Final

Barnardo's

See, Hear, Respond: Final evaluation report

March 2021

CordisBright

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1 Executive summary

> *I feel a lot of relief. I would definitely use the word relief. Finally, I've been listened to. Because I've asked for help in so many places – my GP, schools, various agencies, but I don't feel I've been listened to or supported. The Barnardo's service has been the first service that has really listened to me and supported me to find some solutions. In supporting me, I can then deal with parenting better, because I'm being supported and listened.*
>
> Parent/carer of child supported by SHR

1.1 Introduction

1.1.1 Overview

This report presents the findings of the final summative evaluation of the Barnardo's-led See, Hear, Respond (SHR) programme.

1.1.2 About SHR

SHR was commissioned by the Department for Education (DfE) and collaboratively designed by Barnardo's and the DfE. The purpose of SHR was to bring together a consortium of national and community-based charities and other partners to work together to provide assistance to vulnerable children, young people, and their families, that have been adversely and disproportionately affected by the COVID-19 pandemic and the lockdown measures that have been implemented in response to the crisis.

The aim of SHR was to intervene and support children early, preventing additional harm and ensuring that needs that have been triggered by, or exacerbated during, lockdown did not escalate to become chronic and persistent to levels that cause long lasting harm to children and families and require costly long term multi-specialist support[1].

Stakeholders, including from Barnardo's, its partners and the DfE, emphasised that SHR was a short-term response to the COVID-19 pandemic. In this respect, it did not specifically aim to resolve long-term challenges faced by children, but rather "*hold them*" and prevent additional harm, with the aim to connect young people with sustainable support when they exit SHR. For example, a key aim would be ensuring that children and young people are ready to return to education as and when schools re-open. As part of the evaluation a logic model was developed which clearly presents SHR's intended outcomes and impacts (see Figure 12 in the main report).

[1] Barnardo's (2020) *SHR proposal*.

SHR was intended to run until the end of October 2020. However, it received an extension to the end of November 2020. SHR was subsequently extended into a phase 2 programme until March 2021. This evaluation focusses on phase 1 of the implementation of the programme, i.e. between June and November 2021.

SHR was designed to be open to any child, young person or family that has been adversely affected by the COVID-19 pandemic. The programme aimed to focus on supporting children and young people who were not in receipt of support from statutory services. The programme worked with families and children from six core priority groups to ensure that those most disadvantaged by the COVID-19 pandemic accessed support: (1) children under 5 with a specific focus on under-2s; (2) children and young people with Special Educational Needs and Disabilities (SEND); (3) children who may be at increased risk of abuse, neglect and exploitation inside or outside the home; (4) Black, Asian, Minority Ethnic and Refugee children; (5) young carers; and (6) children and young people with mental health and/or emotional wellbeing concerns.

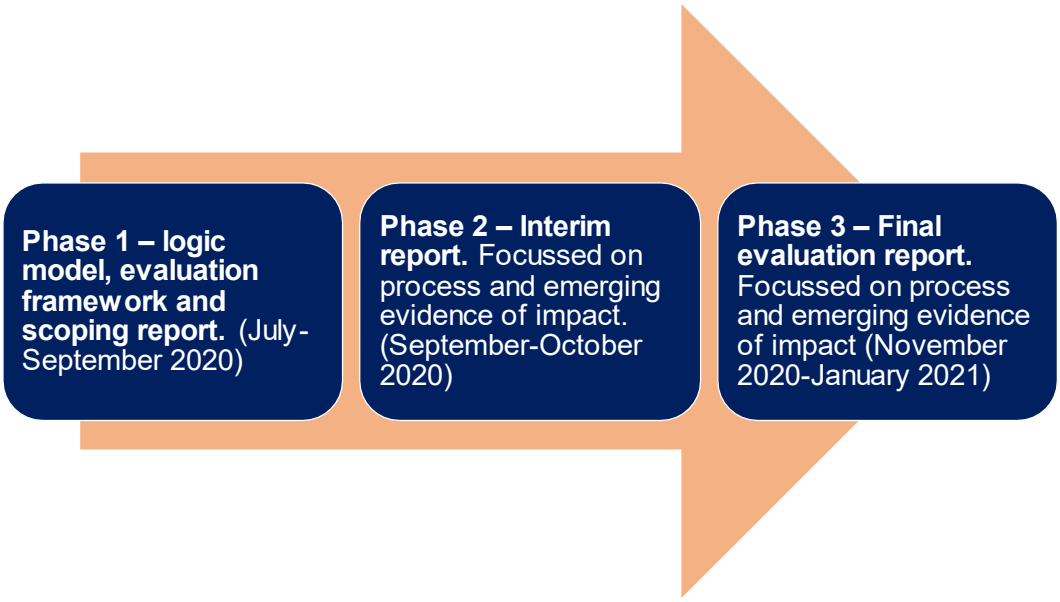
Support to families and children was provided through three SHR delivery strands:

- Online digital support
- Youth interventions including face-to-face individual, group and detached youth work
- Reintegration into education working alongside schools and statutory partners to identify those children that would benefit from additional contact or a reintegration plan.

1.2 About the evaluation

The evaluation has taken a theory-based, real-time evaluation approach feeding evaluation findings into the programme early to support decision-making and programme development. It was delivered across three phases summarised in Figure 1.

Figure 1 A three phased evaluation approach



During phase 1 of the evaluation, we co-designed an evaluation framework with key SHR stakeholders including representatives from Barnardo's and the DfE. Stakeholders identified three key areas of focus for the evaluation:

- The difference that SHR has made on outcomes for children and families.
- The effectiveness of the delivery of SHR, including learning from the partnership approach.
- Wider learning to inform the recovery of Children's Services.

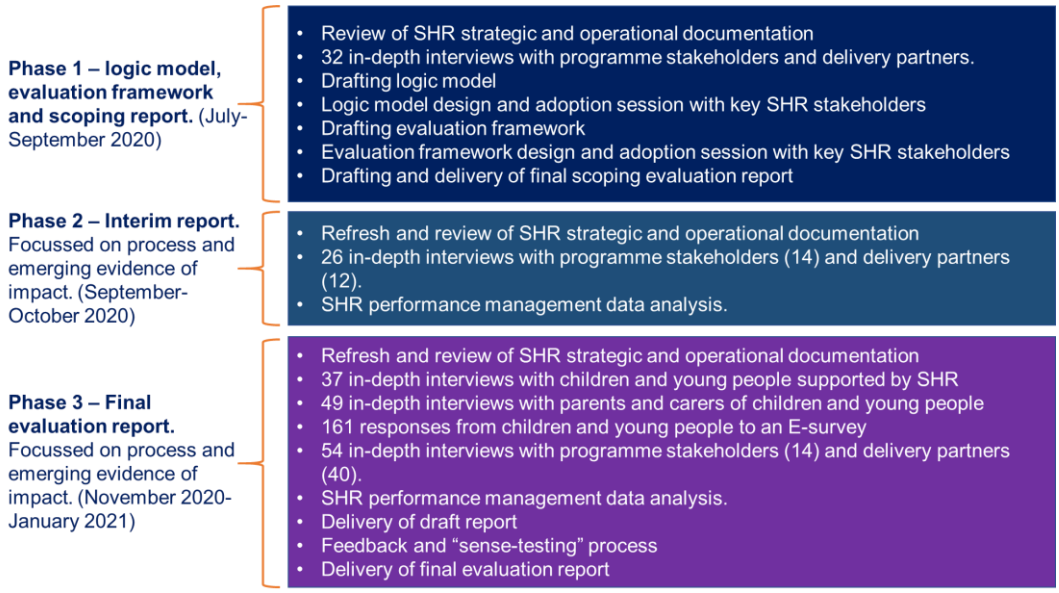
The co-designed evaluation framework set out six clear evaluation questions:

- What difference has SHR made for children and young people?
- What difference has SHR made for parents, carers and families?
- What difference has SHR made for staff and professionals delivering the programme?
- What difference has SHR made for the Children's Services sector?
- How effectively has the SHR programme been delivered?
- Has SHR been value for money?

1.2.1 Methods

Figure 2 provides a summary of key evaluation methods undertaken during each phase of the evaluation.

Figure 2 Summary of key evaluation methods



The evaluation took a mixed methods approach, including consultation with programme stakeholders (i.e. DfE staff, Barnardo's staff, members of the programme board), delivery partners, children and young people and parents and carers (See Figure 2 for information about sample sizes). This qualitative data was triangulated with performance management data collected by SHR delivery partners. This data included information on needs, SHR activity and outcomes reported both by delivery partners practitioners and parents/carers. In addition, the findings include evidence from an E-survey of 161 children and young people about the difference SHR made to them.

1.3 Implementation of SHR

> *It's been an exemplar programme for collaboration between central government, a national charity, and local or regional charities. The fact it's been pulled together so quickly is even more impressive.*
>
> See, Hear, Respond (SHR) programme stakeholder

Between 17 June and 30 November, SHR was designed and implemented at pace and scale. During this period, the programme has provided support to 43,114 vulnerable children and their families who were adversely impacted by the COVID-19 pandemic and associated lock-down restrictions. SHR was able to achieve this because of the following:

1) SHR was collaboratively designed and established rapidly.

Stakeholders reported that SHR was designed and implemented at pace including agreeing a model of support, implementing the necessary governance, accountability and programme management infrastructure, commissioning a network of providers, establishing a range of referral pathways; and setting up

performance management systems. Stakeholders reported that the strengths of this process included: (1) Effective and robust governance, accountability and project management infrastructure; (2) Visible and strong leadership; (3) Collaborative approach to partnership working between the DfE, Barnardo's and the delivery partners; (4) The flexibility of the delivery model to reflect emerging evidence around needs, and; (5) Effective capacity building with delivery partners.

Stakeholders reported that challenges to establishing SHR rapidly included: (1) Creating a model that does not duplicate other support provided by other services in the system; (2) Communicating and explaining the role of the programme to wider partners in a short period of time; (3) Creating a geographically equitable service offer; (4) Supporting smaller organisations to join the delivery partner network, and; (5) Contract managing a larger than anticipated delivery partner network.

2) Identifying children and families requiring support.

SHR generated 15,950 individual referrals. Stakeholders reported that the partnership approach was critical to this success. SHR made effective use of smaller delivery partners and their networks within communities to reach children and families. Local promotion of SHR was reported to be a more effective approach than national campaigns. Stakeholders also reported that schools played an important role referring children to delivery partners. The programme was effectively targeted, with individual referrals data showing that 98% of children displaying characteristics which met the criteria of at least one of SHR's six priority cohorts.

SHR supported children with a wide range of challenges. According to SHR performance management data for 14,448 children, the most prevalent challenges faced by children were mental health needs (59%, 8,569 children), followed by isolation and loneliness (51%, 7,331 children), barriers to reintegration to education (34%, 4,912 children) and parenting support (34%, 4,859 children). It should be noted that many children experienced more than one challenge (i.e. may have experienced mental health need *and* isolation and loneliness).

3) Effective delivery of support.

SHR successfully met or exceeded its targets for the number of packages of support delivered and children supported by each work strand. Stakeholders and delivery partners stated that this was possible due to the flexible and effective approach of SHR.

This approach included the following key characteristics: (1) The speed of response to families who needed support; (2) The experience, expertise and diverse range of delivery partners in the SHR network. In particular, stakeholders noted the importance of smaller VCS organisations which were able to rapidly deploy their resources and reach communities which it was felt SHR may otherwise have not reached. Stakeholders particularly noted the success that smaller community organisations had in identifying, engaging and working with

children and young people from BAMER communities; (3) A child-centred, creative approach to delivering support; (4) Support that focussed on empowering children and families; (5) Provision of a trusted adult from outside the home; (6) Deployment of online and in person individual, group and detached youth work support.

However, some delivery partners identified that it had been challenging to adapt support to work within the tight time parameters required of SHR's work strands. This is reflected by SHR performance management activity data which shows that children were often provided multiple packages of the same work strands of support. Several stakeholders suggested that for some children this may have been due to the complexity of needs that some children had. In some cases, this need was more complex than had been anticipated in the initial set up of the SHR programme.

4) Good quality support.

Feedback from children and families and delivery partner case closure forms indicates that the support provided by SHR was appropriate and of high quality. Stakeholders reported that SHR's mixed economy of organisations, work strands and support packages meant that children and families could engage in a variety of ways tailored to their needs. Feedback from around 3,000 families collected by delivery partners suggests that support was of high quality: It showed that: 2,979 (98%, n=3,040) respondents felt listened to; 2,902 (95%, n=3,040) felt respected; 2,596 (89%, n=2,907) felt that they had a say in decisions made about their support, and; 3,372 (98%, n=3,436) said that the support was helpful. In addition, '*Needs met*' was the reason for case closure recorded for 11,961 (84%, n=14,180) children, reinforcing family feedback that suggests support delivered was appropriate and effective.

5) Exit Planning.

An exit plan was developed and implemented for SHR, although the programme has continued to a second phase which will last from December 2020 until March 2021. Overall, stakeholders reported that they were confident that appropriate resource was made available to ensure a safe exit for all children. Some stakeholders reported that smaller delivery partners had reported difficulties accessing Early Help services for children and young people. Stakeholders also reported that for delivery partners and Barnardo's planning how to safely close the service had been challenging while the future of the programme was uncertain. This in part reflects the ongoing uncertainty and nature of the COVID-19 pandemic.

1.4 Impact of SHR

> *Yeah, it built my confidence to go back to school, because I was scared to go outside because I didn't want to catch corona, and I've not been in contact with people for so long, so being in contact with people before going back to school made it less awkward. When I did go back to school, I felt more normal, and everything that I wanted was back to normal. Everything was as normal as it could be.*
>
> Young person supported by SHR

Children and young people

Evidence from consultation with children and young people, parents and carers, delivery partners, key stakeholders and quantitative data from the E-survey of children and SHR case closure forms shows that in the short-term, SHR has achieved the following intended impacts including:

- **Children felt more supported.** For example, 91% (135, n=149) of children who responded to the E-survey reported that they found the support provided by SHR useful.
- **Children experienced reduced feelings of isolation or loneliness.** Analysis of outcomes data recorded by delivery partners in case closure forms showed that 7,331 (51%, n=14,448) children receiving individual support from SHR had reduced isolation and loneliness.
- **Children were successfully supported to reintegrate to education.** 2,263 (80%, n=2,833) families who provided feedback to SHR delivery partners reported that their child(ren) was more settled at school. 79% (119, n=150) children responding to the E-survey felt more supported to go to school or college since working with SHR.
- **Children were supported to access additional services and community support.** 2,547 (84%, n=3,037) families who provided feedback to delivery partners reported that their child was more connected to services. 72% (107, n=149) children who responded to the E-survey reported that since working with SHR they have felt supported to get the extra help they may need. Delivery partners reported that 5,274 (39%, n=13,483) children they worked with were better connected to services, and 3,561 (26%, n=13,483) were better connected to family or community support.

Programme stakeholders and delivery partners also reported that involvement in SHR supported a range of additional short-term outcomes including: (1) improved inter-familial relationships; (2) increased self-confidence; (3) improved safety, and; (4) improved knowledge about COVID-19 and how to stay safe during the pandemic.

Programme stakeholders and delivery partners reported that longer term impacts may have been achieved through: (1) early and timely intervention which had likely prevented crises for families and therefore escalation to CAMHS, Early

Help and statutory children's social care services, and; (2) families' resilience increasing because they have learnt skills and strategies for managing difficult situations through SHR and have greater confidence and awareness about how to access support.

Parents and carers

SHR was not designed to specifically support or improve outcomes for parents and carers. However, during the co-design of the SHR logic model stakeholders recognised that by improving outcomes for parents and carers the programme would further support outcomes improvement for children and young people. There is a range of evidence that SHR has improved outcomes for parents and carers including: (1) delivery partners reported the parents/carers of 3,583 (27%, n=13,483) children who received individual support, had improved mental health and wellbeing; (2) Feedback from around 3,000 families collected by delivery partners shows that in over 70% of cases, parents and carers of children supported by SHR reported being:

- Happier (2,804 parents/carers, n=2,804)
- More connected to services (1,877 parents/carers, n=2,462)
- Safer (1,593 parents/carers, n=2,290)
- Supported to help their child settle at school (1,614 parents/carers, n=2,292)

Additionally, programme stakeholders, delivery partners and parents and carers interviewed reported that SHR has supported parents and carers to: (1) Combat feelings of isolation or loneliness during the pandemic; (2) Engage with their children's school or college to facilitate their return to school, education or training; (3) Access support for their children and themselves from other services and the community; (4) Keep themselves and their children safe during the pandemic; (5) Support their own and their children's mental health and wellbeing needs, and (6) Maintain their own and their children's mental health and wellbeing needs during the pandemic.

1.5 Lessons and implications

- **Improved understanding of need relating to the impact of the pandemic on young people and families which can be used to inform future planning.** SHR and this evaluation has developed a rich evidence-base of the needs of over 14,000 vulnerable children who have been impacted by the pandemic. The analysis details the nature and the extent of the needs of this cohort, providing an indication about the negative impact that many children and young people – and their families – have experienced linked to the pandemic. Analysis of this data, including the analysis presented in this report, can be instructive about the areas which government, the VCS and other organisations responsible for supporting children may wish to focus on as the pandemic evolves.

- **Further research is needed on the accessibility of support services for children, young people and families.** This evaluation has identified that programme stakeholders and delivery partners have concerns about the accessibility of Early Help services due to variable thresholds across England. Overall, the evaluation suggests that further research may be necessary to understand the accessibility of support services such as Early Help and CAMHS, their thresholds and any gaps across England.

- **Potential for a longitudinal study.** Evidence about the long-term impact of COVID-19 on vulnerable children is not yet available. There is the opportunity to use the data collected by SHR to develop a longitudinal study, which would increase understanding of the long-term impact of the COVID-19 pandemic on vulnerable children, young peoples' and families' outcomes. These types of study are valuable in supporting evidence-informed policy responses.

- **Similar programmes would benefit from developing a theory of change before implementing a performance management approach.** Future programmes could be further strengthened by developing a theory of change prior to designing and implementing performance management data systems to ensure that all relevant outcomes are captured. This was not possible for SHR due to the pace at which it was designed and implemented.

- **Collaborative approaches to commissioning work.** The DfE and Barnardo's took a collaborative approach to partnership working. This approach included closer cooperation than a traditional commissioner-service provider model. Dedicated project management and detailed performance management data, alongside a commitment to working collaboratively meant that the SHR programme could be adapted flexibly to meet the changing needs of children and families. This is a model of commissioning and programme management which would be of value to other projects.

- **The VCS has an important role to play working in coordinated ways to support outcomes improvement for children and young people.** SHR has demonstrated the role that the VCS can play supporting children and young people, working as part of a coordinated network of partners. This has included the important role that delivery partners played in engaging communities commonly referred to as "hidden" and/or "hard-to-reach", as well as the value of a diverse offer of support. To capitalise on this, further research should be conducted into the levers and barriers to supporting the involvement and leadership of VCS organisations in supporting outcomes improvement for children. This should explore how the VCS can work more collaboratively with statutory partners and vice versa.

  Wider consideration should be given to how VCS networks could be harnessed to support children facing challenges and what infrastructure would be required to facilitate this type of collaboration.

- **Consideration should be given to what future ongoing forms of communication and/or collaboration should be pursued by the SHR delivery partner network and how this could support outcomes**

improvement for children, young people and families. Stakeholders hoped that a legacy of the programme would be that this system of working could be repeated in the future. One stakeholder stated:

> *That would be a great thing to happen. Having come up with a formula that works, it would be a shame for that to be forgotten and not used again. […] The fact the programme has been able to deliver through 85 delivery partners is an impressive achievement. It's a future model for how we make use of the third sector.*

2 Introduction

2.1 About See, Hear, Respond

2.1.1 Overview

This is the final evaluation report of Barnardo's See, Hear, Respond (SHR) programme. Barnardo's was commissioned by the Department for Education (DfE) to convene and coordinate a network of national and community-based voluntary and community sector (VCS) organisations to work collaboratively to identify and provide frontline assistance to vulnerable children and young people, and their families, who have been adversely and disproportionately affected by the COVID-19 pandemic.

SHR started delivering services to children in June 2020, within four months of the start of the pandemic in the UK and two weeks after funding was allocated by the Department for Education. It was intended to be a short-term crisis response to the pandemic with the end of the programme being October 2020. However, it received an extension to November 2020. Following the reintroduction of national lockdown measures, SHR was extended into a phase 2 programme until the end of March 2021.

2.1.2 What did SHR aim to achieve?

SHR was collaboratively designed by Barnardo's and the DfE. The purpose of SHR was to bring together a consortium of national and community-based charities and other partners to work together to assist vulnerable children, young people, and their families, that have been adversely and disproportionately affected by the COVID-19 pandemic and the lockdown measures that have been implemented in response to the crisis.

The aim of SHR was to intervene and support children early, preventing additional harm and ensuring that needs that have been triggered by or exacerbated during the lockdown did not escalate to become chronic and persistent to levels that cause long lasting harm to children and families and require costly long term multi-specialist support[2] (See 3.4 for further details about aims).

Stakeholders, including from Barnardo's, its partners and the DfE, emphasised that SHR was specifically a short-term response to the COVID-19 pandemic. In this respect, it did not aim to resolve long-term challenges faced by children, but rather "*hold them*" and prevent additional harm, with the aim to connect young people with sustainable support when they exit SHR. For example, they emphasised that a key aim would be ensuring that children and young people are ready to return to education as and when schools re-open. As part of the

[2] Barnardo's (2020) *SHR proposal*.

evaluation a logic model was developed which clearly presents SHR's intended outcomes and impacts (see Figure 12).

2.1.3 Who did SHR aim to support?

SHR was designed to be open to any child, young person or family that had been adversely affected by the COVID-19 pandemic. The programme aimed to focus on supporting children and young people who were not in receipt of support from statutory services.

The programme aimed to support six priority groups of children and young people summarised in Figure 3.

Figure 3 Priority groups of children and young people supported by SHR

The first five priority groups were established during the design of SHR based on evidence that the DfE had been collecting from local authorities as well as information gathered via Barnardo's survey of its practitioners. The sixth priority group (children and young people with mental health and / emotional wellbeing concerns) was added during implementation of the programme.

2.1.4 The SHR approach

This evaluation focusses on the SHR model implemented across England. Alternative SHR models have been implemented in Wales, Scotland and Northern Ireland, but these are different and are not the focus of this evaluation. The SHR model included three inter-connected service delivery strands of support:

- **Strand 1:** A range of online digital support via advice, therapeutic and group work.

- **Strand 2:** Youth interventions via a range of crisis support and detached work with young people in their communities.
- **Strand 3:** Support to reintegrate young people into school.

More about the model is discussed in Section 3.

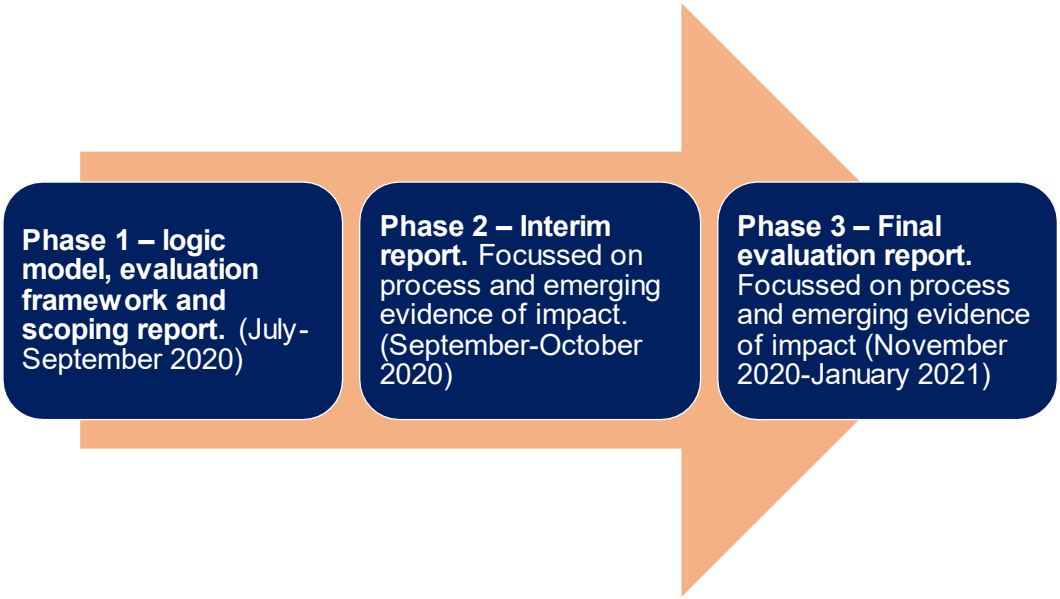
2.2 About the evaluation

2.2.1 The evaluation approach

The evaluation has taken a theory-based, real-time evaluation approach feeding evaluation findings into the programme early to support decision-making and programme development. The approach taken had the following characteristics:

- **Phased approach.** The evaluation was delivered taking a phased approach summarised in Figure 4.

