

CHILDREN & YOUNG PEOPLE
SERVICES: EXPLORING
INTERNATIONAL INITIATIVES
TO GUIDE BEST PRACTICE AND
SERVICE DELIVERY

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Year of Travel: October 2022

Year of submission: February 2023



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1. EXECUTIVE SUMMARY

Ehara taku toa I te toa taki tahi, engari taku toa, he toa takitini.

My strength is not that of a single person, but of many.

My fellowship research focussed on examining successful services and initiatives in Singapore, England, Scotland, and the United States of America (specifically New York), that support tamariki and rangatahi who have experienced or are at risk of experiencing harm.

My aim was to visit organisations and local services, who were successfully achieving positive changes and improving the lives, experiences and outcomes for children and young people. I was particularly interested in looking at the unique factors that made these organisations and their services successful. I also wanted to learn the successful leadership strategies and initiatives used to both engage their staff and develop innovative solutions. My aim was to bring back examples of those services that achieve sustained positive change, improving the lives, experiences and outcomes for tamariki and rangatahi in New Zealand. What was the magic, what made a difference, what did other leaders do to engage and energise their organisations to innovate and enable tamariki, rangatahi and their whānau to thrive.

I was most fortunate to be able to use the knowledge, advice and connections of my two wonderful colleagues – Paul Nixon (previously Chief Social Worker for Child Youth and Family and Oranga Tamariki) and Dr Iain Matheson (Matheson and Associates). Both Paul and Iain have extensive experience of working in Children’s Services in Aotearoa New Zealand and the United Kingdom.

Advent of the Covid-19 pandemic changed and delayed my original travel plans. I was however able to visit most of the services I had hoped to visit pre-covid. All the organisations were so welcoming and I would like to thank them all for their manaakitanga (kindness, hospitality, generosity, support) at what was still a very uncertain and unusual time.

In particular I'd like to acknowledge:

- Dr Eric Hoo – Deputy Director and Principal Clinical Psychologist, National Council of Social Services, Singapore¹
- Dr Tom Jefford and Ms Brigitte Squire, Clinical Psychologist, Family Psychology Mutual, Huntington
- Tim Fisher, Service Manager for Family Group Conference and Restorative Practice, London Borough of Camden.
- Andy Couldrick, Chief Executive, Birmingham Children's Trust
- Sal Tariq, Director of Children and Families, Leeds City Council
- Dan Johnson, Clinical Director, Kibble (A specialist child and youth care charity and social enterprise, Scotland)
- Clare Burns, Director, CELCIS (Centre of Excellence for Children's Care and Protection) Scotland.
- Annie Niermann, Senior Manager, FFT- LLC, New York and the many people from Rising Ground Inc, who were very generous with their time.

Although not a part of the Fellowship, I happened to be in London when Her Majesty Queen Elizabeth II passed away. Being in London for that week was moving; and I was grateful to have such a poignant experience during my trip.

My thanks to my organisation, Kia Puāwai, that enabled me to take time away from work; particularly the Board Chair, Tony Kake, who supported me every step of the way.

Finally, I am grateful to the Winston Churchill Memorial Trust award, which made this amazing and sentinel experience possible.

2. INTRODUCTION

Children and young people who are living in challenging circumstances, or are vulnerable or at risk of harm, or who have been harmed, deserve the best support, services and opportunities to thrive and flourish. In Aotearoa New Zealand social services organisations and Government agencies have a real focus and commitment to supporting our tamariki and rangatahi to achieve their full potential. My fellowship focussed on examining examples of international best practice to help improve the services we offer in Aotearoa New Zealand.

Specific areas of focus for my fellowship included:

- i. Voices of young people and how they influence service delivery.
- ii. Welfare, care systems and their processes (including secure and semi-secure care).
- iii. Collaboration styles and leadership models.

I approached both Camden and Leeds local authority children services for my exploratory visit, as both these local authorities have achieved outstanding overall effectiveness from Ofsted in their services¹. Birmingham Children's Trust, who provide children's services on behalf of the Birmingham local Authority, is on a focussed journey to improve their rating from good to outstanding.

