evident’ (adult) during group decisions and the hierarchy in classes was reportedly obvious and ‘no matter where you put [the leaders], they still came out as leaders’. One child complained that children had voted on who they liked the best, rather than whom they thought would be best at doing a task:

> It wasn’t who had the best one it was judgement, the people in my group really didn’t like me that much, coz [the CtC worker] said I had a really good one and I should have won . . . I’m not going to be babyish about it, it’s just I didn’t like the fact that people who were choosing by who they liked and who they didn’t, because we had a vote. (Child)

Both children and adults recognised that it was not always ‘fair’ how decisions were made. Sometimes children attempted to enforce fair voting; for example, when two boys tried to get girls to vote for football, the girls said ‘no you mustn’t influence my opinion, it’s a secret vote’. At other times adults decided that they needed to impose some voting rules, including a secret ballot, to ensure children did not overly influence each other. Rules were not always the same in each group; one group of children decided they could not vote for themselves to do a task, whereas another group asked the facilitator if they were allowed to vote for themselves and she told them they could.

> A couple of boys were trying to influence others, so I said write it on your own. One said ‘vote for this’ and I said no don’t influence him, it’s down to you what you vote. (Adult)

Collective action assumes groups have shared interests and concerns, but within a large group (particularly class sized) children may have many different agendas. The emphasis within CtC is on establishing the conditions for good communication between the children and adults to enable children to make decisions: ‘We may not realise it’s an important issue [to them], we’ve got to go with what they want but we’ve got to ask the right questions’. This suggests ‘they’ are a unified group. Differences between the children may also be critical; including possible differences and conflicts between genders, class, ethnicity and ability (Francis, 2001). Ways of eliciting the opinions from the most subordinate in the class, and ensuring they had influence, were sometimes but not always fully considered.

The difficulty of making group decisions was highlighted in getting a class of 30 to pick just one project topic. In one class there was a clear gender split when short-listing ideas, with many of the boys wanting to do a project on football and the girls preferring a number of other options, including dance and drama. The adults encouraged the children to consider how they would vote taking into account the interests of others in the class and the community (see the case study box in the section below).
The children were not always happy about the decisions made within the group; the
echange below illustrates how the children were not in agreement or happy about
the topic selected. Children were not always willing to accept group decisions and
were occasionally 'territorial' about doing what they wanted. For example, a group
decision was made about how to design a poster, but this decision 'alienated' one of
the children who then stopped participating as much because 'she didn’t get her way'
(adult); the adult facilitator had to work hard to bring her back into the group.

C1: Good to feel that we've helped, people just wanted to do things like
football, but it feels good to know that you've helped the elderly . . .
C3: Football gives people exercise.
C3: I'm upset that we didn’t do what I voted for, I voted for graffiti.
C4: But elderly people need more than for us to sort out graffiti, you can’t
exactly stop the people who are doing the graffiti . . .
C3: I didn’t really want to do the old people but I just did it. (Children)

Attendance in CtC is compulsory within the schools, so those children who were not
happy with the final vote had no choice but to continue participating, as illustrated in
the quote above. In the After School Club, in which the children volunteered, the
issue of picking an issue of interest to all those involved was potentially more
important, because they could have left if uninterested in it. None of the girls
appeared upset with the chosen topic however.

**Adults’ Influence on Decisions**

<table>
<thead>
<tr>
<th>Summary of section</th>
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<tbody>
<tr>
<td>Adults welcomed the fact that children would be making decisions in CtC.</td>
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</tbody>
</table>
| Adults sometimes deliberated about whether children should always be able to
decide the focus of their projects. |
| Adults were sometimes concerned about the children’s short-list of project
topics, either because they felt they were too self-interested, too sensitive, or
too little could be achieved in the available time. |
| Adults in one project admitted that they influenced the children’s choice of
topic by the questions they asked. |
| Adults sometimes felt the decisions made by one CtC project should influence
the future action taken by other groups of children. |

The adults welcomed the fact that the children would be making decisions, and this
was one of their main reasons for wanting to get involved in the project.

PK: What do you like about the methodology CtC uses?
A3: The fact that we’re just facilitators, just guiding, it’s all coming from them.
A2: That’s the most attractive thing.

The extent to which the children should be able to make all their own decisions, or
adults should step in, was sometimes a dilemma for adults. At the beginning one
class teacher was particularly worried that adults might have to ‘impose a set of
guidelines’ about what topic the children focus their project on, whilst recognising that
this was ‘a little bit against the ethos’ (adult) of CtC. This was driven by a desire to protect the children from achieving ‘nothing concrete at the end’ which would be ‘disheartening’ and possibly teach them ‘there’s no point doing anything’ (adult).

At the same time the adults understood their role to be to help the children to recognise what they had achieved, even if they had not succeeded in gaining everything they were aiming for. One adult felt one of the most important measures of success for the project was that children feel ‘it’s not their fault if they don’t manage to take it further, that there are other powers out there that can’t necessarily be bypassed’ (adult).

If they went for something really ambitious, like building a swimming pool next to the car park, the fact that that would not be completed then we would still need to show, they would still need to see that they’d succeeded, and that’s down to our skills. (Adult)

Adults were sometimes anxious about what topics the children would pick in case it was very sensitive, particularly where the children lived in areas with a high incidence of violent crime. They feared the extent to which they would have to explain ‘disturbing’ things to children whilst also ‘keeping them safe’. In the After School Club, for example, the children’s short list of ideas included ‘paedophilia’, but one child in the group did not understand the term so an adult explained it. The adults in all the three projects were relieved the children chose less sensitive topics. Most felt the chosen topics were manageable and that something could be achieved in the time available. A couple were initially worried that the children would not be able to achieve anything for elderly people or on racism; one changed her mind but the other felt the children in one school had struggled to identify what action to take.

When the children decided which topic to select the adults in one school admitted that they may have influenced the decision by emphasising the need to do something to help the community, as well as themselves, and by the language they used (see case study example box). These adults also acknowledged that if the children had chosen another topic then they would have had to agree with their choice.

It was suggested quite strongly that they think about other people and not just themselves and not just the other children in that school. So it probably did have an effect because football did come close, it came second. (Adult)

Adults sometimes felt the decisions made by one CtC project should influence the future action taken by other groups of children. Following a class project on elderly people one school arranged for another class of children to visit elderly people and it was hoped more future links could be initiated between the school and local elderly people.
Case Study: Adults Influence Children's Decision

To encourage the children to brainstorm what issues they would like to focus their CTC project on, they were first taken through a visualisation, which focused on what ‘improvements’ could be made to their community. They were asked to:

'Think about where you live - the place around your home and you think - it makes me feel sad that - such and such happens - or if only this could be different this place would be a much better place, a healthier, happier place'.

The children thought of many issues and then reduced this to a list of six topics – football, elderly people, dance/drama, animal rescue, school toilets and graffiti. The adults were concerned about the children’s list of topics because so many were about their own self-interests, rather than about helping the community. There was also a gender split, which meant that there was a danger that football could win when this was of no interest to the girls. Asking the children to focus on what ‘improvements’ could be made was thought to be problematic as it would lead children to select a less ‘serious’ issue. The adults therefore decided to facilitate a discussion on considering how to vote. The language changed to focusing on ‘problems’ that need to be sorted in their community, and the children were asked to consider the following questions:

When you vote ask yourself:
What is the most important thing to sort out here, what is the biggest problem?
Is this something that the whole class, girls and boys, could get involved with?
Is this something that we can do something about?

When deciding a topic the children voted ‘helping elderly people’ gained the most votes, although a majority of the children voted for something else. The adults were pleased that the children had chosen something that helped others rather than just themselves.

At the beginning I thought of all the issues they could come up with, all the issues I would like them to address, but it’s nice to see what meant most to them, because in the end it was visiting the elderly. And you often hear stories about children these days ‘they’ve got no respect, they do this, they do that, they’re so ill mannered’ it just turned everything on its head. I know I’m a bit soppy yes, but that thing about restoring faith in human nature, in this case children. (Adult)

One child used the moral argument (first introduced by adults) for helping elderly people, and criticised other ‘selfish’ pupils who wanted to get a ‘football pitch for themselves’ rather than help others:

Some of the problems, they weren’t helping the community they were just helping us. It wasn’t very good, some of the boys chose football, it’s not helping the community, it’s only helping them . . . I just knew that old people would win because I knew there was a lot of nice people in our class. (Child)


**Summary of section**

- The CtC projects asked children to focus on problems in their communities, rather than the positives.
- Many of the children were concerned with issues of violence, safety and prejudice.
- By choosing to help the elderly the children were reversing their role and taking responsibility for supporting a group they perceived as more dependent than themselves.
- The children's context was important and the issues they selected were sometimes ones that they were personally trying to understand in their own lives, including racism and violence.
- The children's concerns were often not recognised by adults, demonstrating the importance of allowing children to select their own project topics.

When choosing a topic for their project the children were asked what they wanted to change in their community. The focus of the project was on 'problems in the community' and did not also focus on positives, despite the fact that 'we have a lot to be proud' of their area (adult). The children in these projects came from particularly disadvantaged areas and there was a danger that just focusing on negatives would reinforce stereotypical views of their areas.

Children's understanding of what contributes to their health and well-being was broad. The table below includes the short-listed topics of the three evaluated projects. The two younger groups in the schools both shared concerns for elderly people. Many of the issues in School A were about the children's own needs and wants (e.g., sports and leisure facilities) whereas the other groups raised issues that affected others, or both adults and children, within the community. The slightly older, all girls, group in the After School Club identified several sexual violence and abuse issues. The topics chosen by other projects in the three year CtC programme were murder (two projects), drugs, safe places to play, child abuse, children being hit and school uniform. The children's topics highlight that many were concerned with issues of violence and safety.

**Table Seven: Topics short-listed in the CtC projects, plus the chosen topic (in bold)**

<table>
<thead>
<tr>
<th>School A</th>
<th>School B</th>
<th>After School Club</th>
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<tbody>
<tr>
<td>Elderly people</td>
<td>Elderly people</td>
<td>Racism</td>
</tr>
<tr>
<td>Animal welfare</td>
<td>Racism</td>
<td>Gangs and war</td>
</tr>
<tr>
<td>School Toilets</td>
<td>Litter</td>
<td>Some club teachers</td>
</tr>
<tr>
<td>Football</td>
<td>Crime</td>
<td>Under age sex/pregnancy</td>
</tr>
<tr>
<td>Dance and drama</td>
<td></td>
<td>Paedophiles</td>
</tr>
<tr>
<td>Graffiti</td>
<td></td>
<td>Rape</td>
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</table>

It is noteworthy that the children in both schools independently selected elderly people as the focus of their projects. The elderly are a vulnerable group in society, and like children they are often dependent on others. By choosing to help the elderly...
the children were reversing their role and taking responsibility for supporting a group they perceived as more dependent within their communities; ‘elderly people need more than people who are younger’ (child). The children in both schools emphasised the vulnerability of this group; that they are ‘much more lonely’, with ‘no family to support them’ and ‘nobody to talk to’ and they are ‘ignored’. One adult also felt they chose the elderly because initially they perceived them as ‘helpless’ although they later learned that not all elderly people are dependent. The following quote illustrates a child’s perception of elderly people as dependent and the child within CtC as the carer:

[I liked it] when one lady thought I was her daughter and was clinging on my arm. She was very ill. In my hand I was holding her hand it was like when a baby clings onto people’s fingers that is what she did. I liked visiting and learning about elderly. (Child)

One group of children stressed that they too could learn from elderly people, demonstrating their respect for their elders’ lifetime of knowledge; ‘if we asked them what has happened to them, then we’ll know two lifetimes instead of just one’ (child). Another group said they had chosen elderly people because it was the only ‘decent’ choice and because it was possible to do something about, unlike other choices which could not be stopped (eg crime).

The children’s context was important and the issues they selected were sometimes ones that they were personally trying to understand in their own lives. The After School Club chose racism, and this was short-listed as a potential topic in School B as well. The children in both these groups were predominantly from minority ethnic groups, and their choice of racism highlights how prominent this is within their lives. The children appeared to have selected a complex topic that they were struggling with; they personally experienced racism and were against it, and yet they also used racist language themselves at times (including the black children) and indicated that their parents had racist attitudes. The time they were making their choice was soon after September 11th when issues of ethnic and religious identity were very much in the media and two children were heard calling each other ‘Afghani’ and ‘Paki’ as insults.

Two groups in phase one of the programme selected murder, because they were concerned about levels of violence locally, and yet these groups were also struggling with their own very challenging behaviour, including verbal abuse of one another and aggressive behaviour, for example trying to throw chairs across the room.

The children’s concerns were often not recognised by adults before the projects, demonstrating the importance of allowing children to select their own project topics. The groups (mentioned above) that chose murder were based in Peckham and Camberwell; their issue received little external adult response until a few months later when Damilola Taylor was murdered nearby, when their projects gained far more attention, including the national press.
Consenting to Participate in CtC

Summary of section

- One of the basic principles underlying much participatory project work is that participants should volunteer. This was not possible within the school CtC projects however, as participation in classroom activities is compulsory.

- When children’s participation was voluntary in the After School Club, workers were more accountable and responded more to the children’s interests.

- The children were often engaged in CtC sessions but at times they showed resistance through being disorderly or disengaging from the project.

- Adults worked hard to keep children interested and focused.

- At times children were encouraged to participate, whilst at other times they were instructed to do so.

- Occasionally adults allowed children to opt out for a while. When children could choose whether they participated or not, they sometimes did so more enthusiastically.

One of the basic principles underlying much participatory project work (and underlying the United Kingdom’s participatory democracy) is that participants should volunteer, rather than be forced to take part, and they should be able to withdraw their consent at any time. Informal education is rooted on the premise that people participate ‘by choice’ (Smith, 1998, p.129). In the United Kingdom education (although not schooling) is compulsory for children until the age of 16 and in schools children are rarely allowed to decide whether they participate in classroom activities. In the school based CtC project, therefore, the children were told they would be doing CtC.

In one school the staff asked the children if they wanted to take part in CtC, although in fact they had no option, as the children well understood. One group also recognised that adults could prevent children from participating if, say, they got into ‘trouble’.

1M: What are we going to say? 'No, I don't want to do this project.' . . . 1F: They’d say ‘Get outside right now.’ (Children)

The small fact that children were not asked for consent is crucial in distinguishing school based CtC projects from other participatory work, and influenced how the projects were delivered and experienced. Within schools it was still possible to enable children to make many decisions within the classroom, however, as illustrated earlier in this chapter.

As the After School Club was voluntary, the workers were more accountable to the children’s interests as they could vote with their feet and not turn up, as one girl demonstrated when she walked out of a session when she was unhappy with something that happened within it. Whilst the girls had been asked whether they wanted to do CtC, there was still some resistance as they felt it was taking away from their ‘fun’ time (discussed further on the section on ‘Maintaining children’s interest
and motivation' in the chapter 'Child-Facilitator Relations'). The workers allowed more discussion about personal interests, did less 'structured' work and, unlike the school children, the girls group had two fun-only sessions (including a video and a meal out) and were provided with food at every session. In schools, if the children were not participating the adults could (and did) assert their authority and told them to take part.

They would push their luck and say 'I don’t want to do it', [the reply would be] 'You don’t have an option, you’re going to do it because it’s in school time'. (Adult)

In school the workers did not face the problem of children leaving the class, although the children withdrew their participation in other ways. In all the projects the children showed resistance at times through being disorderly or disengaging from the project. Whilst the children were typically engaged in the CtC sessions, this differed; different children engaged more or less at different times, and for varied reasons. Sometimes children appeared to want to do something else (such as talk and play with a friend), their attention wandered for a while, they had general difficulties with learning and attention, or the child was experiencing personal problems at home which meant they were less engaged in all school work.

There were times when children asserted their resistance to adult control. For example, a child was heard to express his resistance at an adult’s instruction to line up by the door, by saying 'no, I don’t want to', but this was done so quietly that the facilitator did not hear, and the child did eventually do as asked. Another example was when children said they could not find their CtC textbooks, arguing therefore that could not do their work, but were then told by adults to write on loose sheets of paper instead.

When the children were not engaged the adults worked hard to gain their attention and keep the children ‘focused’ on the task. At times children were encouraged to participate, whilst at other times they were instructed to do so. Occasionally adults allowed children to opt out for a while, whilst at other times they did not. Sometimes workers disagreed about whether a child should be able to opt out for a time.

Three girls were not participating [in the group], or far less. One was drawing her own picture and at one point [the adult] indicates to her to put it away. She does so, but doesn’t look very pleased about it. (Evaluator’s observation)

[Child] did not take part throughout the session – which both [the youth worker and CtC worker] felt was a problem. We both encouraged her and tried to coax her to participate but she spent most of it plating other people’s hair, including [the workers’]. We just let her do this as it seemed to be calming for everyone. (Adult)

The following example illustrates that when children a child who did not want to take part was allowed to opt out, he participated more enthusiastically:

[The CtC worker] asked if there was something he’d like to do - something special. But no - he didn't want to take part. She just said that was fine then - that he could join in when he felt like it. After about 10 minutes he said he would like to take part again and got really involved - was very enthusiastic - and with [another child] dashed off to ask the teacher in charge of the play if they could invite some elderly people along. (Adult)
CTC PROCESSES: CHILD–FACILITATOR RELATIONS

OVERVIEW

This chapter examines the relations between the children and the adult facilitators during the CTC projects. It examines the pedagogy of participation and focuses on the dialogue between children and adults; what roles the adults adopted and the support they offered, what support was requested and the ways in which the facilitators listened and responded to children. The chapter is divided into the following sections:

- **Challenges Within the Pedagogy of Participation**: Outlines the practice and challenges facing educators enabling children to learn through making choices, including the impact of organisation context and adult histories.