Figure 4 A phased evaluation approach



- **Collaborative.** We worked collaboratively with the evaluation steering group which included senior SHR stakeholders throughout the period of the evaluation. This means we designed all evaluation approaches and research tools and agreed them before use in the field. We also met regularly with key programme stakeholders so that we could keep up with SHR developments in real-time and so that evaluation findings could be fed into the programme early. This included weekly meetings with the evaluation steering group, as well as attending monthly multi-agency SHR programme and advisory boards.
- **Ethical.** Our approach was delivered in line with our Research Governance Framework which adheres to the Government Social Research Unit's professional guidance *Ethical Assurance for Social Research in Government*.

All approaches, methods and research tools were cleared by the independent Barnardo's Research Ethics Committee.

- **Mixed-methods.** Our approach took a mixed-methods, multi-stakeholder, multi-geography approach. In particular, we designed bespoke COVID-19 resilient methods to ensure that the voice of children, young people and families were captured and reported through the evaluation.

- **Useful.** Our approach included a range of formal and informal reporting mechanisms. As well as delivering the formal outputs of scoping, interim and final reports identified in Figure 4, we also delivered evaluation briefs outlining emerging findings and provided verbal updates to key programme stakeholders via weekly evaluation delivery group meetings and monthly programme board and operational board meetings.

2.2.2 Key evaluation questions

During phase 1 of the evaluation, we co-designed an evaluation framework with key SHR stakeholders including representatives from Barnardo's and the DfE. Stakeholders identified three key areas of focus for the evaluation:

- The difference that SHR has made on outcomes for children and families.

- The effectiveness of the delivery of SHR, including learning from the partnership approach.

- Wider learning to inform the recovery of Children's Services.

Linked to this the evaluation framework set out six clear evaluation questions which are presented in Figure 5. As part of the scoping and evaluation framework development process we also co-designed a logic model for SHR which is presented in Figure 12.

Figure 5 Key evaluation questions and where they are addressed in this report

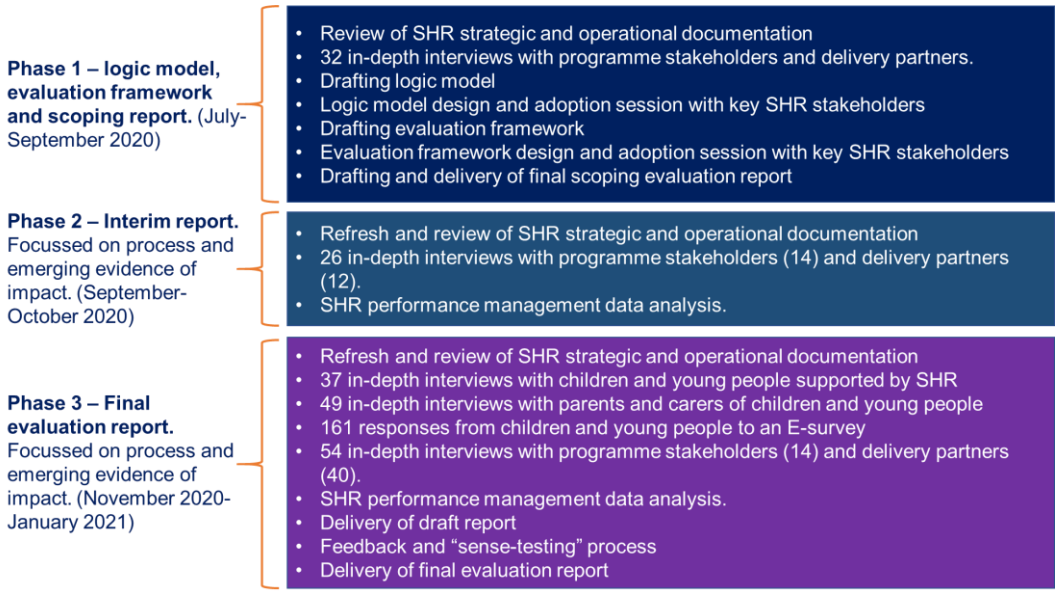
Key evaluation questions	Where addressed
What difference has SHR made for children and young people?	Chapter 6
What difference has SHR made for parents, carers and families?	Chapter 7
What difference has SHR made for staff and professionals delivering the programme?	Chapter 8
What difference has SHR made for the Children's Services sector?	Chapter 8
How effectively has the SHR programme been delivered?	Chapters 3 and 4
Has SHR been value for money?	Chapter 8

2.2.3 Overview of evaluation methods

Summary

Figure 6 presents a summary of key evaluation methods undertaken during each phase of the evaluation.

Figure 6 Summary of key evaluation methods



Methods

Methods included:

- **Consultation with 60 programme stakeholders and 52 delivery partners:** Semi-structured interviews were conducted with 60 programme stakeholders (e.g. Barnardo's staff, DfE, members of the SHR programme board) and 52 delivery partners across three points in time (July 2020, September 2020 and November 2020). Interviews discussed stakeholders' views about the impact of COVID-19 on children and families, the implementation of SHR and the impact it has had on children, families and staff involved in supporting children and the wider children's services sector.

Note on terminology

Throughout this report we refer to the views of *'programme stakeholders', 'delivery partners'* and *'stakeholders'*.

Programme stakeholders refers specifically to stakeholders who were involved in the development and management of the programme including

Barnardo's staff, the DfE, other government partners, and members of the SHR programme board.

Delivery partners refers to individuals from organisations involved in the frontline delivery of SHR. This also includes Barnardo's staff who were involved in service delivery rather than wider programme delivery.

Stakeholders refers to the views of programme stakeholders and delivery partners.

- **Consultation with 37 children and young people:** Semi-structured interviews were conducted with 37 children and young people who took part in SHR. Interviews were conducted in November and December 2020. Interviews discussed children's experience during the COVID-19 pandemic, the support they received as part of SHR and the difference SHR has made to them. A breakdown of the sample by the work strand and priority cohort status of the child can be seen at Figure 7.

- **Consultation with 49 parents and carers:** Semi-structured interviews were conducted with 49 parents and carers of children who took part in SHR. Interviews were conducted in November and December 2020. Interviews discussed children and parents' experience during the COVID-19 pandemic, the support they or their child(ren) received as part of SHR and the difference SHR has made to them or their child(ren). A breakdown of the sample by the work strand and priority cohort status of the child can be seen at Figure 8

- **E-survey of 161 children and young people:** An E-survey was co-deigned by Cordis Bright and Barnardo's and distributed by Barnardo's and delivery partners to children aged 7 and over. In total 161 children and young people completed the survey, which included questions about the support they received from SHR and the difference it has made to them.

*Figure 7 Breakdown of interviews with **37** children and young people by SHR priority group and work strand[3]*

SHR priority group ➔ / SHR work strand ⬇	Under 5	SEND[4]	Risk of abuse	BAMER[5]	Young carers	Mental health and wellbeing	Total
Strand 1 – Online Digital Support	0	0	0	5	1	4	**12**
Strand 2 – Youth Interventions	0	2	3	11	1	5	**15**
Strand 3 – Reintegration into Education	0	0	1	5	2	11	**18**
Total	**0**	**2**	**3**	**20**	**3**	**20**	

*Figure 8 Breakdown of interviews with **49** parents and carers by SHR priority group and work strand[6]*

SHR priority group ➔ / SHR work strand ⬇	Under 5	SEND	Risk of abuse	BAMER	Young carers	Mental health and wellbeing	Total
Strand 1 – Online Digital Support	1	5	0	2	2	16	**21**
Strand 2 – Youth Interventions	0	2	5	7	1	12	**15**
Strand 3 – Reintegration into Education	0	2	2	3	4	12	**16**

[3] Please note that totals are different from than the sum of the rows/columns to remove double counting of children and include children who are not in a priority cohort.

[4] Special Educational Need and Disability.

[5] Black, Asian, Minority Ethnic, Refugee.

[6] Please note these numbers do not add up to the total number of interviews we conducted (49). This reflects real-world realities that children of these parents belonged to multiple priority groups or received support from multiple strands.

SHR priority group ➔ SHR work strand ⬇	Under 5	SEND	Risk of abuse	BAMER	Young carers	Mental health and wellbeing	Total
Total	**1**	**8**	**4**	**11**	**4**	**37**	

- **Secondary analysis of programme data:** SHR collected a range of data via delivery partners and the intake assessment team including about children and young people's needs, the support that was delivered, the impact on children and young people, the impact on parents and feedback from families. Figure 9 provides a summary of the data sources analysed.
    - **Individual referrals (n=15,853):** This data includes all children who went through an individual referral process (i.e. not including detached youth work). This included individual level data about:
        - **Needs:** data about needs was collected by delivery partners or the intake and assessment team. This was recorded by professionals as part of the triage process. This involved discussion with families. Needs were recorded using a standardised format, including a selection of 10 needs.[7] Professionals could select multiple needs per child.
        - **Activity:** Delivery partners recorded the number of packages of support provided to each child per workstrand as part of the case closure form which is submitted to Barnardo's when support is concluded. Children could receive multiple packages from multiple workstreams.
        - **Outcomes reported by delivery partners:** Practitioners from delivery partners recorded the outcomes achieved by children as part of the case closure form. Outcomes were based on professional judgement and discussions with participating families. Outcomes were recorded using a standardised format, including a selection of eight outcomes, including no change.[8] Professionals could select multiple outcomes per child.
        - **Outcomes/feedback reported by families:** Families were invited to provide feedback as part of the case closure process in the form of a

[7] Needs selected from following list: 1) Child mental health; 2) Isolation & loneliness 3) Barriers to reintegration to education; 4) Barriers to engagement with support services 5) Exposure to online harm 6) Impact of caring responsibilities; 7) Child protection/ safeguarding concerns; 8) Parenting support; 9) Parent mental health; 10) Concerns about children outside the home. Option for other also included but not analysed as part of this report.

[8] Outcomes selected from following list: 1) Improved mental health and wellbeing for the child; 2) Reduced isolation and loneliness; 3) Improved mental health and wellbeing for parents/ carers; 4) Better connected to other services; 5) Better connected to family or community support; 6) Increased safety; 7) Increased ability to cope/ improved coping strategies; 8) No change in outcomes. Option for other also included but not analysed as part of this report.

questionnaire administered by delivery partners. This included four questions about outcomes for children and young people; four questions about outcomes for parents and carers; and four questions about the quality of support provided as part of SHR.

- **Children who received detached youth work (n=27,751):** This data provides details of the number of children who were supported by detached youth work. Since this work is conducted in the community, individual children's details were not recorded and therefore they are not included in analysis of needs or outcomes.

- **Children who received group work (n=1,824):** This data provides details about which children received group work, the issues that the group work aimed to support children on, and the group outcomes. This data is cross-referenced with individual referrals. Only individual level outcomes are reported in this evaluation report.

Note on terminology

In this report, we refer to the data above as follows:

- **Data about needs:** Where we refer to data about the needs of children supported by SHR, we refer to data from individual referrals, i.e., not including the needs of children supported by detached youth work, since they were supported in groups and data about individual needs was not recorded.

- **Data about activity:** Where we refer to data about the activity completed with children as part of SHR, we refer to data from individual referrals, i.e., not including children supported by detached youth work, unless specified otherwise.

- **Data about outcomes:** Where we refer to data about outcomes, we will specify the source as follows:

  1. Outcomes reported by delivery partners: The data completed by delivery partners as part of case closure forms.

  2. Outcomes for children reported by families: The data about children's outcomes reported by families via questionnaire administered by delivery partners.

  3. Outcomes for parents reported by families: The data about outcomes for parents reported by families via questionnaire administered by delivery partners.

  4. Feedback about SHR reported by families: The data about the quality of support provided by SHR reported by families via questionnaire administered by delivery partners.

Figure 9 Overview of available data from case level data, group work data and detached work data broken down by dataset size, needs data, activity data and outcomes data.

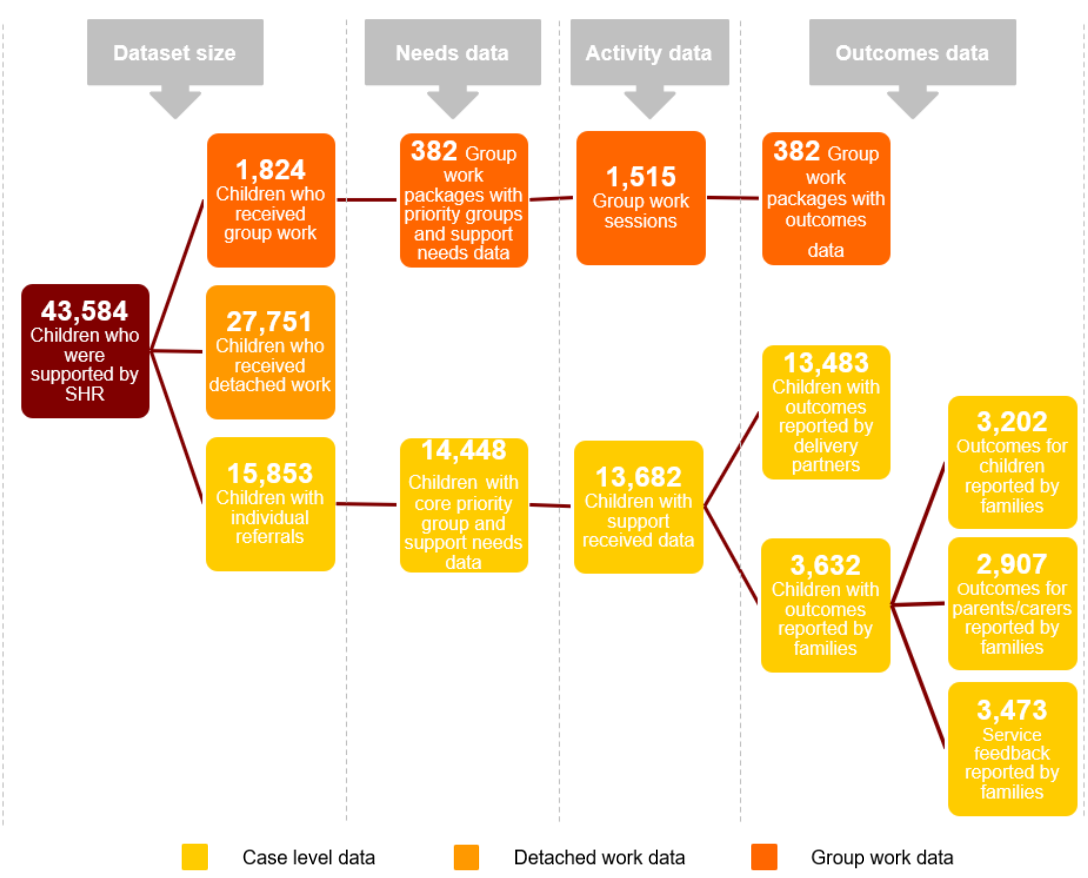


Figure 10 provides a summary of how different research methods have been deployed to address the research questions:

Figure 10 Summary matric of research questions and evaluation methods

Research methods ➔ Evaluation question ⬇	Interviews with stakeholders	Interviews with children	Interviews with parents	E-survey of children	Secondary data analysis
1. What difference has SHR made for children and young people?	✓	✓	✓	✓	✓
2. What difference has SHR made for parents, carers and families?	✓		✓		✓
3. What difference has SHR made for staff / professionals delivering SHR?	✓				

Research methods ➔ Evaluation question ⬇	Interviews with stakeholders	Interviews with children	Interviews with parents	E-survey of children	Secondary data analysis
4. What difference has SHR made for the Children's Services sector?	✓				✓
5. How effectively has the SHR programme been delivered?	✓	✓	✓		✓
6. Has SHR been value for money?	✓				✓

2.3 Evaluation outputs

Figure 11 presents a summary of evaluation outputs have been produced as part of the evaluation.

Figure 11 Summary of evaluation outputs

Evaluation phase	Outputs
Phase 1: July-Sept. 2020	Baseline report, including SHR logic model and evaluation framework.
Phase 2: Sept-Oct 2020	Interim evaluation report, including formative findings about implementation and emerging evidence of early impact.
Phase 3: November 2020-January 2021	Summative evaluation report, including evidence about implementation and impact.

In addition to reports at key milestones, the evaluation has contributed emerging findings at SHR Programme Board and Programme Advisory Board meetings to inform practice and decision-making.

2.4 Limitations and challenges

The following challenges and limitations to demonstrating impact should be considered when reading this report.

Programme complexity

- **Programme development:** The SHR programme continued to evolve throughout its implementation. As evidence emerged of different needs or the response to the COVID-19 pandemic developed, the programme adapted and flexed accordingly. SHR was not a static intervention and as such linking activity and outputs to outcomes and impacts is challenging.

- **Diverse range of partners:** A potential strength of SHR is that it engaged with a wide range of partner organisations to complete a range of interventions. There was likely variance in how organisations delivered interventions depending on their areas of expertise and existing service offers. As such, there may be variable effectiveness between organisations and interventions. The co-developed SHR logic model provided high-level information about inputs, activities and outputs and how these linked to impacts and outcomes (see Figure 12).

- **Diverse range of target groups:** SHR included a wide range of target groups, which are likely to be characterised by different needs and therefore to access different support from different agencies. As such, not all outcomes and impacts will likely be achieved equally across all groups.

- **A short-term programme:** SHR was designed to be a short-term programme introduced at a time of crisis. Stakeholders interviewed recognised that impact will not be sustained beyond SHR unless appropriate ongoing support is in place for those children that need it. Therefore, a significant measure of success will be the extent to which SHR can engage or re-engage children and families with other sustainable forms of support. The logic model (see Figure 12) shows potential short-term (immediate), medium-term (within 6 months) and long-term (6 months plus) outcomes and impacts of SHR.

- **Short-term interventions:** Stakeholders interviewed recognised that young people are being referred to SHR that have multiple and often complex needs, who often come from families facing significant challenges. Often these challenges have been exacerbated by COVID-19 but predate the pandemic or lockdown. Stakeholders are realistic that a short-term intervention may ameliorate the current challenge but may be insufficient to resolve challenges in the long-term.

Contextual complexity

- **Impact on demand for Children's Services:** Long-term benefits, such as preventing escalation to a crisis, may take place over a longer period. Short-term identification of those eligible but lacking statutory support is more likely. This has implications for SHR and its potential impact of creating more demand for children's services and associated costs.

- **Contextual factors:** Changes in the Government's pandemic response or other contextual factors (such as reductions or increases in the rates of infection) may be influential in improving the circumstances of young people

and families. Changing context also impacts the nature of support that SHR provides, for instance, changes over the period concerning restrictions and lock-down measures associated with the pandemic.

Evaluation design challenges

- **Sample bias.** There is the potential that samples of SHR programme stakeholders, delivery partners, children and young people and parents and carers are biased. This is partly because consultation was based on informed consent. We have taken mitigation approaches during the evaluation to reduce bias in the qualitative research by taking the following approaches with key consultation groups:

    - **SHR programme stakeholders and delivery partners.** We aimed to mitigate bias by getting relatively high samples of participants in these groups ensuring we have a spread of views from key stakeholders and delivery partners.
    - **Children, young people and parents and carers.** We worked through the programme and key delivery partners to organise interviews. The risk of bias is mitigated through taking a targeted approach, but also through providing a larger sample of children and young people with the opportunity to share their views through the E-survey.
    - **SHR performance management data.** Outcomes data was collected via case closure forms that were completed by delivery partners, in consultation with families. Outcomes assessed by these measures have not been independently verified by Cordis Bright. Further, families also reported on outcomes and the quality of support received. Only a minority of families provided feedback which may be suggest a selection bias.
    - **Wider-system stakeholders.** The evaluation considered the context in which SHR has been delivered including the role of education, children's and health services. The evaluation would have been further strengthened in this respect by including senior wider-system stakeholders including from local authorities and health. However, unfortunately due to the tight timeframe for this evaluation and the pressures of COVID-19 it was not possible to include these stakeholders in the evaluation.

    To mitigate the above potential sample biases, we have triangulated analysis from the full range of methods summarised in Figure 6 to ensure that we are confident in the validity and reliability of the findings presented in the report. If we are aware of any outstanding potential bias, we report it in our analysis.

- **Attribution.** It was not possible to conduct a Randomised Control Trial (RCT) or other quasi-experimental design to demonstrate the impact of SHR. This is because the programme was designed as a response to the COVID-19 pandemic meaning that a) it was set-up rapidly and b) there were no identifiable comparator groups to develop a counterfactual.

- **Using the SHR performance management data to understand which aspects of SHR have made the most difference on outcomes is challenging.** The SHR performance management data provides important

information about the population the programme supported, and the activities delivered to support the population. However, linking this to delivery partners assigned outcomes for cases and family feedback in terms of which aspects of SHR have made the most difference on outcomes is challenging. This is because children and young people could be assigned multiple core priority groups, needs, and activities but received outcomes measures for their intervention overall, i.e. not by separate intervention, or indeed by specific need. In this report we have provided findings which are indicative of the types of outcomes children and young people have achieved, for example, by core priority group and work packages received. However, due to the complexity of the data caution should be applied in interpreting it.

- **Timescales.** This is a challenge both for delivering the SHR programme and for evaluating change and impact. The SHR logic model (see Figure 12) sets out how a number of the intended outcomes and impacts of the SHR programme will only emerge over a longer period of time.

- **Incomplete data set.** The data set analysed by this evaluation was provided by Barnardo's. The data is gathered by delivery partners. To ensure that as much data was available from phase 1 of SHR as possible, we allowed a period after phase 1 ended for delivery partners to complete outstanding reports. However, some reports were not completed before the cut-off point and therefore there is missing data.

- **Missing data in children's records.** In addition to missing data for children whose reports were submitted after the deadline, some of the reports for children were not completed in full. For example, of the 15,853 individual case records reviewed by Cordis Bright, 14,448 included data about children's needs. Where data is missing, it has been treated as such (i.e. no estimations of missing values has been undertaken) and therefore the sample size for calculations does vary throughout this report. The sample size used to make each calculation is included alongside the relevant graph, table or figure and denoted by (n=*x*).

Our analytical approach has aimed to mitigate the above challenges by triangulating qualitative and quantitative data to make judgements against key evaluation questions. We have also worked collaboratively with SHR programme stakeholders at Barnardo's to "sense-test" findings as they emerged.

2.5 Report structure

This report is structured as follows:

- Chapter 3 – About See, Hear, Respond
- Chapter 4 – The implementation of See, Hear, Respond
- Chapter 5 – Responding to the need
- Chapter 6 –SHR's impact on children and young people?

- Chapter 7 – SHR's impact on parents and carers?
- Chapter 8 – SHR's impact on services which support children?

3 About See, Hear, Respond

3.1 Key messages

- SHR aimed to bring together a consortium of voluntary and community sector (VCS) organisations from across England to respond at pace and scale to the challenges presented by the COVID-19 pandemic and its associated restrictions for children and families. It aimed to support vulnerable children and families adversely affected by the pandemic who were not receiving support from a statutory service or Early Help.
- Stakeholders' key concerns raised by the COVID-19 pandemic and associated lock-down restrictions included: (1) safeguarding children during school closures; (2) supporting families to prevent levels of need escalating to a crisis level; (3) supporting children from groups or communities at risk of disproportionate harm due to COVID-19 and associated restrictions; and (4) providing financial stability to the VCS.
- SHR originally had five priority cohorts: (1) children under 5 with a specific focus on under 2's; (2) children and young people with SEND; (3) children at risk of exploitation; (4) children from BAMER communities; (5) and young carers. Following initial referrals and evidence of high levels of need a sixth priority group was added: (6) children with mental health and wellbeing concerns.
- Barnardo's subcontracted a network of 82 VCS delivery partners to provide support to children. The majority of support – by financial value – was provided by delivery partners (94%) and a minority was provided by Barnardo's (6%). Barnardo's delivered a smaller proportion of the support than originally anticipated.
- SHR comprised three work strands: (1) Online digital support; (2) detached youth work and crisis support; and (3) reintegration to education. The programme also provided an online support hub and access to a crisis fund.
- In total, SHR worked with **43,114 children and young people** children and exceeded targets for number of children worked with and number of packages of support delivered for all three workstrands.
- 15,550 (98%, n=15,853) of children who worked with SHR were in one or more of the priority cohorts. The largest cohort was children with mental health and wellbeing concerns (9,386 children, 65%) followed by children from BAMER groups or communities (5,996 children, 40%).
- The largest number of children were supported in the North region (4,788, 30%) followed by Central (4,191, 26%), London (2,842, 18%), South East 2,439, 15%) and South West (1,585, 10%).

- Referrals data demonstrates the important role schools played in identifying children facing challenges, with an increase in referrals after children returned to school and a decrease during the half-term holidays. Referrals data did not suggest a levelling off of demand for support by the end of the programme's first phase, potentially indicative of high levels of outstanding need.

- The first phase of SHR ended in November 2020, which marked the beginning of the second phase of SHR. During the transition, there were challenges around exit planning because a decision about whether or not the programme would be extended was delayed as a result of procurement processes and ongoing uncertainty caused by the ongoing COVID-19 pandemic and associated lock-down restrictions.

3.2 Overview

This chapter covers:

- SHR's rationale, aims and objectives.
- The target groups SHR aimed to work with.
- The SHR model.
- Programme outputs.
- SHR's exit planning.