The Kibble Group in Scotland provides a continuum of care focussed services. They pledge to provide a safe, nurturing environment for children and young people to help them build brighter, positive futures and have a priority to provide care in a loving setting. I choose Kibble as part of my fellowship because of this kaupapa. The Kibble model of service delivery was

¹ The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for children looked after, safeguarding and child protection.

also suggested by Associate Professor Dr Ian Lambie in his report into “Care and Protection Secure Residences: A report on the international evidence to guide best practice and service delivery” (in Aotearoa) as worthy of further consideration in a New Zealand context.²

Family Psychology Mutual, Rising Ground, and Singapore National Council of Social Services, were all involved in a trial of Functional Family Therapy – Gangs (FFT-G). As the CE of Kia Puāwai, a significant provider of other FFT services here in Aotearoa, I was keen to explore how this new adaptation of FFT might be applicable here given recent increases in youth gang related activity.

From small innovations and ideas to big ambitious goals, there was much to admire in all the organisations that I visited. In my report, I have themed these ideas under the specific areas of focus. There was also however, an overarching and somewhat unexpected theme across all the organisations I visited in the UK, and that was LOVE.

² Lambie, I., Best, C., Krynen, A. & Parkes, R. (2016). **Care and Protection Secure Residences: A report on the international evidence to guide best practice and service delivery**. p.136. Ministry of Social Development. Wellington: New Zealand. Retrieved from [care-and-protection-secure-residences-7-fa.pdf \(msd.govt.nz\)](https://www.msd.govt.nz/assets/Uploads/care-and-protection-secure-residences-7-fa.pdf) on 9th February 2023.

3. KEY LEARNINGS

3.1. LOVE

Love or Aroha was an overarching and a recurrent theme across all the organisations I visited in the UK. From the local authority staff who worked in children’s services to those who worked in the NGO sector, staff often expressed their love of job, love of their mission and particularly love for the children that they served.

At Kibble, all young people on campus knew the saying that “at least one staff member is crazy about you” and I saw this aroha consistently demonstrated by staff at the organisation. One staff member described their practice model as a trauma informed therapeutic model underpinned by love. In all services, I observed staff guiding and supporting the young people in their care by demonstrating safe and appropriate touch and role modelling healthy respectful and loving relationships.

In Leeds, the council had taken a city-wide approach, with their official motto being ‘a compassionate and caring city, with a strong economy’. They want Leeds to be UK’s best city for children to grow up in. The Leeds Council recognised that the future health and prosperity of the city relied upon its children thriving and choosing to continue to live in the city as adults.

This focus on children led to the Chief Executive implementing the ‘Child Friendly City’ initiative, which was supported by local businesses sponsoring foster care awards as part of their corporate responsibility commitments. The city has been actively investing savings in reductions in out-of- home care (foster care) back into prevention activities, together with holding an annual Children’s Services Conference.

Camden Council have a specific “We Love Camden” website, which is all about celebrating Camden being a great place to live and work. As a sub-set of the ‘We Love Camden’ by-line,

the motto of the children's services is "to Love, is to Act". This theme is evident through their internal workshops, external advocacy and promotional material.

Both **Camden** and **Birmingham Councils** have clearly articulated strategies to be a great place for children to grow up in. At Kia Puāwai, Aroha is one of our four organisational values and this focus on love is one of the key take home messages for me.

3.2. Voices of Children and Young People

In Aotearoa New Zealand, we are fortunate to have VOYCE Whakarongo Mai, a charity which was established to help advocate for the approximately 6000 children with care experience (children in foster or whānau care).

My particular interest here, however, was what could organisations such as Kia Puawai, other NGO and government agencies do better to actively enable children's participation in the key domains that impact on them. I saw some outstanding examples across all the organisations I visited. In particular I wanted to highlight the following initiatives:

3.2.1. Apprenticeship Programme

Birmingham Children's Trust in particular had some great initiatives such as their apprenticeship scheme. I spent an afternoon with the Apprenticeship Team, along with their team leader and manager. The team are based at the Lighthouse Young People's Centre.³ Up to six care leavers are recruited every 18 months for the apprenticeship team and they become fulltime staff members of Birmingham Children's Trust. The team are paid the minimum wage and enjoy all other employee benefits. In addition to the above, over the 18 months of the programme, the apprentices are supported to attend a training programme one day a week to

³ Lighthouse Youth Centre provides the community with a central location where youth can gather safely for recreational activities, receive assistance on their academic assignments, enjoy the positive influence of adult Christian mentors, and have opportunities to study and discuss the truths of Scripture.

gain their Level 3 Youth Work qualifications, costs of which are met by the Trust. Upon graduation, apprentices are able to apply for permanent youth work roles within the Trust, the Council or other employers.