- **Support Roles**: Identifies the importance of different roles required by adults to support children’s participation: ‘observer’, ‘facilitator’, ‘activator’, ‘adviser’, ‘informer’, ‘instructor’ and ‘doer’. It examines the dilemmas adults face in adopting these different roles.

- **The Power of Verbal and Nonverbal Communication**: Identifies the ways in which adult communication – both verbal and nonverbal – sometimes inhibited children’s participation.

- **Children’s Requests for Assistance**: Identifies whom children asked for assistance during the CTC project, and what influenced their choices.

- **Encouraging and Accepting Criticism**: Examines the extent to which adults invited criticism from children about the CTC project and their roles as facilitators. It also explores how much children felt able to make complaints about others, both adults and peers.

- **Maintaining Children’s Interest and Motivation**: A number of factors were key to keeping children motivated in CTC, outlined in this section.

THE PEDAGOGY OF PARTICIPATION

Summary of section

- Participation in decision making assumes choices and undertaking CTC in contexts that restrict children’s choices – both schools and after school clubs - inevitably caused some tensions.

- It was a challenge and dilemma for adults to get the balance right between being non-directive enough to enable children’s participation, whilst also offering enough direction to ensure their sufficient structure and guidance for learning, as well as discipline and safety (i.e. protection).

- The CTC projects were undertaken in different contexts and with diverse adult teams, which had an impact on the practices adopted.
• The schools had to accommodate many institutional expectations, including a formally defined curriculum and a more directive teaching approach adapted to delivering these attainment goals. Whereas the After School Club was faced with introducing a structured project into an informal education environment.

• Some adults volunteered to take part in CtC, but others were nominated and this affected their enthusiasm and commitment for the project.

• The adults had diverse experiences, professional backgrounds and their own histories and styles of working and being with children, which had an impact on their facilitation styles within CtC.

• The initial training did not sufficiently explore the different roles required to facilitate participation, so adults interpreted and developed their own roles.

• Children were most positive about workers who were least directive.

• Children were rarely encouraged to facilitate group work.

Challenges Within the Pedagogy of Participation
As described in the introductory chapter, CtC is rooted in an informal education model. The pedagogy of participation refers to the principles and practice by which educators enable children to learn through making choices and directing their own learning.

Participation in decision making and taking action assumes choices and that children have the competence and responsibility to take part. The children in the evaluated projects clearly demonstrated a range of abilities and agency through the action they took within their CtC projects. Part of the aims and achievements of CtC are educational and the projects also succeeded in increasing children’s competence (as demonstrated in earlier chapters). To ensure the children’s learning and action adults had to offer a level of project structure and guidance. Adults also had responsibility for managing the project and the children's well being, so children were not taking decisions autonomously. They were always under the guidance and ultimately the control of adults, particularly where their attendance was compulsory.

Undertaking CtC in contexts that restrict children’s choices – both schools and after school clubs - inevitably caused some tensions. This presented a big challenge for adult facilitators: how to be non-directive enough to allow children to make choices and take action, whilst also offering the necessary support (structure, advice and control) to enable them to undertake a project, within the constraints of their different contexts. Getting the balance right and knowing how directive or not to be at different times was a difficult dilemma for adults.

Sometimes you get that balance right and sometimes you don’t. Sometimes you can be too disciplinarian or directive and other times you can be so hands off that it doesn’t work, that maybe the group isn’t getting as much out of it as if the facilitation was tighter. (Adult)

The CtC projects were undertaken in different contexts and with diverse adult teams. The adults were themselves accountable, both within the staffing structures of the school and the demands of national education legislation. These factors have to be taken into account when understanding how participation was facilitated within CtC.
The Organisational Context

The CtC projects were undertaken in contexts with different institutional demands on both adults and children. The schools provided a very different environment, with many expectations. Outside of CtC, teachers have a specific role to ensure large classes of children all achieve learning strictly defined by the National Curriculum. This formally defined curriculum results in a more directive teaching approach adapted to delivering these attainment goals. Teachers need to ensure children are all attentive and focused on shared goals. It allows limited opportunities for children to define their own learning, which includes for example, free ranging discussions. The role of the adult facilitator and the pupils’ in CtC were therefore different from that which teachers and children are normally expected to fulfil in the classroom.

The importance of the National Curriculum for schools, and the demands on class teachers to achieve high pupil performance, was an added strain for teachers undertaking CtC.

You’ve got to put yourself in the classroom perspective, as a teacher, got to look at it the targets that have been set, how you’re going to make teachers feel that all the other work will benefit from it [CtC], they see it as additional and timetable disruption. (Adult)

Schools also vary in specific features. One school (A) had children from a mix of socio-economic and ethnic backgrounds, whilst the other (B) was in a more deprived area with the large majority of children from minority ethnic backgrounds. The latter school had worked hard to succeed in raising children’s test score performances and this was a high priority for the teachers, and there was pressure for the CtC not to take too much time out of the curriculum. In the other school, there was a history of good test scores which resulted in greater ‘confidence’ to ‘afford the time in the curriculum’ (adult) for CtC projects. One teacher posed the dilemma that schools’ with lower results must face when deciding whether to introduce CtC.

If the school isn’t getting good results, you’ve got to say ‘well, ok, this is a different approach, will this have a knock-on effect on self-esteem and therefore a knock-on effect on results? Or should these children be having whatever else? (Adult)

The After School Club was very different to the school contexts in that it had fewer institutional demands and an informal approach to education. Workers instead faced the challenge of how to ‘introduce a formal structure into a non-formal situation’ (adult). One school teacher believed after school clubs would be an easier environment in which to undertake CtC because she ‘wouldn’t have the restrictions as a teacher and also the requirement of the curriculum’, and therefore she wouldn’t need to be so ‘strict’.

All settings faced the constraints of time. The CtC projects worked to a strict timetable, which put pressure on adults to ensure that the project achieved its aims in the time available. This meant adults sometimes had to constrain children’s choices and prevent them from doing what they wanted:

Giving the kids their choice, because it’s all about choice, but understanding what parameters we’re under. If time is running out, choice more or less it is going to go out of the window. (Adult)
Adult Teams
The adult facilitators valued the experience of undertaking CtC and agreed with the aims of increasing children’s voice in their communities. All facilitators – including the CtC worker, class teachers, youth workers, school nurses, parent volunteers – put in a lot of time and effort to provide opportunities for children to engage in a CtC project and they supported them in a number of ways to take part.

Some adults had volunteered to take part in CtC, and had actively pushed to be involved, whilst others had been nominated or persuaded by managers. The extent to which adults volunteered had an impact on their commitment and ‘motivational level’ (adult) for taking on this additional role of facilitating CtC. It was felt to be important to include those with the ‘right personality, whether the [adult] sees that it will be good for the children to get involved’ (adult).

I knew the success of it would depend on how much involved, time and energy the class teacher would be able to give, not see it as another addition to the workload. (Adult)

In each location the adult teams had diverse experiences, professional backgrounds and their own histories and styles of working and being with children. Within the sessions adults worked hard to be non-directive, trying to be ‘mainly encouraging’ to help the children generate ideas and action. This was more difficult for some of those who were used to a more directive approach; ‘it's giving up control, a certain amount of control, which is not necessarily very easy for a teacher’ (teaching professional). For some more than others it was a ‘challenge’ to ‘really hold back and let the children come out with what they want’ (adult). Conversely, those who already had a less-directive facilitation style at times found it harder to ensure enough structure (and boundaries for acceptable behaviour) for children.

Unfortunately I was brought up that listen to what you’re told, when children say things I really have to stop and say it’s ok. (Adult)

It has been a huge learning curve . . . In order to allow many children to participate, you need more structure. Need stronger boundary settings than I previously thought. (Adult)

The initial training for adults facilitators usefully covered the different steps involved in CtC, and activities that could be used with the children, but did not sufficiently explore the different roles required to facilitate participation and how these translate into practice (the CtC training has since been adapted in light of these evaluation findings). This meant the adults were left to interpret and develop their own roles, and they found individual solutions to the participation-protection dilemma.

Sometimes different adults used different facilitation approaches during the same task, so there was a lack of consistency about which decisions children could make and when. The following examples illustrate this. In the first a teacher adopts a classic classroom approach by instructing how the children will present their group work and in the second a parent volunteer facilitates children’s own decision:

[The adult] decides who to present – calls out their names [three children]. They get up and go to front of class. Then she asks if others want to say something. [One child] says yes and gets up, [another child] says no. [The adult says] ‘Everyone stand to the side so everyone can see. You can read through your own bits and someone can read through (the bits by the two children not presenting) as well. (Evaluator’s observation)
All the table get up to present and between them they seem to be organising who is going to present, and there is lots of chatter and movement as they decide. All the group present. Each reads a bit. (Evaluator’s observation)

Different adults adopted different roles to achieve the same end. The following examples illustrate the different approaches used to encourage children to improve their communication. In the first the adult is more directive and instructs the child, whereas in the second example the adult facilitates group communication and offers encouragement:

Come on [name of child], speak up, I can’t hear you. Lower your book. (Adult)

In a group presentation a child] reads a bit, but fairly quietly. [The adult facilitator] asks ‘Can everyone hear?’ and the class say ‘No’. The adult asks ‘Can you read it out louder so everyone can hear, that would be great?’ The child reads it louder. (Evaluator’s observation)

Whilst CtC is rooted in a community education approach, in which the adult role is to enable the development of children’s (and their own) learning; the adults were not always clear how the informal approach to supporting children within CtC was also educational. One teaching professional said ‘we were not teaching really in any way really, after we’d taught them what to do’, and another was concerned with making CtC more directive in order to make the project fit the expectations of formal learning by getting children to do homework and record their learning in a text book. Children also perceived the less directive support being offered as different from teaching:

C6: Mainly it was all our ideas, and they just backed us up all the way, like if we wanted to go the centre.
C5: That’s what they’re there for.
C1: No they’re not, they’re there to teach us. (Children)

Across the projects the children were most positive about workers who were least directive, particularly the CtC worker, except in one instance. The children were most critical of adults’ directive behaviour; there were complaints about those who were ‘grumpy’, too strict, who shout and do not listen.

The workers did not encourage the children to become facilitators, except in the After School Club when a couple of the more challenging girls were asked to lead on parts of Step 4 and 5, to elicit others learning and draw out ideas for action, and they wrote these on flip chart. Another more recent CtC project in north London has involved sixth formers facilitating Year 7 students.
Support Roles

Summary of section

• This section outlines seven roles that adults adopted at different times in order to facilitate children’s participation, on a scale from non-directive to directive.

• There were times when it was appropriate for adults to let children get on with their own activities without on-going adult support.

• The least directive were the ‘observer’ and ‘facilitator’ roles in which adults allowed and encouraged children to generate their own ideas and take action.

• Adults also had to adopt ‘activator’ and ‘adviser’ roles to encourage children to develop their ideas, including making suggestions. Some adults were concerned about inputting too many ideas, for fear of being too directive.

• Adults had to provide children with some information (‘informer’), although there were differences in how much this was initiated by adults or by children and adults were sometimes reluctant to provide information, particularly personal information and views.

• Adults had to be more directive at times (‘instructor’). They structured the project, including designing sessions and choosing activities, to ensure a framework in which children could undertake a project and keep motivated.

• Adults enabled children to make decisions, but some told children what to do more than others. At times adults needed to instruct children to ensure good group cohesion and that no children were excluded.

• Adults had to enforce discipline at times and they had different approaches to doing so. Knowing what boundaries of acceptable behaviour to establish was sometimes a dilemma for adults, particularly in the after school club.

• The adults had to instruct children at times to ensure their safety.

• Whilst encouraging children to undertake their own action, adults sometimes had to undertake tasks for children, so as not to overburden them (‘doer’).

A Model of Support
The adults’ support role in CtC includes to ‘guide and encourage’ (Gibbs et al, 2002) the children:

C6: Like we went to [the elderly people’s residential home], if we wanted to go there they sorted it out for us, they just backed us out all the way.

C5: They’re just sorting out stuff for us and we’re like the ideas people.

(Children)

The idea is that the children are the ones who choose the topic and its their work, so that any changes that are made it’s the children who thought it and we’re just there to guide them along the right steps. (Adult)
To guide children demands that adults adopt different roles at different times. The model below, adapted from Klein (2001, p. 27) based on the evaluation findings, illustrates the numerous roles that the adult facilitators were required to adopt to support children to develop their own projects. At times the adults could be less directive and allow the children to generate their own ideas (facilitator, observer), whilst at others they had to help the children to develop their ideas (activator), make suggestions (adviser) and provide information (informer). Adults also adopted a directive role (instructor) by structuring the CtC project, and telling the children what to do to ensure discipline and their well-being. Whilst the underlying ethos of CtC was to encourage children to undertake their own action, adults sometimes had to do things for the children too (doer).

There were also times when adults left children to get on with their own activities, to discuss on their own or develop their own materials as a group without adult intervention, which children were frequently capable of doing without support.

<table>
<thead>
<tr>
<th>Non-directive</th>
<th>Directive</th>
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<tr>
<td>Observer</td>
<td>Facilitator</td>
</tr>
<tr>
<td>Reflect and feed back on what is happening in the group.</td>
<td>Challenge ideas and encourage children to develop their ideas further.</td>
</tr>
<tr>
<td>Ask questions to find out what children want to do.</td>
<td>Encourage inclusion.</td>
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<tr>
<td>Encourage inclusion.</td>
<td></td>
</tr>
<tr>
<td>Provide resources to take action.</td>
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Examples of how these roles were adopted in the CtC projects, and the dilemmas they sometimes created, are explored below.

**Observer**
Adults’ observation of the sessions was important to developing their own practice and they discussed what had happened in the session with the other adults, although they rarely did so with the children. Sometimes they would comment on the children’s behaviour and achievements within a session, giving both positive and negative feedback.

**Facilitator**
This was the main adult role that underlined the CtC model. Adults fulfilled this role by providing opportunities for children to express their views and take action, by asking them what they wanted to do and providing the resources for them to implement their ideas. Most adults worked hard to keep in their role as facilitators as much as possible, whilst also having to adopt different roles at times.

An important part of the facilitators' role was to ask questions that would enable the children to identify and express their views. Probing was also useful to find out more what the children thought and to get them to generate new ideas: ‘imagine you’re an old person who’s living in a tower block on your own’ (adult).

Although we had quite structured activities, quite often within an activity it would be them who would decide which way it’s got to go . . . So our role was
to help them by doing that, by asking them the right questions or probing, so how are you going to do, and then getting them to come up with the answers. (Adult)

Praise and encouragement were extremely important for engaging children and ensuring their active inclusion. The adults encouraged the children by using a lot of praise – such as ‘good’, ‘brilliant’ - particularly in response to the children’s ideas. In addition, adults used a number of techniques to encourage different children’s participation. This included asking quieter children for their views and asking all the children in the group in turn. Gentle probing and using humour could encourage children to participate more fully:

One boy seemed to be having a bad day, so I had to be prompting. She said we don’t need anything, so I made a joke and said I wish I could be like you and have everything. She smiled and came up with two ideas. But then clammed up again. (Adult)

One to one support was offered at times, to help engage a child and give them the encouragement and assistance to participate. Having higher staff ratios meant there was increased opportunity to do this compared with having just one class teacher present. Some children with special needs needed help to participate more fully.

**Activator**

As well as encouraging children to express and generate views, part of the education support role was to help children to explore and develop their ideas further. The extent to which different facilitators engaged in this type of dialogue with the children varied. Some felt their role more as ‘taking a back seat’ whereas others recognised the importance of getting children to expand their ideas.

Occasionally adults were observed helping children to make connections between their ideas; for example, one child mentioned that ‘traffic is a problem’ in her area and later that it is ‘hard to travel’ and the teacher suggested a possible link to the child between these two concerns.

The following extract illustrates how an adult picked up on what the children said and engaged in dialogue, which encouraged the children to further explain and develop their ideas. This adult also questioned the children’s over-ambitious ideas for a school golf course; ‘I said why, I don’t think school will put it in, got to have football or golf, got them to downsize’. By having this type of two-way dialogue the children could be encouraged to think through both what was good about their ideas and the barriers to implementing them, helping them to make more informed choices.

Adult: well you said more football so you mean you want a football pitch, right?
Child: Yeah.
Adult: Why can’t you play football outside?
Child: Because we loose balls over the fence.
Adult: Well put that down . . .
Child: Have better assemblies about football.
Adult: Is that what you’re actually trying to say or are you trying to say something else?
[The children explain that it will be better because they will get football medals in assembly.]
Adult: That sounds good. (Evaluator’s observation)
Sometimes the adults would simply facilitate children’s ideas by asking them questions but would not then engage in discussion about those ideas (illustrated in the dialogue below). At times the adult’s would illicit many ideas from the children without discussion and then pick on one or two of these ideas to be explored in more depth; it was not always clear why certain ideas were discussed more than others.

**Adult:** What else do we need to be careful of?
**Child:** Burglars.
**Adult:** What else?

**Advise**
Advising children was a useful role for adults to play at times in CIC, although they only occasionally made suggestions to the children. For example, they advised them on how to undertake tasks such as how to ensure their posters and letters clearly communicated their message. The children did not appear to mind as long as they were not ‘told’ to do things.

It’s ok going by its own steam but if it’s slowing down that’s, or the batteries wearing out, you need to boost it up. You can advice, sometimes you need to say something, even though you don’t want to, you need to say something to get it going, that is reality. (Adult)

Some adults were reticent to make suggestions for fear of influencing the children’s ideas or through fear of offending the child if commenting on their work. Suggestions could influence children; one example was observed when an adult gave examples of how the children might like to take the CIC forward and she suggested ‘have a party’, which proved to be popular and was then mentioned by several children as something they would like to do. The problem was not so much that the adult made a suggestion, which the children picked up on, but that the adults appeared to have no intention of facilitating a party.