3.3 Rationale for SHR

Stakeholders from across Barnardo's, the children's charities sector and government identified that the COVID-19 pandemic and the ensuing lockdown negatively impacted on children, young people and families. In particular, stakeholders raised concerns about children becoming detached from their support networks, including friends, family and universal services such as schools.

There was consensus among strategic stakeholders and delivery partners that a programme like SHR was needed in response to the pandemic to support children and families who may have been impacted by the following issues:

- **School closures.** The important role that schools play in safeguarding children, particularly identifying young people who are facing challenges or who might require additional support, was emphasised by stakeholders. The closure of schools for the majority of pupils during the national lockdown was a key rationale for SHR. One stakeholder stated:

  For a lot of vulnerable young people, the biggest stabilising part of their lives is school – and that stopped due to COVID-19. The

referrals you were seeing for safeguarding issues were literally stopping… Vulnerability doesn't disappear.

- **Increasing demand that Children's Services may not be able to meet.** Programme stakeholders highlighted a concern that 'hidden children' or children that have not previously met the threshold for a statutory intervention, but whose needs may be escalating because of the pandemic and lockdown measures, will be particularly at risk, because the scope and capabilities of local authority Children's Services have been reduced during the lockdown.

- **A programme that can meet differential needs:** Programme stakeholders anticipated differential impacts of COVID-19 and its associated lockdown restrictions on certain communities or cohorts of children and young people, and therefore a programme was required that could specifically respond to the needs of children and young people that have been particularly impacted upon. A stakeholder described how these differential impacts of the pandemic were manifesting:

  The SEND cohort have had significant impacts on their communication, development and behaviours, to do with routines changing. […] For young carers, where families have had to shield because they were vulnerable to COVID-19, there's a great nervousness about returning to school. […] BAME communities are continuing to be more vulnerable because of health inequalities, and there's real anxiety again about their isolation, the impacts on health, and also returning to school.

- **Support for the VCS sector during a period of crisis.** Stakeholders reported that a key rationale for the programme involved providing financial support and capacity to VCS organisations during a period of unprecedented crisis.

- **Evidence of increasing need and negative impacts on wellbeing.** In addition to the above strategic stakeholder and delivery partner views, research conducted by Barnardo's into young people's experiences of lockdown suggests that children's needs are increasing during the pandemic.[9] This research highlighted that a majority of young people felt negatively about it (53%, n=113) while only a small minority rated lockdown positively (10%, n=113). Interviews with 113 young people highlighted that for many:

  Restrictions on freedom, decreased feelings of control and power over aspects of life, and not being able to regularly get out of the house [are] negatively impacting mental health and feelings of wellbeing.

[9] Sewel, K., Harvey-Rolfe, L. and Stagg, E. (2020) *Devalued by forces beyond your control*, Barnardo's [online] available at: https://www.barnardos.org.uk/sites/default/files/uploads/devalued-report-experiences-COVID-19-lockdown-restrictions-visions-future-young%20people.pdf [last accessed 06.08.20]

Barnardo's (2020) Devalued by forces beyond your control

3.4 Aims and objectives of SHR

The purpose of SHR was to bring together a consortium of national and community-based voluntary and community sector (VCS) organisations and other partners to work together to provide assistance to vulnerable children, young people, and their families, who have been adversely and disproportionately affected by the COVID-19 pandemic and the associated restrictions and lockdown measures[10].

SHR aimed to intervene and support children early, preventing additional harm and ensuring that needs that have been triggered by, or exacerbated, during the pandemic and associated restrictions do not escalate to become chronic and persistent to levels that cause long lasting harm to children and families and require costly long-term support. In addition, the programme was:

> *To support children who are hidden from view and not currently receiving support from statutory agencies; and are at risk of harm and/or experiencing adverse impact to their health and wellbeing.*

Stakeholders emphasised that as the aim of the programme is to prevent additional harm, it does not necessarily specifically aim to resolve long-term challenges faced by children, but rather "*hold them*" during the period of the COVID-19 pandemic until more sustainable support is available. Stakeholders recognised that for some children, no change in circumstances may represent a positive outcome because, without intervention, it is anticipated that children's or families' outcomes would deteriorate.

Through the consistency of their responses during interviews, programme stakeholders and delivery partners demonstrated a high degree of shared understanding of the aims and objectives of the programme.

3.5 SHR's outcomes and impacts

During phase 1 of the evaluation Cordis Bright conducted a review of SHR documentation and research with key SHR stakeholders and then co-designed a logic model with Barnardo's and the DfE. This logic model in Figure 12 outlines the programme's intended inputs, activities, outputs, outcomes and impacts.

About logic models

A logic model is a description of how an intervention aims to deliver its desired goals. It seeks to explain the relationships between an intervention's

[10] Barnardo's (2020) *SHR proposal*.

inputs, activities and outputs and, in turn, details how these are expected to result in outcomes and impacts.

- **Inputs**: The resources that are needed to achieve the desired change.
- **Activities:** The things a service does or offers participants.
- **Outputs:** The number of 'products' that result from running the activities.
- **Outcomes:** The consequences and change for the participants that are a result of the work of the scheme. There are usually four key areas of change for participants: (1) knowledge, (2) skills, (3) attitudes & (4) behaviour. For SHR we have included short-term and medium-term outcomes for children, young people, families, and professionals supporting families.
- **Impacts:** The higher level and usually longer-term results in participant's lives, which the service may contribute towards, but which go beyond the direct and immediate change. For SHR, this includes impacts on children and young people, their families, staff and practitioners and also the children's services sector.

Figure 12 SHR logic model

Inputs, leading to… ➔	Activities, leading to… ➔	Outputs, leading to… ➔	Outcomes (short-term), leading to… ➔	Outcomes (mid- to long-term), leading to… ➔	Impacts
			Conditions: Based on an assumption of ongoing support put in place by SHR and improved working practices across the sector.		
Financial resources • £7.27m (DfE funding) **Barnardo's corporate infrastructure** • Programme project management team • Business development and contract monitoring team • IT and digital team **SHR partners** • Existing networks into and knowledge of communities. • Established services and delivery infrastructure. • Input of professionals	**Online hub** • Draft, source and upload content • Review and update online materials • Establish online referral pathways for children, parents and professionals. **Strand 1: online digital support** • Advice and support online • Online therapeutic interventions • Group work sessions **Strand 2: detached work and crisis support** • Face-to-face support • Detached youth work **Strand 3: Rehabilitation to school**	**Online hub** • 200,000 unique interactions. **Strand 1: online digital support** • Advice and support online: 25,000 children provided one-off support / 25,000 triaged to other support • Online therapeutic interventions: 10,000 packages • Group work sessions: 8,000 packages **Strand 2: detached work and crisis support** • Face-to-face support: 3,300 packages • Detached youth work: 3,300 packages	**Outcomes for children and young people:** Children feel: • Supported by SHR • That SHR has helped them to combat feelings of isolation or loneliness • Open to support from SHR and other agencies • Ready to return to school Children are helped to: • Access additional community support • Access additional services • Return to school, education or training Children are provided with: • Access information about where and how to access support from SHR or another agency • Strategies to help maintain their mental health and wellbeing during the Covid-19 pandemic. **Outcomes for parents, carers and families:**	**Outcomes for children and young people:** • Happiness levels have been maintained or any reductions have been minimised • Feelings of isolation or loneliness have been minimised • Children feel safe or feelings of not being safe have been minimised • Children feel better connected to other services • Children have continued to engage with education or any disengagement has been minimised • Children feel connected to family and community support or any disconnection has been minimised • Children's mental health and wellbeing have been maintained or any reductions have been minimised **Impacts for parents, carers and families:**	**Impacts for children and young people by target cohorts:** • Feelings of isolation or loneliness have been minimised • Children feel safe • Risk of harm for children and young people is reduced • Mental health and wellbeing for the child is improved • Regular attendance of school / college **Impacts for parents, carers and families:** • Feelings of isolation or loneliness have been minimised • Parents feel safety • Mental health and wellbeing for parents and carers is improved. **Impacts for staff, practitioners and professionals:** • Improved coordination between staff in voluntary

Inputs, leading to… ➔	Activities, leading to… ➔	Outputs, leading to… ➔	Outcomes (short-term), leading to… ➔	Outcomes (mid- to long-term), leading to… ➔	Impacts

to deliver interventions.	• Development of a reintegration plan
	• Support to facilitate reintegration including:
	  ○ 1-1 support sessions
	  ○ Small targeted group work in schools
	  ○ Coordinating and supporting communication between families and schools
	
	Establishing and managing delivery partnership
	• Agreeing contract arrangement between Barnardo's and DfE
	• Identifying and contacting prospective core and local delivery partners
	• Reviewing EOI and agreeing sub-contracting arrangements with delivery partners
	• Supporting delivery partners to strengthen safeguarding
		Strand 3: Rehabilitation to school
		• 2,500 packages of support
			Parents feel that SHR has helped them:
			• To combat feelings of isolation or loneliness
			• Engage with a child's school or college to facilitate a return to school, education or training.
			• Access additional services or support their child to access services.
			• Access additional community support or support their child to access support.
			• Gain knowledge about Covid-19, the lockdown and how to keep their family safe.
			• Understand how trauma impacts on children and family members.
			• Understand how to support young people and themselves to maintain good mental health and wellbeing.
			• Understand supporting young carers, children with SEND, and caring for children under 5.
			• know where and how to access support from SHR or another agency
			• Develop skills required to discuss issues relating to COVID-19 or how to stay safe and well during the
				• Feelings of isolation or loneliness have been minimised.
				• Parents feel safe or feelings of not being safe have been minimised.
				• Parents feel better connected to other services
				• Parents feel connected to family and community support or any disconnection has been minimised.
				• Parent's mental health and wellbeing have been maintained or any reductions have been minimised.
				
				Impacts for staff, practitioners and professionals:
				• Improved coordination between staff in voluntary and community sector organisations to support young people.
				
				Impacts for children's services sector (statutory and VCS):
				• Young people in need of support are effectively identified.
				• Community and Voluntary sector organisations
					organisations to support young people.
					
					Impacts for children's services sector (statutory and VCS):
					• Cost avoidance as a result of young people's needs being met at an early stage, i.e. reduction in potential costs of longer-term intervention due to escalating needs
					• Approaches to safeguarding and associated outcomes are improved.
					• Awareness of needs of specific 'hidden' groups of children is improved.
					• Awareness of the scale of unmet needs of specific 'hidden' groups of children is improved.
					• The service offer and practice in relation to 'hidden' groups of children is improved.
					• Partnership working practices between CVS organisations and statutory partners is improved.

Inputs, leading to… ➔	Activities, leading to… ➔	Outputs, leading to… ➔	Outcomes (short-term), leading to… ➔	Outcomes (mid- to long-term), leading to… ➔	Impacts
	policies as required. • Contract monitoring and performance management • Establishing regional coordination structures (intake assessment teams) • Delivery partners identify 'hidden' children to refer into the programme.		pandemic with children and young people. • Develop coping strategies to help them manage their mental health and wellbeing during the Covid-19 pandemic **Outcomes for staff, practitioners and professionals:** • Staff are aware of different partner organisations that can support young people. • Staff are aware of the needs of specific 'hidden' children. • Staff are aware of the impact of COVID-19 on children, including trauma. • Professionals from across organisations collaborate to support young people.	collaborate to respond to 'hidden' children • Approaches to safeguarding are improved.	

3.6 Target cohorts

Recognising the impact of COVID-19 on all children, Barnardo's worked collaboratively with the Department for Education (DfE) and other delivery partners to design SHR to be a service that is open to any child, young person or family that has been adversely affected by the COVID-19 pandemic and associated restrictions and lockdowns. However, SHR primarily focussed on targeting children:

> *[…] who may ordinarily be identified at being at a lower level of risk, but whose needs may escalate requiring more costly interventions, or be on the receiving end of harm which has a long-term impact to them, if support is not provided.*
>
> Barnardo's (2020) SHR proposal

Originally, SHR was designed to provide support to five priority cohorts of children and young people. These were:

- Children under 5 with a specific focus on under 2's.
- Children and young people with SEND.
- Children at risk of extra-familial exploitation.
- BAMER children.
- Young carers.

Barnardo's and the DfE agreed these areas of focus based on evidence that the DfE had been collecting from local authorities and other partners (e.g. data from the DfE REACT team (Regional Education and Children's Team), police data etc.) as well as information gathered via Barnardo's survey of its practitioners.

However, during the implementation of the programme, stakeholders recognised the prevalence of need emerging related to mental health and wellbeing, and a sixth target cohort was added: Children with mental health or emotional wellbeing concerns. One stakeholder stated:

> *We looked at evidence that was coming in […] [The DfE] was having daily meetings and looking at data from local authorities, asking, who are you most worried about? That informed our target groups.*

Stakeholders reported that this need was the most common, and that many children that belonged to other target cohorts often also belonged to the mental health and wellbeing cohort. The flexible programme model allowed for this sixth cohort to be effectively integrated into the programme. One programme stakeholder described:

> *I think in the main, we got it right from the beginning. Where we didn't get it spot on there was a level of building in learning and being able*

> *to flex. Any gaps were addressed through the lifetime of the programme. That's been particularly helped by the partnership model […] I think, because of the model of delivery.*

Stakeholders reported that the target cohorts were effective in capturing those children and young people in most need during this period. However, a programme stakeholder noted that other groups could have been included and mentioned that children experiencing or witnessing domestic abuse may be a cohort that it would have been desirable to include more specifically in the programme:

> *I think we may have missed some groups. Domestic abuse as a factor – we haven't asked about this as part of a triage assessment. We may have missed some issues.*

Alignment with statutory services and Early Help

Stakeholders highlighted that SHR did not seek to provide a substitute for existing statutory support, but rather to dovetail with it. SHR was not aiming to work with young people that were already accessing Early Help or statutory support, and where children would be eligible for a referral to Early Help of statutory Children's Services, SHR would refer on. However, as discussed in 4.5.2, there were circumstances in which the programme was required to work flexibly to bridge support to Early Help or other support.

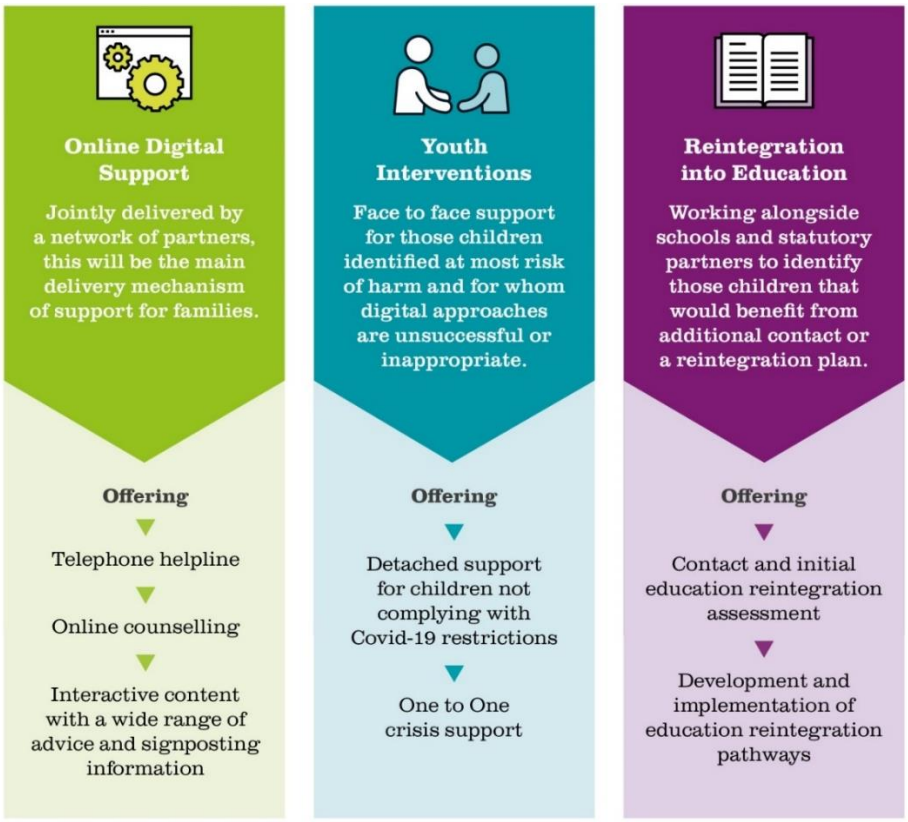
3.7 About the SHR model

3.7.1 Summary of the model

The SHR model included three inter-connected service delivery strands as summarised in Figure 13. These are:

- **Strand 1:** A range of online digital support via advice, therapeutic and group work.
- **Strand 2:** Youth interventions via a range of crisis support and detached work with young people in their communities.
- **Strand 3:** Support to reintegrate young people into school.

Figure 13 SHR delivery strands



Barnardo's (2020) Information for children and families

3.7.2 Referral pathways

SHR was designed to be as accessible as possible. Stakeholders described this as a "big open door" approach. SHR established three routes for referrals into SHR.

- **Self-referral** (child/young person or parent/carer): self-referrals could be completed via a simple online form or by contacting Barnardo's via the SHR Helpline. Any child, young person or parent/carer who referred themselves (or their child) to SHR would be contacted by the intake and assessment team within 24-hours. The team would complete an assessment and connect the family with a delivery partner.

- **Professional referral:** Professionals (e.g. schoolteachers) could refer a child via an online form hosted on the SHR online hub. As with a self-referral, a young person or carer would then be contacted by the intake and assessment team within 24-hours. The team would complete an assessment and connect the family with a delivery partner.

- **Delivery partner referral:** Delivery partners identified children who they would work with as part of the programme as well as children who could benefit from

support by another delivery partner. If the latter, they would complete the professional referral form in the same manner as an external professional.

Figure 14 shows that the majority of referrals (77%) were made by delivery partners, while less than a quarter were from external professionals or self-referrals (by a child or guardian).

Figure 14: Breakdown of children supported by referral channel (n=15,853)[11]

Referral Channel	Number of referrals	Percentage of referrals
Self / guardian	710	4%
Professional	2,931	18%
Delivery partner[12]	12,212	77%
Total	**15,853**	**100%**

Source: SHR performance management data

It is important to note that referrals sourced by delivery partners may originate from multiple different sources. For example, children, parents or other professionals may have referred children directly to a local delivery partner. Delivery partners have existing relationships and networks with schools and local authorities and may have generated referrals from them, rather than going via the SHR hub.

Additionally, stakeholders reported that some children may have been identified as part of place-based work and community outreach work. For example, if a child is engaged in a public space during school hours, they may be offered other support via the programme.

Referrals for detached youth work

For detached youth work, an individual child or young person was not referred for support, but rather professionals (such as police or children's services) could 'refer' a place or space where they were concerned that children were congregating and potentially at risk of harm or exploitation. In total 27,751 children[13] were reached via detached youth work.

[11] A total of 15,950 individual referrals were made to SHR (i.e. not including detached youth work). Due to late data submission, Cordis Bright was provided with 15,853 cases to analyse.

[12] This referral channel includes referrals by approved delivery partners and 'bulk uploads' by a small number of partners who registered their clients through a distinct system.

[13] Due to the method of referral, which is for a space or place rather than individual, it is not possible to have the same certainty about the number of children and young people supported by detached youth work. This estimate may include double-counting of children seen multiple times or miss children who were not counted.

3.7.3 An England-wide network of delivery partners

To deliver support across England, Barnardo's sub-contracted delivery to a partnership of 82 VCS organisations. Stakeholders reported that the network included a larger number of organisations, including many with small contracts, than was originally anticipated. This was identified as both a strength of the network and a challenge for the implementation process, which is discussed in detail in Section 4.4.

Stakeholders reported that delivering SHR via a partnership led by Barnardo's had advantages including:

- **Robust project management and monitoring processes.** By having a single programme with multiple providers effective project management and monitoring processes can be applied, with participants working towards a single agreed set of targets.

- **Expertise.** The diversity of the provider network ensured a mix of capability, experience and expertise that could support communities with a range of practice including innovative approaches to engagement and support.

- **Reach.** The network included a range of national, regional, and local community providers. This helped to ensure services were accessible and also supported engagement with communities that some services struggle to engage.

A challenge however was ensuring that the network had an equitable national coverage. Stakeholders identified examples of areas where certain services were not available, such as in Liverpool and the surrounding area, which stakeholders identified as lacking suitable providers of detached youth work. This is discussed in detail in Section 4.4.

3.7.4 Inputs

Financial resources

The DfE provided £7.3m of funding for SHR. This funding was distributed between Barnardo's (£2.5m) and the delivery partners (£4.7m). The funding allocation is detailed in Figure 15.

82% of funds were spent directly delivering the three work stands and the local intake and assessment team (£5.9m), of which 20% was delivered by Barnardo's (£1.2m) and 80% (£4.8m) was delivered by partner organisations. Stakeholders reported that it was intended that Barnardo's services would provide closer to 20% of the support directly. However, challenges to mobilise services rapidly resulted in more work being delivered by partner organisations. Stakeholders noted that the low programme management costs of SHR compared favourably with other programmes.

Figure 15 SHR expenditure (£'s)

Activity	Barnardo's	Delivery partners	Total
Local intake and assessment team	815,418	-	815,418
Strand 1 support	208,727	2,616,273	2,825,000
Strand 2 support	63,781	659,718	723,500
Strand 3 support	100,493	1,469,507	1,570,000
Practice innovation	628,000	-	628,000
Evaluation	150,000	-	150,000
Programme management	553,083	-	553,083
Total	**2,519,502**	**4,745,498**	**7,265,000**

Source: Barnardo's (2020) Programme Board meeting notes – November 2020

Commissioning delivery partners

National, regional and local delivery partners were recruited through a sub-contracting process as opposed to a grant-funding process which would have been favoured by some stakeholders. Programme stakeholders argued that a sub-contracting process was more onerous for both Barnardo's and the applicants – and therefore slower – and also meant Barnardo's was required to hold more risk. Stakeholders identified a number of strengths and challenges to this process, which are detailed in 4.4.

Organisations could apply via the Barnardo's website, while some organisations were also proactively approached by Barnardo's via regional coordinators. Organisations received Expression of Interest (EOI) documentation from the Business Development team at Barnardo's, including a Supplier Suitability Questionnaire and an EOI which included an application of what they would deliver and previous experience, safeguarding questions, and a pricing schedule. This was then completed and assessed by Barnardo's. In total 278 organisations requested EOI documentation and 181 organisations applied.

SHR Digital Resource Hub

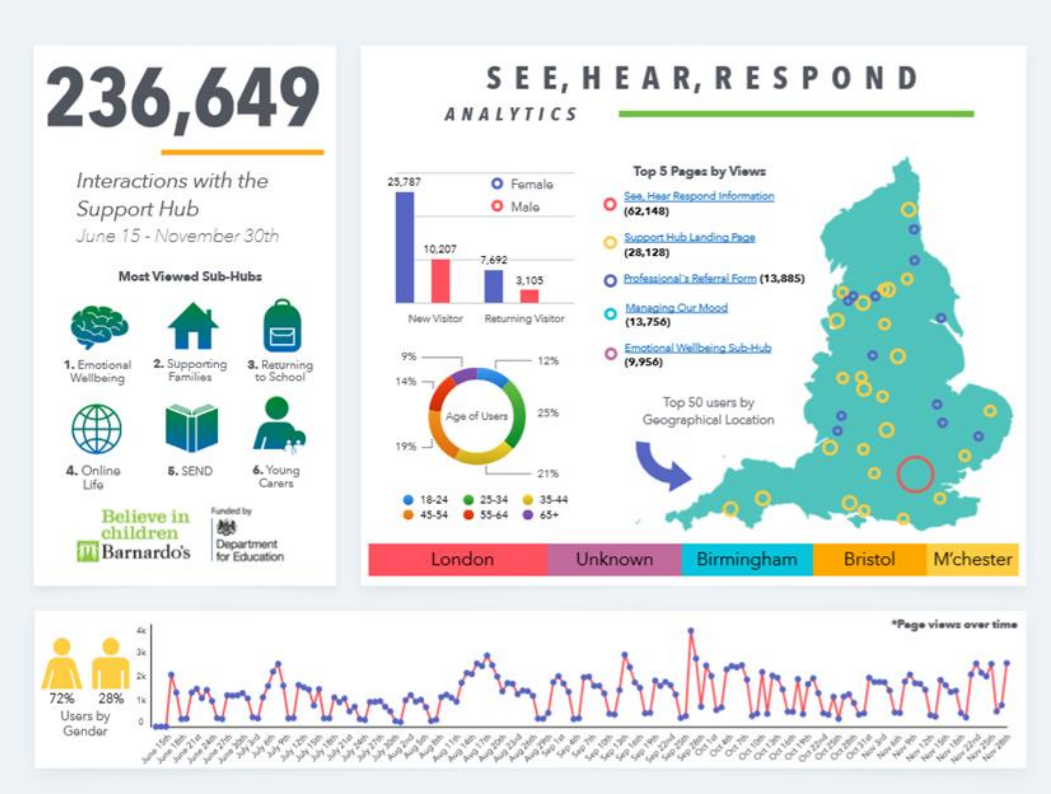
SHR developed a bespoke Digital Resource Hub to accompany the programme (see https://www.barnardos.org.uk/see-hear-respond-support-hub). This website, as well as hosting the online referral forms, included a range of guidance and support for parents and children, as well as online referral forms for professionals, parents and children seeking to access the programme. Stakeholders regarded the website as a critical element of the programme to ensure that SHR has had a national reach across England.