Each apprentice has a particular area of focus such as strategy, policy development, events management, marketing and so on. The Council has several significant events on every year that focus on children and young people. The apprentices were a key part of these events, helping Council staff with everything from promotional material, event creation, event management and stakeholder engagement. The Trust has benefitted from the enthusiasm and skills of their new apprenticeship recruits, who are fully involved in developing Trust policy and improving communications with children and young people using creative ideas, including social media.

3.2.2. Social Worker Recruitment

All social workers employed by the Birmingham Children's Trust have an interview assessment day as part of the selection process. A key part of the interview assessment was a session with a young person (with a particular focus on the prospective employee's engagement, language and/ or attitude). If the prospective social work employee could not engage well with the young person during this session, their application was not progressed.

3.2.3. The Camden Way

Camden Borough have a 'whole system approach' to their child protection and youth justice services. Camden Model of 'Social Work Tree of Life' (Appendix Figure 3) makes it clear that their services are relationship based. The "Tree of Life" makes clear their services are relationship based and depicts some key elements such as "walking with" talking with" and "being with".

At all levels of the service delivery, they focus on proactively listening to the children, young people, parents, their family members and actively encourage their participation.

Social workers spend extensive time directly engaging with the children and young people, asking them questions about their hopes for the future. The social workers distilled this down to the following three key points:

- What is your immediate need?
- What can we do to change that?
- What do we need to put into place?

This final point of what do we need to put into place is key – plans are only as good as the action that goes into making plans the reality. So Camden have the mantra of “even more important than hope is action”. None of these things can be achieved without actively engaging with and listening to the children, young people and families Camden social services are working with.

3.3. Welfare, care systems and their processes (including secure and semi-secure care).

3.3.1. Early Intervention and Out-Of-Home Care

While the numbers of children in out-of-home care (Foster Care) in Aotearoa is dropping⁴, more can be done to safely reduce the numbers of children who need out-of-home care or foster care. Preventing entry into care is not always the right thing to do, however, we need to be confident that (a) children are only in care when that is the best option for them; and (b) that

⁴ From a high of 6429 in 2019 to 4722 by June 2022.

their families have been offered all the opportunities available to make it possible for them to stay together as a whānau unit.

3.3.2. Self-referral & Adult Family Group Conference (FGC) Initiatives in Camden

Camden have a very low number of children in care and they attribute this to three key initiatives:

- Self-referrals to FGC.
- Effective multi-agency safe-guarding hub.⁵
- Proactive staff retention policies to provide consistent social work support.

For the purposes of this report I am going to focus on the FGC.

FGCs were pioneered in New Zealand, enabled by new legislation in 1989. The Care and Protection Family Group Conference (FGC) is a formal meeting where the whānau or family comes together with professionals from government agencies such as Oranga Tamariki or other professionals involved with a child or young person to discuss their concerns and come up with an agreed plan.

In 2007 New Zealand received the American Humane Association Award for its “gift to the world” for the FGC system and process.

Although in Aotearoa the legislative framework is in place for community/whanau led FGC, the reality, in most instances is that an FGC is triggered when an Oranga Tamariki social worker has concerns for the safety of a child or young person; and if the safety concerns are not addressed, out-of-home care is a possible outcome.

⁵ **Safeguarding** is a term used in the [United Kingdom](#) and [Ireland^{\[1\]}](#) to denote measures to protect the [health, well-being](#) and [human rights](#) of individuals, which allow people—especially children, [young people](#) and [vulnerable adults](#)—to live free from abuse, harm and neglect.

Using their safe empowering model, Camden has actively worked to re-frame the purpose of their social workers from “I am the professional and here to tell you what’s going to happen” to “I am here to help you and rally the support you need.” This approach has helped Camden Children’s Services to be positively viewed by families and therefore, has reduced barriers to families seeking early help. Camden promotes and encourages families to self-refer to FGC and many families pursue this pathway.

As Martin Pratt, Executive Director of Supporting People, Camden Council states “FGCs are not about a meeting; it’s about family, and not as an adjunct to a bureaucratic process, but as part of a flow – it’s a matter of right and expectation - once you do that, the quality of the conversation changes and relationship changes.”

Family Group Conferences (FGC) are therefore used as the first option and not as the last resort in this process. This approach ensures families get early help, has reduced the need for further statutory type involvement in families’ lives, and has reduced the numbers of children needing out-of-home care.