At times it really felt hard not to put your information in, even though I felt to myself I shouldn’t have said that because it may or may not have been an influence, but sometimes I think it was justified because it was needed to move the issue along, just to give that certain inspiration . . . really it was just to get most of the inspiration out of the kids really. (Adult)

Only one instance was found (although there may well have been others) of children asking an adult facilitator ‘what do you think?’ about a topic under discussion, to which the adult offered her own views and made suggestions.

Suggestions were sometimes used as a way of encouraging improved group communication, and it was left up to the children whether they accepted the advice. In one instance an adult suggested to a couple of children that ‘maybe you could help’ another child (although the children did not act upon this and it was not enforced).

**Informer:** Factual Information and Choices
The education model used in CIC stresses that adults are not the experts who will impart knowledge to children, but rather it encourages children to learn themselves through experience and building on existing knowledge. Whilst they are expected to give ‘enough information’ the emphasis is ‘less focused on teaching children new information and facts’ (Gibbs et al, 2002) and there is no set curriculum. A balance
was sought between ensuring children had the information required to make informed choices whilst not attempting to fill them with facts.

The adults gave varying levels of input at different times; when the children were brainstorming it was their own ideas, but when they were making decisions adults sometimes gave them a range of options and/or information. Some adults provided children with very little information during CtC or only upon children’s request. For example, when the children said they did not know of any organisations that work with the elderly, the adults provided them with a list of contacts. Other adults took more of a lead in providing information, such as lists of community organisations, rather than waiting for the children to ask.

Some facilitators struggled to know how much information they should provide to the children or offer their own views, rather than getting them to come up with ideas themselves, for fear of being too directive.

Informer: Providing personal information
Whilst CtC stresses that facilitators should be ‘be open and approachable’ (Gibbs et al, 2002) the adults were rarely observed sharing information about themselves with the children. There were some examples of where this happened, including an adult who informed the children about her own experience of working with elderly people. Another facilitator explained why she had not been able to attend a class assembly and apologised.

The adults in the schools appeared reticent to give something of themselves, which sometimes prevented them from engaging in dialogue with the children and reinforced their status and power over the children. For example, when the children were playing a game in which they had to ask others questions to find out who had shared experiences, several children asked an adult ‘can we ask the teachers?’ but were told no, they could only ask the children, to which the children appeared disappointed. On another occasion, failing to share personal information meant the adults in effect ‘blamed’ the children for what hindered a project session whilst not taking their own share of the responsibility for that session. An adult told the class that the session had not gone well because ‘the children were really, really tired, it’s been tiring’ (adult), although she omitted to mention to the children (but did to the evaluator) that the adults were also tired: ‘we’re tired and the children are tired’ (adult).

In the After School Club, the group had an opening circle time in which everyone, including facilitators, would say how they were feeling and why. For example, one adult said how anxious she was feeling about the Afghanistan crisis and another said she was tired because she had had a bad day. This openness enabled these children to ask adults questions; when the evaluator was observing a session and forgot to explain her feelings, one child felt able to prompt her to say why.

The children welcomed adults’ input and the sharing of their views. One worker initially never questioned children’s views, even if she disagreed with them, but the children said they wanted honest feedback rather than always being praised, so the worker amended her practice: ‘I would say now that I disagree with them and my view is this’ (adult).

Instructors: Structuring the project
The adults undertook an instructor role on a number of different levels. Firstly, adults designed a project structure; the CtC has a six-step format and the adults also led on
deciding activities and tasks that children would do in each project session. A level of adult direction was important for providing an environment that was appropriate for the children's abilities. Adults attempted to create 'enough space to make the decisions they needed' (adult) whilst also ensuring the project provided opportunities and activities that engaged the children, kept them motivated and helped them to move forward. One worker said she had recently realised, after running adult training, that in educational environments the importance of providing enough structure, ‘there is a line between asking people all the time and telling them what we’re going to do; people need boundaries and direction’. The model appeared overly structured for the children in the After School Club, who found it too school like (see section on ‘Maintaining children’s motivation’ later in this chapter).

It was our job to get them to do it. So we told them what we wanted them to do, gave them a range of options of how to do it, and then they did it. So I think we were more proactive than I thought we would be at the beginning, in terms of setting definitions, defining what they would be doing and what they wouldn’t be doing. But then after that, they basically got on with it, once we’d told them what to do . . . So we set the agenda, didn’t we, every time, they didn’t set the agenda any time. (Adult)

Instructor: Telling Children What to Do
The underlying ethos of CtC is that children are supported to make their own decisions (as discussed in the chapter on ‘Children’s Participation in Decision Making). Children were sometimes instructed what to do within activities, and more so by some adults than others. There were no explicit groundrules about when adults would or would not intervene. Children valued being able to make choices within the activities, but did not like it when they told what to do. They wanted to make their own decisions rather than be instructed. When out on visits, for example, children were told to ‘speak up’ and sing to elderly people (without this being agreed before), which they did not like. One child said the type of support wanted was when adults ‘let you do what you want and only helped you in the things you want to be helped in’.

2F: They just told us what we had to do.
1M: Just told us what to do and how we, different ways of how we can help [the elderly] . . .
2F: They were saying ‘do that, do that’.
1F: Write this, write this, write this. (Children)

At times, however, it was necessary for adults to instruct children in order to maintain group cohesion and to ensure children were not excluded by their peers. For example, whilst children were often given the chance to decide who would make group presentations, sometimes adults intervened to ensure that different children got a chance to present. As it was often the most confident children who wanted to present the adult's role was important in ensuring the quieter or less vocal children also got the opportunity to participate in this way. This illustrates the dilemma facilitators faced at times; having to exert control over some children to ensure the participation of all children. Another example was adults’ deliberations about when and whether to let the children decide who they sat with in CtC; they felt it benefited children to be split from friends at times, and mixed up, whilst they also wanted to allow children as much choice as possible.

Child: I’m presenting
Adult: No, you did it last week.
Child: I’m the best at presenting, I’ve got a loud voice.
Adult: You did very well last week, but how about giving others a chance to develop the skills as well.

**Instructors: Establishing Boundaries and Maintaining Discipline**

In all the projects the adults facilitated children to develop their own group groundrules, but adults still had to help enforce these rules, as well as establish and maintain other boundaries for acceptable behaviour. There were different issues around establishing boundaries and maintaining classroom order within schools and the After School Club, discussed below.

Adults’ power to assert discipline was occasionally felt to reflect the adults’ failings rather the children’s. Examples were given by adults of colleagues getting annoyed with children for not understanding overcomplicated instructions.

**Schools**

In schools the CtC projects were undertaken during the school day and the participatory work had to fit into the school ethos of maintaining the discipline of children. One of the biggest challenges for participatory work in schools is working with large numbers of children, which is different from most other contexts involving children. In order to involve children the adults had to spend time ensuring they listened to adult instructions and to their peers, as well as enforcing socially acceptable behaviour, such as being non-offensive and non-violent.

It’s different in different contexts, in the school there’s a certain responsibility I suppose, certain standards that the school would want to maintain, I suppose, for a teacher. (Adult)

At times the adults (in all projects) would tell the children not to talk because they wanted them to listen to the adults or to their peers. This was done to ensure that the children heard the instructions so they could participate in the activity. When in schools the focus of the CtC projects included structured work adults would enforce children’s behaviour to ensure they undertook the required tasks; for example, telling them that no talking was allowed until they had finished their work.

The teachers played an important role in enforcing boundaries of acceptable behaviour during CtC. In both schools all the adults would sort out behavioural issues as they arose, but would refer these to the class teacher where necessary. The teachers tended to be more quickly able to enforce quiet and discipline amongst the school children, and did so using directive language.

The following examples illustrate different approaches to ensuring class quiet. The first is a more directive approach. In the second the adult facilitator is still directive, but more creative and used an engaging method of talking, like a story, that entranced the children:

When the class teacher asked them to put their heads down and shut their eyes some of the children mimicked snoring sounds and there was quite a bit of laughter.
Teacher: We’re not having sound effects.
One child: I can’t hear it [ie snoring]
Teacher: You don’t need to hear it, you need to be able to hear me.
[Some very quiet talking heard]
Teacher: I can’t believe I can hear people talking. Don’t discuss it with each other. Think. (Evaluator’s observation)
[The adult] asks everyone to be quiet otherwise it ‘hurts my throat’ to talk above everyone. She asks ‘Is it quiet yet? No, I can still hear whispers’. She is holding her ear and listening. She tells a sort of story telling way, slowly, pauses, rhythmically. Quite entrancing. (Evaluator’s observation)

Discipline appeared to be a more explicit part of the school ethos in School B than in School A. All the adults participating within the School B project referred to the importance of discipline in the school on a number of occasions; a couple said they were ‘old fashioned’ in that they valued the school’s ‘firm’ approach and felt it was good that children were not allowed to ‘step out of line’. Adults were observed being stricter during CtC sessions in School B with more emphasis being placed on maintaining children’s calm and orderly behaviour, whereas in school A the children were more active and the noise levels were frequently very loud.

During the CtC evaluation children were observed being punished in School B (for example, being sent out, told to sit on the carpet in the middle of the room or sit in the corner) but none were observed in School A, although in both schools adults (usually the class teacher) would reprimand children when they felt it necessary. In School A the adults developed their own guidance on how to discipline children (see box below). They often referred the children to their own group groundrules and the children were sometimes involved in resolving conflicts. In one example, when two children were arguing and making horrible comments to each other, the adult referred to the group rules but this helped little so she asked the other children in the group what should be done. They said the children had discussed the argument at lunchtime and now the group should carry on working and leave out those children who did not want to participate; one of the two children got right back into the work and the other sat out for ten minutes before rejoining.

**Disciplining Children: Adults’ Guidance**

What if.... …I don't know what to do next - when a child behaves inappropriately or uses inappropriate language?

Ask them why they did it.
Ask them what gives them the right to behave like that.
Be polite to them!
Be reasonable with them!
Stand your ground if they are answering you back.
Be consistent - so follow through on what you say.
Use the class teacher if you need to and call them over if wanted.
Seating arrangements: perhaps sit across from the child that is misbehaving so you keep eye contact with them.

**After School Club**

In the After School Club establishing boundaries for acceptable behaviour and maintaining discipline proved more difficult and raised dilemmas for workers. The club did not have clearly enforced levels of acceptable (and unacceptable) behaviour (as there were in schools) and before the CtC project started the girls already attending the club were reportedly allowed to ‘run riot’. The group of girls lacked good group work skills, they presented challenging behaviour, and there was a lot of group conflict, some bullying and rudeness to workers. Some girls were more dominant and challenging than others, and some had more difficult personal problems that translated into their behaviour at the club.
During the CtC project the workers found it hard to deliver the appropriate level of discipline and they disagreed about how to do so. The CtC worker was less strict than the youth workers, so there was inconsistency in how discipline was enforced. Whilst the CtC worker struggled to enforce more discipline, the youth workers struggled to be less strict.

They try and push, push, push and it’s not appropriate to let them to push that far because that’s not helping them either. There does have to be that line and that’s a hard call to make . . . it’s become clearer to me that you can’t allow it to be pushed too far. (Adult)

Initially the project had few rules and children were reprimanded but not sanctioned for their inappropriate behaviour, in order to preserve the ethos of CtC by not being too restrictive on what children were allowed to do. Two of the quieter children then said they would no longer participate because they felt threatened by other children. The adults therefore introduced a strike rule; one warning, then a strike and barred for a week. The quieter children liked the rule as it protected them from the more dominant children. The children who were penalised did not like it, however; they felt the rules were inconsistently applied. They said the rules in school were fairer because at least it was clear what they were. Whilst the girls were involved in setting their own group ground rules, the workers decided the sanctions, without negotiation with the group. Some girls did not like that these rules were imposed and changed by workers; they were unclear what the rules were and why they had been changed.

Like at school it’s like no running, and stuff like that, and it’s easy to follow. These [club] rules, you do something wrong, they make up rules every minute. (Child)

The workers agreed that the children responded better to having some level of discipline imposed, although they differed in how much they thought this was the most important factor in their changing behaviour. The youth worker emphasised the importance of discipline so that children ‘know what they can and what they can’t say to us’, whereas the CtC worker emphasised equally the importance of creating an environment in which the children felt comfortable, un-judged, and which they considered fair so that they ‘don’t need to push it anymore’. The more challenging children disliked the stricter youth workers, but all were positive about the CtC worker. As a result they were less challenging in their behaviour towards the CtC worker; they were rarely rude to her, they opened up more to her about their problems, and were noticeably upset when she was leaving on the last CtC session.

**Instructors: Ensuring Children's Safety and Well-being**

Adults had to ensure children’s best interests, including their safety. They had to accompany children out into the community and ensure there were appropriate adult-child ratios. Some children said they would like to visit the elderly people in the summer holidays and their teacher instructed them to be sure they went with an adult. When visiting elderly people adults raised the concern that a child may become close to an elderly person who might then die and they discussed how they might support a child in that situation. Some children were frightened when visiting elderly people, and the staff reassured them and helped them to understand the behaviour of some of the elderly people. One child was particularly upset, due to a personal bereavement, and upon her request staff agreed that she would not have to visit the centre again. It was felt that in future parents should be informed about the topic that children choose so that they can identify any potential concerns that might arise for the children. In a residential home, staff were concerned about an elderly man’s interest in the children and they carefully monitored his interaction.
In the After School Club the girls often wanted to discuss other issues in their lives, particularly problems at school. The project offered them an opportunity to explore their issues and be listened to. This created pressure on the project timetable, however, and cut into sessions, which meant fewer games were played. This presented a dilemma for workers who felt the girls ‘really wanted to talk about things, seemed to really need it’ and yet it was only ever a few girls who wanted to discuss other issues and workers felt that by letting them do so it would impact negatively on the whole group mood, whereas they responded well to structured fun activities. The dilemma for workers was whether to be ‘stricter with the boundaries’ and say ‘we’re not talking about that now’ or discuss issues as they arose.

The needs of the children also had to be balanced with those of others in the community. On one visit to a residential home, the children did not get to spend much time with the elderly people, and the adults assessed that ‘it was probably long enough for the elders even if not for the children’ (adult).

**Doer**

An underlying principle of CtC is to enable children to take their own action and they were supported to do this on many occasions (as discussed in the chapter ‘Children’s Action on Community Health’).

Appropriate support also meant sometimes doing things for the children, rather than expecting them to do everything themselves. For example, when children made the phone calls to external adults the facilitators sometimes made introductory calls first or followed up the call to explain further about the project or because the children were not available to accept returned phone calls. Adults sometimes had different approaches in what they would do and what they expected from the children. Expecting the children to undertake all tasks could put too much burden on them. For example, in one school the children were required to write up session discussions themselves – done partly so the work was all ‘theirs’, although the children did not enjoy doing this – whereas in the other school the facilitators took on far more of the responsibility of typing up session notes. This illustrates the difficulty facing adults in finding the balance between enabling children to participate whilst not burdening them with overly high expectations of doing too much, which only serves to lessen their engagement.

### **THE POWER OF VERBAL AND NONVERBAL COMMUNICATION**

**Summary of section**

- The adults in CtC were committed to encouraging children to express their views and adult communication was, in the main, respectful and clear.

- Adults’ language and nonverbal communication sometimes constrained children’s voice from being articulated and/or heard. A number of different examples are listed.

Language and nonverbal behaviour are both important means by which people communicate how much others are respected and their views listened to or not. The choice of language and gesture are important for ensuring messages are communicated clearly and effectively to the children (for full discussion on talk amongst teachers and learners see: Mercer, 1995). The children themselves learned
the importance of language in showing respect by finding out that people prefer to be
called ‘elderly’ rather than ‘old’.

Children are often not asked their views within society. When they are asked
questions these frequently assume a ‘correct’ answer and set out to test them. Adults
also prevent or sometimes chastise children for freely expressing their views,
particularly when what they say is critical of adults. The adults in CtC were committed
to encouraging children to express their views, and the language they used was
mainly respectful and clear, but examples were found when the communication they
used curtailed children’s free expression. These highlight how easy it is for even the
most committed of adults to fall into using deeply socially entrenched language that
reinforces power inequalities in the prevailing adult - child relations.

Examples of the ways in which adults’ communication constrained children’s voice
are illustrated below. Just a few (sometimes only one or two) examples were found
for each of these:

**Expecting a ‘right’ answer**
The following example illustrates how adults could signal to children that what they
want is a ‘correct’ answer rather than their own views:

[The adult] asks the children what they did last week and about 10 hands
shoot up. When they give their ideas eg parachute game, she says ‘yes’ but
no more feedback and it’s clear that there’s something more and specific she
wants as she says ‘something else?’. Then a child answers ‘feelings dice’ and
the adult says ‘Yes!’.

**Leading questions**
Leading questions imposed adults’ ideas and views and are an easy lapse to make,
as illustrated in the first example below. Mostly the adults seemed careful not to ask
leading questions as illustrated in the second example.

[A child talks to the teacher about playing on scaffolding and how it’s fun.]
Teacher: Don’t you think that’s dangerous for little kids to do?
Child: Yeah.
Teacher: Don’t you think we ought to warn kids about that?

Do you want to go and visit them again, or not visit them again, or write to
them again or, what do you want to do? (Adult)

**Demanding a correct answer**
The following example shows how adults could demand from children that they parrot
adults’ views rather than say what they really think:

Adult1: Isn’t it a beautiful poster? Isn’t it? Isn’t it?
Class: Yes.
Adult1: Thank you [name of class teacher]. [Indicating to the children that they
repeat this.]
Class: Thank you [name of class teacher].