A key challenge was to populate the Digital Resource Hub with relevant and appropriate advice and guidance. A stakeholder involved in developing the hub described how the programme produced a large amount of material itself, due to issues around accessibility and appropriateness of existing content:

> *We have created lots of advice and guidance. We had an ethos about ensuring that we are trauma-informed, non-judgemental - we had to create a lot of the material from scratch. We had previous guides… However, these came from a very white middle-class view, for example, advice such as 'having bubble baths' […] We had to take an honest look at ourselves and say that is not suitable for some of the needs and communities that we needed to reach.*

The Digital Resource Hub exceeded its target of reaching 200,000 hits on the website. Figure 16 shows that over 35,000 individual people have accessed the website and the most viewed content was about supporting families, emotional wellbeing and returning to school.

Figure 16 Summary of SHR Digital Resource Hub performance



SHR crisis fund

SHR operated a crisis fund that was made available to families who required financial assistance to support them for the following purposes[14]:

- To reduce immediate harm to or hardship for a child/young person/family
- To support engagement with a child/young person/family, for example, to buy a mobile phone charger for a child or buying data / credit etc
- One off essential food payment
- One off essential utilities payment, for example, gas or electric bill)
- Re-engaging child/young person back into school, for example, initial transport costs)
- To improve mental health and wellbeing
- A significant crisis that needs an immediate and practical response.

Figure 17 shows that, in total, SHR has allocated £149,047 of crisis fund money across 474 purchases. The most common purchases were technology and communication related, comprising almost half of all purchases by value. This included laptops, mobile phones, and internet access, which stakeholders reported were used to ensure families could access support and education via digital means. Funds were also spent on essential household items, primarily food and clothing or other home appliances. As discussed at 5.3.4, this is illustrative of the digital poverty identified by the programme, as well as financial hardship more widely that families have experienced during the pandemic.

Figure 17 Summary of crisis fund expenditure

Item of expenditure	Expenditure	Number of Purchases
Technology and communication (e.g. mobile phones, laptops)	£73,114.48	149
Essential household items (e.g. food or clothing)	£17,272.68	118
Household provisions (e.g. mattress, fridge)	£15,624.79	48

[14] Barnardo's (2020) External Delivery Partner Handbook

Item of expenditure	Expenditure	Number of Purchases
Mental and physical health support (e.g. counselling)	£9,866.40	13
Transport (e.g. bikes, train/bus fare)	£5,041.05	25
Education support (e.g. school uniform)	£2,775.04	19
Recreation (e.g. crafts materials)	£2,085.76	20
Household maintenance (e.g. utility bills)	£1,931.78	9
Not categorised	£500.00	2
Personal identification (e.g. birth certificate, passport)	£300.90	5
Employment support (e.g. work clothing)	£170.00	2
Multiple items[15]	£20,364.59	64
Total	**£149,047.47**	**474**

Source: SHR programme management data

3.8 How many children were supported by SHR?

In total SHR has worked with 43,114 children and young people. Of these, Cordis Bright has analysed individual case data for 15,853 children who had an individual level case opened – this includes any child who took part in online therapeutic interventions; group work sessions; 1-2-1 crisis support or reintegration into education.[16]

Of these children, Figure 18 shows:

- SHR supported an even split between male and female participants.

[15] Please note, where data identified multiple items were purchased but did not provide an itemised cost, these have been recorded under 'Multiple items'.

[16] Data was not collected about children and young people supported via detached youth work as this work is delivered with groups of children in public spaces, who are often unwilling to provide individual and personal identifying data.

- Slightly over a third of the children who participated in SHR were aged 12-15, which is twice the level of children aged 12-15 in the population of children aged 0-25 in England. This may suggest that this group may have been particularly affected by the pandemic or that their needs were more visible to referrers.

- SHR supported children and young people from a diverse range of ethnic backgrounds. This group included twice the proportion of Black/Black British and Asian/Asian British children compared to the wider population.

- 18% of children supported by SHR have a disability compared to just over 4% of the 0-25 year-old population who have a disability.

Figure 18 Characteristics of children and young people provided individual support by SHR

Cordis Bright analysed records of…	Of which…	Compared to population under 25[17]
15,853 children with individual case support	**50%** were male **50%** were female	**51%** are male **49%** are female
	19% were 0-4 **33%** were 5-11 **34%** were 12-15 **11%** were 16-18 **3%** were 19-25	**19%** are 0-4 **28%** are 5-11 **14%** are 12-15 **10%** are 16-18 **28%** are 19-25
	56% were White **23%** were Asian/Asian British **13%** were Black/Black British **5%** were Mixed/Multiple Ethnic group **3%** were from another ethnic group	**79%** are White **10%** are Asian/Asian British **5%** are Black/Black British **5 %** are Mixed/Multiple Ethnic group **1%** are from another ethnic group
	18% had a disability	**4.3%** have a disability

Source: SHR programme data

3.8.1 Priority cohorts

Of the 15,853 children's individual case-level records analysed, children were categorised into the following priority cohorts:

- 5,996 were children from BAMER groups (40%)
- 3,165 were children with SEND (21%)
- 3,327 were children under 5 years old (22%)
- 1,142 were children who are young carers (8%)

[17] ONS (2020) *Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland.* Available: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland [Accessed 21.01.21)

- 1,348 were children at risk of exploitation (9%)
- 9,386 were children with emotional well-being or mental health needs (65%)
- 303 were children not in any of the priority groups (2%)
- 48% of children were in two or more groups, 50% were in just one group and 2% did not belong to any of the priority groups.

Figure 19 shows the breakdown of packages delivered by priority cohorts. It shows that:

- 61% of children who were supported via the reintegration to education work strands were children from BAMER groups, although they comprised just 40% of the cohort.
- 32% of children under 5 (or their parent/carer) received advice and signposting, although they comprised just 22% of the cohort.
- While children who were young carers made up just 8% of the cohort, they represented 15% of the children to participate in online therapeutic support and group work.
- 83% of children who received crisis support and 76% of children who were supported with reintegration to education were children with a mental health or wellbeing concern, although they comprised 65% of the cohort.

We cannot determine with confidence whether the support allocated to different priority groups is indicative of different needs. Factors including the availability and mix of delivery partners commissioned in different regions, the reach of different delivery partners, or the decisions made by professionals about which children they referred to SHR could all have influenced the support provided by SHR.

It should be noted that only 45 children out of the estimated 27,751 children or young people who were supported via detached youth work also had a case open and therefore it is not possible to reliably estimate the composition of the children who took part in this element of SHR.

Figure 19 Breakdown of support delivered by SHR by strand and priority cohort[18]

Cordis Bright analysed records of…	Of which…
7,545 children with advice and signposting	• 2,348 were children from BAMER groups (31%) • 1,797 were children with SEND (24%) • 2,413 were children under 5 years old (32%) • 612 were children who are young carers (8%) • 433 were children at risk of exploitation (6%) • 3,716 were children at with emotional well-being or mental health needs (49%) • 76 were children not in any of the priority groups (1%)
3,454 children with online therapeutic support	• 1,152 were children from BAMER groups (33%) • 562 were children with SEND (16%) • 570 were children under 5 years old (17%) • 507 were children who are young carers (15%) • 318 were children at risk of exploitation (9%) • 2,256 were children at with emotional well-being or mental health needs (65%) • 23 were children not in any of the priority groups (1%)
3,702 children with group work	• 1,193 were children from BAMER groups (32%) • 338 were children with SEND (9%) • 779 were children under 5 years old (21%%) • 550 were children who are young carers (15%)

[18] Due to children belonging to more than one priority group, percentages in each support category exceed 100%.

Cordis Bright analysed records of…	Of which…
	• 144 were children at risk of exploitation (4%) • 2,163 were children at with emotional well-being or mental health needs (58%) • 36 were children not in any of the priority groups (1%)
698 children with crisis support	• 209 were children from BAMER groups (30%) • 142 were children with SEND (20%) • 49 were children under 5 years old (7%) • 55 were children who are young carers (8%) • 133 were children at risk of exploitation (19%) • 557 were children at with emotional well-being or mental health needs (83%) • 19 were children not in any of the priority groups (3%)
3,912 reintegration to education	• 2,403 were children from BAMER groups (61%) • 865 were children with SEND (22%) • 220 were children under 5 years old (6%) • 196 were children who are young carers (5%) • 326 were children at risk of exploitation (8%) • 2,984 were children at with emotional well-being or mental health needs (76%) • 142 were children not in any of the priority groups (4%)

Source: SHR programme data

3.8.2 Where SHR has provided support

Figure 20 shows that SHR supported the largest number of children in the North region (4,788, 30%) followed by Central (4,191, 26%), London (2,842, 18%), South East (2,439, 15%) and South West (1,585, 10%). The number of children supported by each work strand and region is broadly consistent, although the Central region delivered proportionately more advice and signposting, therapeutic support and group work to children and less reintegration to education.

As described at 3.7.3, creating an even network of delivery partners nationally was a challenge. We cannot assess the extent to which the support was distributed evenly, because SHR were not able to provide the precise boundaries of the regions, and therefore it was not possible to benchmark against national population data sets.

Figure 20 Breakdown of children supported by workstrands and regions[19]

Work strand➔	Whole cohort	S1: Online digital support			S2: Crisis & outreach intervention	S3: Education reintegration support
Support package delivered ➔		S1P1: Advice and Signposting	S1P2: Therapeutic Support	S1P3: Group work	S2P2: One to one face to face work	S3P1: Education reintegration support
Sample ➔	N= 15,853	N= 7,545	N= 3,454	N= 3,702	N= 698	N= 3,912
SHR Geographical Region						
Central	4,191 (26%)	2,295 (30%)	1,329 (38%)	1,177 (32%)	40 (6%)	740 (19%)
London	2,842 (18%)	1,204 (16%)	423 (12%)	545 (15%)	120 (17%)	1,139 (29%)
North	4,788 (30%)	1,996 (26%)	1,121 (32%)	950 (26%)	303 (43%)	1,093 (28%)
South East	2,439 (15%)	1,431 (19%)	401 (12%)	957 (26%)	93 (13%)	413 (11%)

[19] Please note percentages may not add up to 100% due to rounding.

Work strand➔ / Support package delivered ➔ / Sample ➔	Whole cohort	S1: Online digital support			S2: Crisis & outreach intervention	S3: Education reintegration support
		S1P1: Advice and Signposting	S1P2: Therapeutic Support	S1P3: Group work	S2P2: One to one face to face work	S3P1: Education reintegration support
	N= 15,853	N= 7,545	N= 3,454	N= 3,702	N= 698	N= 3,912
South West	1,585 (10%)	615 (8%)	180 (5%)	71 (2%)	142 (20%)	526 (13%)
Total	**15,845**	**7,541**	**3,454**	**3,700**	**698**	**3,911**

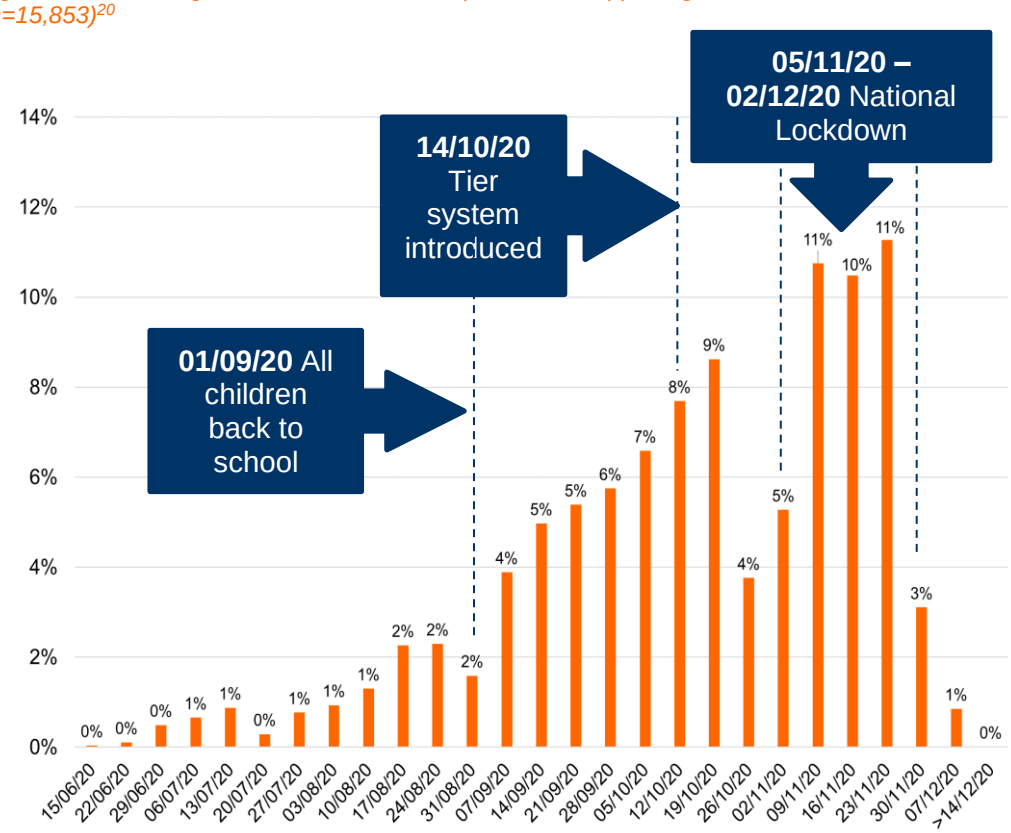
Source: SHR Programme data

3.8.3 How SHR has provided support throughout the pandemic

Figure 21 shows the percentage of total referrals made each week mapped against introductions of new COVID-19 restrictions. Notably, 90% of all referrals were made once all children were sent back to school in September. It also shows a dip in referral numbers in the weeks commencing 26th October 2020 and 2nd November, which are when most schools have half-term holidays. This would appear to support stakeholders' views that schools play an important role in safeguarding children. When they are not in school, children may be at greater risk.

Figure 21 shows that 36% of all referrals were made during the November 2020 national lockdown. As the programme continued up to the end of November (before moving into phase 2) there was no decline in the number of referrals which suggests that demand for support remained high at the end of the phase 1 and highlighted the need to extend SHR beyond November 2020. SHR was subsequently extended until the end of March 21.

Figure 21: Percentage of total referrals made per week, mapped against UK COVID-19 restrictions (n=15,853)[20]



Source: SHR programme data

3.8.4 SHR work strands

Figure 22 includes details of each work strand, as well as the target outputs agreed by Barnardo's with the DfE and the number of packages and children allocated to each package. Stakeholders highlighted that the workstreams were a guide for delivery partners, and each could determine how they delivered work within these broad boundaries. Stakeholders reflected that as a result there has been a wide diversity of support. For example, one stakeholder reported that the reintegration into education work has:

> *[Reintegration has] included the use of summer camp activities, drama therapy, surf therapy, advocacy, therapeutic help and intensive family support, to help children feel ready to get back into school*[21]*.*

[20] Due to some phase 1 data being submitted late, a small number of referrals are recorded as coming after 30/11/20 because this is the date they were processed.

[21] Barnardo's (2020) SHR programme advisory report September

Figure 22 shows that SHR exceeded its targets for each workstream, including particular success in detached youth work and online advice and support, which reached more than twice the anticipated number of children.

Figure 22 Summary of SHR work strands, output targets and outputs (n=15,853)

Package	Description[22]	Hours of support	Target output	Actual output	% of target
SHR digital hub					
SHR digital hub	Provision of online resources via SHR digital hub	N/A	200,000 hits on the SHR hub	236,649 hits on the SHR hub[23]	118%
Strand 1: Online digital support					
Advice and support online	Post assessment advice, signposting, referrals to support e.g. SHR digital hub, online resources, local support agency by SHR hub project worker or delivery partner.	1 hour	10,000 children	21,835 children[24]	218%
Online therapeutic interventions	Children and families are provided with therapeutic support that maintains mental health, improves coping strategies, and increases their protective factors. This may be provided online or via telephone and could include 1-2-1 work with a child or parent or group work with a family.	3 hours	4,000 allocated packages	5,876 allocated packages	125%
Group work sessions	Children and families are connected with a network of peers with similar challenges to promote social connection, sharing coping	Target 8 children per group / 4 hours	2,000 children	3,702 children	185%

[22] Barnardo's (2020) SHR External delivery partner handbook

[23] Barnardo's (2020) November Programme Advisory Board Meeting (includes data not analysed by Cordis Bright) (figure correct November 18th)

[24] Barnardo's (2020) November Programme Board Meeting notes (includes data not analysed by Cordis Bright)

Package	Description[22]	Hours of support	Target output	Actual output	% of target
	strategies, increased support networks and practical advice. Sessions will be conducted online and facilitated by a professional from a delivery partner.				
Strand 2: Detached youth work and crisis support					
Crisis support	Children and families are provided with therapeutic crisis support and intervention that safeguards children at risk of harm, stabilises mental health, improves coping strategies and increases their protective factors.	2.5 hours	1,500 packages	1,498 packages	100%
Detached youth work	Children at risk of abuse and exploitation are identified and provided with safeguarding plans. Children identified with no safe place to return to are referred into social care for placement assessment.	2 hours per session	9,000 children	27,751 children[25]	308%
Strand 3: Reintegration into education					
Reintegration into education	Provide holistic and trauma responsive reintegration support to ensure children can re-engage in education and receive the pastoral and education help they need.	20 hours	3,000 packages	3,944 packages	131%

[25] Due to the method of referral, which is for a space or place rather than individual, it is not possible to have the same certainty about the number of children and young people supported by detached youth work. This estimate may include double-counting of children seen multiple times or miss children who were not counted.

3.9 Exit planning

SHR was intended to be a temporary vehicle for supporting children and young people during the pandemic. It was intended to end in October 2020, and then it was extended to November 2020. However, in light of ongoing evidence of need and the enduring impact of the pandemic and associated restrictions, SHR has been commissioned to continue until the end of March 2021. A key strategic stakeholder described how Phase 2 of the programme would see Barnardo's fulfilling more of an advocacy role for children and families:

> *For Phase 2, we've developed a new Early Help advocacy team[26]. We're now resourcing them to help [children and young people] access services.*

In preparation for the end of phase 1, Barnardo's reviewed the participation of all partner organisations and brought through 74 of the original 82 delivery partners to deliver phase 2 of SHR. The service will place a greater focus on place-based work (e.g. detached youth work), reintegration into education and group work – all of which were more in demand than originally anticipated in phase 1 of the SHR programme. Phase 1 delivery partners that did not continue to phase 2 included organisations which chose to strategically exit and focus on other opportunities and organisations that did have a service offer which aligned to phase 2 priorities.

Stakeholders noted that the exit planning and transition to phase 2 was a challenging period for the programme. Commissioning rules required that an open public tendering process be followed, which meant that Barnardo's and delivery partners did not have certainty that the programme would continue until close to the point at which it would have ended.

However, stakeholders reported that preparations to close a project of this size safely required a long lead-in time, and as a result of the decision being made late, Barnardo's and delivery partners were caught between the imperative to stop accepting new referrals and safely close cases, while keeping the programme operational to ensure a smooth transition to phase 2.

Stakeholders reported the importance of thinking about exit at an earlier stage, although did acknowledge that at the outset of the programme it was not expected that an extension would be something that was necessary.

[26] This was renamed as the Pathways team.

4 The implementation of SHR

4.1 Key messages

Establishing SHR

- SHR was established at pace and scale, including agreeing a model of support, implementing the necessary programme management functions, commissioning a network of providers, establishing a range of referral pathways; and setting up performance management systems.
- The strengths of this process included: (a) effective project management; (b) collaborative approach to partnership working between the DfE, Barnardo's and the delivery partners; (c) the flexibility of the delivery model to reflect emerging evidence around needs, and; (d) effective capacity building with smaller sized delivery partners.
- Challenges included: (a) creating a model that does not duplicate other support; (b) explaining the role of the programme to wider partners; (c) creating a geographically equitable service offer; (d) supporting smaller organisations to join the delivery partner network, and; (e) contract managing a larger-than-anticipated delivery partner network.

Identifying children and families requiring support

- The programme made effective use of smaller delivery partners and their networks within communities to reach children and families. However, the programme was less effective at generating self-referrals via social media or national information campaigns. Some stakeholders also suggested that the programme was reliant on schools to refer children, meaning these children were not necessarily '*hidden*'.
- The referral process was widely complimented for being easy to use for self-referrers and professionals alike. Families and professionals praised the speedy response to referrals and efficient process of connecting with a delivery partner. However, there were limited instances where the appropriate work strand was not necessarily available within the local area.
- 15,550 (98%, n=15,853) of children fitted into at least one of SHR's six priority cohorts, suggesting that the programme has been well targeted. Stakeholders did suggest that the programme has worked with fewer children aged under 5 than it expected, although data suggests that the programme worked with a similar proportion of under 5's as in the general population.
- Stakeholders, including programme staff and delivery partners, reported that SHR identified and supported some children who were experiencing complex challenges that exceeded the levels of need which the

programme had originally aimed to support. SHR provided support where it could act as a bridge to long-term support or when there were concerns that despite higher levels of need, a child was not able to access a service.

Delivering SHR support

- Feedback from families collected by delivery partners suggests that support was of high quality. It showed that: 2,979 (98%, n=3,040) respondents felt listened to; 2,902 (95%, n=3,040) felt respected; 2,596 (89%, n=2,907) felt that they had a say in decisions made about their support, and; 3,372 (98%, n=3,436) said that the support was helpful.

- 'Needs met' was the reason for case closure recorded for 11,961 (84%, n=14,180) of children, reinforcing families' feedback that suggests support delivered was appropriate and effective.

- However, some delivery partners identified that it had been challenging to adapt support to work within the time parameters set out by SHR work-strands. Activity data shows that on average children received 2.1 packages of crisis support and 1.4 packages of therapeutic support which may indicate that the shorter packages of support were insufficient to achieve their intended aims. The programme allowed up to three packages of support per child where required, which provided delivery partners with flexibility.

- Barnardo's and the larger national partners found it more difficult to mobilise their support services rapidly in comparison to smaller, local delivery partners. This was particularly the case for services that ordinarily deliver larger contracts and have a less flexible business model. One of the reasons for the successful implementation of SHR was the mixed economy in terms of size of provider.

Exit planning

- Stakeholders were confident that exit planning had been completed successfully and safely in respect of ensuring all children who were eligible for onward support were put in contact with an appropriate agency. However, the transition from phase 1 to phase 2 of the programme was hindered by formal commissioning processes and also uncertainty in relation to the nature of the pandemic and associated lock-down restrictions.

- Stakeholders emphasised that SHR was originally a five-month programme (June-October 2020), which will now last 10 months until March 2021. For staff involved in delivering the programme this has been an intense period of work, and stakeholders were anxious to ensure sufficient resource was available to support staff to deliver the programme and maintain their wellbeing.

4.2 Overview

The following chapter explores the efficacy of the implementation of SHR. Evidence from stakeholders and SHR programme data indicates that SHR was effectively implemented. It includes evidence relating to:

- The process to establish the programme;
- The referral process, including efforts to identify children, their needs and the support that they were allocated;
- The delivery of the support; and
- Exit planning process.

4.3 Establishing SHR

Stakeholders recognised that it was a significant challenge to establish SHR at the necessary pace and scale to be able to meet the task of supporting children adversely affected by the COVID-19 pandemic and its associated restrictions and lockdowns. However, Barnardo's, the DfE and delivery partners were able to rapidly develop a programme, including:

- Agreeing an approach and programme model.
- Implementing the necessary programme management functions.
- Commissioning a network of providers.
- Establishing a range of referral pathways.
- Setting up performance management systems.

4.3.1 Success factors in establishing SHR

Barnardo's was able to set up the SHR governance and structure at pace and scale due to factors including:

1) A collaborative approach

Stakeholders reported that the commitment of partners to working collaboratively and in a co-productive fashion ensured that the SHR programme model could be developed at pace.

Stakeholders reported that, from the start of the programme, the DfE and Barnardo's have worked together closely to develop a model so that support could be delivered to children, young people, and their families quickly. Stakeholders noted the relationship has been different from a usual commissioner-provider relationship, due to the nature of the programme and the

unique circumstances in which it is operating. One programme stakeholder stated:

> *I think that from the very beginning the relationship between us and the DfE has been different due to the circumstances. […] I think both the DfE and us saw this as a shared responsibility to find these kids in a pressing time, not a commissioning relationship.*

This collaborative approach also applied between different departments of Barnardo's. Stakeholders noted that it was a significant logistical challenge to set up the various elements of the programme at the same time, within a limited timeframe. Stakeholders involved at this stage of implementation reported that the inter-departmental collaboration was successful and productive, despite time and resource constraints. One stakeholder reported:

> *It was very sudden, very high pressure, very important, lots of money behind it, and very public. Constraints were people on the team and skills and expertise; a lot of us had never worked together before. We had to make a lot of decisions very quickly. Sometimes those decisions were the wrong ones, sometimes you were able to change course, sometimes you got a little bit stuck. Overall […] I think it's gone really well.*

2) Barnardo's was already well networked nationally

Stakeholders reported that a strength of the implementation was the speed with which Barnardo's was able to bring together a network of providers. This was possible because Barnardo's along with the three other largest children's charities in England (Action for Children, NSPCC, and the Children's Society) had been staying in close contact throughout the COVID-19 pandemic. Action for Children, NSPCC and the Children's Society were all engaged by Barnardo's at an early stage in relation to being part of SHR, prior to the initial application being submitted to the DfE.