Not only do Camden have family referred FGC, in a further innovation, they also have adult FGCs. The adult pilot programme takes a collaborative approach for people experiencing multiple disadvantage and system blockages. The adult FGC process uses a framework of **‘Aspiration, Block, Reflection, Questions, Actions’**. Issues and blockages that cannot be resolved in the meeting are escalated to the senior leadership team to be resolved.

One example of an adult FGC involved a woman who had come to Camden as a refugee. Her neighbours were concerned that she was becoming increasingly isolated and rarely left her home. She had become a serious hoarder and, as a result, her home had become almost uninhabitable. Her FGC enabled her to start talking about the reasons for the hoarding, which was that because she had arrived in Camden with nothing and she just couldn’t let go of

anything and for her, that meant she would never again have nothing. The state of her home was impacting on many different domains of her life and well-being. Once the cause of her hoarding was known, appropriate help was put into place to support her.

3.3.3. Functional Family Therapy – Gangs (FFT-G)

Kia Puāwai has delivered FFT in Aotearoa for approaching 13 years. FFT is an in-home service that works with whānau and is built on a foundation of acceptance and respect. It works with the whole whānau, including important extended whānau members, to create growth and positive change through the relationships within the whānau. In recent developments, several international organisations have been trialling a new adaptation of FFT – called FFT-Gangs. Although youth crime overall in Aotearoa is reducing, we have recently experienced a surge in gang related activity, including ram raiding. I was interested in exploring whether or not FFT-G was an adaptation that could be used here to address some of these problems.

I visited Family Psychology Mutual who have led a trial of FFT-G in collaboration with the London Borough of Redbridge; managers and FFT therapists at Rising Ground Inc in New York who have an FFT-G service in South Bronx in partnership with the mayor's office; and, Dr Eric Hoo from National Council of Social Services, Singapore who also have an FFT-G team. Each organisation was dealing with some very unique youth crime and youth gang activities. In the UK, for example, county lines is a significant issue⁶. In South Bronx, homelessness, hopelessness, gun violence and other violent felonies are prevalent, while in Singapore, youth crime is mostly aggression, theft and rebellion (within families).

I was particularly in awe of the work by both the FFT-G teams at Rising Ground and Family Psychology Mutual. They are passionate, well trained, well supported teams who are innovative, driven and truly walk alongside the young people using their services. As these

⁶ 'County lines' is a form of criminal exploitation where urban adult gangs persuade, coerce or force children and young people to store drugs and money and/or transport them to suburban areas, market towns and coastal towns.

teams are still in the pilot phase, much of the evidence about the effectiveness of the programmes is narrative in nature. What is however emerging, particularly in South Bronx where engagement with the service is completely voluntary⁷, is that the therapists need to be nimble and flexible with the timings and the location of the therapy sessions. It should be acknowledged that true engagement and building mutually trusting relations is a time-consuming process, and, at least initially, completion rates are lower than other FFT type services.

Since my visit, the Family Psychology Mutual trial has been progressed to the next stage of development and they are shortly going to enter a co-design phase for a larger RCT⁸ of FFT-G which they hope will build evidence of effectiveness for this intervention in a UK safeguarding context. I will keep abreast of this progress as it will be useful to inform possible next steps in Aotearoa.

3.3.4. Integration across the care continuum - Kibble

Kibble is a charity and social enterprise based in Paisley (near Glasgow). It is a specialist provider of services for children and young people who have experienced considerable trauma in their lives, and have significant social, emotional and behavioural needs. Kibble provides a continuum of care-focussed services, including residential and community support, together with dedicated schools and well-being services.

Kibble's leadership, clinical, training support, and administration services are all based on the same campus. The campus is also home to the Kibble's two onsite schools, Secure Residential Care (now called Safe Services) and their Intensive Care Support for group homes. Other

⁷ There are no consequences – potential or actual – if the young person chooses not to take up the offer of the service.

⁸ Randomised Control Trial

services, which are part of their continuum of care, were provided off site. These services included, foster care, transition from care flats for young people and the Skills Academy.

I was particularly impressed with the campus style of services and was more than a little envious of their Skills Academy. Staff I met and spent time with had been with Kibble (usually) for many years. Reasons for this included the campus nature of the services meant that support was readily available to them 24/7; learning and development was prioritised; retention rate of caregivers was high; and love was a central value across the entire organisation. Young people I met with in secure, in the group homes and at the skills academy felt safe, supported, heard and were generally optimistic about the future and next steps.