**Rewarding ‘correct’ answers**
One child’s criticism of facilitation language highlighted a sharp understanding of the
subtle distinctions in word meanings and the importance of using appropriate
encouragement with the children. Adults often praised children’s ideas with ‘good’ or
‘excellent’ but one facilitator repeatedly said ‘exactly’ in response to the children’s comments and ideas. The child criticised the use of ‘exactly’ because it suggested the facilitator was praising them for saying the ‘correct’ thing rather than simply being encouraging; ‘she’s supposed to be saying “oh yes, that’s really good”, not “exactly, that’s what I mean”’ (Child).

In another example, an adult facilitating a small group discussion was observed giving the highest praise – ‘that’s a brilliant idea’ - to a child who reiterated the adult’s own suggestion.

**False Praise**

One child told a worker that she praised too often and was never critical, the worker therefore reflected on how to give more honest feedback; ‘they want us to know what we really think and be honest and clear and really straight’ (adult).

**False choices**

The language facilitators used sometimes suggested that the children had a choice, when in fact they were being instructed to do something. For example:

> It’d be good if you’d show your ideas to others. (Adult)

> Do you want to come and sit down now. (Adult)

In the following example, one adult facilitator asks if children have a problem with something she has asked them to do, but when children said they did, the class teacher dismissed their attempts at raising objections:

> Adult: Any problems with that?
> Couple of children: Yeah.
> Adult: What’s the problem?
> Teacher: No, I think she means ok.

Children are so used to false choices being used as a form of control, that when an evaluator said in an group interview that ‘if you’re not interested in doing this, you can go through to the other room and join the others’ this was interpreted as a threat rather than a genuine option; children were genuinely surprised when reassured that they could in fact leave if they wanted.

**False questions**

Occasionally adults were observed asking children a question when they did not appear to want an answer or had no intention of acting upon the children’s responses. For example, in one session the adult facilitator told the children that they had run out of time to vote on what they focused their project and asked ‘is that ok?’.

Some children replied quietly but audibly ‘No’, however the adult did not reply to these responses.

**Unclear communication**

Occasionally the adults used unclear language, which did not say what they meant although the meaning was implicitly clear, which sometimes erred on being sarcastic.

> I think someone’s talking to you. [As a way of getting the children to be quiet] (Adult)
Gaining children’s consent
Even where adults were keen to ask for children’s consent, they did not always remember to do so. In this example, the adult asserted that she was going to read out the child’s work to the rest of the class, before remembering to ask if that was ok. Whilst the child did not appear to mind, it might have been hard for her to say no in this situation.

[Child brings letter to the adult].
Adult: Very good [name of child], I’m going to share it, can I share it?
[Child nods. Adult reads it out to the class].

Rhetorical question
In the following example a teacher is telling off two children for having a dispute about a rubber. The teacher is angry and the question she asks is both rhetorical and sarcastic; one might imagine that the children would be more severely reprimanded for attempting to answer it:

What am I here for, am I here to dance on the ceiling? If you’d come to me at the beginning of the day I would have sorted it out, but now I’m having to deal with it at 3.20. (Adult)

Talking about children as if they were not present
On a couple of occasions teachers talked to the evaluator about the children whilst in the classroom, and within ear shot of the children if they had wanted to hear (although not said with the intention that they would hear), as if they were not there. One said how she hated teaching a particular subject lesson to the children and one used explicit adult language. On another occasion, having told off a child for not working, an adult parodied the child to the evaluator by saying ‘oh no, I’ll just go and disrupt everyone’ (adult).

Using posh words
In one school the children said that sometimes teachers’ explanations were not very good and they used ‘posh’ words, which were hard to understand, and due to their misunderstanding they get things wrong.

Nonverbal communication
Physical gesture and touch were also used to encourage children’s participation, for example by taking the children’s hand and gently guiding them into the group. Nonverbal cues could signal adults’ interest, concern, attention and reassurance. Even when adults had to instruct children, gesture could also be used to signal that this was done with good intention and care, for example, by smiling or putting an arm round the child.

Nonverbal behaviour could also be powerful in reinforcing hierarchies between the adult and children. Adults would ‘stare’ or ‘glare’ to signal their disapproval of children’s behaviour. One worker described her way of controlling children by going very quiet, folding her arms and looking very fierce until they slowly stopped and realised that she was not engaging with them. The following example shows the power of an adult’s gaze – or absence of eye contact – to signal disapproval to a child, to reinforce and objectify status differences (also see: Francis, 2001).

The adult calls over to the child and says ‘[Name of child] what you doing, come here, bring your book.’ The child goes over, the adult is looking straight ahead, not at the child, and says ‘sit down’ (ie next to adult), but still not
looking at the child. She sits down, seems reluctant . . . Soon after this the child is sent out and then later, when the other children are working in plenary, she re-enters the classroom unasked. The girl comes in and edges slowly along the wall, the adult looks at her, just staring at her as if to say what are you doing in here. The girl walks out again. No verbal dialogue.

**CHILDREN’S REQUESTS FOR ASSISTANCE**

<table>
<thead>
<tr>
<th>Summary of section</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Within CtC, the children were most likely to first ask the CtC worker and their friends for assistance. They would also ask the class teacher and the parent volunteers.</td>
</tr>
<tr>
<td>• Children made considered choices about who they would ask for support. Some of the more important factors that determined who children would ask were their knowledge of CtC, how well they were known and how much they were liked, how supportive they were perceived to be and how empathetic.</td>
</tr>
</tbody>
</table>

In order to be able to take action in their communities, children frequently needed the support of adults and their peers. Six interviewed children (School A) were asked to rank who they asked for help during CtC (see table below). Most said they would first ask the CtC worker or their friends; friends were a useful first port of call for help if the children wanted to find out something they had missed or did not hear or were unclear about what they had to do. The class teacher was also frequently asked first or second, followed by the volunteer parents. The other kids in the class were asked least for their help.

<table>
<thead>
<tr>
<th>Asks for help during CtC</th>
<th>Asked for help during CtC</th>
</tr>
</thead>
<tbody>
<tr>
<td>CtC worker</td>
<td>33</td>
</tr>
<tr>
<td>Friends</td>
<td>33</td>
</tr>
<tr>
<td>Class teacher</td>
<td>31</td>
</tr>
<tr>
<td>Female parent</td>
<td>28</td>
</tr>
<tr>
<td>Male parent</td>
<td>21</td>
</tr>
<tr>
<td>Other kids in the class</td>
<td>21</td>
</tr>
<tr>
<td>School nurse</td>
<td>13</td>
</tr>
</tbody>
</table>

42 is the highest possible score (ie all children indicated they would ask them first)  
7 is the least possible score (ie all children indicated they would ask them last)  

The children felt they had got an appropriate amount of help. Most felt they could ask about any problem they had in CtC. The children cited a number of factors that determined which adults they felt able to ask for help. These illustrate that children discern how well adults can answer their problems (ie their relevant knowledge, availability and proximity) but also the importance of good adult-child relationships to be able to request help. The issues they identified are as follows:

• Knowledge: the children judged how much knowledge the adults had about CtC, which would sometimes determine whom they asked. The CtC worker was assessed to know a lot about CtC and therefore an obvious first choice.
• Availability: one child did not ask the CtC worker for help as she was 'quite busy' and others were always asking her things.

• Proximity: some children would ask ‘whoever’s nearest probably’, which would often be their own group facilitator.

• Personality: the children were most likely to ask the adults they liked and not ask those they disliked or who did not communicate well. Positive descriptions of adults included ‘nice’, ‘kind’ and ‘funny’ (another was ‘pretty’). The adult referred to as funny also reiterated the need for a 'sense of humour' as it ‘helped warm the group up’. One adult was not approached because she talked ‘strangely’.

• Empathy: one girl felt she could ask a female parent volunteer because she could empathise with children; ‘she knows what children are thinking . . . she's just a mum so she really understands girls’ (child).

• Supportive: those adults considered most helpful would be asked. If they felt an adult does not listen or would be critical then they would not ask them. Children pointed out the value of adults who will ‘help you, but only help you if you need help’ (child).

• Being known: The school nurse did not attend many of the CtC sessions so was less known to the children and therefore less likely to be asked for support.

ENCOURAGING AND ACCEPTING CRITICISM

Summary of section

• An important part of CtC is encouraging children to reflect on their experience and to evaluate CtC, including what could be improved.

• Only in the After School Club, but not the schools, were children were specifically invited to make constructive criticism of the adults and their facilitation skills.

• Occasionally adults were critical of children’s negative views about the project.

Adults’ Practice

An important part of CtC is encouraging children to reflect on their experiences. The CtC manual demands that facilitators 'take children's opinions and experiences seriously' and 'listen to criticism'. The children were often asked at the end of sessions how much they liked the session, for example by showing fingers from one to ten to indicate how much they liked it. The final session – step six (Think It Over) was reserved for discussing what the children liked and disliked about the project, although in one project children were only invited to say what had been the important things that they had done, not what could have been improved. Whilst adults may listen when children say something non-threatening, the greatest challenge is for adults to listen to criticism and for children to feel they can express their concerns. Only in the After School Club, but not the schools, were children were specifically invited to make constructive criticism of the adults and their facilitation skills.
A couple of examples were observed of adults giving inconsistent messages to children about whether they were allowed to express their views about the project. One example was observed in which the adult asked children to write to their parents informing them about CTC and encouraged to include what they thought of the project, reassuring them that ‘if you’re not having fun, and you haven’t enjoyed yourself that’s fine, tell them, if you haven’t it doesn’t matter’ (adult). When a child soon after showed his letter to the adult, she was publicly criticised for doing so (see quote below), whereas later another child’s criticism were praised for being ‘honest’. This latter child later said what she most liked about the session was ‘being honest’.

What we tell from this letter [name of child] is that you don’t like hard work’. [Adults reads out from letter] ‘[Child] says he doesn’t enjoy the project because it’s too much hard work and he’s tired. Ahhhh’. [Other children in the class laugh]. (Adult)

Children’s Perceptions
The children clearly reflected on the ways adults facilitated and communicated with them (as illustrated throughout this report). Children rarely have an opportunity to express criticism (even constructively) about their teachers and other workers so the interviewed children were amazed that within the evaluation interviews they could say if they did not like a teacher and re-checked that their teachers would not hear the tape or be told what they had said. Once reassured they were open and most were very considered about what they liked and disliked about the way teachers and other adults interacted with them. In the after school club the children were more open with the adults about what they thought, but also said things in the interviews that they did not want repeated to their workers.

We asked six children how they thought others would respond if they made a complaint against them, and their responses are illustrated in the table below.

<table>
<thead>
<tr>
<th>After</th>
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<tbody>
<tr>
<td>Mum &amp; Dad</td>
</tr>
<tr>
<td>Friends in the class</td>
</tr>
<tr>
<td>Class teacher</td>
</tr>
<tr>
<td>Other kids in the class</td>
</tr>
</tbody>
</table>

30 is the highest possible score (ie all children indicate others listens a lot → 5)
5 is the least possible score (ie all children indicate others do not listen at all → 1)

Nearly all six children felt that their parents, more than others, would listen if they had a complaint against them. They said their parents would ask why they had been unfair and/or say sorry and try to make up for being unfair. All but one of the children said their friends would listen, they thought they would say sorry, ask what they had done, ‘try and make it better’ and compromise. The girls did not feel that other kids in the class would listen if they made a complaint against them; all ranked them one on the scale, whereas the boys were far more likely to think others would listen; they rated them as either four or five on the five-point scale.

[My mum would] try and be not unfair. Just like I was supposed to make a cake yesterday and I said mum you’re out of order, she says we’ll do it tonight then. So she would get another time. (Child)
It was seen in an earlier chapter (section on ‘Feeling able to discuss problems’ in chapter ‘Children’s Self-efficacy’) that children tended to feel able to tell teachers their problems. Most also felt she would listen (rated four or five) to a complaint, although two said she would not (rated one). Those who felt she would listen said she would say sorry, she would care or that she had never been unfair. Those who rated the class teacher low said she would either give excuses for being unfair or simply not listen.

In the After School Club the children felt more able to tell workers what they did not like and a couple of examples were found of workers listening to criticism, apologising and agreeing to change. Sometimes in this project however the children were unacceptably rude about workers. At times they also ‘played workers off each other’ by saying ‘we like you and we don’t like the others’, which workers found difficult to deal with adequately and would say ‘I don’t want to say anything about a friend of mine’ but this signalled that the children could not complain about staff. Having a closing circle time was found to be useful for allowing children an allotted time to express their views, but this often got missed out due to a shortage of time.

I didn’t realise how fast they can analyse one little sentence . . . they are picking up on it and throwing back at what they’ve analysed and what they feel and what they’ve seen in what you’ve said. (Adult)

**MAINTAINING CHILDREN’S INTEREST AND MOTIVATION**

<table>
<thead>
<tr>
<th>Summary of section</th>
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<tbody>
<tr>
<td>• The things that most motivated children during CtC were taking action, making decisions, having fun and not having to do too much work.</td>
</tr>
<tr>
<td>• The children who took action and felt they had achieved some change in their communities were most positive about CtC.</td>
</tr>
<tr>
<td>• Fun was an important aspect of CtC for the children and their learning. Children preferred to ‘do’ things, and enjoyed using creative media such as arts, photography and drama. They also valued having food during CtC sessions.</td>
</tr>
<tr>
<td>• When there was too much emphasis on work, particularly written work, and too few games, the children were unmotivated.</td>
</tr>
<tr>
<td>• The CtC approach was relatively unstructured for schools, although provided enough structure to be useable and useful. Whereas it was considered to be very structured, and rather school-like, for the After School Club.</td>
</tr>
<tr>
<td>• The projects were around 10 to 12 weeks. It was a struggle to ensure there were enough sessions to cover each step, whilst not letting it drag on too long and loose the motivation of the children.</td>
</tr>
<tr>
<td>• Some workers were initially concerned that the two-hour sessions would be too long to maintain children’s interest but where children were having fun and engaged this was not a problem.</td>
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</tbody>
</table>
The whole class in School A said what they most liked about the project. Their responses, illustrated in the table below, demonstrate that they particularly valued visiting and helping the elderly (including visiting, writing letters and drawing for them), but also having fun (including the games), working as a team, learning and one said getting out of school work.

It's a really good project, it doesn't need to change at all . . . It's really fun, coz sometimes, we don't get to do things like this in school really. It's nice to feel that you're helping people. It's great. (Child)

Table Ten: What children in School A most liked about CtC

<table>
<thead>
<tr>
<th>Number of children (n)</th>
<th>Feeling you've helped / made a difference</th>
<th>Seeing the elderly people happy when we helped</th>
<th>Helping the elderly / community</th>
<th>Visiting the elderly</th>
<th>Talking with / finding out about the elderly</th>
<th>Learnt/ Enjoyable way to learn</th>
<th>Fun</th>
<th>Games (particularly parachute game)</th>
<th>Working together / Children not being bossy</th>
<th>Get out of school</th>
</tr>
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<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
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<td></td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
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All children in School A enjoyed CtC, although to varying degrees, and they wanted to do another project. The interviewed children in School B however found CtC boring and they did not want to do a similar project again. The key factors that influenced whether children liked CtC or not were as follows:

• Taking action.
• Making decisions.
• Having fun.
• Not having too much ‘work’.

The extent to which the children made decisions is examined in a previous chapter (‘Children’s Decisions Making’), but the other influences are discussed below.

Taking Action
Taking action and achieving outcomes for their community was an important motivating factor for children. As the table above illustrates, those in School A really valued helping the elderly whereas in School B the children felt disappointed that they had not been able to implement their action plans and that they ‘didn’t even help the elderly’ (child). Some of the things the children in all the projects most enjoyed was telephoning external adults and creating things in their action phase (eg designing posters, leaflets, songs).

Having Fun
Fun was an important aspect of CtC for the children and a couple of children commented that CtC was a fun way of learning. In School A they particularly enjoyed the games and these were considered a priority by the adults. The children in School B felt they had too little fun: the adults had prioritised the ‘work’ that had to be done in CtC over the games and admitted that they did not always include games. When faced with the pressures of time, games were not seen as a priority, as ‘kids get lots
of playtime’ (adult). All groups of children complained when adults said they would have fun but did not:

She always says ‘we’re going to have lots of fun, fun, this week, fun, fun’ – we never had fun, fun, fun. (Child)

[I liked] the fact that we had fun whilst helping someone. (Child)

In the classes where the children were having the most fun, the noise levels rose; one teaching professional commented that the most noticeable sign that adults have been able to give up some control is that class noise levels rise and teachers ‘can’t get the class attention instantly in the way that you could’.

Children repeatedly mentioned and highly valued being given food during CtC. In the After School Club the children were provided with food in most sessions and taken out to a restaurant on one occasion, whereas the school children were given food when out on visits to community organisations and very occasionally in class.

The workers in the After School Club faced the dilemma about whether to allow children to only attend the ‘fun’ sessions, which some did (for further examples of this dilemma also see: Kirby, 2001). One felt this was tough on other children who had worked hard to earn their treats, whilst another felt children should be allowed to drop in and out as they please. Some children said it was unfair to allow others to attend only the more fun sessions.

Doing ‘Work’ in CtC

For the schools the CtC approach was a relatively unstructured intervention compared with other lessons. It still provided enough structure however, so as not to be considered too challenging. Teachers are used to working in a structured environment and when appropriately implemented they found the six steps and lesson objectives important and useful; ‘I couldn’t have just given up everything and said well, we’ll see how it goes’ (adult).