While Barnardo's has led the application process, they have been supported by the three other charities in this endeavour. Action for Children and the Children's Society have both agreed to take part as delivery partners, and while NSPCC has not joined due to differences between the service model delivered by SHR and the services that NSPCC operates, it does still attend the programme advisory board.

Stakeholders described how the challenges to children and young people created by COVID-19 has helped to bring these organisations together. This is illustrated by one stakeholder who reported:

> *Challenges between large children's charities - normally we're seen as competing with each other for work... although there have been some challenges to work through, mainly because of the speed we have had to mobilise, by having regular and open communication, it enabled us to be able to work through some of these things. The focus across all organisations is to respond to needs of children.*

At a local and regional level, stakeholders reported that the SHR regional coordinators were very well connected, both to many delivery partners and also with local authorities. This supported effective communication to different stakeholders and partners during the initial phase of operation.

3) Strong programme management and leadership

Stakeholders reported that robust project management led by Barnardo's has been a key enabler for establishing the programmes governance and infrastructure. Stakeholders drew particular attention to the leadership of Barnardo's colleagues heading up the programme, noting how their passion and drive for the project, as well as their skill brokering relationships with partners and with the DfE, was instrumental to the successful implementation of the programme. One stakeholder stated:

> *When you've got a substantial programme with all this incredible complexity you need someone who's driven and passionate about it. [They have] been the driving force behind this and have been critical to its success.*

Stakeholders reported that by the DfE commissioning Barnardo's to lead a partnership of delivery partners rather than separately commissioning a range of providers to deliver a variety of projects, Barnardo's was able to ensure that funding was used in a coordinated manner to achieve a set of agreed strategic objectives. Stakeholders recognised that without an organisation to provide oversight of the programme, the DfE would not have the capacity to, for example, create and monitor shared reporting processes. However, by taking advantage of the corporate infrastructure of Barnardo's, a more robust approach to programme management could be delivered. As one stakeholder noted:

> *I think the data monitoring wouldn't be possible if the money didn't go to Barnardo's, if it was 80 different organisations involved. The DfE couldn't deal with that level of risk.*

4) Evidence-informed decision-making

Stakeholders were positive about the way in which project management data was being used throughout the programme to adapt and improve the model:

> *I get the impression that all the data in our system that is being generated is actually being used for operational decision-making and insight and analysis. That doesn't tend to be the norm in health and social care - the fact that that's part of the operational teams' bread and butter is quite a big win. Hopefully, it helps right down to level of service users so they get the best service possible.*

Programme stakeholders also identified the level of insight into the programme afforded by the monthly monitoring data provided by partners as a key strength of the programme:

> *Being able to know the success of the programme - lots of programmes are successful but not all captured in one place... One of the things is the data capture system. Although it's very experimental, it has allowed us to see where gaps and successes are... Especially with 82 partners - this has been a success.*

The programme has included regular detailed updates provided to the Programme Board and Programme Advisory Board, to inform strategy and accountability.

5) An effective recruitment process, including supporting smaller organisations to access funding

A core task to establish SHR was rapidly establishing a network of partners to deliver interventions across England. Stakeholders agreed that the process to recruit the network was a key achievement of the initial phase of the programme.

Stakeholders reported that it was challenging at times to create and develop the network due to the pace of recruitment, the process of sub-contracting partners (as opposed to providing grant-funding), and because the network has included more organisations than anticipated.

Stakeholders within Barnardo's indicated that they would have preferred to recruit the delivery partner network as a grant giving process, rather than as a sub-contracting arrangement. This was because they felt it would have reduced the risk held by Barnardo's, and also made it easier and quicker to distribute funds to delivery partners. Part of the challenge was that Barnardo's are not themselves experienced at establishing this type of application process. A programme stakeholder described how this was challenging to set up:

> *Barnardo's is not an experienced organisation for commissioning - it's usually the other side of fence. We had to set up evaluation templates, documents - almost starting with a blank page. And having to do that in shortest timescale, properly, plus the provision of support to smaller organisations…*

However, stakeholders reported that they were ultimately pleased with the range and diversity of delivery partners that made up the partnership network, stating that the benefit of having their reach and expertise outweighed the significant resource required to create, develop and manage the network:

> *We're really pleased we got a mix of big and small providers. I'm glad we didn't go just for 20 big contracts – we wouldn't have had such a diverse work scheme. The challenges of managing 82 partners – it's been worth the stress and resource to manage.*

An important aspect of this process was the additional resource that was required to support smaller organisations to complete the application processes. Stakeholders reported that some organisations had excellent and innovative practice but did not have formally codified policies in key areas such as safeguarding. In discussion with Barnardo's, it was possible to identify that these

organisation's practices were good enough to be a part of the programme, even if their policies were insufficient. Therefore, Barnardo's provided a range of coaching and support to bring these policies in line with expected requirements. This ensured that the recruitment process was inclusive of a wider range of organisations. One stakeholder explained:

> *I was concerned - we had a higher number [of BAME organisations] that weren't getting through, that were failing at the SSQ [Supplier Suitability Questionnaire] level, the EOI. We had to develop a process to re-engage, review their offer, and try and get them through.*

A delivery partner from a BAME community-level organisation described their experience of the application process as follows:

> *Initially we had to ask so many questions to clarify, because we're such a small organisation, and then we got awarded it after a long process of clarifying […] They were really open for grassroots organisations like us, for a lot of communities - they really considered it.*

4.3.2 Challenges in establishing SHR

As well as the above success factors, there were several challenges in establishing the SHR programme. These included:

1) Communicating SHR's aims

Stakeholders reported that the aims and rationale of the programme had been clearly communicated with partners and beneficiaries from the outset and throughout the programme – particularly the message that SHR would be a short-term intervention during a period of crisis. A programme stakeholder outlined this:

> *One thing we were clear about - this wasn't long-term therapeutic support. […] I think there's been a clarity of the work involved, and we've been clear all along there is going to be an exit.*

Stakeholders recognised a particular communication challenge was ensuring that local authorities were aware of the programme, its aims, and how it was intended to dovetail with existing services. One stakeholder stated:

> *Having worked in a local authority - there's nothing worse than a well-intended organisation parachuting in something new, but not to dovetail it with existing systems and processes to meet needs for children and communities.*

A stakeholder involved with the development of the programme noted that although the programme had been designed specifically so as not to impinge on statutory services, there were some initial tensions around engaging a minority of local authorities with SHR:

It was minimal, but there was some criticism that See, Hear, Respond replicates local authorities' Early Help […] If we had had better communication with local authorities, we would've headed it at the pass… But it was more important to get kids covered and supported first.

2) Creating, iterating and communicating policies at pace

Delivery partners and programme stakeholders agreed that a key challenge during the early phases of SHR was the need to establish a set of policies quickly, but then to continue to develop them as the programme rolled-out and responded to emerging challenges.

Stakeholders reported that it was challenging to communicate changing requirements, for example, around reporting or processes, while practitioners were also trying to deliver the work. As a stakeholder noted this had led to some confusion among delivery partners at times:

For example, there has been confusion over age limits for referrals […] Different coordinators have given different messages to partners - that has caused some frustration.

While this was identified as a challenge by some stakeholders, overall it was felt that the programme has benefitted from effective communication, both between Barnardo's colleagues and between delivery partners and Barnardo's staff such as the SHR regional coordinators.

3) Speed of decision making

Stakeholders reported that in the early stages it was challenging to reach agreement about aspects of the programme at a pace that matched the urgency of the situation. In particular, stakeholders recognised that it was challenging for government officials to make decisions quickly beyond a certain point because they were bound by procurement procedures. One stakeholder reported:

There are so many processes to go through before getting final signoff for decisions. There's a contrast between that and the speed we're trying to move at to deliver the programme.

4.4 The delivery partner network

Stakeholders reported that a strength of the implementation of SHR model was the delivery partner network, and in particular, its ability to leverage the reach and expertise of other VCS organisations which already had significant expertise in working with and supporting children and young people whose needs had not yet escalated to requiring statutory intervention.

As discussed further at 4.5.3, stakeholders identified that the delivery partner network had been essential to the success of SHR in respect of identifying young

people and families who have been faced with challenges because of the pandemic.

As discussed at 4.6, stakeholders and families were positive about the quality of support provided by delivery partners, noting the variety of support available through the diverse network of delivery partner which helped ensure appropriate support was available to children and young people.

However, stakeholders reported that there were two challenges to the implementation of the delivery partner network: (1) managing the larger than anticipated network and (2) ensuring an equitable geographical spread of services.

1) Contract managing a larger-than-anticipated delivery partner network.

One of the unexpected features of the SHR programme was the larger number of smaller organisations that applied to take part in the programme. This meant that there is a greater amount of resource required to support the contract management process in all of these organisations. One stakeholder reported:

> *Even though we did have flex and agility in organisation, there has been a struggle about the level of support in contract management. There's a high expectation on the programme's team and regional coordinators to hold a lot of responsibility for partners. […] If you're managing a whole hub and referrals - levels of expectation were quite highly placed on a small group of people.*

2) Establishing an equitable geographical spread of providers

Another challenge of the implementation identified by stakeholders during the early stage of implementation was ensuring an equitable geographical spread of the programme. Because the programme ran an open EOI, funding was allocated to those organisations that were successful in their applications. However, this meant that overall coverage in some areas of England is better than in others. One stakeholder identified:

> *The process for geography for the programme is something we need to learn about and reflect on. We've not got coverage in some areas where potentially we should have. It's not just about number of partners and delivery. The fact is that it's England-wide - how could we have responded to that better? To mitigate that – maybe a process of varying contracts and looking at where there're gaps.*

Because funding was allocated on a first come first serve basis to ensure that SHR was available as quickly as possible, in some regions this resulted in a concentration of delivery partners that can provide work from the same strand or a lack of available partners to deliver other strands. One stakeholder described:

> *We weren't able to say, 'oh, we need an organisation that delivers Strand 3'. Timescale, volume - we spent the allocated budget for it quite quickly, which means we've now got 22 organisations who met*

> *the threshold, but the funding had gone. So they were placed on a reserve list in case an awarded organisation couldn't continue or we had additional funding. This was mainly down to timescale - commissioning by first come first serve.*

As a result, a small number of parents interviewed as part of this evaluation identified the difficulties of not having all services equally available to all children throughout England. For example, one parent reported:

> *We were initially referred to Barnardo's through Early Help. Due to Covid-19, it was slightly longer than we thought. Because we're in quite a rural area – there's not a lot around. When we did get referred through, it turned out [my daughter] was referred into the wrong strand. She only had a couple of sessions. The help was brilliant – it just wasn't long enough. […] We were put in the wrong stand. But also, we're in North Northumberland – there's not much available.*

4.5 Referral pathways

4.5.1 SHR referral pathways were effective and easy to use

Parents and carers and delivery partners reported that the referral process was easy to use for self-referrers and professionals. Families and professionals were appreciative of the speedy response to referrals and efficient process of connecting with a delivery partner. One parent reported that she felt her child had been carefully matched with an organisation and practitioner who was able to effectively meet his needs:

> *Our case worker has been amazing. […] It's about that person and matching the relationship with the right person. When I spoke to [referrer] initially who reached out from school - she was really good at picking out where my concerns were, went away and thought, we can do this - that's the right level. I found that so supportive and helpful. […] If that match hadn't been right, [child] wouldn't have engaged and an opportunity would've been missed there.*

Similarly, a delivery partner described the referral process as follows:

> *The referral process isn't arduous. […] With Barnardo's it was quite seamless, and that helps. The less people have to do, the better.*

In total, 99% of referrals were responded to within five days, demonstrating the responsiveness of the service.[27]

[27] Barnardo's (2021) SHR Dashboard report – data refreshed 07/01/2021

Case study: Shivonne's story

Shivonne[28] had had concerns about her child's mental health and wellbeing for several years, and saw these needs increasing during the lockdown period. She described how she had struggled for a long time to find appropriate support for her child, even before her child's mental health issues had started to deteriorate because of lockdown:

> *I've been trying to find support for [child] for quite a long time, even before Covid. It has just exacerbated a lot of her anxieties and stuff. I've been unsuccessful in my local area to find any service that could support me and her for several years.*

Shivonne described how she had low expectations when self-referring into SHR due to previous negative experiences, but was surprised at the speed with which she received support through the programme:

> *I stumbled upon it on social media, on Facebook – a Barnardo's advert. I had it in mind – I had spent many months trying to find support. I thought, there's nothing to lose in me sending off a referral. My expectations were really low - but within a couple of days someone got back to me. It was quick and straightforward. [….] I had such a different experience with other services - it just seemed amazing. I was contacted so quick. It all happened within two weeks of my online referral self-referral – [practitioner] was in my front room meeting us.*

Shivonne was very positive about the referral and how the subsequent support was tailored to meet the specific needs of her child:

> *What I really like - the support is very personalised. She didn't say - this is what I can offer you. She said what do you need? We've come up with a plan together. I feel like we were listened to and the support is shaped for us. […] The thing that's made the most difference - the fact that we as a family have been given a lot of choice and control over the support.*

Finally, Shivonne noted that while she was grateful for the support received through SHR, the programme had effectively shone a light on the lack of service provision in her local area:

> *[Practitioner] explained to me that the funding was part of a COVID response. For me, in a way - I think COVID has compounded [child]'s issues, but I also think she had a lot of*

[28] This name, and all subsequent names of parents, carers, children and young people, has been changed to preserve the anonymity of the interviewee.

> *issues before and just couldn't access help locally. That's really frustrating as a parent - you want that early intervention, […] What I kept saying was I don't want an adolescent or teen with enduring mental health issues.*

4.5.2 An effectively targeted programme

Stakeholders agreed that SHR has been effective at reaching the groups of children that it set out to support, an assessment supported by case data which shows that 98% of children were in at least one of the six SHR priority cohorts (See Section 3.8.1 for more information about the priority cohorts). Stakeholders reported that the programme had been pragmatic and flexible to broaden the priority cohorts to include children with an emotional wellbeing or mental health need.

However, there were two areas where stakeholders reported the programme has experienced challenges in terms of directing support towards SHR's intended cohort: 1) reaching children aged under 5, and 2) children with complex needs who could be eligible for Early Help.

1) Reaching children aged under 5

Stakeholders reported that children under-5 and their parents had been hardest to reach through the programme. They believed this group may be under-represented in the children and young people supported by SHR. Stakeholders suggested this was possibly due to a lack of service provision for children of this age during the pandemic and weaker links between NHS services for infants and the voluntary sector. A programme stakeholder outlined this challenge as follows:

> *The ones we've struggled to find are babies. Who sees babies? Health providers not linked into VCS, health visitors and midwives not linked into VCS. Providers were struggling to access babies […] There's a difference in finding groups of children - the older a child is the more visible they are.*

However, Figure 18 shows that despite the concerns of stakeholders, SHR worked with a proportionate number of under-5s compared to the population of 0-25's.

2) Children with complex needs who could be eligible for Early Help

Stakeholders, including programme staff and delivery partners, reported that SHR had identified children who were experiencing complex challenges that exceeded the levels of need which the programme had originally aimed to support, i.e. children below the threshold of Early Help and statutory services. The needs of these children are discussed in more detail in Section 5.6.

For some children, there was a challenge due to waiting times for Early Help and statutory services, which would result in a period where children were without

support. Where this was the challenge, stakeholders reported that SHR acted as a bridging service for some of these children and young people. In this way, the programme would aim to support children until appropriate long-term support could be established. Stakeholders reported that was in line with the original aims of the programme.

There was also another group of children that stakeholders reported were at risk of 'falling through the gaps', for example, due to high thresholds to access support from Early Help services. For these children, there were concerns that despite higher levels of need, they were not able to access a service. As one strategic stakeholder commented, by providing support to some of these children SHR did not offer a sustainable solution – this was not the programme's aim – but rather offered a crisis response in a time when children and young people were at risk of not having their needs met. This shift in the children and young people the programme served was reported by a programme stakeholder:

> *The question for the whole programme is what gap are we filling? The idea in the proposal was these are the children who are hidden, below Early Help level. But actually, what we've exposed is a huge overlap whereby kids are falling through the gaps of Early Help.*

Interpreting findings about accessibility of Early Help

This report includes several findings reported by SHR programme staff and delivery partners in relation to the accessibility of Early Help services. However, caution should be applied when interpreting findings for reasons including:

- Stakeholders from other services, including local authorities, education and health services were not included as part of the evaluation, and therefore we cannot corroborate stakeholder's views on non-SHR services.
- Due to the different eligibility criteria in Early Help services, it is likely that in different areas the situation will vary.
- The SHR programme did not have universal coverage across England and therefore broad generalisations about the situation in Early Help services is not possible.

4.5.3 Reliance on schools and delivery partners to generate referrals

Stakeholders reported that the service was effectively promoted. However, this process relied more heavily on the role of delivery partners and schools than originally anticipated. Stakeholders reported the following:

- **National campaigns were less effective at generating referrals:** Stakeholders reported that they had received fewer referrals following the promotion of the programme via national campaigns than expected. One strategic stakeholder stated:

The thing that has surprised me the most - we've done a huge amount of publicity and the number of direct referrals hasn't been that many. That's been to some extent a surprise. If we'd only promoted it through professional means, I'd understand. But actually, I would've expected more direct referrals. Not a disappointment, but it's a learning point.

- **Local delivery partners were effective at generating referrals:** Stakeholders reported that locally led promotion of the programme involving the delivery partners was a more effective driver of referrals than national campaigns. One delivery partner explained:

  It took a couple of months to set things in, and took a while to get referrals in, but once we realised that we could promote this and do it ourselves, we got more referrals.

  Programme stakeholders reported that the network played a crucial part in the identification of children in need of SHR support and the referral process, as well as the delivery of support, acting as the "eyes and ears" of the programme:

  See, Hear, Respond has been able to respond because those partners are the eyes and ears. If we didn't have those partners - we would definitely struggle as an organisation to have that, without that linkage.

  Further details about the process of identifying children in need of support is at 4.5.4.

- **Initial misunderstanding over responsibilities for generating referrals.** While stakeholders were positive about the role delivery partners played in generating referrals, delivery partners themselves reported that this was not what they had anticipated would be involved as part of the network and as a result were required to invest more resource finding children than was planned:

  We thought that Barnardo's would send us referrals. We've only received one, and we've had to get the rest ourselves. We didn't anticipate that or leave time for it. The fact that we haven't received referrals has been a problem for us. We've not been able to reach the targets we thought. That's been quite difficult.

  This was also a challenge for national partners, who did not have the community links to necessarily generate their own referrals. One delivery partner reported:

  There's a need for a more streamlined referral process, more clarity from the start on who's going to promote programme and how it will be resourced. […] We had a fairly aggressive numbers of packages to deliver - we expected/hoped that most referrals would be generated by Barnardo's as the national delivery partner. We've had

650, and only 30 have come directly through Barnardo's. It's easier if they've got local teams and organisations because clearly you know your own market, but when we're a national partner, getting that information out across the country is difficult.

- **Schools were an important source of referrals.** Stakeholders reported that schools had provided a significant proportion of referrals. This can be inferred from Figure 21, which shows an increase in referrals after schools reopen and a dip in referrals over half-term. One stakeholder described:

  What we saw as schools reopened there was an exponential increase in referrals. On the one hand, that would be surprising – the purpose was to plug that gap while schools were closed… It might just have been as the programme was rolled out and more organisations were up and running, maybe it was supply driving that demand. But on other hand - seeing where they [referrals] were coming from at the point when schools were opening…

4.5.4 Challenge to identify 'truly' hidden children

Delivery partners and strategic stakeholders raised questions about the extent to which SHR has supported "hidden" children and whether this is an appropriate term for the group of children it has supported. There was also some confusion about the definition of what "hidden" children means.

As described above, referrals were largely driven by the activity of schools and delivery partners. While these children may not have been known to Barnardo's or to local authorities, delivery partners suggested these were not necessarily new families. In this sense they questioned whether the programme had been successful at identifying 'hidden children' or whether the programme was providing support for existing unmet need. One stakeholder described:

We didn't go live until after two weeks schools broke up - and schools ended up being instrumental [in the referrals process]. Does this defeat the object? They're not hidden if schools are telling us about them…

Nevertheless, the programme did identify children that delivery partners were not aware of previously or families facing increasing difficulties. One delivery partner described:

It was an eye-opener. You work in the community, you think you know what happens behind the scenes, but then you hear about that [level of need] and you think, wow...

Delivery partners also uncovered children and young people who were technically in receipt of support, but who were not actually receiving it – in a sense, children hidden in plain sight. As one regional coordinator described the situation:

I think we reached as many people as possible and also have reached some more children that, as I say, maybe on paper are supported but in reality are not. I think these could also be defined as hidden. We forget about them because we think they are receiving support but actually are not.

4.6 SHR delivered high quality support

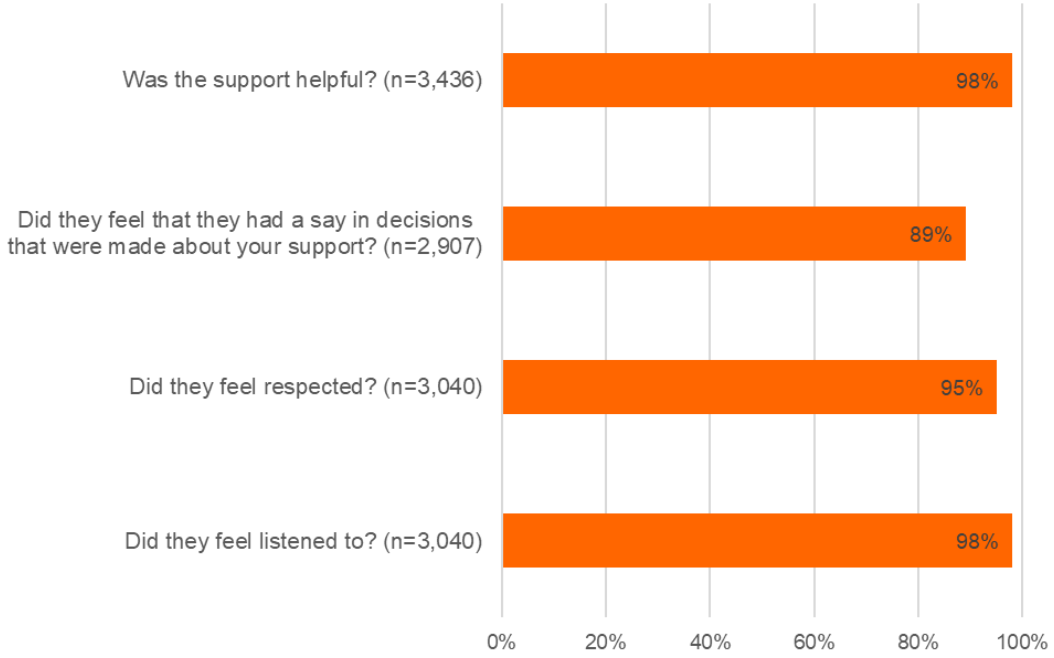
4.6.1 Overview

Stakeholders reported that a strength of SHR was the quality of support provided, which was underpinned by the network of delivery partners. In particular, as reported in section 3.7.3, the diversity of delivery partners and range of approaches available within the programme meant stakeholders were confident that children and young people could receive an intervention that was appropriate to their needs. This is reinforced by data from delivery partner case closure forms, which recorded the reason for case closure as 'needs met' for 84% of children.

Furthermore, feedback about SHR from families (collected via questionnaire administered by delivery partners, see 2.2.3) suggests that the support provided by SHR was delivered in a person-centred manner. Figure 23 shows:

- 98% (3,372 families, n=3,436) said that the support was helpful.
- 89% (2,596 families, n=2,907) felt that they had a say in decisions made about their support.
- 95% (2,902 families, n=3,040) felt respected.
- 98% (2,979 families, n=3,040) felt listened to.

Figure 23 Feedback about SHR from families, collected via questionnaire administered by delivery partners (percentage who reported 'always' or 'often')



The impact of support on children and young people is discussed further at chapter 6 and for parents and carers at chapter 7.

4.6.2 Challenges to implementing support

Three challenges were reported by stakeholders and delivery partners in respect of implementing support for children, young people and families:

- **Challenge supporting children in work strand parameters.** Delivery partners reported that it was challenging to deliver some support packages with the time allocated by SHR. For some delivery partners, this was a question of how to adapt their existing therapeutic practice which would usually be conducted over a longer time, into shorter sessions in a way that was safe and meaningful. For other delivery partners, the challenge was to build the necessary relationships with children and families so that they could engage in the programme. As a result, delivery partners often delivered more than one package of support per child – particularly for the shorter interventions. Programme activity data shows that on average children who took part in crisis support received 2.1 packages and children who took part in therapeutic support received on average 1.4 packages. This may suggest that for a large proportion of children, a single package was not sufficient support to achieve the intended aims.