The model of practice used was a trauma informed therapeutic model, again underpinned by love. Plans were purposeful and specific to each young person's needs. Of some concern to staff was that many young people coming into secure had 30-40 other care (out-of-home) placements within statutory or foster care services elsewhere, before coming to Kibble – everyone believed that this cycle could and should be broken so the need for secure would be greatly diminished (if needed at all).

Within the secure residence, there was a comprehensive set of facilities for young people, which included a swimming pool, gym, recording studio, music room, art room, beauty therapy room, crafts room (including woodwork), kitchen (to learn cooking and hospitality skills) and a large outdoor area for soccer. Individualised plans were developed for each young person to identify goals to prepare them for their return to their families after their secure residence stay came to an end or, if this was not possible, to move to one of the group homes on campus or into foster care, also usually with Kibble.

Young people in the group homes and foster care could access any part of the campus (with the exception of the secure building) as well as the Skills Academy. Staff and young people usually shared lunch together on campus, which built a high level of engagement and trust.

The Skills Academy (Kibble's education and training centre) had undergone a significant transformation to offer new qualifications and work experience opportunities from a large premise that is a converted indoor go-cart track. There were bespoke workshop areas for trades including auto-engineering (all Kibble cars and staff cars, if they opt to, are looked after here), painting and plastering, hospitality, landscaping and gardening, and construction.

It was interesting to see that in his report "Care and Protection Secure Residences: A report on the international evidence to guide best practice and service delivery" Associate Professor Ian Lambie noted that:

"Internationally, the Kibble Education and Care Centre (See Chapter Four, Section 4.3.1) is a well-run and highly regarded agency that provides a continuum of care services for the care and protection population. Aspects of this model could be beneficial for implementation in the New Zealand context to strengthen the current care and protection continuum of care. For instance, the combination of a trauma, attachment and neurodevelopmental framework and a trauma-informed model of care (e.g., The Sanctuary Model) could be situated within a continuum of care similar to that provided by Kibble Care in Scotland".

Having visited Kibble, I would agree with this thinking. I was particularly impressed with the campus style of services and envious of their Skills Academy.

3.4. Collaboration Styles & Leadership Model

I observed many examples of collaboration. In a UK context, collaboration was enabled as children services, health, mental health and education services were all provided by the one employer (the Council) Collaboration was not only enabled, but it was also expected. Senior

Leadership led the way. For example, when an entire city, led by its Chief Executive and supported by its mayor, has a focus on being a child friendly city, it sets a very clear direction for officials to follow and enable.

The common themes for leaders that I met with were:

- Be consistent and focus on leaving things in a better place than when you arrived.
- Be clear about priorities and values and keep them simple.
- Drive change through the priority and values lens.
- Invest in your people and in their training.
- Be visible and use language that resonates for your people.
- Use appreciative enquiry to seek feedback from employees and children/young people and their families who are service users and then be purposeful about what you do with their feedback.
- Value diversity.

Every organisation had some unique ways their leadership demonstrated these themes.

In Leeds for example, their priorities for children are distilled into three “obsessions” (and obsessions is how they are described).

1. Reduce the need for out-of-home care for children.
2. Improve school attendance.
3. Better destinations (improve where people end up).

Every week, these three obsessions are reported against within services in a communication called Thing of Beauty. The indicators are used at all levels in the organisation to look at patterns and trends and think about how to improve them.

At the Birmingham Children’s Trust regular practice forums were held by senior leadership with staff to discuss what could be done better. Leadership had a focus on being accessible, relational, and helpful.

In Camden, they have developed simple ways to seek feedback from families and children/young people and this is then used in supervision and planning. Every week they

publish The Friday Story under the banner of “Love Shows Up” that profiles a great piece of practice.

4. CONCLUSION

I was inspired by the ideas and services I visited; and believe several of these initiatives could be replicated (with tweaks) in a New Zealand Aotearoa context.

a) Apprenticeship Scheme for Care Leavers:

I believe the apprenticeship scheme for care-leavers is an initiative that we can and should trial in New Zealand as it can have huge benefits. The apprentices' team at Birmingham Children's Trust adds huge value to the Trusts mahi and I am convinced it is something we must do here in New Zealand. Since I returned from my fellowship, I have socialised the concept with several organisations, NGO, government, philanthropic and corporate partners; all of whom have expressed initial support.