In school, teachers face the pressure of the National Curriculum and having to achieve measurable outputs. School B were particularly concerned that National Curriculum lesson time was being lost to CtC and therefore the teacher felt it was important to fit the project to the ‘expectations’ demanded within school by doing lesson-type work - including getting the children to write everything they did in a CtC exercise book and having homework.

In both schools children said they did not like the ‘work’ within CtC, particularly the writing which some found ‘boring’. Instead they preferred to ‘do’ things and have fun. They were not adverse to work, however they wanted ‘more fun but still working’. The children in School B were particularly critical of the amount of work they had to do during CtC. They felt the project was no different to other class time, other than they got to draw more in their book, sit with whom they wanted and choose their own pen. They said they would have preferred to do other lessons than CtC.

Sometimes it’s a bit boring . . . The bits where you have to write and stuff, which I don’t think should do, I think we should just take action. (Child)

The children in School A thought CtC was different to other classroom lessons. They saw it as more fun and had more games, compared with having to do other ‘boring’ subjects such as maths and English. They valued the opportunity they got to ‘chat all the time, we just got to talk’ which compared well with other lessons in which children
are required to write a lot. They felt that in CtC they learned to ‘be kind’ and ‘to make other people happy’ whilst in other lessons they learned ‘boring’, ‘stupid’ things. As a result of these differences they said they felt happier in CtC compared with other lessons in which they sometimes felt ‘sad’ because they get things ‘wrong’. Other lessons were seen as ‘too hard’ and ‘boring’ and for some this meant their brain ‘gets busted’ or ‘doesn’t work properly’.

Children complained about work in CtC that they perceived as a ‘waste of time’ if it was not used for anything. Examples included writing letters that were not sent, writings lists of contact agencies that were not contacted, making posters and leaflets that were not distributed and writing songs they did not get to perform.

CtC is about supporting children to express their views. Children do this best by speaking and using creative methods, such as arts, photography and drama, all of which they enjoyed. The girls in the After School Club were most engaged in sessions when designing their posters and leaflets. Children are less proficient at writing and they least enjoy it. When they expressed themselves in writing (often working hard to do so, including homework) their work was sometimes corrected for mistakes and content; in this way their voice was being tested and corrected.

In the After School Club the CtC project was far more structured than their other club sessions. Usually the children attended the drop in and chose which games and activities they participated in. Introducing the CtC project meant they were required to do some ‘work’. At one point in the project the children said they wanted more fun, rather than work, and they identified the project as too school-like. This raised the question about how appropriate it was to introduce a structured participatory approach into an unstructured informal education environment. Workers considered offering two options, the CtC project in one room for those who wanted to participate and other activities in another room, but it was decided that this was impractical given the limited staffing available. The workers put extra ‘fun’ sessions such as video evening and a meal out, which meant the project ran over time. The challenge for workers was therefore to make the project enjoyable whilst also keeping the six step structure in place.

School is school, this is like when we come for fun. We don’t come here for another two hours of schooling. We’ve already had six hours, we don’t want eight. (Child, After School Club)

**Project Length**

In the CtC projects, there was a struggle to ensure there were enough sessions to cover each step, whilst not letting it drag on too long and loose the motivation of the children. Some previous projects had been 14 weeks long, those evaluated were around 10 to 12 weeks, whilst other CtC projects have been known to be shorter. It takes time to involve children in this type of project; ensuring they have the opportunity to adequately discuss their ideas, and make considered and informed decisions.

Each of the six steps is important to CtC and needs time, although some require more time than others. For example, ‘brainstorming’ needs it own session, and cannot be coupled with ‘select and prioritise’. The ‘find out’ stage is a long step that happens over several sessions; it involves finding out what the children already know, what more they need to know, who could tell them, how to make contact with whoever/whatever, setting up meetings, having the meetings and then reflecting on what they have learned.
Some workers were initially concerned that the length of the individual sessions would be too long; ‘it’s going to be nearly two hours a week in a solid stretch, they never do anything for two hours a week at a solid stretch. So that’s going to be difficult’ (adult). This did not prove to be the case where the children were having fun and engaged. It was important to get the pace right in each session to ensure the ‘fine balance’ of project work and fun. This proved difficult at times and a common problem was running out of time.
OVERVIEW

This chapter explores the organisational issues that help (and hinder) the implementation of a CtC project in schools and after school clubs. It is divided into the following sections:

• **The Role of the CtC Support Worker** This section explores how the support of the CtC worker was essential to implementing successful projects.

• **Adult Team Work** The ways in which good adult team work was important, and could be achieved, are outlined in this section.

• **Involving Parent Volunteers** This section examines how parent volunteers were successfully supported to co-facilitate CtC projects and the impact this had on them and the schools.

• **Involving School Nurses** The useful role school nurses’ have in CtC for linking education and health is discussed in this section.

• **Other Issues to Consider** A number of other issues had an impact on the implementation of the CtC projects, outlined in this section, including organisational commitment, staffing, the demands of the national curriculum, which groups were selected, drop ins, and access to other resources.

THE ROLE OF THE CtC SUPPORT WORKER

Summary of section

• The CtC worker provided excellent support to other adults and organisations to implement CtC projects. She was enthusiastic, committed and provided good training, co-facilitation, advice and the provision of materials.

• The project that received less CtC worker support (including no co-facilitation) had less understanding of CtC, which translated into their practice; including a more directive approach and not clearly following the six-steps process.

• The CtC worker was reflective about her own practice and succeeded in encouraging others to do so too.

• The CtC worker’s ethos of participatory practice sometimes differed from that of the host organisations. A dilemma for the CtC worker was how much to interfere and comment on others’ work practice.

• The CtC worker’s on-going involvement was a key factor in determining successful outcomes, so it would seem that a more hands-on role is important.

The CtC worker provided excellent support to the other adults participating in CtC, including initial training, co-facilitation, on-going discussion and the preparation of session materials (including session plans). She was extremely enthusiastic about
her work and committed to the principles of CtC. In School A and the After School Project she co-ran the project, whereas in School B it was agreed that she would only provided initial training and some on-going support (such as advice, covering for one session with the children and providing art materials).

When the CtC worker co-facilitated projects she took on a lot of the responsibility of planning and preparing the necessary materials, conscious that other staff often had far less time than she did. The CtC worker was perceived to have a lot of time (described as a ‘luxury’ by one teacher), in comparison with teaching staff. At the same time, the CtC worker also ensured all adults were fully involved in deciding how the project should proceed, discussing session plans and facilitating the work with the children. The adults felt the CtC worker had offered the right level of support.

Despite having initial training and some on-going support, the adults in School B developed less of an understanding of CtC and this translated into their practice. They were ‘unsure’ of the project aims, they did not follow the six step process exactly and their practice was more directive and less participatory than in other projects. A couple of the adults in School B said they would have liked the CtC worker to have been more involved in their project; they felt they could have learned from doing the project with an experienced person and that the project would have benefited from the workers’ energy, enthusiasm and skills. The CtC worker’s time for preparing sessions, her ‘enthusiasm’ and role in making ‘sure things happen’ were also missed by School A when planning their second CtC project, although it did not prevent them from undertaking another project.

I would have liked [the CtC worker’s involvement] because she’s got so much damn energy. She’s got an incredible amount of energy, very enthusiastic, her time management is very good, she’s very good, she’s very focused. And I think she would have given it that bit of extra energy and positive direction.

(Adult)

The CtC worker was constantly reflective about her own practice and developed it as she learned. She also encouraged others to be reflective by having debrief sessions, which other adults valued; a couple said they would do this more in their other work as a result. A difficulty, however, was when her ethos of participatory practice was different from the practice adopted in the host organisation. In the After School Club there was a conflict in approaches and whilst this was discussed it was never totally resolved. Host workers often had many years of experience of working with children, and some workers were more open to changing their practice than others. Knowing what was the ‘right’ thing to do was difficult, and negotiating this with other workers was more so. A dilemma for the CtC worker was how much to interfere with others’ practice, particularly on issues of discipline, when she disagreed or was unsure about their approach.

Involving the CtC worker in projects was an additional expense to HAZ (but not the schools), but given that her on-going involvement was a key factor in determining successful outcomes it would seem that a more hands-on role is important. The level of involvement was decreased after one project has been co-run successfully and the organisation went on to run another project with minimal support from the CtC worker. The CtC worker was still valuable in providing the additional time required to collect resources for the children’s project.
**Adult Team Work**

**Summary of section**

- Establishing good adult group work was important for ensuring good project practice and outcomes.

- A number of factors were found to be important in helping team work including developing relationships, good communication (e.g., about aims, roles, facilitation styles), support and respect, making time to adequately plan and debrief sessions, and ensuring enough time to finish the project even when it ran over time.

- An adult team with mixed sex and ethnicity helped provide positive role models for children.

In the same way that CtC emphasises for children the need for good group work, making time to develop relationships (step one) and planning well before taking action (step four and five), these were equally important within the adult teams.

The dynamics within the adult team affected the project outcomes. In School A all the adults felt they had worked well together as a team; working with a diverse group of adults, including parents, and supporting each other, was considered one of the most beneficial things about the CtC methodology. In School B and the After School Club there was some conflict within the adult team that had an impact on their practice.

The following things were identified as being needed or having been helpful in developing good team work:

- Adult roles were clear and agreed by all those involved. Roles were delegated according to what people wanted or felt able to do.

- Discussion and agreement about how the project was facilitated, including how participatory to make it, how discipline will be implemented, and how many games should be played.

- Time was built in at the start of the programme for adults to get to know each other, preferably by meeting away from the organisation in a social venue.

- The knowledge of those who knew the children well was incorporated into the planning of sessions, whilst being careful not to prejudice other workers’ views about children with special needs.

- Adults supported each other, stepping in to offer assistance where needed.

- Adults felt they were learning from each other and respected others’ abilities.

- Adults had a clear and shared understanding of the CtC aims.

- Time was made to meet both before and at the end of the sessions to share planning and debrief. These meetings ensured information was communicated between the staff team and provided opportunities to sort out any issues or concerns.
• The CtC project was evaluated at the end, examining what was achieved and what should be changed for next time.

• Sufficient worker time was available to implement the project and there was a commitment to finishing the action stage with the children, even when this meant going over time.

• Other factors, such as staff sickness, Ofsted inspections and the demands of the other school activities (eg school plays and concerts) did not delay and were not prioritised over the CtC work.

Having a mixed team, including male, female, black and white adults, was considered beneficial in that it provided the children with a range of role models. However, with the all girls group it was felt important to have all female workers.

**IN Volving School Nurses**

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<td>• School nurse involvement in CtC provided links between education and the health service.</td>
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<td>• It was felt that facilitating CtC provides a useful role for school nurses.</td>
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<td>• Some school nurses found it harder to engage well with the children which suggests that there are training implications if school nurses are to be expected to undertake a more community development approach to health work with children.</td>
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The inclusion of school nurses in the school projects was significant as they provided a major link between the school and the health service. In school B the school nurse took a leading role in delivering the CtC project and planned to deliver another in the near future. The role of the school nurse in School A was marginal however because she had other commitments.

One school nurse was unclear about how CHSL could benefit from CtC whereas another felt CtC provided a useful role for school nurses. The role of the school nurse has been changing over recent years, and as a result they have been ‘loosing that personal contact with the children’ (adult), so CtC was seen as a means of developing relationships with children and parents, and moving their role on; ‘people see the school nurse and they automatically think of head lice’ (adult). One nurse felt the projects could be used to communicate health messages, in simple ways such as bringing in fruit to sessions, but also by helping children to become more aware of their ability to influence change: ‘aware of their environment; if aware of changes socially, they can make changes mentally and emotionally’ (adult).

The school nurses in the evaluated projects found it harder to engage well with the children than the teachers and the CTC worker, although within phase one of the CtC programme school nurses were reportedly fully involved and skilled facilitators. CtC projects are ‘completely different to doing a health education session’ (adult) and the school nurses did not have previous experience of facilitating an on-going project in
Parent volunteers were successfully involved in the facilitation of the two school CtC projects. The teaching professionals valued the involvement of the parents and recognised the importance of involving them more in the school. Previous parental involvement had included helping with school trips, helping with reading, but neither class teacher had worked with parents as co-facilitators before. The volunteers gave up several hours a week of their time to participate in CtC over a whole term. This was a big commitment and all remained involved until the end of the projects.

Schools used several criteria to select which parents to ask to get involved. Firstly they had to be available during the school day. Secondly they picked parents who felt could be good role models for children, because of their personalities. Two black parents – one male and one female - were asked to be involved partly because there were few black adult role models in the primary school, particularly no black males. Schools also wanted to involve parents who were not regularly involved in helping at school. One parent was also encouraged to get involved to help them improve relations with their child.

Their own children were thought to be proud at having their parents involved. Involving black and male parents was also felt to impact on the self-esteem of all the boys and the non-white children, enabling them to see the parents ‘working with them’ being ‘very involved’ in the project.

It was considered a challenge to involve parents because of their perceptions of schools and of teachers as ‘experts’. The parents had to overcome the barriers of entering a school context, which was sometimes daunting for them. Whilst they recognised their valuable experience as parents, they considered themselves untrained for working with a class of children and valued the support they received from their co-workers. The initial (one or two day) training was an important
opportunity for parents and teachers to spend time together and to get to know each other and to start working as more equal participants in the adult team.

I’m not sure I deserve to be as an equal within the classroom, on the basis that I don’t have that training. In terms of being a person then yes obviously, that goes without saying. But in terms of being a teacher, it’s really hard to describe . . . it probably comes from the previous school where I was very much only a parent. It’s probably my own lack of confidence in myself. (Parent volunteer)

I’ve got two kids of my own but to have six kids and all with different attitudes. I will need support, I know I’m going to need it, trust me! (Parent volunteer)

Whilst the parents were nervous at first about working in the classroom they were also enthusiastic about the challenge, became more confident, and all went on to enjoy their involvement. The parents were supported well within the adult teams; for example, those who felt they had difficulties with spelling did not undertake writing on the blackboard or flipchart. Parents also brought a different perspective on the children and the school, which was new to the other adults.

One teacher admitted that, whilst valuable, it was also intimidating having parents observing and ‘evaluating every single thing that I did’ (adult). Observing teachers however was useful for parents and helped them to learn more about teaching. One had personally bad experiences of schooling and her involvement in the project helped improve perceptions of teachers. As was seen in an earlier section (‘Dialogue with parents’ in the chapter ‘Child-Community Relations’) the parents also learned more about their children and improved their relations with them as a result of being involved in the project.

That was an experience yeah, seeing how the teacher actually works. . . to get a taste of what goes on in school, the teacher’s not that bad, well especially my child’s teacher, she’s really positive, she actually interacts and makes a difference . . . I always thought teachers are useless anyway. But time’s changed and this teacher has made a difference not only to my child, but to me as well. (Parent volunteer)

**Other Issues to consider for Schools and After School Clubs**

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<td>• Organisational support, particularly that of the head teacher in schools, was important for implementing Ctc.</td>
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<td>• When the head teacher had initiated the project there was more commitment to implementing Ctc within the school.</td>
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<td>• Teachers rarely attended open Ctc training sessions due to a lack of time. Individualised training had to be arranged for participating schools.</td>
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<td>• Schools had not adequately considered how the Ctc project might help them develop greater links with the community.</td>
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<td>• Ctc projects required high staff ratios to ensure that adults could a) provide all</td>
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children with the opportunity to voice their opinions and b) hear and listen to what they are saying.

• The CtC project was resource intensive as it required a teacher and other staff (e.g., school nurse) to give up time for training, planning, delivery, and debriefing. Staff cover was also needed when children made visits into the community.

• It was harder, but still possible, to run a CtC project within a drop-in context. Flexibility was needed to allow for children who did not or could not attend all sessions.

• The CtC project worked well with the 9 to 12 year age range within these projects.

• The CtC projects were successfully undertaken with some very disadvantaged groups of children, including those who were considered to have challenging behaviour.

• The CtC sessions were not used to fulfil the National Curriculum objectives, although it was felt that CtC work could do so in future.

• Other resources that helped implement CtC was access to a large space for group activities, computer equipment, art materials and food for the children.

**Organisational Support**

The schools were supportive of the CtC projects, firstly by agreeing to take part, and then by providing the staff time and practical assistance as needed. This included providing teaching cover and helping to shift timetables.

> It’s no good doing [CtC] if it isn’t going to be successful, therefore if you’re going to take it on, it’s got to be a commitment. (Adult)

The After School Club was supportive of the CtC by providing youth worker time for the actual session, facilities, and additional staff to cover for trips. Their timetable was flexible enough that the project was allowed to extend past the original timeframe so that the children’s action could be implemented.

School commitment to the project seemed in part related to how the CtC programme had been initiated within the schools. The school in which the head teacher was most supportive, and even accompanied the children on a trip to visit elderly people, she had initiated the project herself due to a personal interest in the CtC approach. In the other school, in which the head teacher would not allow the project longer time for the children to action their plans, the project had been initiated by a school nurse who asked the school if they wanted to participate.

The CtC worker ran regular open training sessions for those interested in finding out and learning about CtC, which were mainly attended by school nurses, learning mentors, youth and development workers, rather than teachers. The latter were less able to get time away from school. The teachers involved in CtC projects usually only attended training once their school heads had committed to doing CtC, then cover teaching was agreed and arranged (and paid for by CHSL when in-house training was provided). This raises questions about how to build school commitment to the project, so that they are fully behind it and understand the principles involved.
One school felt the project fitted in with their commitment to being at the ‘heart of the community’, although they still had not ‘thought it through in that much detail’ about how it would achieve this into the future.