- **Mobilising services for national providers:** Programme stakeholders reported that the larger charities – including Barnardo's – found it more difficult to mobilise services (especially face-to-face services) at the pace that programme leaders had expected. Stakeholders indicated that it was a

challenge to adapt processes in larger organisations, compared to nimbler small organisations.

Barnardo's own children's services have found it operationally challenging to mobilise for this programme. One stakeholder reported that it was originally planned that Barnardo's services would "*deliver 30% of the programme, and now it's 10%*".

Stakeholders with familiarity of Barnardo's care services highlighted that in regions across the North, where services have traditionally comprised a larger number of small contracts, they were more experienced and able to mobilise additional capacity as this more closely resembled the way in which they respond to opportunities normally. However, in the South, where services have fewer, larger contracts and are typically commissioned by large county councils, they did not have the pool of available staff ready or the same expertise at mobilising a service at pace.

- **Reporting requirements for delivery partners:** While the majority of delivery partners reported that SHR's monitoring requirements were proportionate and appropriate, a significant number of delivery partners, reported that the level of data and monitoring required for delivery partners was overly onerous.

  This was generally reported by smaller organisations who suggested that they did not have the capacity to deploy for staff on data monitoring and performance management processes and had to use time that would otherwise be deployed operationally in working with children and young people. Stakeholders from larger organisations reported that their existing data monitoring processes did not align with those required for SHR.

  A delivery partner also reported that some of the monitoring requirements were not proportionate to the intervention, stating that they would be equally onerous for a one-hour intervention as for a 20-hour intervention:

  > *Looking at the workload in respect of the amount of funding and spending a lot more time on the admin and evaluation than the delivery - I think there needs to be a balance there.*

4.7 Exit planning

Stakeholders were confident that appropriate processes and resources were deployed to ensure a safe exit strategy and ensuring that children in need of ongoing support were connected with appropriate services. While the programme itself has continued into phase 2, stakeholders also reported that there was a robust exit strategy in place in the event the programme had ended as planned.

However, stakeholders reported a number of challenges to the exit strategy for the programme as a whole for children exiting support from SHR.

Challenges for children exiting SHR:

- **Potential inconsistences across the partnership network in exit planning.** Stakeholders reported inconsistencies in the quality of exit planning among delivery partners across SHR's partnership network. The majority of delivery partners interviewed reported that they had processes in place to ensure the safe exit of children and young people they were working with. However, in a small number of instances, these processes were reported as less closely monitored. One delivery partner described:

  I've closed off a number of referrals and I don't think there was a real exit plan, like 'this is the programme, and now it's not'... All our children who've left the programme, we've not really got any contact with them now, kind of a short sharp stop.

  This was view was supported by a programme stakeholder:

  Some of our partners are not following that through – a key area for improvement is some closer oversight for some quality of delivery, and also exit planning for a very few organisations...

- **Challenges referring to Early Help for smaller organisations.** A number of delivery partners experienced difficulties referring into Early Help, which may prevent sustainable support being provided to vulnerable children post-SHR. Barnardo's stakeholders identified that nationally there are various thresholds to access services and routes to access support, which create confusion. Additionally, stakeholders reported that referrals by large organisations (such as Barnardo's) may be treated differently to referrals from smaller organisations. This was attributed to quality of referrals, but also the lack of close relationships between statutory agencies and small organisations. As one stakeholder suggested:

  There is… a need to do early help guidance for some organisations to build links into Early Help. Small organisations don't have our [Barnardo's] credibility, so they can get ignored.

- **Removing support too soon.** Some stakeholders were concerned about the impact of withdrawing the support available through SHR too quickly, and that it could result in a reversal of progress made for some children. However, the programme was only intended as a short-term intervention, and where more long-term support is required this should be arranged through the exit plan. Further, SHR has been extended until March 2021.

Challenges for exiting SHR as a programme

- **Planning exit while the future of the programme was uncertain.** Many delivery partners found the uncertainty around whether or not SHR would be extended beyond November challenging. This was because it was not clear if they could continue to work with children (or accept new referrals) or need to close cases. Delivery partners acknowledged that this challenge had been mitigated by Barnardo's as best they could through ongoing updates.

However, it did result in a "stop-start" end to the programme, according to some delivery partners. Several strategic stakeholders reported that exit planning should have been more closely considered earlier in the implementation of SHR. One stakeholder described:

> *I think one of the things we didn't do was anticipate the demand and prepare for it in the medium to long-term. It was always set up as a time limited programme. I think it's not surprising to anyone that the demand has continued. One of the reflections and lessons for me - when we create these new services, just being absolutely clear that we have not only an exit plan but a proper transition back into mainstream services. We've got that in SHR - but we needed to think about that a lot sooner if we aimed to end it in November, and what contingency plans were.*

- **Ensuring sufficient support and resource is available to programme staff.** Stakeholders emphasised that SHR was originally a five-month programme (June-October), which will now last 10 months until March 2021. For staff involved in delivering the programme this has been an intense period of work – the SHR workforce has routinely worked longer hours and more intensively than usual. As the programme moves into phase 2, stakeholders were anxious to ensure sufficient resource was available to support staff to deliver the programme and also maintain their wellbeing.

5 Responding to need

5.1 Key messages

SHR supported children with a wide range of challenges. The most prevalent challenges faced by children according to SHR performance management, based on 14,448 children for whom this data was available, were mental health needs (59%, 8,569 children), followed by isolation and loneliness (51%, 7,331 children), barriers to reintegration to education (34%, 4,912 children) and parenting support (34%, 4,859 children).

Stakeholder consultation and SHR performance management data also suggests that SHR uncovered higher levels of complex needs than was anticipated. This included children who may be at the threshold for Early Help interventions. Based on the type of need and the number of needs that children were recorded as having during their SHR assessment, it can be estimated that between 40% (5,777) and 82% (11,830) of the children and young people referred to SHR may have been eligible for Early Help services. This estimate should be treated with caution because eligibility criteria vary nationally for Early Help services (see Appendix A for details about the methodology used for this estimate).

Stakeholders reported that children supported by SHR included: a) children whose needs had increased over the course of the pandemic; (b) children who had been around the threshold of early help before the pandemic, and; (c) children who had been allocated support but were not actually receiving it, for example, due to a child not wishing to engage virtually or services not operating at full capacity during lockdown.

SHR performance management data shows that there is some variation of children's and parent's needs by background characteristics and priority cohort status, which may indicate more acute needs in some groups.

5.2 Overview

SHR worked with 43,114 children and young people. We received performance management concerning the needs of 14,448 children supported by SHR. The needs of individual children who took part in detached youth work were not recorded. This was because detached youth work was delivered in groups and data was not collected on an individual basis concerning need.

The following chapter considers evidence from SHR performance management data and consultation with programme stakeholders and delivery partners, parents and carers and children and young people about the needs of children, young people and their families that have been identified during the course of SHR. It includes: (1) analysis of the needs of children referred to SHR; (2) evidence of the complexity of families supported by SHR; and (3) analysis of the needs of parents and carers.

5.3 Needs of children referred to SHR

Figure 24 presents an overview of children and young people's needs based on SHR performance management data collected by delivery partners and the intake and assessment team as part of SHR's children's assessment process. It shows that out of the 14,448 children's records analysed, during their SHR assessment:

- 59% of the cohort were identified as having child mental health needs.
- 51% were identified as experiencing isolation and loneliness.
- 34% were identified as experiencing barriers to reintegration to education.

Some children were identified as having two or more needs at assessment and therefore the percentages in Figure 24 exceed 100%. Children who were supported by detached youth work did not go through the SHR individual assessment process so are not included in this data.

Figure 24 Breakdown of cohort needs (n=14,448)[29]

Cordis Bright analysed records of…	Of which…
14,448 children with individual case support	**59%** reported a child mental health concern **51%** reported isolation and loneliness **34%** reported barriers to reintegration to education **11%** reported barriers to engagement with support services **11%** reported negative impact of caring responsibilities **7%** reported concerns about children outside the home **4%** reported exposure to harm online **1%** reported a child protection/safeguarding concerns referred to statutory agencies **5%** reported 'other' concerns

This is consistent with evidence from consultation with children and young people, parents and carers and stakeholders who identified needs around mental health and wellbeing, isolation, impact on education but also the impact of

[29] N/B Of the 15,853 records of children analysed, 14,448 records included data about children's needs and 1,405 records had no data relating to children's needs. Where no data is included it has been treated as missing, i.e. no estimations of missing values has been undertaken. Therefore calculations are based on a sample of 14,448 children.

poverty on young people as well. These themes are explored in the following sections.

5.3.1 Issues around mental health and wellbeing

Stakeholders described a much higher level and prevalence of mental health issues among children and young people referred into SHR than previously anticipated. Mental health concerns ranged in severity. Stakeholders observed that while COVID-19 had triggered some mental health concerns, it had also exacerbated some existing conditions. One delivery partner described:

> *The impact on children and young people, and parent/carer's mental wellbeing has been far starker than I'd anticipated, especially given the focus [of our work] was reintegration into education.*

This ranged from severe mental health concerns, including reported evidence of an increase in suicidal ideation among children and young people, to more general wellbeing concerns. For example, parents and carers and children and young people described a lack of happiness during this period, with parents and carers, in particular, reporting that children were not acting like themselves. One child described this as follows:

> *My mood was okay, but I wasn't my usual happy self because I didn't get to see my friends as much.*

Many children and young people had expressed anger and frustration at their situations, particularly in reference to regional lockdowns or differential restrictions. One delivery partner described:

> *Young people are feeling really angry about the situation they're in, helplessness, frustration - why can I go to school but not see the same people outside school?*

This period has also exacerbated existing anxieties and fears, either a result of children's fears of COVID-19 or due to the way lockdown policies restricted access to wider support networks. For example, a parent highlighted how COVID-19 and the restrictions had affected the mental wellbeing of their child:

> *During COVID, it brought things out that she was maybe doing quite a good job of keeping together, because she didn't have the distraction of school, friends, social activities. She became extremely emotional all the time, she got very upset, with tears numerous times during the day. She couldn't express why she had them, and didn't understand what was wrong with her.*

Over the longer term, stakeholders reported that some young people increasingly presented with trauma issues that may have been associated with lockdown restrictions. A delivery partner described this new area of need as follows:

> *We're also seeing a new, slightly different need - some trauma and harm around lockdown. There are kids that still find it difficult to talk*

about it. We need that time to really nurture those conversations. If you've been at home for a long time with people using drugs or alcohol, relationships breaking down... Some things might've been exacerbated by COVID - but they're also seeing more of those situations by virtue of not being out of the house.

Parents and carers and children and young people also reported there was fear about COVID-19 and death. This resulted in fearfulness of going outside particularly in the initial days of the crisis. Stakeholders reported that this was a particular area of concern for children from BAMER communities and other groups where there has been prominent media coverage about the disproportionate effect of COVID-19 on mortality rates in those communities.

Lastly, stakeholders also reported that a number of children and young people were having mental health assessments delayed during this period, which resulted in escalating or unaddressed needs, and associated stress for parents/carers.

5.3.2 Isolation

Stakeholders reported children and young people experiencing isolation and loneliness was a key area of need. This was linked to children and young people feeling isolated from their social circles but more importantly losing support networks during this period. This isolation was reported as a key driver of demand for detached youth work. Delivery partners observed young people were congregating outdoors in greater numbers during this period, as they were unable to access services or other spaces outside of their homes.

Children and young people described this isolation as a major challenge for them during this period, with the majority of children and young people consulted reporting that they had felt lonely and isolated during the lockdown period. One child described the impact of this isolation:

I think just the aspect of loneliness, having no interaction with anyone else except my family members, I saw no friends for three months, had no one to talk to. It was really hard for me because I'm quite a social person. It made me more of an introvert. I'm quite reserved and quiet now because of lockdown.

5.3.3 Impact on education

Stakeholders outlined a range of needs related to returning to education for young people. These included:

- Anxieties around GCSE and A-level results.
- Disruption of studies and attainment gaps increasing due to time spent out of school.
- Breakdowns in routine.

- An increase in young people not in education, employment or training (NEET), often due to young people not having received support from school or careers services to find college places, or these places having been delayed or falling through.

- Anxieties around returning to school for fear of exposure to Covid-19 (especially for young carers).

- Digital poverty and exclusion, as young people without sufficient access to technology were unable to engage with remote education.

There were also a range of education-related needs related to specific target cohorts, such as children with SEND or young carers – these are outlined in more detail in the sections that follow.

Of these needs, children and young people most commonly reported the disruption of studies, breakdown in routines and lack of appropriate technology as the most pressing areas of need related to their education.

5.3.4 Poverty and digital poverty

Poverty was reported by stakeholders as a major area of need for children and young people referred into SHR. In many cases this was entrenched poverty, but stakeholders also noted that this period had resulted in increased financial poverty for many families:

> *There was increased financial poverty, which became tighter because of unemployment or furlough. There was also an increase of children's anxiety, due to their parents' anxiety.*

Digital poverty specifically was highlighted by stakeholders as a particular area of need, with many children and young people being unable to engage effectively with education or support due to a lack of appropriate technology in the home:

> *There is an assumption that children and families have digital access - that's a big assumption. We're seeing a lot of children and young people struggling - even those that may have access to digital support - they have three kids, but won't have three laptops.*

5.4 Needs by children's background characteristics

The following sections show differences in children's needs by their background characteristics. The analysis highlights differences with a 10 percentage point difference or greater to the SHR cohort average.

Some children were identified as having two or more needs at assessment and therefore the percentages in the following sections may exceed 100%. Children who were supported by detached youth work did not go through the SHR individual assessment process so are not included in this data.

Furthermore, we cannot determine with confidence the link between needs and children's background characteristics. Factors including the availability and mix of delivery partners commissioned in different regions, the reach of different delivery partners, or the decisions made by professionals about which children they will refer to SHR could all influence this.

5.4.1 Gender

Figure 25 shows gender was not a differentiating factor for the support needs identified at triage.

Figure 25 Support needs identified during individual assessments by delivery partners/ SHR intake and assessment team broken down by gender (No. (%)).

Support need ➔ / Gender ↓		Child mental health	Isolation and loneliness	Barriers to reintegration to education	Barriers to engagement with support services	Exposure to harm online	Impact of caring responsibilities	Child protection/ safe-guarding concerns referred to Statutory Agencies	Concerns about children outside the home	Other
Breakdown of entire cohort	**N= 14,448**	**8,569 (59%)**	**7,331 (51%)**	**4,958 (34%)**	**1,540 (11%)**	**527 (4%)**	**1,556 (11%)**	**212 (1%)**	**1,049 (7%)**	**680 (5%)**
Male	**N= 6,773**	4,072 (60%)	3,397 (50%)	2,565 (38%)	895 (13%)	296 (4%)	699 (10%)	124 (2%)	618 (9%)	328 (5%)
Female	**N= 6,711**	4,288 (64%)	3,566 (53%)	2,339 (35%)	589 (9%)	212 (3%)	783 (12%)	87 (1%)	398 (6%)	297 (4%)
Other	**N= 26**	12 (46%)	12 (46%)	5 (19%)	4 (15%)	1 (4%)	3 (12%)	0 (0%)	1 (4%)	6 (23%)

5.4.2 Ethnic background

Figure 26 shows that there were some differences in support needs identified at triage by ethnic background. The following points are at least 10 percentage points higher than the SHR cohort average:

- For children from an Asian/Asian British background:
    - 78% had the support need child mental health, compared with 59% of the overall SHR cohort.
    - 67% had the support need isolation and loneliness, compared with 51% of the overall SHR cohort.
    - 53% had the support need barriers to reintegration with education, compared with 34% of the overall SHR cohort.
- 45% of children from a Black/Black British background had the support need barriers to reintegration with education, compared with 34% the overall SHR cohort.
- 61% of children from other ethnic groups had the support need isolation and loneliness, compared with 51% of the overall SHR cohort.

Figure 26 Support needs identified during individual assessments by delivery partners/ SHR intake and assessment team broken down by ethnicity (No. (%)). (purple shading = at least 10 percentage points difference to needs across the entire cohort)

Support need ➔ / Ethnicity ↓		Child mental health	Isolation and lone-liness	Barriers to reintegration to education	Barriers to engagement with support services	Exposure to harm online	Impact of caring responsibilities	Child protection/ safe-guarding concerns referred to Statutory Agencies	Concerns about children outside the home	Other
Breakdown of entire cohort	N= 14,448	8,569 (59%)	7,331 (51%)	4,958 (34%)	1,540 (11%)	527 (4%)	1,556 (11%)	212 (1%)	1,049 (7%)	680 (5%)
Asian/Asian British	N= 2,824	2,207 (78%)	1,883 (67%)	1,500 (53%)	344 (12%)	181 (6%)	419 (15%)	9 (0%)	274 (10%)	56 (2%)
Black/Black British	N= 1,544	649 (42%)	873 (57%)	688 (45%)	508 (33%)	96 (6%)	57 (4%)	109 (7%)	152 (10%)	148 (10%)
Mixed/Multiple Ethnic Groups	N= 627	330 (53%)	302 (48%)	246 (39%)	40 (6%)	18 (3%)	28 (4%)	10 (2%)	56 (9%)	41 (7%)
Other Ethnic groups	N= 316	182 (58%)	193 (61%)	125 (40%)	93 (29%)	22 (7%)	44 (14%)	1 (0%)	45 (14%)	12 (4%)
White	N= 6,342	3,886 (61%)	2,453 (39%)	1,873 (30%)	462 (7%)	174 (3%)	426 (7%)	77 (1%)	428 (7%)	333 (5%)

5.4.3 Age

Figure 27 shows the following differences in children's support needs by age. Differences highlighted are based on 10 percentage point difference to the support needs reported for the overall cohort supported by SHR:

- Children aged 0-4 had lower rates of support need across all areas than the overall SHR cohort.
- For children aged 5-11 years old:
    - 76% had the support need child mental health, compared with 59% of the overall SHR cohort.
    - 49% had the support need barriers to reintegration to education, compared with 34% of the overall SHR cohort.
- For children aged 12-15 years old:
    - 77% had the support need child mental health, compared with 59% of the overall SHR cohort.
    - 50% had the support need barriers to reintegration to education, compared with 34% of the overall SHR cohort.
- 71% of children aged 16-18 years old had the support need child mental health, compared with 59% of the overall SHR cohort.
- 62% of children aged 19-25 years old had the support need isolation and loneliness, compared with 51% of the overall SHR cohort.

Figure 27 Support needs identified during individual assessments by delivery partners/ SHR intake and assessment team broken down by age (No. (%)). (purple shading = at least 10 percentage points difference to needs across the entire cohort)

Support need ➔ / Age ↓		Child mental health	Isolation and lone-liness	Barriers to reintegration to education	Barriers to engagement with support services	Exposure to harm online	Impact of caring responsibilities	Child protection/ safe-guarding concerns referred to Statutory Agencies	Concerns about children outside the home	Other
Breakdown of entire cohort	N= 14,448	8,569 (59%)	7,331 (51%)	4,958 (34%)	1,540 (11%)	527 (4%)	1,556 (11%)	212 (1%)	1,049 (7%)	680 (5%)
0-4	N= 2,503	207 (8%)	954 (38%)	106 (4%)	85 (3%)	23 (1%)	113 (5%)	5 (0%)	41 (2%)	53 (2%)
5-11	N= 4,068	3,077 (76%)	2,081 (51%)	1,992 (49%)	518 (13%)	196 (5%)	436 (11%)	33 (1%)	299 (7%)	228 (6%)
12-15	N= 4,308	3,308 (77%)	2,178 (51%)	2,148 (50%)	545 (13%)	196 (5%)	347 (8%)	115 (3%)	365 (8%)	228 (5%)
16-18	N= 1,426	1,009 (71%)	755 (53%)	611 (43%)	293 (21%)	89 (6%)	144 (10%)	52 (4%)	227 (16%)	112 (8%)
19-25	N= 288	165 (57%)	179 (62%)	71 (25%)	71 (25%)	21 (7%)	32 (11%)	3 (1%)	38 (13%)	58 (20%)

5.4.4 Disability

Figure 28 shows that overall disability status was not a differentiating factor for support needs identified at triage. The only support need where there was a difference greater than 10 percentage points was isolation and loneliness, with 50% of those without a disability identified as having this support need, compared with 35% of those with a disability.

Figure 28 Support needs identified during individual assessments by delivery partners/ SHR intake and assessment team broken down by disability status (No. (%)) (purple shading = at least 10 percentage points difference to needs across the entire cohort)

Support need ➔ / Disability Status ➔		Child mental health	Isolation and lone-liness	Barriers to reintegration to education	Barriers to engagement with support services	Exposure to harm online	Impact of caring responsibilities	Child protection/ safe-guarding concerns referred to Statutory Agencies	Concerns about children outside the home	Other
Breakdown of entire cohort	**N= 14,448**	**8,569 (59%)**	**7,331 (51%)**	**4,958 (34%)**	**1,540 (11%)**	**527 (4%)**	**1,556 (11%)**	**212 (1%)**	**1,049 (7%)**	**680 (5%)**
Yes	N= 2,123	1,199 (56%)	740 (35%)	765 (36%)	261 (12%)	82 (4%)	180 (8%)	12 (1%)	178 (8%)	98 (5%)
No	N= 10,598	6,353 (60%)	5,253 (50%)	4,058 (38%)	1,224 (12%)	430 (4%)	873 (8%)	190 (2%)	770 (7%)	562 (5%)

5.4.5 Geography

Figure 29 shows the below variation in support needs identified broken down by geographical region. Differences highlighted are at least 10 percentage points higher than the cohort average:

- 51% of children from London were identified as having barriers to reintegration to education, compared with 34% of the overall SHR cohort. However, 49% of children from London were identified as needing support with mental health issues compared to 59% of the overall SHR cohort.
- 69% of children from the North were identified as having the support need child mental health, compared with 59% of the overall SHR cohort. However, 41% of children from the North were identified as having a support need relating to isolation and loneliness compared with 51% of the overall SHR cohort.
- 51% of children from the South West were identified as having barriers to reintegration to education, compared with 34% of the overall SHR cohort.
- 22% of children from the South East were identified as having a support need around reintegration into education, compared with 34% of the overall SHR cohort.

Figure 29 Support needs identified during individual assessments by delivery partners/ SHR intake and assessment team broken down by geographical region (No. (%)) (purple shading = at least 10 percentage points difference to needs across the entire cohort)

Support need ➔ / Geographical region		Child mental health	Isolation and lone-liness	Barriers to reintegration to education	Barriers to engagement with support services	Exposure to harm online	Impact of caring respons-ibilities	Child protection/ safe-guarding concerns referred to Statutory Agencies	Concerns about children outside the home	Other
Breakdown of entire cohort	**N= 14,448**	**8,569 (59%)**	**7,331 (51%)**	**4,958 (34%)**	**1,540 (11%)**	**527 (4%)**	**1,556 (11%)**	**212 (1%)**	**1,049 (7%)**	**680 (5%)**
Central	N= 3,886	2,057 (53%)	2,258 (58%)	952 (24%)	204 (5%)	208 (5%)	621 (16%)	17 (0%)	267 (7%)	168 (4%)
London	N= 2,768	1,344 (49%)	1,481 (54%)	1,416 (51%)	513 (19%)	31 (1%)	105 (4%)	112 (4%)	236 (9%)	208 (8%)
North	N= 4,351	2,988 (69%)	1,770 (41%)	1,454 (33%)	615 (14%)	229 (5%)	613 (14%)	33 (1%)	410 (9%)	129 (3%)
South East	N= 2,121	1,370 (65%)	1,245 (59%)	468 (22%)	91 (4%)	30 (1%)	138 (7%)	6 (0%)	40 (2%)	119 (6%)
South West	N= 1,314	808 (61%)	577 (44%)	667 (51%)	116 (9%)	28 (2%)	79 (6%)	44 (3%)	96 (7%)	56 (4%)

5.5 Needs by priority cohort status

Figure 30 provides a breakdown of children and young people's needs by SHR priority group. This is based on individual-level case data collected by SHR and its delivery partners. The sections that follow triangulates this data with findings from qualitative consultation.