Next steps are to develop the concept and write the proposal. In summary, I propose an apprentice team that is hosted by one agency. The team leader would be based in the host agency who would also have two apprentices. Up to another three organisations could also have two apprentices based with them. Funding could come from a variety of sources including Government, philanthropy, corporations and the organisations themselves. As in Birmingham, apprentices would work in their respective agencies four days a week, with the fifth day attending classes to gain their diploma in Youth Work over an 18-month period. The team would be based in Auckland given that the largest concentration of care leavers and NGO and Government services are in Auckland.

b) Whānau-Referred FGC Services:

Another excellent initiative, which also looked very promising for a trial in New Zealand, is the London Borough of Camden style direct family referral FGC services. As noted by Yvette Stanley, Ofsted's National Director for Regulation and Social Care Camden's early help services are well resourced, and children and families benefit from a wide choice of support and community-based services.

Their long-standing use of family group conferencing effectively avoids children having to leave their homes or their family when it is safe for them to remain. This approach goes beyond family meetings. The support of peer mentors and advocates, person-centred meetings and the involvement of experts with experience in shaping the service has created a dynamic and responsive approach to creating supportive networks.

I also believe the focus in Camden of family referral direct for FGC is an excellent idea. It enables family to be in control, families to decide when they need help and families know it will be helpful (and won't be punitive which although not the intention in the way they are held in Aotearoa, it is often what families fear) Early intervention is the goal – using FGC first not as a last resort. For it to work here however, I believe it needs to be iwi or kaupapa Māori led. They in turn need to be supported to develop capacity and capability to grow an FGC service, and they need to have the resources devolved to them to be able to support the plans made with whanau about what whanau need. I have had initial hui with the CE of a Marae that is well-respected in their community and has a rich history in health and social services provision. I have also discussed the concept of whanau referred FGC with Chappie Te Kani, CE of Oranga Tamariki. Next agreed steps are for me to work with the Marae and support a discussion paper to be presented to Oranga Tamariki.

c) Adult FGC Services:

I also believe the concept of adult FGC is very innovative and will also need to be community led. This service could be a natural progression to establishing a family FGC services as described above.

d) Functional Family Therapy - Gang (FFT-G) Services:

FFT-G as a possible future adaptation for use in Aotearoa remains of interest. I have built great links and networks and await further updates on the outcomes of the RCT.

e) Campus Based Care Services

Like Ian Lambie before me, I think there are some good ideas and lessons learnt from the Kibble Care continuum model., which may be applicable within the New Zealand care continuum services, and I will socialise these ideas more broadly within the sector.

5. APPENDICES



Figure 1: Lighthouse, dance studio



Figure 2: Youth Hanging out area, Lighthouse.



Figure 3: The Apprentices with their team leader and manager (and my gorgeous, gifted flowers)



Figure 4: Recording Studio, Lighthouse.