**Time and Staff**
The CtC projects required high staff ratios (three to five adults in a class of 30 children) to ensure that the adults could a) provide all children with the opportunity to voice their opinions and b) hear and listen to what they are saying. Smaller group work, as well as a whole class approach, was needed to do this satisfactorily. It is not possible for an adult to talk with 30 children at a time, whereas they can with a small group. The additional adult support provided in CtC helped the children to develop their group skills. Lone teachers, however, could also adopt more participatory practice with a class of children, without the support of other facilitators (see chapter on ‘Sustainability’).

In the after school club, this kind of ratio of adults to children was not unusual, however the extra time for planning and debriefing after sessions was additional for the youth workers, who were mostly employed on a sessional basis for the specific time that the club ran. CtC paid for the workers to have additional hours for these extra sessions. At one stage, when there was initially four staff for the group this was considered too high, but two staff soon left. In addition, one youth worker expressed concern about having had to complete session monitoring forms after each session and felt that was something she could not have done herself.

The CtC project is therefore resource intensive in that it demanded that a teacher and other staff (e.g., school nurse) give up time for training, planning and debriefing as well as undertaking the CtC work. The cost of teaching cover was also needed for when the class teacher undertook training and to accompany the children on trips.

The project took up more of the teachers’ time at different stages. During the take action stage for example, one teacher said it took up three hours of time in addition to the two-hour session, as the children wrote letters, made cards, etc.

**National Curriculum**
Both class teachers felt CtC took too long out of the National Curriculum time. One teacher worried that the children had spent less time on science, and no time on RE, as a result of their involvement in CtC. In neither schools were the CtC sessions used to fulfil the National Curriculum objectives, although teachers thought that the work could be used to do so if planned in advance.

Teachers followed existing guidance on when and how to implement the National Curriculum within each term. Whilst they felt CtC could fit into the curriculum – particularly Personal, Social and Health Education (PSHE) and Citizenship - they did not have the time to do the additional thinking and planning of how this could be achieved. One teacher felt it would be very useful if someone else could do the work of making CtC ‘fully integrated’ to the curriculum rather than having it as an ‘add on’. It was stressed that this should be done by a teacher rather than by a voluntary organisation alone. The difficulty was that CtC is an open process in which the children decide what action they take, such as writing letters or meeting people, and this makes it harder to plan in advance how what they do will fit into the curriculum. Guidance could still be provided which takes into account the different likely possibilities of what they may do.
Drop In
It was harder to run a CtC project in a drop, in which there was a core group of regular attendees but others who were only there for a few sessions. This meant that when new children joined the sessions, they had to be informed about the project including background information to CtC and what decisions had already been made. Their (and their parents’) informed consent to participate had to be agreed. The ratio of adults to children therefore fluctuated.

Choosing Groups of Children
It was felt that the CtC project worked well with the 9 to 12 age groups, as they could undertake the required tasks and responsibilities involved.

The CtC projects were undertaken with some very disadvantaged groups of children, including those who were considered to have challenging behaviour. Two project targeted children who were felt to have particularly difficult behaviour and low confidence as it was felt they would benefit most from this intensive work. Some workers, not directly involved with CtC, felt the project could not be done with a more challenging group – some laughed at the idea - but they were disproved and surprised by the hard work the children put in to succeed in taking action on an issue of importance to them. One adult felt it was important to have a class that could ‘controlled’ when taken out into the community, although adults were sometimes surprised by how well children behaved and therefore it should not be assumed that children would misbehave.

One teacher said it was good to keep the project ‘special’ and unique to year five, rather than spread it too thinly across the school. The school also had too few resources to dedicate so much adult time to all year groups.

Some adults were considering running another CtC project with a group with severe learning difficulties, and were considering whether the project could be adapted to meet the group’s needs, although there was no firm commitment to do so.

Resources
The school children worked in their classrooms, one of which was particularly small to allow for adequate work with three or four groups of children. When several groups were in discussion the noise was very loud, which hampered their ability to hear each other properly. It was best when they had easy access to the playground so they could quickly go outside for one game.

Having access to larger spaces, such as halls, and computer equipment were also useful. Children also enjoyed using creative and artistic materials, such as coloured paper, large pens, etc.

The After School Club had good facilities including a large garden easily accessed for games, a large activity room and a separate sitting room with comfortable chairs which facilitated the groups dividing up. It also had a kitchen area where the children could have tuck and make pizzas. However, this number of rooms also caused problems for the workers when there were not enough of them to monitor all the areas, and becoming dispersed at the end of the sessions hindered the closing circle.
DISCUSSION

OVERVIEW

This evaluation report examines the work of three south London Child to Child projects with children in two primary schools and an after school club, in which children were supported to undertake their own community health project. The evaluation is small scale and localised, but the findings are also useful for those undertaking CtC projects elsewhere in the UK and overseas, as well as for those doing other participatory work with children in different contexts.

This chapter provides an overview of the CtC evaluation findings and analyses the implications of these for the development of future CtC projects and other participatory work, in schools and out of school contexts. It has five sections:

• **Children’s Participation** This section summarises the ways in which children participated in the project and the impact this had on other outcomes, plus what helped and hindered their participation.

• **Children’s Community Health Action and Self-efficacy** This section examines the importance of children’s decisions and action for achieving outcomes, including self-efficacy, and barriers to greater health outcomes.

• **Community Relations** This section discusses the importance of redefining child-adult and child-child relations within communities, how CtC helps to do this, and the challenges for improving relations in schools and elsewhere.

• **Formal and Informal Education** The opportunities and challenges for using the CtC informal education approach in school contexts are discussed in this section. The appropriateness of CtC for after school clubs is also examined.

• **Adult Support Roles** This section examines the different support adults offer when facilitating participation, the importance of developing practice and organisational constraints. It also highlights the role of school nurses in CtC.

CHILDREN’S PARTICIPATION

**Summary of Section**

- Children identified their own issues of concern about the places, planned their projects, and two groups took action.

- The children were enthusiastic about the opportunity to discuss their own ideas, make choices, take action to help their communities and have fun whilst doing so.

- Being able to make decisions and take action had positive outcomes. Less participative practice had fewer positive outcomes, and some negative outcomes.

- Organisational contexts and adult teams influenced how projects were implemented and what impacts were achieved.
The CtC programme succeeded in enabling children in schools and after school settings to identify their own issues of concern about the places where they live. The children were supported to make decisions, research and plan their projects. In two of the three evaluated projects they were also supported to carry out their action plans.

The children were enthusiastic about the opportunity to discuss their own ideas, make choices, take action to help their communities and have fun whilst doing so. In the school where they made most decisions, and took action, a number of positive project outcomes were identified for both children and adults. In the school in which adults did not enable children to make as many decisions or take action, fewer positive and some negative outcomes were identified. In the after school club the children wanted to help change their areas, but also prioritised using their free time to socialise with their peers and participate in fun youth work activities. Adults worked hard to overcome difficult group dynamics and the group succeeded in working collaboratively to make decisions and take action, and achieved positive outcomes for the participating children and the adults.

The CtC projects were undertaken in different contexts, with diverse adult teams and with some highly disadvantaged children. These factors influenced how projects were undertaken and what outcomes were achieved. In schools children and adults were subject to well-established institutional expectations, notably the demands of the national curriculum and a high level of pupil discipline. Also each school and each adult had different expectations. The more directive culture in schools inevitably constrained the extent to which children were able to make their own decisions and take action. The After School Club faced a different challenge: how to implement a structured approach in an informal education setting.

A summary of the CtC outcomes, and the context factors that contributed to these, are outlined in the tables below. These illustrate the positive outcomes that can be achieved when children are enabled to participate, plus the importance of appropriate facilitation and organisational commitment.

When CtC was most successfully implemented it achieved the outcomes listed in the table below:

<table>
<thead>
<tr>
<th>CtC Outcomes</th>
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</thead>
<tbody>
<tr>
<td><strong>Children’s Participation</strong></td>
</tr>
<tr>
<td>• Children decided an issue of concern in their community, what action to take and implemented their plans. They also made other decisions about their project.</td>
</tr>
<tr>
<td>• Children made more decisions in CtC than at other times in the classroom.</td>
</tr>
<tr>
<td><strong>Children’s Health Action</strong></td>
</tr>
<tr>
<td>• Children undertook action and achieved some impact on community health, by supporting elderly people and promoting an anti-racism message.</td>
</tr>
<tr>
<td>• Children learned a lot about their chosen health issue. Adults involved in the project also learned more about the health issue.</td>
</tr>
<tr>
<td><strong>Children’s Self-Efficacy</strong></td>
</tr>
<tr>
<td>• Children felt more listened to by their class teacher.</td>
</tr>
<tr>
<td>• Children felt more valued by their class teacher, their peers and their parents.</td>
</tr>
<tr>
<td>• Children changed how they would try to sort out future community problems.</td>
</tr>
<tr>
<td>• Children became more active members of the school community.</td>
</tr>
</tbody>
</table>
**Child - Adult Relations and Child – Child Relations**

- Children went into the community and met professional and resident adults.
- Children had dialogues with elderly people, professionals and parents.
- Children developed group work skills and made friendships with their peers.
- Parent volunteers improved relations with their own children.
- Parent volunteers provided positive black and male role models.
- Parents developed more positive attitudes to schools and teachers.

**Sustainability**

- Adults learned a lot about children’s competencies.
- Adults develop more participatory practice with children in other contexts.
- Adults undertook future CtC projects.

The context and process factors found to influence successful outcomes are listed in the table below:

<table>
<thead>
<tr>
<th>CtC Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children’s Decision Making and Action</strong></td>
</tr>
<tr>
<td>- Enabling children to voice their opinions, make decisions and take action.</td>
</tr>
<tr>
<td>- Children chose and valued the tasks they undertook, rather than instructed.</td>
</tr>
<tr>
<td><strong>Flexible and Responsive Facilitation Styles</strong></td>
</tr>
<tr>
<td>- Listening to children (including criticism).</td>
</tr>
<tr>
<td>- Adults were non-directive, but also offered appropriate levels of directive support as necessary, including structured activities, advice, information, and discipline.</td>
</tr>
<tr>
<td>- Emphasising fun rather than school-type work (especially writing).</td>
</tr>
<tr>
<td>- Offering children one to one support where needed.</td>
</tr>
<tr>
<td>- Allowing children to opt out of projects for a time.</td>
</tr>
<tr>
<td><strong>Organisational Commitment and Adult Team Work</strong></td>
</tr>
<tr>
<td>- Support and commitment from host organisations and participating adults.</td>
</tr>
<tr>
<td>- Not being pressured by the demands of the National Curriculum.</td>
</tr>
<tr>
<td>- Understanding and commitment to CtC aims, and enable children to take action.</td>
</tr>
<tr>
<td>- Adults and children had time to reflect and review the CtC project.</td>
</tr>
<tr>
<td>- High support from the CtC worker, including co-facilitation.</td>
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<tr>
<td>- Sufficient time to plan and debrief sessions.</td>
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<tr>
<td>- Good adult team work, including good relationships and communication.</td>
</tr>
<tr>
<td>- Involving parent volunteers.</td>
</tr>
<tr>
<td>- School nurses provide a link between health and education.</td>
</tr>
</tbody>
</table>
Summary of Section

- Those children who were most involved in developing their own projects achieved the greatest personal and community health outcomes. Enabling children to make decisions and take action was key to achieving several outcomes, including increased self-efficacy. Failing to do so was associated with negative outcomes.

- Children’s action achieved some (small) changes in community health. Adults frequently focused less on children creating change and more on their learning.

- CtC was originally devised for communities in developing countries where health problems are serious and basic health measures less known. In the UK, the ‘added value’ of children taking an active role in health care is not as self-evident.

- Adults sometimes initially questioned children’s priority issues, although often later withdrew their concerns. The children’s chosen topics provided valuable information in understanding the lived experiences of children in London today.

The evaluated CtC projects were aimed at helping the well-being of the children and others in their community with the children’s full involvement. Those children who were most involved in developing their own projects achieved the greatest personal and community health outcomes. As others have found, children’s participation and health are closely linked:

> Health and participation are integrally linked and it is necessary to consider the potential of children’s participation in any child-focused health programme. (Abrioux, 1998, pp. 25-27)

Enabling children to make decisions and to undertake their planned action on community health issues was key to the success of the projects on a number of measures. Working with children in smaller groups and following some of the CtC steps was insufficient for creating positive outcomes if the children did not have control over the direction of their projects. In fact, there is evidence to suggest that failing to allow children to direct their own project was associated with negative outcomes.

Those children who felt they had made the decisions in CtC believed their class teacher listened more to them at the end of the project. Those who felt they had not made decisions during CtC felt their teacher listened to them less. Children who had made decisions and taken action had high self-efficacy, believing that they were responsible for creating change. They felt more valued by their teacher, and also by their peers and parents. Children who had taken action in CtC were more likely to feel they would do something about possible future problems than those children who had not taken action. If children find that their views do not influence change this might be one step towards their future disengagement from civic life.

Children’s action achieved some (albeit small) changes in community health. Children supported elderly people and promoted an anti-racist message to many thousands of people. It was ‘doing things’, such as going on visits and making leaflets to be disseminated, that motivated children and improved group collaboration and it was their action that impressed adults (including facilitators, elderly people,
community professionals and parents). However, adults did not give as much priority to creating change within communities. There was a tendency for the community goals to be subverted by the teaching process. The participating adults frequently (though not always) viewed the projects as about the children’s education — helping them to learn skills, develop group relations and improve challenging behaviour — above valuing children’s active contribution to the community. Whereas the children emphasised the value of helping their communities. In one school no time was allowed for the children to undertake their planned action, demonstrating little value for children’s role as agents of change, and in all projects little was done to ensure lasting impact from the children’s action.

CtC was originally devised for communities in developing countries where overall health problems are very serious and basic health measures (eg hygiene) may be unknown to many adults and/or children. In those contexts children can make a very real and demonstrable difference to everyone’s lives by undertaking important health work. CtC in the United Kingdom involves children in promoting community health in complex urban communities within industrial societies that have existing good basic services. In this context the ‘added value’ of having children play an active role in their community’s health care is not as self-evident. Children are already involved in adult-led health promotion work in the UK through peer-education projects. As well as enabling children to select their own topic in CtC, there is the potential to develop a joint approach in which adults and children together undertake projects on community health issues, in which children and adults, or adults alone, identify the health issue to work on.

Elsewhere in CtC projects the adults sometimes (but not always) set the project agenda, often a basic health measure considered to be of high priority (eg anti-malarial measures). A central tenet of the CtC work in south London however, was that children were allowed to choose the health issue on which they wanted to develop a project. In the UK model adults sometimes questioned the children’s priority issues at the outset, as too selfish, too ambitious or too sensitive. These fears were often later withdrawn and the children’s chosen topics provided important valuable information in understanding the lived experiences of children in London today. Two projects chose elderly people, highlighting their desire to be given status and the responsibility to care for others perceived as more dependent than themselves. Most of the topics selected by children in the three year CtC programme highlighted a common concern with issues of violence, prejudice and safety. This reiterates recent research findings in which children’s top priorities for change in London were violence and safe streets, child abuse, drugs, bullying and racism (Office for Children’s Rights Commissioner for London, 2001). The commonality and seriousness of these concerns signal a current failure to ensure the well-being of London’s children; actual and feared experiences of violence and prejudice are both harmful to their well-being. One of the valuable attributes of the CtC projects were that they enabled children to voice to adults their real concerns in London today, and these views and fears require urgent attention by London’s authorities.
COMMUNITY RELATIONS

Summary of Section

• Relationships are central to human learning and action. Improving these relations helps to increase children’s participation within their communities.

• CtC helped to improve child-adult relations and demonstrated the value of two-way relationships to children’s learning. Using non-directive facilitation, meeting many community adults and involving parents all helped to improve relations.

• There are deeply entrenched patterns of speaking and behaving with children that reinforce adult power, which are hard to discard at times.

• CtC also helped improve child-child interaction and relations.

• Citizenship education in schools needs to actively redefine current adult-child relationships, rather than rely on knowledge based approaches.

• To change child-adult (and child-child) relations it is important to improve their daily interaction, as well as initiating formal structures for children’s participation.

• Commitment to children’s rights needs to take place across the whole organisations, requiring support from different staff (including head teachers).

All communities – including the micro communities of schools and after school clubs - are built on relationships and these relationships are central to human learning and action. This includes adult-child, child-child relations and adult-adult relations. Improving these relations helps to increase children’s participation within their communities.

Adult-child interaction and institutional power relations structure the relations between adults and children; the way we act and talk to children reflects our view and level of respect for them. The evaluation highlights how little children generally felt listened to in schools, and in after school clubs, and how few decisions they normally make within these organisations.

CtC helped to improve child-adult relations in some contexts. The projects highlighted the value of two-way relationships to children’s learning both in and outside of the classroom. Non-directive facilitation increased adult dialogue with the children; children expressed their views and adults listened, although there was little joint discussion as adults feared overly influencing children’s ideas. Previous research has found that children are rarely encouraged to talk or ask questions in classrooms (Mercer, 1995) and one of the things children enjoyed in CtC was having the chance to talk and express their views. In some circumstances within CtC adults’ language and non-verbal behaviour reinforced their power over children and constrained their voice. There are deeply entrenched patterns of speaking and behaving with children that serve to reinforce adult power, which even the most committed of workers at times found hard to discard.

Children’s increased opportunity to meet and engage with a variety of other adults, and in different contexts, also helped to improve child-adult relations. Children engaged in dialogue with elderly people, community professionals, parents and their
peers, and learned a lot through this interaction. The children were supported to voice their own learning needs and adults were greatly impressed by how much children were able to develop through self-directed learning.