Figure 30 Breakdown of children's need by priority cohort groups (n=14,448) (purple shading = at least 10 percentage points difference to needs across the entire cohort)

Support need ➔ / Core priority group		Child mental health	Isolation and Loneliness	Barriers to reintegration to education	Barriers to engagement with support services	Exposure to harm online	Impact of caring responsibilities	Child protection/ safe-guarding concerns	Concerns about children outside the home	Other
Breakdown of entire cohort	**N= 14,448**	**8,569 (59%)**	**7,331 (51%)**	**4,958 (34%)**	**1,540 (11%)**	**527 (4%)**	**1,556 (11%)**	**212 (1%)**	**4,859 (34%)**	**2,299 (16%)**
Priority cohort										
Children from Black, Asian, minority ethnic or refugee groups	N= 5,826	3,669 (63%)	3,573 (61%)	2,795 (48%)	1,078 (19%)	357 (6%)	666 (11%)	134 (2%)	1,980 (34%)	1,099 (19%)
Children with special educational needs or disabilities	N= 2,666	1,447 (54%)	936 (35%)	1,126 (42%)	464 (17%)	96 (4%)	206 (8%)	27 (1%)	1,160 (44%)	388 (15%)
Children under 5 years (especially under 2 years and new parents/carers)	N= 3,218	594 (18%)	1,239 (39%)	328 (10%)	211 (7%)	94 (3%)	218 (7%)	11 (0%)	2,360 (73%)	1,088 (34%)
Children who are young carers	N= 1,058	466 (44%)	767 (72%)	275 (26%)	65 (6%)	20 (2%)	818 (77%)	9 (1%)	156 (15%)	143 (14%)
Children at risk of extra-familial exploitation	N= 1,264	783 (62%)	768 (61%)	498 (39%)	249 (20%)	233 (18%)	125 (10%)	92 (7%)	265 (21%)	240 (19%)

Support need ➔ / Core priority group □		Child mental health	Isolation and Loneliness	Barriers to reintegration to education	Barriers to engagement with support services	Exposure to harm online	Impact of caring responsibilities	Child protection/ safe-guarding concerns	Concerns about children outside the home	Other
Breakdown of entire cohort	**N= 14,448**	**8,569 (59%)**	**7,331 (51%)**	**4,958 (34%)**	**1,540 (11%)**	**527 (4%)**	**1,556 (11%)**	**212 (1%)**	**4,859 (34%)**	**2,299 (16%)**
Children with emotional wellbeing or mental health needs	N= 9,302	8,569 (91%)[30]	5,268 (56%)	3,876 (41%)	1,049 (11%)	476 (5%)	893 (10%)	183 (2%)	2,150 (23%)	1,277 (14%)
Not in any core priority group	N= 303	0 (0%)	110 (36%)	189 (62%)	22 (7%)	1 (0%)	14 (5%)	1 (0%)	49 (16%)	27 (9%)

[30] N/B The category of need 'child mental health' was included in assessment forms from the beginning of SHR. The priority cohort 'children with emotional wellbeing or mental health needs' was added part-way through the programme. Therefore, there are a group of children who were assessed to have a mental health need, but who were not included in the priority cohort group. For this reason, fewer than 100% of children with a mental health need were included in this priority cohort.

Children from BAMER groups

Figure 30 shows that BAMER children experienced the following needs over and above the overall cohort of children supported by SHR:

- 48% of BAMER children faced barriers to education, compared to 34% in the overall SHR cohort.
- 61% of BAMER children experienced isolation and loneliness compared to 51% over the overall SHR cohort.

In addition to the above findings, delivery partners reported that children from BAMER groups were particularly anxious about the pandemic due to the differential impact that it may have been having on BAME communities as reported in the media. One delivery partner described:

> *We're working with the BAME community in particular, and finding that there's a lot of that community that have just not been supported - a lot of issues around, for example, the death toll in those communities being higher, more intense impact, and level of support of this has been needed.*

Stakeholders and delivery partners were also concerned that BAME communities were being stigmatised in media reports and this was leading to increased levels of racism towards them linked to the COVID-19 pandemic and associated lock-down restrictions.

Delivery partners that worked with certain BAME communities reported that there were also pre-existing challenges to ensure children and families accessed support, for example, due to language barriers and unfamiliarity with the system, and therefore they required more assistance with advocacy:

> *For those who don't speak English, it's challenging. And recently around college - with some of those communities, they don't always get the right information in terms of what's available, so having someone fighting their corner in terms of what's available around college options. They often don't have much of a voice, so having someone fighting their corner has been really vital.*

Stakeholders reported that the SHR programme had helped to uncover longstanding need among children and young people from BAME communities, that were not necessarily caused by COVID-19:

> *Particularly around BAME children and young people, we probably surfaced need which has always been there but hasn't been visible - particularly through partner orgs rather than ourselves.*

Children under 5 with a specific focus on under 2's

Figure 30 shows that for 73% of children aged 5 years old or under there were concerns about children's safety outside of the home, compared to 34% of the overall SHR cohort.

Qualitative consultation also highlighted potential mental health and well-being needs exacerbated by the pandemic. Stakeholders reported that children under-5 were at particular risk of negative impacts to their mental health because the services that support them typically operate in a face-to-face setting using approaches that are difficult to deliver virtually. One stakeholder described:

> *Their mental health and the way in which they understand the pandemic has been affected. There are very few services that could work directly with them because of their young age. Usually, they would receive play therapy, but not being able to do that face-to-face makes that particularly hard. We have delivered work through parents - but I wonder over the next few years, will those children display different types of behaviours? How to help those children understand it?*

Children and young people with SEND

Figure 30 shows that for children and young people with SEND, SHR identified support needs broadly in line with the average for the overall SHR cohort. However, for 44% of children with SEND there were concerns about children's safety outside of the home, compared to 34% of the overall SHR cohort.

Stakeholders described the unique needs of children and young people with SEND during this period as being related to disruptions to routines, gaps in learning, and the lack of support that would normally be provided by schools or other services. One strategic stakeholder described:

> *A significant impact on young people with SEND – a change in environment, routine – it's impacting their abilities, and coping mechanisms. But there's limited support services to help them.*

Parents and carers of children with SEND reported challenges around the closure of schools, particularly for children with more complex SEND who often received specialist support at their schools. Parents and carers of children with SEND also emphasised that the lack of routine had a significant impact on this cohort. One parent described the challenges that her daughter who had SEND faced due to a lack of usual routines and activities:

> *[Child] is on the ADHD Ask pathway. Lockdown was awful - all the things she loved doing, like gymnastics, routines, were taken away, and she couldn't process to understand why couldn't see her grandparents etc. She blamed us slightly because we were the ones telling her she couldn't do everything.*

Delivery partners reported that they were seeing a particularly high level of need among children and young people with Autism Spectrum Disorder (ASD):

> *Children with ASD have been a significant group, and children with complex support needs. School plays such a massive role […] These are huge challenges for families.*

Stakeholders reported effective reintegration into education as a particularly difficult challenge for this cohort, as this period had led to disengagement for many children and young people with SEND.

Children at risk of extra-familial exploitation

Figure 30 shows that for children at risk of exploitation:

- 18% of children were at risk of being exposed to harm online compared to 4% in the overall SHR cohort.
- 43% of children had concerns about children outside the home, compared to 7% of the overall SHR cohort.
- 61% were affected by isolation compared to 51% in the overall SHR cohort.

Stakeholders identified that some children and young people were more likely to be at risk during the pandemic because they were congregating at locations without adult supervision, where they were more vulnerable. A delivery partner delivering detached youth work as part of SHR described this phenomenon:

> *They're gravitating out to parks, places where they're more vulnerable, and also becoming quite hidden. […] They're in parks, housing estates, even derelict houses. They're much more at risk in these places.*

Another delivery partner echoed this, noting that lockdown restrictions had led to young people becoming more hidden and therefore more vulnerable:

> *Exploitation continues to be a real concern. When lockdown was implemented - in some ways it kept them safer from things. However, it also drove that a little more underground, more out of public view.*

Stakeholders reported that for some young people, having to be outside was often by virtue of their home not necessarily being a safe place. One stakeholder described:

> *We're seeing people become more vulnerable - being out and about sometimes is the safest option for them.*

Stakeholders reported that some young people had spent more time online during lockdown, putting them more at risk of online exploitation. One stakeholder reported:

Risks for young people have changed. In that period where young people aren't gathering in socially, they're spending more time online. Exploitation exists from groups and individuals in different ways – there's no getting away from online life these days. It's very easy for people to have an influence over that. It's a different type of risk for young people […] We have seen an increase in people being reached online.

Young carers

Figure 30 shows that for children who are young carers SHR identified that:

- 77% have been impacted by their caring responsibilities compared to 11% of the SHR cohort.[31]
- 72% were affected by isolation and loneliness compared to 51% of the overall SHR cohort.

Stakeholders reported that young carers were often anxious about returning to school, due to worries about exposing their vulnerable family members to COVID-19. Stakeholders were concerned that in some instances punitive measures being deployed by schools in relation to absences for young people were potentially further exacerbating anxiety for young carers. For example, at SHR programme board meetings stakeholders were concerned about the potential of parents and carers being fined for their children's absenteeism.

Delivery partners reported that young carers commonly have existing support networks. However, the pandemic and associated restrictions would have in many cases disrupted these. One delivery partner stated:

Because they are assistants, they might already have a professional network of support. When the pandemic hit, the support network stopped accessing households because vulnerable adults were shielding. Although on paper they are supported - in practice they were not. That has stayed with me - particularly young children that had to take on more responsibility throughout pandemic.

Stakeholders described how this cohort had increased in number during the last few months, as more young people took on caring responsibilities:

Parents have been becoming more vulnerable and upset by Covid-19, losing employment, being in the home, having no money. Kids are doing things like shopping and cooking. We've had several young people saying they're now bringing parents to appointments for GPs, getting information on food banks – young people take this initiative. It's quite upsetting – 16-year-olds saying they have to take their

[31] There may be some children who may be expected to assist with caring responsibilities, but who were not identified or would not necessarily be classified as a young carer by SHR. For example, a young person helping a younger sibling with home schooling.

parents to appointments with benefits agents and GPs. Having to step up to the mark for something that shouldn't be expected of them – that's quite hidden.

5.6 SHR identified children with higher levels of need than anticipated

Stakeholders and delivery partners reported that SHR has identified and worked with children who face more complex challenges than the programme originally anticipated. This included working with children who may have been eligible for Early Help or Children's Social Care services.

Figure 31 shows that SHR's performance management data may support stakeholders' assessments concerning the complexity and levels of need displayed by children who SHR has supported. Barnardo's reviewed the eligibility criteria for a sample of Early Help services and based on the criteria identified that a child with three or more needs or an eligible need[32] would be a likely candidate for support from Early Help (for further details about the approach used here, see Appendix A). On this basis, Figure 31 shows that between 40% and 82% of the children and young people referred to SHR could potentially have been eligible for Early Help service support.

Figure 31 Proportion of children supported by SHR who may be eligible for an Early Help intervention (n=14,448)

Cordis Bright analysed records of…	Of which…
The needs of 14,448 children at triage	**60%** of children had one or two needs recorded **40%** of children had three or more needs recorded **82%** of children had at least one eligible need

It is not possible to definitively report how many children supported by SHR may have been eligible for Early Help services due to the variation in thresholds around the country. As such, these figures may include young people facing challenges that would be below the threshold for eligibility. However, the data does provide an indication of the levels of need of children supported by SHR. It should be noted though that the SHR performance management data showed that only 1% of children were deemed to be at a statutory safeguarding level.

[32] Eligible needs include Child mental health; Barriers to reintegration to education; Exposure to harm online; Impact of caring responsibilities; Child protection/safeguarding concerns referred to statutory agencies; Parent mental health; Concerns about children outside the home

Stakeholders identified that children facing more complex challenges could be categorised into three groups: (1) children whose needs had increased over the course of the pandemic; (2) children who had been around the threshold of early help before the pandemic, and; (3) children who had been allocated support but were not actually receiving it, for example, due to a child not wishing to engage virtually or services not operating at full capacity during lockdown. There were also a number of children who were awaiting assessment or on waiting lists to receive support.

More information about these groups is presented below:

1) Children whose needs had increased over the course of the pandemic

This group of children most closely fit the original programme aims, whose circumstances had become more challenging during COVID-19 and for whom, without a timely intervention, were at risk of requiring more intensive support at a later stage. Stakeholders noted that this often involved working with children and families who had little experience of navigating the system or seeking out support. One stakeholder outlined:

> *Some families will have been tipped into levels of need they've not previously experienced, and have little experience of how to navigate systems and agencies on how to get support.*

Stakeholders reported that although children and families had not previously sought and/or accessed Early Help or statutory children's services, they often did include examples of complex and challenging circumstances. In some instances, a lack of prior engagement with services was attributed to mistrust of statutory agencies among some communities:

> *There are those who've never had an EHCP, or interacted with CAMHS, etc, but it's often because of the mistrust around the agency. But their needs are already very complex…*

2) Children who had been around the threshold of Early Help before the pandemic

Stakeholders reported that the programme received referrals for children and young people who were deemed to be already on the edge of requiring Early Help or statutory intervention. In some instances, families required high levels of assistance but had not successfully accessed support due to high thresholds into statutory or Early Help services. This was compounded by limited capacity and waiting lists for assessments to access some services. A strategic stakeholder described this higher level of need in more detail:

> *The number of children with three or four needs at triage, all the way up to those that had eight… The group we set up [SHR] for was a group of children who would never have needed services before, and for whatever reason, their usual support networks have been disrupted. But some children have been presenting with, four, five, six, seven needs - they have clearly been in need for a long time.*

3) Children who had been allocated support but were not receiving it

Stakeholders emphasised that SHR had not intended to work with children and young people already receiving Early Help or statutory support to avoid duplication. However, stakeholders identified that the programme uncovered a number of children and young people who were technically already receiving support, but not in reality. For example, an operational stakeholder described a young person that belonged to this cohort as follows:

> *Social services need us to connect the dots in terms of what's happening with a lot of their clients, and they've got massive caseloads. For example, I spoke to a young person a week ago who said they'd not spoken to their social worker in three months.*

Stakeholders noted that children and young people were not having their needs met due to the lockdown restrictions and the resultant disruption of services. One delivery partner explained:

> *It has been very hard for professionals to understand what they can and can't do with the pandemic and all the health and safety procedures that an organisation puts in place. Also, the fact that social workers are shielding themselves. Even if they want to visit, they can't, and resources are limited. That has provided a barrier that wouldn't have been there.*

As a result, on a short-term basis, SHR has provided the bridge between children currently not accessing their existing support, until this can be re-established.

5.7 Needs of parents and carers of children referred to SHR

Figure 32 shows that for parents and carers of young people supported by SHR, approximately a third required support with parenting and a sixth of parents and carers were recorded as having a mental health concern (this does not include children supported by detached youth work, since the work was conducted in groups and data about individual needs/parental needs was not recorded). This is corroborated by stakeholders, delivery partners and parents and carers consulted as part of the evaluation who reported concerns about parent and carer mental health and wellbeing as well as isolation and challenges to access support for their families.

Figure 32 shows that the parents and carers of children aged under 5 were more than twice as likely to require parenting support and report a concern about parental mental health.

Figure 32 Breakdown of parent's needs by priority cohort, identified during individual assessments by delivery partners/ SHR intake and assessment team

Cordis Bright analysed records of…	Of which…
The needs of 14,448 children at triage	**34% of children's parents required parenting support, including:** 34% of children from BAMER groups (n= 5,862) 44% of children with SEN (n= 2,666) 73% of children under aged under 5 (n= 3,218) 15% of children who are young carers (n= 1,058) 21% of children at risk of exploitation (n=1,264) 23% of children with mental health or wellbeing needs (n=9,302) **16% of children's parents recorded a mental health concern, including:** 19% of children from BAMER groups (n= 5,862) 15% of children with SEN (n= 2,666) 34% of children under aged under 5 (n= 3,218) 14% of children who are young carers (n= 1,058) 19% of children at risk of exploitation (n=1,264) 14% of children with mental health or wellbeing needs (n=9,302)

Qualitative consultation also identified the following as being key areas of needs for parents and carers whose children were supported by SHR:

- **Mental health and wellbeing issues.** Although it was anticipated that parents and carers' mental health would be adversely impacted by Covid-19 and the associated lockdown, this was an area of need that was higher than expected. Stakeholders reported factors around employment, finance, and isolation as contributing to this area of need:

  For parents, there's the mental health and wellbeing struggle from being home all the time – it's especially more challenging when parents don't have extra support from/around the family […]. It has shown there's a big gap out there regarding supporting parents' mental health and wellbeing.

  Parents and carers also indicated that mental ill health issues often stemmed from feelings of being unable to support their children or family during this period. One parent described:

  Just seeing your child struggling, that's been the hardest part, because I didn't think it would affect him as badly as it did.

This was echoed by another parent, who reported that the lack of control during this period had impacted negatively on their mental health:

> *My mental health has suffered a lot – I was too scared to go out. I have anxiety, which is about keeping everyone safe – but it was out of my hands.*

- **Isolation.** Parents and carers reported as struggling with isolation, both in terms of seeking out reassurance and being listened to, as well as missing the existing support networks such as family, friends and schools that they were unable to access during this period. One parent described this lack of support network as particularly challenging as they saw their child's needs increase:

  > *I think for me - I wasn't able to talk to anybody. I haven't got anyone around me to talk to other than mom and dad - but they couldn't come over and see me. For me, that was one of the biggest things - not being able to express my concerns. That was really difficult. […] With seeing your children go downhill, it's difficult.*

  Stakeholders reported that children's frustrations around lockdown had impacted on familial tensions and relationships, particularly where the pandemic had created other hardship such as loss of employment:

  > *We're also seeing children living in greater parental conflict situations. In part probably linked to the financial needs, and the pressure of being locked up in houses.*

  Stakeholders reported that isolation was a particular issue for parents of younger children, or parents that were expecting children during this period. This was echoed by a parent of a new child:

  > *I had a baby last year in November. Being a bit isolated... I had all these plans to go to baby groups - I haven't done any of that. I feel isolated - because we're still in a lockdown.*

- **Struggling to access the system and get support.** Parents and carers during this period were struggling to access the system and get the support they needed. Parents and carers described the struggle of working from home and managing home-schooling and childcare without their usual support networks in place. Many reported feeling powerless and unsure of where to seek out support.

  A number of parents and carers reported similar issues, claiming that they had been seeking support for their children elsewhere in the system with limited success. In some cases, parents and carers were wary about seeking support from Barnardo's as they felt the organisation served children with needs more severe than their own, and had negative connotations in this sense. However, a number of these parents and carers reported seeking out support from Barnardo's as they had been unsuccessful in all other avenues. One parent explained:

> *I was not keen about Barnardo's name; but we had tried everything else. With my daughter, we've been to doctors, the school, rang the health visitor. I've been led up the garden path with everybody else - nobody else would help her. As soon as I spoke to [referrer], she said I know somebody can help you. I was umm-ing and ah-ing - it's not a name that's the greatest, Barnardo's, and I didn't know a lot about it. But what have I got to lose? I've tried everywhere else. […] I'm not the kind of person that would ask. It's just because I was at the end of my tether.*

Despite her initial scepticism, this parent reported that the support provided by Barnardo's was helpful and said they would recommend the programme to friends in a similar situation.

- **Poverty.** As mentioned, poverty was a key area of need for children and their families, and stakeholders described this as one of the "root causes" of other issues that children and their parents and carers were presenting with during this period:

> *The financial difficulties that a lot of parents are having. What we see is the impact on the child, but we find the root causes are around the support for adults. Access to food banks for example, and other forms of poverty. So the child priority cohorts' needs are being met, but the wider needs are broader than this […] There's two layers - the child, plus their network.*

Case study: Lorraine's story

Lorraine[33] has adopted children with special educational needs who received support through SHR. She described the challenge of seeking out support for them during lockdown while she and her husband both continued to work from home, and how the lack of their usual support systems exacerbated this challenge:

> *The lockdown has been pretty horrific. We're both teachers, both working from home. With all the social stuff that comes with not being able to see their friends - we had a horrific time of it. By May, June we were on our knees. There was no support coming post-adoption. We just relied on when we were able to see family for a snatched minute here or there. We had to break the rules because we needed some support. By July I got quite ill and actually have been signed off work for it - we couldn't carry on with both of us working. It was a pretty horrible time.*

[33] This name, and all subsequent names of parents, carers, children and young people, has been changed to preserve the anonymity of the interviewee.

Lorraine described how she found navigating the system and seeking out support to be particularly difficult during this period, and a major source of stress for her and her family:

> We tried to get support – but we gave up. We were so exhausted, and you just don't know where to turn. When people that you think are going to give help and don't - you kind of give up. […] We went to doctors thinking they would have support - they didn't even reply to e-mails.

Lorraine's children were supported via Strands 1 and 3 of SHR. She reported that both children benefited in terms of building their self-confidence and reducing their anxiety. This was important to help the children reintegrate into education.

6 SHR's impact on children and young people

6.1 Key messages

SHR was designed rapidly as a crisis response to the COVID-19 pandemic. It was implemented at pace and scale to support vulnerable children and young people who had been adversely affected by the pandemic.

During the co-development of SHR's logic model, stakeholders recognised that a short-term programme with relatively short-term interventions would necessarily be limited in its impact on children and young people's outcomes. However, stakeholders hoped that key impacts of SHR would include the following:

- Ensuring children and families feel that their needs have been heard and supported.
- Providing a bridge to more sustainable support for children and young people affected by the pandemic.
- Preventing the escalation of needs and ensuring young people and their families were effectively safeguarded.

Evidence from a range of evaluation sources shows that SHR did have an impact on short-term outcomes for children and young people. As a result of participation in SHR, children and young people:

- **Children felt more supported.** For example, 91% (135, n=149) children who responded to the E-survey reported that they found the support provided by SHR useful.
- **Children experienced reduced feelings of isolation or loneliness.** Analysis of outcomes data recorded by delivery partners in case closure forms showed that 7,331 (51%, n=14,448) children receiving individual support from SHR had reduced isolation and loneliness.
- **Children were successfully supported to reintegrate to education.** 2,263 (80%, n=2,833) families who provided feedback to SHR delivery partners reported that their child(ren) was more settled at school. 79% (119, n=150) children responding to the E-survey felt more supported to go to school or college since working with SHR.
- **Children were supported to access additional services and community support.** 2,547 (84%, n=3,037) families who provided feedback to delivery partners reported that their child was more connected to services. 72% (107, n=149) children who responded to the E-survey reported that since working with SHR they have felt supported to get the extra help they may need. Delivery partners reported that 5,274 (39%, n=13,483) children they worked with were better connected to

services, and 3,561 (26%, n=13,483) were better connected to family or community support.

There is also evidence that involvement in SHR supported a range of additional outcomes including: improved inter-familial relationships; increased self-confidence; improved safety and improved knowledge about COVID-19 and how to stay safe during the pandemic.

Despite the challenges with evidencing long-term outcomes, due to the nature of the programme and evaluation, stakeholders reported that:

- By intervening early and in a timely manner, SHR had likely prevented crises for families and therefore escalation to Early Help and statutory children's social care services.
- Families' resilience may have increased, because they learnt skills and strategies for managing difficult situations and have greater confidence and awareness about how to access support.

Enablers supporting SHR to achieve its impact included:

- The speed of programme design and implementation.
- The speed of SHR deployment of support to families.
- SHR's wide and diverse network of partners.
- The child-centred nature of the programme, with creative approaches to delivering support.
- The mixed economy of support through the design of SHR and the reach of partners involved.
- SHR providing families with access to a trusted adult from outside the home.
- The focus on empowering the children, young people and families.

6.2 Overview

6.2.1 Introduction

This section explores the evidence for the differences that SHR has made to children and young people who have received support from the programme and considers short-term, medium-term and longer-term impacts.

During the co-development of SHR's logic model, programme stakeholders recognised the challenges involved in demonstrating the impact of SHR on children and young people. These issues are summarised in 2.3.

6.2.2 The evidence base

The analysis presented in this section is based on:

- SHR performance management data, in particular case closure forms which includes: [34]
    - Outcomes for children and young people reported by delivery partners[35]
    - Outcomes for children reported by families. [36]
- 37 in-depth interviews with children and young people.
- 161 E-survey responses from children and young people.
- 49 in-depth interviews with parents and carers.
- 112 in-depth interviews with programme stakeholders and delivery partners.

6.2.3 Section structure

This section presents findings by:

- Overview of the impact SHR has had on children and young people's outcomes.
- Findings by key outcomes areas.
- Enablers and obstacles to SHR supporting outcomes improvement.

6.3 The impact that SHR aimed to have on children and young people's outcomes

During the co-development of SHR's logic model, programme stakeholders reported that the programme was designed as a crisis response to the COVID-19 pandemic. Stakeholders recognised that the impact that a short -term programme like SHR, and its relatively short-term interventions, could have on children and young people's outcomes would be limited. As well as the outcomes and impacts presented in the SHR logic model (see Figure 12), stakeholders suggested the following additional key impacts that SHR could achieve:

[34] 15,853 individual children's records were analysed, of which 13,483 included data pertaining to outcomes and between 3,027 and 2,837 included feedback from families about different aspects of SHR.

[35] As part of the case closure form, delivery partners were asked, "what outcome(s) were achieved?". Delivery partners indicated any of 7 outcomes that applied.

[36] As part of the case closure form, families were asked to provide feedback via a questionnaire about SHR on a voluntary basis. This included 4 questions in relation to children's outcomes and 4 questions in relation to parents' outcomes (see chapter 7). They also answered 4 questions about the quality of service (see chapter 4)

- **Ensuring children (and families) feel that their needs have been heard and supported.** Stakeholders reported that SHR could make an important difference to children's (and family's) feeling that they have been seen, that their circumstances have been heard and that there is support available to help respond to their circumstances. This might be summarised as a change of attitude that children feel supported, which some stakeholders argued may be sufficient to positively influence improvements in impact (e.g. in loneliness, feelings of isolation etc.). One stakeholder stated:

  I think that the first thing is simply that people know that somebody cares, if you're struggling and have needs. For some who haven't got statutory support, to have a responsive programme that says we are concerned about what's going on and we care will be vital.