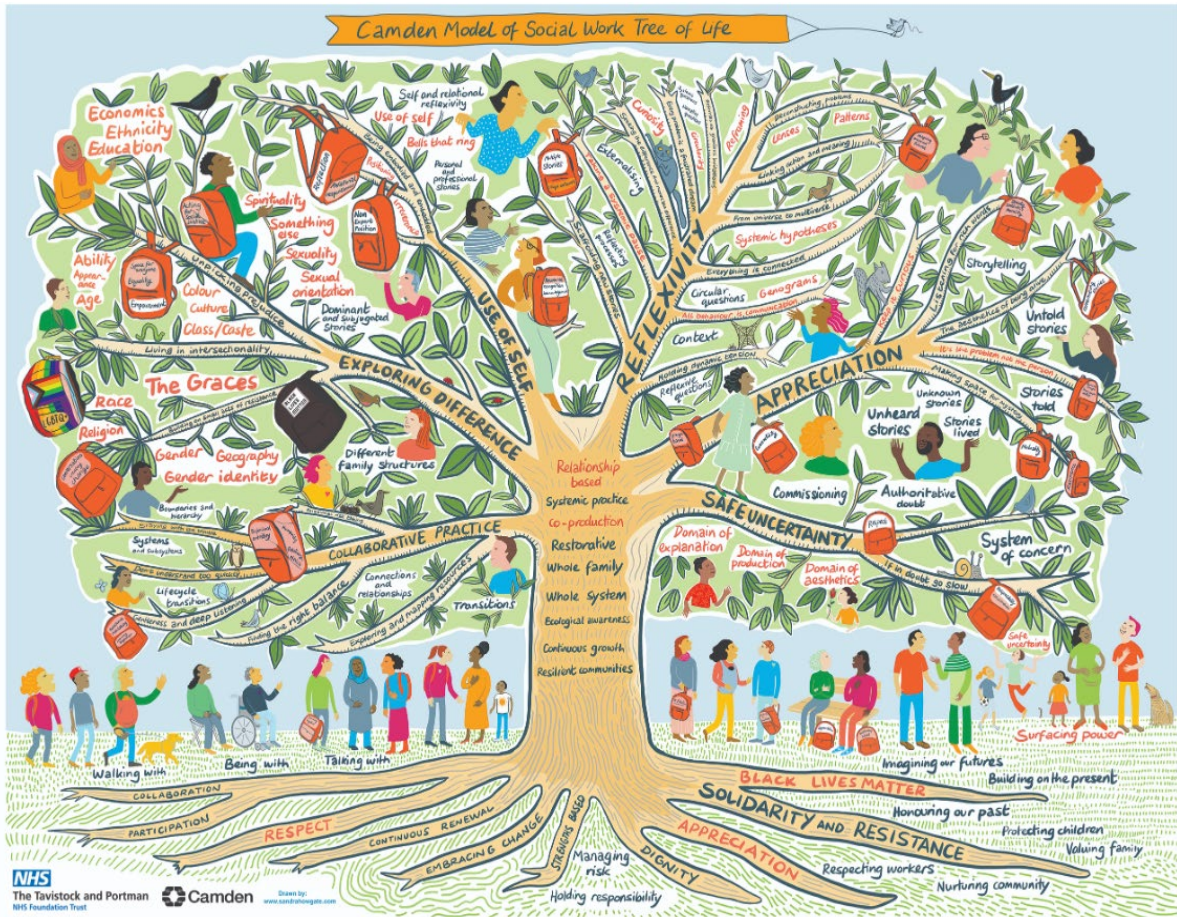


Figure 5: London Borough of Camden - The Camden Model of Social Work Systemic Tree