Children drew on a range of people for support within CtC; particularly the CtC worker and class teachers. Peers also offered highly valued support networks. The children were discerning about who and why they chose to tell others their problems or ask for assistance, reflecting the quality of their relationships with those people. The children were most positive about adults in CtC who listened to them and were least directive.

Involving parents proved successful at helping to improve relationships between parent and child. In addition, it helped adult learning by breaking down barriers between parents and schools and improving attitudes to teachers. This, along with children’s action in the community, went some way to developing closer links between schools and their communities, as promoted by government guidance (DfEE, 1999b). Involving a range of adults in the facilitation of the children’s projects benefited the project by deterring away from the teacher as the ‘expert’, and encouraged both the adults and the children to learn from all those involved (both old and young).

Children’s peer relations are important to how they participate. Bullying has repeatedly been found to be a problem for school-aged children and within CtC more popular children influenced decisions. The projects helped to develop group work skills and improve peer relations, this included children feeling more valued by peers.

Recent guidance on citizenship education in schools relies heavily on knowledge based learning rather than actively attempting to redefine current adult-child relationships. Children learn citizenship better through action than talk: ‘learning for rights means working towards achieving them rather than offering the subject as an area of knowledge’ (Klein, 2001, p. 11). Within CtC, adults who supported children’s decision making and action by being less directive helped to redefine their relationships. Through their actions adults (and children) signalled a commitment to children’s rights and the value they place on children’s active citizenship.

Current moves to increase children’s participation within schools and the wider community frequently champion formal structures (which model adult bureaucratic institutions), such as school councils and youth forums. Most interaction between children and adults, and between peers, however, happens in daily life interactions (e.g. in the classroom, the playground, the youth club, at home). It is as important to improve this interaction, in order to change child-adult (and child-child) relations, as it is to initiate formal structures for children’s participation, if not more so. The children in this evaluation pointed out that school councils, for example, meet rarely, can be boring, and are represented by just a few children.

As a result of CtC one school was committed to implementing another project and a teacher had made her teaching practice more participatory. It is important that CtC is part of a larger move to increase children’s voices within organisational decision making to allow them to impact on their communities through their democratic involvement, including in the ‘day to day contexts of real schools as they exist now’ (Fielding, 2001). For example, commitment to children’s rights needs to take place across the whole schools, not just in individual classrooms, and the support of head teachers as well as classroom teachers is important in fostering this change. This requires good adult communication, shared values and a commitment to work together to achieve the necessary change.
FORMAL AND INFORMAL EDUCATION

Summary of Section

• CtC brought an informal education approach to schools. Informal education is based on volunteerism and self-directed learning, whereas formal education is mandatory and directed by adults. Both are committed to children’s learning.

• CtC provided an appropriate approach for promoting and implementing the concept of children’s participation in schools; offering enough structure for adults used to directive teaching, whilst also allowing children’s significant input.

• The direction of CtC projects is initially unknown and therefore a risky challenge for adults, but they worked hard to give up control. Some achieved this more than others, partly influenced by organisational factors.

• When the children defined own their learning needs and interests, and had fun, they were most motivated to participate and learn.

• In the After School Club the positive impacts were a lot to do with implementing improved participatory youth work practice. A six-step approach may be appropriate for some groups but too structured for others and have to be applied flexibly. The steps are less important than the underlying principles of CtC.

CtC brought an informal education approach to formal education settings (ie schools). There are fundamental differences in these two approaches, notably that informal education is based on volunteerism in which children direct their own learning, whereas formal education is mandatory and directed by adults. Some commentators have noted that for meaningful relationships to develop between teacher and learner all learning must be voluntary rather than compulsory; ‘learning relationships do not work unless all partners choose to be involved in them’ (Bentley, 1998, p. 165). The issue of consent has also been raised as a children’s rights issue:

The question of children’s rights in relation to schooling and education will remain stalled until the thorny issue of compulsion is addressed. (Jeffs, 2001, p. 56)

The likelihood of changing the current formal education system in this way, in the foreseeable future, appears slim however. Despite the fundamental differences between contexts, there are also many overlapping commonalities, primarily a commitment to children’s learning.

Good school teachers, like good informal educators, desire to help people grow and learn so all may share in a common life. They seek to educate not indoctrinate. (Jeffs & Smith, 1996; p.17)

CtC provided an appropriate approach for promoting and implementing the concept of children’s participation in schools. It offered enough structure for adults used to directive teaching, whilst remaining loose enough to allow for children’s input in determining outcomes. To use a term usually applied to children’s learning, the CtC six-step programme helped to ‘scaffold’ (Wood, Bruner and Ross, 1976) teachers’ learning; offering the guidance and support to work within but also at the edge of their existing experience, thereby moving their learning forward into new areas of teaching.
practice. The adults who learned most developed more future participatory practice with children.

Whilst Ctc presents some structure, the direction the project will take is initially unknown and somewhat out of adults’ hands. This challenges the current forces in education that ‘push towards certainty’ and resist ‘penetration into the area of the unknown’ (Waddell, 1998, p. 106) and therefore presents a risky challenge for adults. One school was open to allowing children to learn in a far less structured environment and adults worked hard to give up the direction of the project, although they still found that they influenced children’s decisions and constrained their voice at times. The other school, partly pressured by the demands of the national curriculum, felt the need to ensure the project fitted into existing patterns of school learning; adults made more decisions and there was a greater emphasis on school work, such as recording learning in text books, and less on fun. When the children were allowed to define own their learning needs and interests in Ctc they were found to be most motivated to participate and found the sessions better (and less stressful) than other class time.

The children in this study made it clear that what most motivated them to participate in these projects were having fun, being listened to and having the chance to make decisions, and ultimately taking action and achieving change for the communities. Where there was too much emphasis on writing, and too little on fun activities, children’s interest waned. This reiterates other research in primary schools (see Fielding, 2001) in which children stressed ‘you can learn without writing’ (Charlotte, Year 6) and the importance of fun:

I would like to tell the whole world how important it is to let children have fun in school . . . (so it does not become) a dungeon trapped in its own dullness, a prison blowing away fun and school trips, sucks out laughter and playfulness’. (Alison, Year 6; cited in Fielding, 2001, p. 102)

The Ctc approach is a form of social action that is commonly supported by youth and community development workers, although usually with older young people (and adults). Social action projects are ones in which young people regularly meet and take action to influence policies or practice and raise awareness of issues within local, national or international communities (Roker and Eden, forthcoming). These projects do not follow a given structured approach, but instead the support is adapted to meet the needs and wishes of the young people.

In the case of the After School Club it would appear that the positive impacts achieved with the group were as much, if not more, to do with implementing improved participatory youth work practice than about having a six-step Ctc programme. In the same way that most adults choose not to join formal groups after a hard days work, but instead opt to do social and fun activities, these girls wanted the chance to chat and have fun after school. They also felt strongly about important community issues, and valued the work they did to create change, but this was just one of their interests, and not their over-riding priority. Young women have consistently valued the chance to sit and talk, and conversation is fundamental to good informal education although frequently undervalued (Jeffs and Smith, 1996; Kirby, 2001).

In the After School Club, which was used to free play and leisure activities chosen by the children, the six steps intervention proved too structured and workers had to adapt the approach. Within after school clubs (and other informal settings) the opportunity exists for children to be more involved in setting their own agenda.
compared with schools. Within these contexts, to be true to the underlying principles of CtC in which children direct their own learning and project work, children’s interests should dictate the CtC sessions, as they did to a large degree in the evaluated project. Applying a six-step approach may be inappropriate for some groups, although welcomed by others. The CtC approach needs to remain flexible within these contexts; it could be applied in just a few sessions, or over several weeks or months, and projects need to be interrupted by sessions dedicated to completely different activities as and when the children dictate. The length of the project, and the six-steps, are less important than the underlying principles of CtC: the commitment to allowing children to identify their own concerns about community health, encouraging them to make informed choices and to plan their action, supporting them to develop their group skills and take collaborate action, and to reflect on their action.

**Adult Support Roles**

**Summary of Section**

- Existing models of children’s participation are useful for identifying the level of decision making children have relative to other projects, but they stop short of identifying how children make decisions and the changing levels of support adults need to offer.

- In order to enable children to make decisions adults primarily had to be non-directive. This was harder for those who had more directive styles.

- Adults had to constantly assess what level of support and intervention was appropriate and at times they had to instruct children and make some decisions. Striking a balance between allowing children’s participation whilst ensuring sufficient boundaries demands a re-think of attitudes and practices. Adults can *manipulate* rather than *facilitate* children’s choices (ie ‘facipulation’).

- Improved training, experience and the time to reflect helps adults to develop their practice. Commitment is improved when adults volunteer. A dedicated CtC worker was valuable in supporting adults to develop and reflect on their practice.

- More peer facilitation would reduce the need for external facilitators and helps establish a more participatory organisational ethos.

- There are boundaries to what is acceptable behaviour for children. A participatory approach involves children in defining these boundaries. More radical still would be if they were involved in developing groundrules for adults’ behaviour and involved in examining how they learn and what support they want.

- It is important to be clear about the constraints on children’s participation. One of the biggest obstacles currently for implementing CtC in schools, is that more guidance is needed on how it fits in with the National Curriculum.

- School nurses’ involvement in CtC helps bridge links with education and health.

Enabling children to make decisions and take action was central to their participation in CtC. Existing models of children’s participation are useful for identifying the level of
decision making children have relative to other projects. According to Hart’s (1992) classic ladder of participation model, the CtC project would be considered ‘child-initiated and directed’ as they decided their project topic and how it should be carried out (the adults were available but did not take charge). In a more recent five-tiered model of children’s participation (Shier, 2001) CtC projects would be classed as ones in which ‘children share power and responsibility for decision-making’. These models assume that children will have one level of participation throughout a project, whereas in reality children have shifting levels of participation throughout each session, let alone the whole. The models stop short of identifying how children make decisions and take action, and the different kinds of support they require from adults (and peers) to do so.

In order to enable children to make decisions adults primarily had to be non-directive. Most of the adults strove hard to facilitate children’s participation, although some found this harder than others, particularly those with more directive approaches and used to working in more directive contexts.

This evaluation identifies seven different roles undertaken by adults to support children’s participation in CtC. At times it was also appropriate for adults to leave children alone to get on with their own activities, rather than offer constant adult support. Whilst the initial CtC training for adults addressed in detail the CtC approach, it did not examine adults’ different support roles. Adults had to find out what level of support and intervention was appropriate at different times, both within sessions as well as at different stages of the children’s project. They often faced the dilemma about knowing what was the appropriate boundary – sometimes a fine line – between allowing children’s participation and establishing boundaries (eg providing structure and ensuring safety and discipline). Some found it easier than others at achieving a balance appropriate to the goals of CtC. At times adults were overly directive and sometimes they provided too little input. Getting the balance right is a challenge for all adults, given that it demands a re-think of entrenched attitudes and practices of working and being with children. It is also easy for adults to use their positions (even unknowingly) to manipulate rather than facilitate children’s choices, a practice that is sometimes referred to as ‘facipulation’.

Given teachers’ current status as authority figures, Mayall and Hood (2001) concluded that for them to work more democratically with children in out-of-school contexts ‘may require considerable readjustment’ so the challenge to do so within schools is even greater. Improved training can help adults be more aware of the different roles they will be expected to fulfil and will go some way to helping them explore when these roles are most appropriate within their practice. Adults also need to learn, like children, through taking action and participating in a CtC project. Adult commitment is also partly effected by whether they volunteer or are instructed to participate. The aim to involve children more in making decisions at school will founder if adults do not ‘believe in their hearts’ (Fielding, 2001, p. 105) about the importance of this work.

It takes more than one project to intuitively know how to achieve the right balance with children. The CtC worker is still developing her practice after co-facilitating numerous projects. Central to adults developing their practice through CtC was having the time to reflect on their work with children; developing practice and improving relations with children is part of adults’ life long learning. This required the support of the CtC worker to encourage adults to make time. Given teachers’ current work-loads, there also needs to be a commitment from head teachers to giving class teachers space to prioritise this way of working, as well as involving other adults in the classroom. Similarly, sessional and part time youth workers are not always paid
for sufficient planning or debrief time, and this emphasis on reflection is important within youth work. Additional resources are also sometimes needed for staff cover during CtC projects. For organisations that are already under tight budget controls the extra money needed can seem expensive, so positive outcomes need to be assured. The increased use of peer facilitation, including older children supporting younger children, would help reduce the need for external facilitators and establish a more participatory organisational ethos.

It is difficult for adults to develop their practice alone in this area that is new for so many. Having a dedicated worker whose role it was to promote the interests of children was central to the success of the CtC projects. The CtC worker supported professionals and other adults to develop their practice to work more participatively with children. She shared her experience and ensured others kept focused on the principles of CtC and reflected on their practice. The projects in which she co-facilitated were most successful at allowing children to make decisions and take effective action. Those who felt they learned more about the value of children's participation through CtC, changed their relations with children in future; a teacher made her work more participative and parents improved their understanding and communication with their children. Other commentators have similarly found there to be advantages to having full-time dedicated staff that can ‘devote energy and time to democratic processes: listening to children, providing responsive services and continuously developing, in response to demand’ (Mayall and Hood, 2001: 75).

Adults’ role in supporting children’s participation was about tailoring their interaction to the children’s needs, not simply about allowing children to make all the decisions. This required adults to ‘scaffold’ children’s learning adequately, that is ‘the provision of guidance and support which is increased or withdrawn in response to the developing competence of the learner’ (Mercer, 1995, p. 75). This meant at times adults had a responsibility to instruct children and make some decisions. The children had different degrees of experience and abilities and they required the adults’ intervention to provide appropriate boundaries and structured learning experiences, which offered opportunities to learn whilst also having fun. The children needed adult guidance to help them develop the skills to work as a group, and sometimes the protection from peers, as well as the skills to telephone and meet professionals. In addition, adults had the important role of protecting children from harm, particularly when out on visits.

When working in a participatory way with children, it was still important for adults and children to acknowledge that there are boundaries to what is, and is not, acceptable behaviour and for these to be defined and enforced. As the child psychotherapist, Asha Phillips, pointed out, ‘one of the purposes and effects of saying no, of setting limits, is to promote growth and development’ (Phillips, 1999, p.97). Sometimes within the CtC projects adults were not in agreement about when or how to discipline children, which meant there were some inconsistencies in how this was applied. Children were involved in setting their own group groundrules, and sometimes involved in resolving problems with group dynamics, but were not involved in deciding the rules adults applied to disciplining children. Sometimes children were unclear about these rules and/or disagreed with them. A more participatory approach to working with children requires that children at the very least are clearly informed about adult rules and, ideally, involved in defining boundaries.

More radical still would be if they had been involved in developing groundrules for adults’ behaviour. Whilst the CtC involved adults in discussing what makes good facilitation, the adults’ views were not shared with the children nor monitored and enforced. Children were asked to comment on the CtC projects; on occasion adults
dismissed their negative comments, although at other times they were accepted and promises were made to try to act on them. Children were not specifically invited to give constructive criticism of the adults’ facilitation, except in the after school club (and to the independent evaluators).

CtC encourages children’s self-evaluation in its projects, and their views were central to this independent evaluation. The improved dialogue between children and adults that resulted in CtC could be extended to include children further in examining how they learn and what support they want from their peers and adults, as some other pioneering research has begun to do within both primary and secondary schools (for full review see: Fielding, 2001). It is risky for adults to invite comment and possible criticism and difficult to accept, but children’s honest views, as illustrated throughout this report, are important in shaping practice so that it better meet their needs. To find out what a child thinks demands listening to them closely and giving them the time to say what they feel. The evaluation has shown that when children felt they were not listened to, they were less likely to open up to adults. Adults were also unaware about how little children felt listened to.

Teachers cannot create new roles and realities without the support and encouragement of their students: students cannot construct more imaginative and fulfilling realities of learning without a reciprocal engagement with their teachers. (Fielding, 2001, p. 108)

As well as children, teachers have little autonomy within schools, dictated as they are by the National Curriculum and the high value placed on test scores. Against this background it is important to be clear about what decisions and action children will be allowed to make, and those context constraints that bar them from doing so. Ultimately, for children’s voice to be heard more loudly there is some need for educational transformation in which ‘the narrow instrumentalism of the high performance school must give way to the more widely conceived aspirations of a person-centred education’ (Fielding, 2001, p. 108, Forum). In the mean time, however, the National Curriculum is a reality and one of the biggest blocks to implementing CtC in schools is that it is perceived as additional work and there is currently not enough guidance on how it fits within the curriculum. There is a danger that this methodology will be sidelined, or ignored altogether by schools whose main priority is children’s test score performances, if this guidance is not provided. This presents a challenge because the underlying ethos of CtC is that children define their own curriculum. However, some opportunities do exist for using the children’s work within CtC to meet existing National Curriculum objectives, including Citizenship education.

Conversely, some adult facilitators were nervous about providing children with too much information, or challenging their ideas, preferring instead to only follow children’s own definition of their learning needs. A dilemma for educators enabling children’s self-directed learning is how much to allow children to go down blind alleys and reinvent the wheel. Ensuring children make informed choices is important, and there was room for adults to provide more information and generate more discussion; particularly sharing knowledge and ideas about how public decisions are made locally and what type of action might influence these. This would ensure children were not left to discover for themselves established good practice in health promotion and community action. Lessons might be learned from recent developments in teaching primary school children philosophy, that seek to develop children’s rational inquiry by engaging in critical reflection (this is rooted in the principles of Socratic dialogic reasoning, for overview see Jeffries, 2002).
Like all sound pedagogic practice, rights education involves both cognitive and experiential learning: about teaching the facts, the concepts and events that are relevant and about giving children the experience to learn it actively. (Klein, 2001, p. 31)

There is the potential to involve school nurses more fully in promoting and facilitating future CtC projects, helping to bridge links with education and health. A recent review of the role of nursing in the new PHSE and Citizenship education stressed the importance of school nurses in promoting health in education, and explored ways in which they might develop the ‘dual roles as nurse/educator as a valued development in community child health’ (Mill, 2001, p. 155).