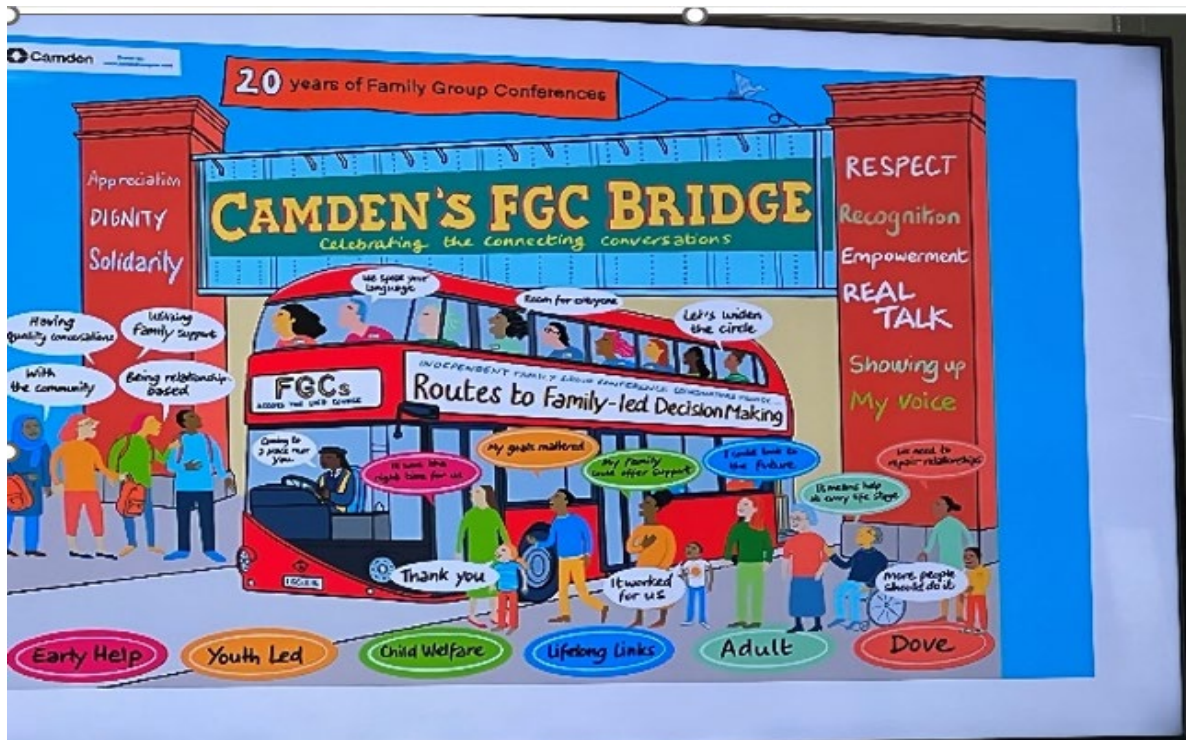


Figure 6: The Camden FGC Bus



Figure 7: Lyn Romeo, England's Chief Social Worker -Adults and members of the Camden Children's Services Team



Figure 8: Outside the shared office space where I met with Family Psychology Mutual



Figure 9: Lunch with Dr Eric Hoo

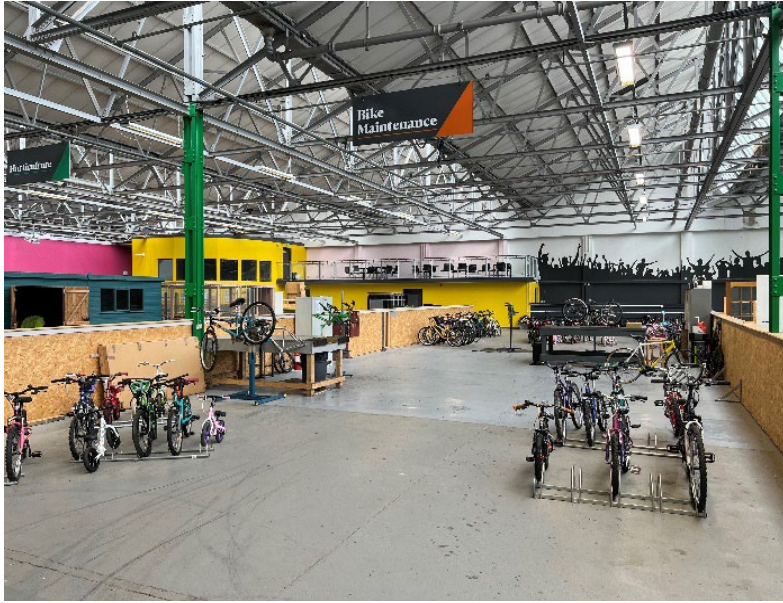


Figure 10: Skills Academy – Bike repair shop

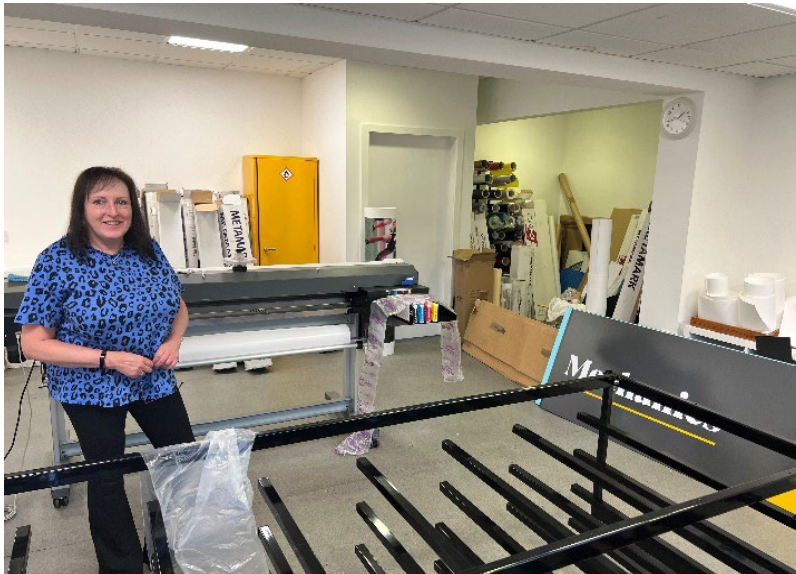


Figure 11: Skills Academy – Printing Work Area



Figure 12: Skills Academy – Industrial Kitchen



Figure 13: Skills Academy – Mechanical Engineering



Figures 14: Campaign for Child Friendly Leeds, Leeds City Council.