Whilst the CtC approach was a new process for adults and children, and required some change in ways of working together, it built on existing knowledge and offered something achievable which, when appropriately applied, was found to be worth the effort for children, the facilitators and the wider community:

I felt very comfortable with [the project]. I expected it to be something a lot harder than it was going to be but I think that was really just the way it was sold, like it was going to be this big new thing. It was a change but it was nothing totally out of the ordinary. It was just a very nice thing to do and the children got an awful lot out of it. (Adult)

[CtC was] fun, exciting and much better than history. I liked visiting the two elderly places. I think this project is fun. Even when you write I enjoyed it and know about elderly and community. (Child)
GOOD PRACTICE LESSONS & RECOMMENDATIONS

IMPLEMENTING CtC: LESSONS FOR COMMISSIONERS & SERVICE PROVIDERS

Investment and commitment is needed from the following organisations and posts:

Education

- The CtC six-step approach provides one very effective framework to introduce children's participation in schools.

- The commitment of both the participating class teacher and the head teacher is important for implementing CtC. There needs to be commitment to allowing time for planning and debrief and to team working alongside other facilitators (parents, school nurses, learning mentors, etc).

- Supply cover is needed to release teachers for training plus resources for covering travel costs on community visits.

Youth Service

- CtC can be used by youth workers in after school clubs, but also in other settings (including schools). Some flexibility may be needed when applying CtC in settings where children attend voluntarily, to ensure the project meets their interests.

- Sessional and part time youth workers need to be paid sufficient hours for adequate planning and debrief of CtC sessions.

Health

- CtC projects provide one effective framework for involving children in community health projects.

- School nurses have a valuable role to play in delivering CtC by helping to link education and health, and in developing their public health role.

- If school nurses are to become involved in delivering a more community development approach to health work with children this may require more training or other support.

CtC Worker Support Role

- The CtC worker facilitator role is needed to offer support to projects implementing CtC for the first time, including training, co-facilitation and on-going advice and information. The amount of on-going support offered needs to be assessed for each organisation.
FUTURE DEVELOPMENTS FOR CtC IN SOUTH LONDON

This section explores ways in which all CtC projects in south London could be further developed in future.

Encouraging Organisational Involvement in CtC

• Taster seminars and/or written information should be provided for professionals, particularly those who are too busy to attend all day training (eg teachers, paediatricians, commissioners), to encourage them to find out more about CtC.

Choosing a Project Topic

• It is important to allow children to select their own topics in CtC projects, to ensure motivation and because adults are unlikely to know what issues concern a given group of children.

• When deciding how to focus their projects, children should be encouraged to consider the positive aspects of their communities as well as what they dislike. They could be given the option of promoting the things they value in the community AND/OR solving problems.

Impacting on Community Health

• CtC projects need to give emphasis to the aim of achieving wider community health outcomes. Goals related to children’s own learning and well-being are important but only a first step.

• All CtC projects need to ensure adults are committed to finishing the action stage with the children, even if this means going over time.

• As well as encouraging children to identify their own projects, there is room to for children to work collaboratively with adults on community health, either on adult chosen or jointly negotiated health topics.

Working with Decision Makers

• More work needs to be undertaken by adults (and children where possible) with relevant decision makers to ensure they use the views of children, as identified in the CtC projects, to influence services and policies. This might include dissemination, on-going development work and training.

National Curriculum

• Guidance is needed on how to make CtC integrated to the National Curriculum, and this should be done in association with teaching professionals.

Different Groups of Children

• There is scope to adopt the CtC approach for younger children and those with specific needs, including disabilities and learning difficulties.
• Peer facilitation/support could be developed more fully in CtC. Both older children supporting younger ones (eg Y6 to Y5; Y12 to Y7) and within year groups.

**Sustainability**

• It is important to disseminate the CtC methodology and project outcomes within schools and other host organisations to ensure the principles of CtC become more integral and sustainable within organisations.

**Parental Involvement**

• Parents should be encouraged and supported to participate in CtC projects as this helps bridge organisational (including schools and others) links with the community, improves child-parent relations and provides positive role models.

**LESSONS FOR PRACTITIONERS: PARTICIPATORY WORK WITH CHILDREN**

This section explores the lessons learned for supporting children’s participation that would apply in any context, not just within CtC.

**Encouraging Children’s Views**

• Adults in many contexts, including schools and after school clubs, need to more actively seek children’s views about a range of problems including their club environment, personal problems and community issues.

**Improving Adult Facilitation**

• Training for adult facilitators needs to examine the different roles involved in facilitating children’s participation and when to adopt these roles.

• Time is needed to allow adults to reflect on how they communicate verbally and nonverbally with children, to ensure they do not constrain children’s voice.

• Parent volunteer facilitators should be encouraged to discuss this new role with their children and to negotiate how parent and child will engage in the sessions.

**Maintaining Children’s Motivation and Interest**

• Emphasise fun, including enjoyable activities and games. Use creative methods, such as arts, drama, music and provide food.

• Minimise the amount of school-type ‘work’. Only ask children to write when necessary and use creative methods to do so (eg coloured paper, thick pens, post-it notes). Refrain from making corrections unless agreed with children.
Establishing Boundaries

• Groundrules for acceptable group behaviour should be negotiated with children. Rules about what behaviour will be disciplined by adults should also be negotiated and clearly understood by the children.

• Adults should outline (and even negotiate) with the children about what they can expect from the facilitators, including what adult behaviour is and is not acceptable, and when adults may intervene in decision making and action.

Encouraging Reflection

• Children should be supported to reflect on their project work and how they learn, including their views about the adult facilitation.

• Adults need time to reflect and develop their practice in order to achieve the difficult balance of providing children with the necessary structure to engage and develop their learning, without being overly directive.

Children’s Decision Making

• Children can successfully participate in making many decisions and the assumption should be that children make decisions about their own projects.

• When making joint decisions it is important to ensure diverse interests are raised and where possible addressed, perhaps by selecting more than one project topic.

Promoting Children’s Rights

• Disseminating information about children’s participation projects – including what they did and how - could help promote children’s rights within communities.

LESSONS FOR MULTI-DISCIPLINARY TEAM WORK

This section summarises the learning for good group work in multi-disciplinary teams.

Establish Good Communication

• Ensure a clear and shared understanding of the project’s aims and approach.

• Discuss how the project should be facilitated, including how participatory and fun to make it, and how discipline will be implemented.

• Make time to meet before and after each session to share planning and debrief.

Develop Roles and Relationships

• Ensure adults are clear about the roles undertaken by different staff. Encourage the team to delegate roles according to what people want or most felt able to do and to support each other.
• Build in time at the start of the programme for adults to get to know each other, preferably by meeting away from the organisation in a social venue.

• Incorporate the knowledge of those who knew the children well in the planning of sessions, but being careful not to prejudice other workers’ views about children.

REFERENCES


Children and Young People’s Unit (2001) Learning to Listen: Core Principles for the Involvement of Children and Young People. London: CYPU.


Mann, G. and Smith, E. (1997). *Youth to Youth: A Program Guide*. Toronto: Save the Children Canada


APPENDICES

LIST OF APPENDICES

Appendix One  Full list of south London CtC aims and objectives
Appendix Two  Examples of children’s participatory evaluation methods
Appendix Three  Adults’ monitoring form
Appendix Four  Children’s consent leaflet
Child to Child Project 1999-2002: Aims and Objectives

OVERALL MISSION: IMPROVE COMMUNITY HEALTH WITH THE PARTICIPATION OF CHILDREN

1.0 Health

AIM 1.1: SUPPORT CHILDREN TO UNDERTAKE A HEALTH PROJECT

Objectives:
- a) Children identify issues related to the health of themselves and others in the community.
- b) Children learn more about identified issue(s).
- c) Children plan and take action on identified issue(s).
- d) Children review their action(s).

AIM 1.2: INCREASE CHILDREN’S KNOWLEDGE

Objectives:
- Participating children will have increased knowledge of:
  - a) chosen health issue.
  - b) resources/services that exist in their community.

AIM 1.3: INCREASE THE HEALTH KNOWLEDGE AND / OR HEALTH OF OTHERS IN THE COMMUNITY

Objectives:
- a) Participating children will communicate health messages to other children and adults and/or support others to improve their health.
- b) Other children and adults (including friends and family) will have increased knowledge of children’s chosen health issue.

2.0 Children’s Personal Development

AIM 2.1: PROVIDE OPPORTUNITIES FOR CHILDREN TO WORK COLLECTIVELY

AIM 2.2: INCREASE CHILDREN’S SELF-EFFICACY (BELIEF IN THEIR ABILITY TO CONTRIBUTE TO THEIR OWN AND OTHERS’ HEALTH)

Objectives:
- a) Children feel more listened to by adults / peers.
- b) Children feel more valued by adults / peers.
- c) Children feel more able to ask for guidance/support/information.
- d) Children feel more able to take (appropriate) action on issues affecting their/community life.
- e) Children identify barriers to their ability to take action.

1 The CHSL Child to Child project is grounded in the WHO definition of health: a state of complete physical, mental, and social well-being and not merely the absence of disease.
AIM 2.3: IDENTIFY PARTICIPATING CHILDREN’S OTHER PERSONAL DEVELOPMENTS

Objectives:
a) Children identify their own personal development.
b) Identify other changes to the children’s skills, knowledge, self-belief and confidence.

AIM 2.4: CHILDREN IMPROVE THEIR GROUP COMMUNICATION SKILLS AND RELATIONSHIPS

3.0 Children’s Participation

AIM 3.1: DEVELOP APPROACHES AND METHODS FOR WORKING WITH PROFESSIONALS AND CHILDREN TO ACHIEVE THEIR PARTICIPATION IN HEALTH PROMOTION

Objectives:
a) Learn from existing literature and practice to develop the Child to Child approach in South London.
b) Identify appropriate approaches for involving children and professionals within the project boundaries and local context.
c) Adapt existing participatory methods for use with children.
d) Develop new participatory methods for use with children.

AIM 3.2: INCREASE CHILDREN’S PARTICIPATION AS ACTIVE CITIZENS WITHIN THEIR COMMUNITY.

Objectives:
a) Children make joint decisions, and take action, on health issue(s) of concern to them.
b) Adults (facilitators and others) provide appropriate opportunities and support for children to participate.
c) Children engage in joint dialogue around identified issues within the group, and with other peers, parents/carers and other adults (ie not the facilitator).

4.0 Sustainable Practice

AIM 4.1: INCREASE PROFESSIONALS’ AND THE WIDER COMMUNITY’S KNOWLEDGE OF THE CHILD TO CHILD APPROACH

Objectives:
a) Disseminate information (using various media) detailing the Child to Child methods and approach.

AIM 4.2: INCREASE THE USE OF CHILD TO CHILD METHODS BY ORGANISATIONS AND PROFESSIONALS WORKING WITH CHILDREN

Objectives:
a) Professionals undertake Child to Child project in partnership with CHSL.
b) Provide appropriate support to partners, whilst jointly undertaking Child to Child projects.
c) Support (information and advice) organisations and professionals to undertake their own Child to Child projects without CHSL project worker as facilitator.
d) Provide training on Child to Child methodology.

2 An assumption of the Child to Child methodology is that the opportunity to work collectively will develop group skills. This is not a focus of this project or evaluation, but as group communication is considered essential for making group decisions these skills have been included as a specific aim.
e) Organisations and professionals undertake Child to Child in future.

f) Identify ways in which Child to Child, and other participatory approaches, can be institutionalised within CHSL.

**AIM 4.3: INCREASE PROFESSIONALS’ AND OTHER ADULTS’ COMMITMENT TO INVOLVING CHILDREN IN DECISION-MAKING**

**Objectives:**

a) Adults believe that children’s views are important and valuable.
b) Adults provide children with increased opportunities to express their views / take action.
c) Adults identify their own personal/professional development.
d) Identify other changes to adults’ personal/professional development.

**AIM 4.4: PRODUCE LEARNING MATERIALS FOR CHILD TO CHILD WORK IN THE UK**

**Objectives:**

a) Identify gaps in existing practice guidance.
b) Consult potential users about information requirements for implementing Child to Child.
c) Pull out relevant practice learning from evaluation findings.
d) Design and develop practice materials.

5.0 Monitoring And Evaluation

**AIM 5.1: UNDERTAKE MONITORING AND EVALUATION OF THE CHSL CHILD TO CHILD PROJECT**

**Objectives:**

a) Establish whether selected aims (see evaluation priority document) are achieved within the three year project timeframe.
b) Assess the appropriateness of the above aims.
c) Identify which practice methods and approaches contributed to the project outcomes.
d) Identify what context specific features contribute to the project outcomes.

**AIM 5.2: IDENTIFY APPROPRIATE EVALUATION METHODS FOR THE CHSL CHILD TO CHILD PROJECT.**

**AIM 5.3: DISSEMINATE EVALUATION FINDINGS TO INTERESTED/INVOLVED ORGANISATIONS AND INDIVIDUALS AND OTHER TARGET AUDIENCES.**
APPENDIX TWO: EXAMPLES OF CHILDREN’S PARTICIPATORY EVALUATION METHODS

Community Problem Scenarios
To examine whether there had been a change in their self-belief about their ability to take action on issues affecting their community we used hypothetical scenarios of possible problems in their school or area and asked what they would do. They were given the scenarios in the first interview and second interview. The scenarios used issues that had been popularly mentioned in previous CIC projects: litter and bullying. These scenarios were adapted from previous evaluation work of CIC (Peloso, 1997).

The problem with the scenarios was that most children selected ‘try to do something’ both at the beginning which made it harder to measure change in self-efficacy, although children’s comments about what they would do indicated changes. This question would have been easier to analyse if there had been multiple-choice options under ‘try to do something’.

Litter
Imagine there is a small park that you really like to go to. Lots of kids, of all ages, go there to play and hang out. Lately, you have noticed that there are some needles and other unsafe rubbish lying around the park. If this park was in your area . . . what would you do:

• Stop going there
• Carry on playing there and not worry about the rubbish
• Try to do something about the rubbish
• Look for another park to go to

Bullying
Imagine that on the way home from your school, there is street where recently several older teenagers regularly hang out. You’ve noticed that they sometimes pick on younger children. If this was on your way home. . . what would you do:

• Find another way to go home.
• Carry on using the same way home and not worry about the teenagers
• Try to do something about the teenagers picking on children
• Make sure you never walk home alone.

Emotion Faces
Children were asked to select from several pictures of faces showing different emotions to indicate how they felt about doing CIC. They could also draw their own picture of the emotions they felt on a blank face. The children enjoyed looking at these pictures but it was found that they were equally able and willing to discuss how they felt without visual prompts and in the follow up interviews pictures were not used.

Scales
Some examples of scales used in the children’s interviews are given below. The children were always asked to explain their choices on the scales.

a) Using a using a five-point scale in which the children placed stickers of different sizes and shapes (included ticks, ears and smiley faces) to measure a number of variables, for example how much other listened to them.
b) Children were asked to choose a gold, silver or plain coloured star to indicate how much they had enjoyed different activities in CtC.

b) The following is an example of a scale used with children to find out how much they felt teachers listened to their views. A similar chart was used to find out how much they felt teachers asked their views.

<table>
<thead>
<tr>
<th>How much do you feel able to tell your teacher your views about the kinds of problems kids face in school?</th>
<th>A lot</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Facilitator Session Monitoring Form

All facilitators complete one form together

Organisation: ______________________  Session: __________________

Session Date: _____________________  Session Venue: _____________

Facilitators present: ______________________________________________________

No’s of children participated: ________________

What worked well in today’s session? (Contextual)

What did not work so well in today’s session? (Contextual)
**Decision making** (3.2a)
What decisions were made in the session? How were they made (ie: what method was used to decide; what was the role/influence of facilitators; what level of consensus)?

**Requests (2.2c) / Information & support (3.2b)**
a) What information or support was provided to the children (eg: suggestions, tasks undertaken for them, linking them into external agencies/opportunities, your views)?
b) What information or support did the children request to help them with CTC (eg asked for help to write letter, help to phone someone, etc)?

**Action (2.2d)**
What tasks did the children carry out? (eg made a poster, wrote a letter, telephoned, decided what questions to ask) (Note: this is NOT just the CTC Action Step)

**Group Relationships and Skills (2.4)**
How well did they get on with each other? How well did they express their views, listen & respond to each other? (ie relevant, supportive, informational and emotional support responses)?

**Personal Development (2.3b)**
Your observations on what the children have learned (incl. health/services), their development or anything they’ve got out of the project/session? (eg practical/group skills, personal development)

**Any other comments about the session**
What do you think?

I’d like to find out what you think of Child to Child.

My name is Perpetua. My job is to . . .

ask questions + listen + look = ideas + write a report

Would you be happy for me to . . .

Talk to you in a group

AND

Talk to you on your own

What you tell me can help us to learn. It will help other teachers and children.

Your name will NOT be in the report. I will NOT tell anyone what YOU say.

I hope you will want to talk to me, but if you do not want to, just say No.

PLEASE ANSWER THESE TWO QUESTIONS

1. What is you name: ________________________

2. Do you want to take part? (Tick ONE box)

  ☐ Yes, I want to take part
  ☐ No, I do not want to take part