- **Providing a bridge to more sustainable support for children and young people affected by the pandemic.** Stakeholders reported that this would be a key impact, with the programme potentially 'holding' children for a short-term period, and ensuring they are well-supported on exit from SHR, for example, by universal or targeted services. Stakeholders stated:

  It's about holding before we can hand-over to new services at the end [of SHR]. There are a lot of kids coming through with multiple needs. There have been lots of discussion about exit support. There should be an exit plan for every child. Linking into early help is really important.

  Just holding people and giving them a lifeline, is really essential at this stage. And then work at a local level about getting them the support they need.

  We talk about SHR as a response to a crisis, but many kids will have had needs prior to this. We will need a lot of support beyond a short intervention.

- **Preventing escalation of needs.** Stakeholders reported that for some young people and families, SHR will have been successful if it prevents an escalation of needs during the pandemic. However, they highlighted that many of the challenges faced by children, young people and families will be too complex to resolve within a short term intervention, and include factors that pre-date COVID-19. Some stakeholders suggested that a key impact would be whether young people and their families were effectively safeguarded during this period of increased vulnerability, rather than whether the intervention helped to successfully resolve long-standing challenges.

The following sections present findings concerning SHR's impact on children and young people's outcomes.

6.4 SHR had a positive impact on children and young people's outcomes

Overall, evidence from a range of sources shows that SHR had a positive impact on children and young people's outcomes. Figure 33 shows positive impacts for children and young people who received individual support through SHR, based on delivery partners' responses in case closure forms and for families who provided feedback. Findings from the E-survey of children and young people also demonstrate positive impacts for those who participated.

Figure 33 Summary of outcomes for children and young people supported by SHR

Data	Of which...
13,483 children had outcomes recorded by SHR delivery partners[37]	63% reported improved health and wellbeing for the child 51% reported reduced isolation and loneliness 39% reported better connection to other services 26% reported better connection to family or community support 18% reported increased safety 9% reported increased ability to cope/improved coping strategies 8% reported no change in outcomes as a result of SHR
Around 3,000 families reported the following outcomes for children[38]	91% reported that the child is happier 84% reported that the child is more connected to services 80% reported that child is more settled at school 78% reported that the child is safer
161 children completed an E-survey about their experience of SHR	91% reported finding the support from SHR useful 84% reported that SHR has made thing a lot or a little better for them 79% reported that they feel more supported to go to school or college since working with SHR 78% reported they would be more likely to speak to someone about their feelings since working with SHR 78% reported that since working with SHR, they felt better about life at the moment 72% reported that since working with SHR they have felt supported to get any extra help they may need 62% reported that SHR provided them with information about where they could get support or help in the future

In addition, stakeholders, delivery partners and families who participated in qualitative consultation identified a range of impacts that SHR has had on children, including preventing isolation, making sure children feel supported, preparing them to return to school and connecting children to wider support.

[37] 13,483 out of 15,853 individual children's records analysed by Cordis Bright included data about outcomes. Where data was not included it was treated as missing (i.e. no estimations of missing values has been undertaken) and therefore calculations are based on a sample of 13,483.

[38] Please note the sample size of those responded varied from 3,037 to 2,833

The stakeholders and delivery partners interviewed agreed that the interventions have been largely successful at achieving the immediate aims of 'holding' children and connecting them to onward support.

6.5 Outcomes by children's background characteristics

The following sections provide analysis of outcomes data, broken down by a range of background characteristics. It should be noted that we cannot determine with confidence the link between outcomes and children's background characteristics. Factors including the availability and mix of delivery partners commissioned in different regions, the reach of different delivery partners, or the decisions made by professionals about what support different children may benefit from could all influence this.

6.5.1 Gender

Figure 34 and Figure 35 show that SHR did not have differential impact on children's outcomes based on whether they were male or female. This is based on data reported by delivery partners about individual children and from families as part of case closure forms.

Figure 34 Gender broken down by outcomes for children reported by delivery partners (No. (%)).

Outcomes for children reported by delivery partners → / Gender ↓		Improved mental health and wellbeing for the child	Reduced isolation and loneliness	Better connected to other services	Better connected to family or community support	Increased safety	Increased ability to cope/ improved coping strategies	Other (Outcomes)	No change in outcomes
Outcomes analysis for entire cohort	**N=13,483**	**8,550 (63%)**	**6,918 (51%)**	**5,274 (39%)**	**3,561 (26%)**	**2,392 (18%)**	**1,189 (9%)**	**876 (6%)**	**1,030 (8%)**
Male	N= 6,324	3,988 (63%)	3,189 (50%)	2,528 (40%)	1,710 (27%)	1,176 (19%)	461 (7%)	434 (7%)	502 (8%)
Female	N= 6,296	4,239 (67%)	3,341 (53%)	2,288 (36%)	1,593 (25%)	1,141 (18%)	687 (11%)	415 (7%)	510 (8%)
Other[39]	N= 27	18 (67%)	12 (44%)	12 (44%)	6 (22%)	6 (22%)	3 (11%)	9 (33%)	2 (7%)

[39] Other includes non-binary, gender fluid and transexual gender identities.

Figure 35 Gender broken down by outcomes for children reported by families (No. (%, n=[40])).

Outcomes for children reported by families to delivery partners as part of the case closure form process → Gender ↓	The child is more connected to services	The child is happier	The child is safer	The child is more settled at school
Outcomes analysis for entire cohort	**2,547 (84%, n=3,037)**	**2,908 (91%, n=3,182)**	**2,271 (78%, n=2,896)**	**2,263 (80%, n=2,833)**
Male	1,313 (85%, n=1,549)	1,528 (94%, n=1,628)	1,172 (80%, n=1,463)	1,184 (83%, n=1,427)
Female	1,215 (86%, n=1,417)	1,360 (92%, n=1,482)	1,082 (80%, n=1,361)	1,063 (80%, n=1,336)
Other	3 (60%, n=5)	4 (80%, n=5)	4 (80%, n=5)	2 (50%, n=4)

6.5.2 Ethnic background

Figure 36 shows that there were some differences in outcomes and impacts by children and young people's ethnic backgrounds. The following points highlight differences which are 10% higher or lower than the SHR cohort average, based on feedback from delivery partners:

- The outcome improved mental health and wellbeing for children did not vary by greater than 10% for the entire population.
- Children from Asian/Asian British and Black/Black British backgrounds were more likely to experience reduced isolation and loneliness due to SHR. Children from White backgrounds were less likely to experience reduced isolation and loneliness due to SHR interventions.
- Children from Asian/Asian British backgrounds were less likely than the cohort supported by SHR to be better connected to other services as a result of SHR.
- Children from Black/Black British backgrounds were more likely than the cohort supported by SHR to be better connected to family or community support.

[40] Here n= the sample size.

- Children from Black/Black British backgrounds were more likely than the cohort supported by SHR to experience increased safety as a result of SHR.

Figure 37 shows that feedback from parents and carers suggested very little difference in outcomes compared to the overall cohort supported by SHR. However, parents and carers of Black/Black British children were more likely to report their children were safer and that their child is more settled at school as a result of SHR.

Figure 36 Ethnicity broken down by outcomes for children reported by delivery partners (No. (%)). (purple shading = at least 10 percentage points difference to outcomes across the entire cohort)

Outcomes for children reported by delivery partners ➔ Ethnicity ↓		Improved mental health and wellbeing for the child	Reduced isolation and loneliness	Better connected to other services	Better connected to family or community support	Increased safety	Increased ability to cope/ improved coping strategies	Other (Outcomes)	No change in outcomes
Outcomes analysis for entire cohort	**N=13,483**	**8,550 (63%)**	**6,918 (51%)**	**5,274 (39%)**	**3,561 (26%)**	**2,392 (18%)**	**1,189 (9%)**	**876 (6%)**	**1,030 (8%)**
Asian/Asian British	N= 2,779	1,884 (68%)	2,040 (73%)	806 (29%)	689 (25%)	395 (14%)	1 (0%)	42 (2%)	54 (2%)
Black/Black British	N= 1,256	889 (71%)	797 (63%)	685 (55%)	571 (45%)	463 (37%)	6 (0%)	56 (4%)	45 (4%)
Mixed/Multiple ethnic groups	N= 610	334 (55%)	299 (49%)	216 (35%)	161 (26%)	61 (10%)	5 (1%)	53 (9%)	56 (9%)
Other Ethnic Groups	N= 298	171 (57%)	153 (51%)	124 (42%)	80 (27%)	47 (16%)	1 (0%)	16 (5%)	24 (8%)
White	N= 6,119	3,416 (56%)	1,963 (32%)	2,456 (40%)	1,228 (20%)	682 (11%)	73 (1%)	488 (8%)	745 (12%)

Figure 37 Ethnicity broken down by outcomes for children reported by families (No. (%, n=)). (purple shading = at least 10 percentage points difference to outcomes across the entire cohort)

Outcomes for children reported by families to delivery partners as part of the case closure form process → Ethnicity ↓	The child is more connected to services	The child is happier	The child is safer	The child is more settled at school
Outcomes analysis for entire cohort	**2,547 (84%, n=3,037)**	**2,908 (91%, n=3,182)**	**2,271 (78%, n=2,896)**	**2,263 (80%, n=2,833)**
Asian/Asian British	466 (86%, n=539)	519 (93%, n=559)	390 (76%, n=515)	418 (81%, n=518)
Black/Black British	506 (96%, n=528)	517 (97%, n=533)	474 (95%, n=501)	455 (96%, n=476)
Mixed/Multiple ethnic groups	95 (74%, n=128)	111 (84%, n=132)	86 (69%, n=125)	88 (74%, n=119)
Other Ethnic Groups	63 (93%, n=68)	69 (99%, n=70)	56 (92%, n=61)	54 (89%, n=61)
White	1,227 (79%, n=1,546)	1,467 (89%, n=1,654)	1,094 (74%, n=1474)	1,074 (74%, n=1,446)

6.5.3 Age

Figure 38 shows the following differences in children's outcomes by age ranges as reported by delivery partners (based on 10% higher or lower than the outcomes reported for the overall cohort supported by SHR):

- Children aged 0-4 were more likely to experience better connection to services and better connections to family or community support. They were less likely to experience improved mental health and wellbeing or improved safety than the overall cohort of children supported by SHR.
- Children aged 5-11 showed no notable difference in outcomes from those experienced by the overall cohort supported by SHR.
- Children aged 12-15 were less likely to be better connected to other services as a result of their involvement in SHR compared to the cohort supported by SHR overall.
- Children aged 16-18 showed no notable difference in outcomes from those experienced by the overall cohort supported by SHR.

- Children aged 19-25 were more likely to be better connected to other services as a result of their involvement in SHR.

Figure 39 shows a breakdown of outcomes from parents and carers by children's age. It suggests that parents and carers of children aged 0-4 were less likely to report positive outcomes across all four outcome areas than for the population supported by SHR. Parents and carers of 19-24-year-olds were more likely to report that their children were better connected to other services compared to the population supported by SHR overall.

Figure 38 Age broken down by outcomes for children reported by delivery partners (No. (%)). (purple shading = at least 10 percentage points difference to outcomes across the entire cohort)

Outcomes for children reported by delivery partners → Age group ↓		Improved mental health and wellbeing for the child	Reduced isolation and loneliness	Better connected to other services	Better connected to family or community support	Increased safety	Increased ability to cope/ improved coping strategies	Other (Outcomes)	No change in outcomes
Outcomes analysis for entire cohort	**N=13,483**	**8,550 (63%)**	**6,918 (51%)**	**5,274 (39%)**	**3,561 (26%)**	**2,392 (18%)**	**1,189 (9%)**	**876 (6%)**	**1,030 (8%)**
0-4	N= 2,334	637 (27%)	1,052 (45%)	1,363 (58%)	880 (38%)	88 (4%)	0 (0%)	88 (4%)	75 (3%)
5-11	N= 4,003	2,699 (67%)	2,067 (52%)	1,338 (33%)	978 (24%)	657 (16%)	0 (0%)	269 (7%)	333 (8%)
12-15	N= 4,112	2,926 (71%)	1,922 (47%)	1,143 (28%)	713 (17%)	635 (15%)	0 (0%)	344 (8%)	451 (11%)
16-18	N= 1,374	917 (67%)	583 (42%)	557 (41%)	286 (21%)	285 (21%)	2 (0%)	136 (10%)	146 (11%)
19-25	N= 273	170 (62%)	121 (44%)	154 (56%)	73 (27%)	74 (27%)	1 (0%)	39 (14%)	16 (6%)

Figure 39 Age groups broken down by outcomes for children reported by families (No. (%, n=)). (purple shading = at least 10 percentage points difference to outcomes across the entire cohort)

Outcomes for children reported by families to delivery partners as part of the case closure form process ➔ Age ⬇	The child is more connected to services	The child is happier	The child is safer	The child is more settled at school
Outcomes analysis for entire cohort	**2,547 (84%, n=3,037)**	**2,908 (91%, n=3,182)**	**2,271 (78%, n=2,896)**	**2,263 (80%, n=2,833)**
0-4	107 (45%, n=240)	115 (46%, n=248)	91 (38%, n=239)	100 (42%, n=240)
5-11	981 (85%, n=1,158)	1,164 (96%, n=1,213)	898 (80%, n=1,129)	970 (86%, n=1,126)
12-15	1,002 (87%, n=1,149)	1,145 (94%, n=1,218)	909 (83%, n=1,095)	876 (80%, n=1,092)
16-18	383 (93%, n=412)	408 (96%, n=424)	309 (86%, n=360)	283 (86%, n=330)
19-25	74 (96%, n=77)	75 (96%, n=78)	64 (89%, n=72)	34 (77%, n=44)

6.5.4 Disability

Figure 40 and Figure 41 show that there was little difference in the impact SHR had on children with a disability compared to the overall population supported by SHR, according to feedback from delivery partners and parents and carers. However, Figure 40 does show that delivery partners reported that children with a disability were less likely than the overall population to experience reduced isolation and loneliness.

Figure 40 Disability broken down by outcomes for children reported by delivery partners (No. (%)). (purple shading = at least 10 percentage points difference to outcomes across the entire cohort)

Outcomes for children reported by delivery partners ➔ Disability ↓		Improved mental health and wellbeing for the child	Reduced isolation and loneliness	Better connected to other services	Better connected to family or community support	Increased safety	Increased ability to cope/ improved coping strategies	Other (Outcomes)	No change in outcomes
Outcomes analysis for entire cohort	**N=13,483**	**8,550 (63%)**	**6,918 (51%)**	**5,274 (39%)**	**3,561 (26%)**	**2,392 (18%)**	**1,189 (9%)**	**876 (6%)**	**1,030 (8%)**
Disability Status									
Yes	**N= 1,679**	1,040 (62%)	643 (38%)	614 (37%)	304 (18%)	232 (14%)	0 (0%)	255 (15%)	187 (11%)
No	**N= 10,073**	6,095 (61%)	4,974 (49%)	3,848 (38%)	2,584 (26%)	1,470 (15%)	0 (0%)	572 (6%)	802 (8%)

Figure 41 Disability broken down by outcomes for children reported by families (No. (%, n=)).

Outcomes for children reported by families to delivery partners as part of the case closure form process ➔ Disability ↓	The child is more connected to services	The child is happier	The child is safer	The child is more settled at school
Outcomes analysis for entire cohort	**2,547 (84%, n=3,037)**	**2,908 (91%, n=3,182)**	**2,271 (78%, n=2,896)**	**2,263 (80%, n=2,833)**
Disability Status				
Yes	388 (86%, n=449)	461 (94%, n=490)	316 (78%, n=406)	306 (78%, n=394)
No	2,090 (83%, n=2,515)	2,373 (91%, n=2,617)	1,892 (78%, n=2,418)	1,903 (80%, n=2,374)

6.5.5 Geography

Figure 42 shows delivery partner feedback on children's outcomes broken down by SHR region. It shows:

- Children in the Central, South West and North regions experienced outcomes broadly in line with the overall population of children supported by SHR.

- Children in the London region were reported to be more likely to experience reduced isolation and loneliness than the overall population of children.
- Children in the South East region were more likely to be better connected to services, better connected to family or community support, experience increased safety, and have an increased ability to cope/improved coping strategies as a result of support from SHR in comparison to findings for the overall population of children.

Figure 43 shows that feedback from parents and carers on their children did not vary by SHR geographical region.

Figure 42: Geographical region broken down by outcomes for children reported by delivery partner (No. (%)). (purple shading = at least 10 percentage points difference to outcomes across the entire cohort)

Outcomes for children reported by delivery partners → Geographical region ↓		Improved mental health and wellbeing for the child	Reduced isolation and loneliness	Better connected to other services	Better connected to family or community support	Increased safety	Increased ability to cope/ improved coping strategies	Other (Outcomes)	No change in outcomes
Outcomes analysis for entire cohort	**N=13,483**	**8,550 (63%)**	**6,918 (51%)**	**5,274 (39%)**	**3,561 (26%)**	**2,392 (18%)**	**1,189 (9%)**	**876 (6%)**	**1,030 (8%)**
Central	**N= 3,475**	2,370 (68%)	1,914 (55%)	1,187 (34%)	695 (20%)	354 (10%)	504 (15%)	133 (4%)	289 (8%)
London	**N= 2,388**	1,642 (69%)	1,531 (64%)	882 (37%)	631 (26%)	409 (17%)	3 (0%)	93 (4%)	74 (3%)
North	**N=4,340**	2,449 (56%)	1,794 (41%)	1,631 (38%)	1,096 (25%)	657 (15%)	15 (0%)	211 (5%)	384 (9%)
South East	**N=2,084**	1,424 (68%)	1,170 (56%)	1,156 (55%)	863 (41%)	830 (40%)	664 (32%)	186 (9%)	131 (6%)
South West	**N=1,190**	662 (56%)	507 (43%)	415 (35%)	276 (23%)	142 (12%)	3 (0%)	253 (21%)	152 (13%)

Figure 43: Geographical region broken down by outcomes for children reported by families (No., (%, n=))

Outcomes for children reported by families to delivery partners as part of the case closure form process → Geographical region ↓	The child is more connected to services	The child is happier	The child is safer	The child is more settled at school
Outcomes analysis for entire cohort	2,547 (84%, n=3,037)	2,908 (91%, n=3,182)	2,271 (78%, n=2,896)	2,263 (80%, n=2,833)
Central	511 (86%, n=593)	535 (88%, n=607)	459 (79%, n=581)	442 (79%, n=561)
London	605 (86%, n=704)	634 (89%, n=710)	571 (81%, n=705)	589 (84%, n=699)
North	845 (84%, n=1,003)	999 (93%, n=1,069)	692 (75%, n=923)	713 (80%, n=894)
South East	262 (83%, n=315)	309 (91%, n=338)	211 (77%, n=273)	214 (79%, n=272)
South West	324 (77%, n=421)	431 (94%, n=457)	338 (82%, n=413)	305 (75%, n=406)

6.6 Different types of support had different impacts on outcomes

Evidence suggests that some types of SHR support were more successful in improving outcomes for children than others.

Feedback from quantitative consultation

According to quantitative feedback by delivery partners and families, all aspects of SHR had a positive impact on children and young people's outcomes (Figure 44 and Figure 45).

Support strand 1: Online digital support

Delivery partners reported that:

- Advice and signposting have above average impacts on contributing to better connecting children and young people to other services.
- Therapeutic support had above average impacts on contributing to improved mental health and wellbeing for children and young people.
- Group work had above average impacts on contributing to:

- Improved mental health and wellbeing
- Reduced isolation and loneliness
- Better connected to family or community support
- Increased safety
- Increased ability to cope / increased coping strategies

Over 70% of families reported that all the packages of support delivered by the online digital support work strand had contributed to children being more connected to services, being happier, safer and more connected to school.[41]

Support strand 2: Crisis and outreach intervention

- Delivery partners reported that 1:1 face-to-face work contributed to above the cohort average outcomes of:

  - Improved mental health and wellbeing
  - Better connected to other services

Over 75% of families reported this element of support contributed to children being more connected to services, being happier, safer and more connected to school.

Support strand 3: Education Reintegration Support

- Delivery partners reported that this support contributed above average to:

  - Improved health and wellbeing
  - Reduced isolation and loneliness

Over 80% of families reported this element of support contributed to children being more connected to services, being happier, safer and more connected to school.

The above analysis suggests that according to feedback by delivery partners and families, all aspects of SHR had a positive impact on children and young people's outcomes. It also suggests that the types of support linked well with the outcomes that may have been anticipated. For example, advice and signposting led to above average outcomes concerning connections to other services; therapeutic support led to above average outcomes for improved mental health and wellbeing; group work led to improved mental health and wellbeing and connection to families, service and community support.

[41] Sample is between 1,032 and 1,225 and varies by how many answered each question.

Figure 44 SHR support strand, associated packages of support received by individuals and associated outcomes reported by delivery partners (purple shading = at least 10 percentage points difference to outcomes across the entire cohort)

Outcomes for children reported by delivery partners ➔ Support package delivered	Improved mental health and wellbeing	Reduced isolation and loneliness	Better connected to other services	Better connected to family or community support	Increased safety	Increased ability to cope/ improved coping strategies	No change in outcomes	Other (outcomes)	Total sample
Outcomes across the entire cohort	**8,550 (63%)**	**6,918 (51%)**	**5,274 (39%)**	**3,561 (26%)**	**2,392 (18%)**	**1,189 (9%)**	**876 (6%)**	**1,030 (8%)**	**13,483**
Strand 1: Online digital support									
Advice and signposting	3,873 (56%)	3,408 (50%)	3,562 (52%)	2,420 (35%)	1,500 (22%)	1,133 (17%)	366 (5%)	316 (5%)	6,860
Therapeutic support	2,698 (78%)	1,761 (51%)	1,304 (38%)	1,040 (30%)	620 (18%)	634 (18%)	99 (3%)	91 (3%)	3,451
Group work	2,774 (75%)	2,777 (75%)	1,330 (36%)	1,650 (45%)	1,091 (29%)	1,097 (30%)	112 (3%)	37 (1%)	3,701
Strand 2: Crisis and outreach intervention									
1:1 face-to-face work	510 (74%)	378 (55%)	398 (57%)	217 (31%)	181 (26%)	14 (2%)	33 (5%)	52 (8%)	693
Strand 3: Education Reintegration									
Education reintegration support	3147 (80%)	2674 (68%)	1146 (29%)	888 (23%)	640 (16%)	17 (0%)	335 (9%)	111 (3%)	3,910

Figure 45 SHR support strand, associated packages of support by outcomes for children reported by families

Outcomes for children reported by families to delivery partners as part of the case closure form process ➔ Support package delivered ↓	The child is more connected to services	The child is happier	The child is safer	The child is more settled at school
Outcomes analysis for entire cohort	**2,547 (84%, n=3,037)**	**2,908 (91%, n=3182)**	**2,271 (78%, n=2896)**	**2,263 (80%, n=2833)**
Strand 1: Online and Digital Support				
Advice and signposting	908 (80%, n= 1141)	1033 (84%, n= 1225)	815 (76%, n= 1068)	734 (71%, n= 1032)
Therapeutic support	812 (87%, n= 934)	942 (95%, n= 991)	690 (81%, n= 857)	645 (80%, n= 803)
Group work	507 (88%, n= 575)	568 (97%, n= 583)	432 (81%, n= 533)	431 (85%, n= 507)
Strand 2: Crisis and outreach intervention				
Detached work	8 (89%, n= 9)	9 (100%, n= 9)	7 (78%, n= 9)	3 (33%, n= 9)
1:1 face to face work	188 (87%, n= 215)	211 (95%, n= 221)	181 (87%, n= 208)	145 (76%, n= 191)
Strand 3: Education Reintegration support				
Education reintegration support	1231 (88%, n= 1,400)	1,397 (95%, n= 1,467)	1,135 (83%, n= 1,373)	1,206 (86%, n= 1,396)

Feedback from qualitative consultation

Qualitative consultation with children, young people, families, programme stakeholders and delivery partners suggested views on which work strands and packages of support may have been most impactful. There was a challenge in qualitative consultation linking specific strands of support or interventions to specific outcomes. Evidence suggested that:

Strand 1 – Online support

Programme stakeholders and delivery partners reported that the uptake for digital support was less than anticipated at the outset of the programme. Some suggested this was due to the project being designed in lockdown, and as lockdown eased, young people and families were able to take up more face-to-face support. One stakeholder reported:

> *Web-based advice – that got 200,000 hits. It was important, that ability to sign up and be signposted, and has been really helpful. But when push comes to shove and we've got to prioritise resources, it was clear that what people wanted was a face-to-face response – that was always the preference. Where they could move to seeing somebody instead of doing it online – that was the priority.*

Parents and carers also reported that they preferred face-to-face support rather than online support. Often this was because virtual support required the parent to remain in the room, which they felt limited the amount their child would disclose. One parent described:

> *It was very difficult – I had to stay in the room with [child], so there was less privacy for him. But it might have been a bigger impact for [child] if there'd have been a private 1-to-1 opportunity for him to talk freely without me being there. But it's very hard to give a full judgement because of COVID and the situation. It was the best we could do in the circumstances.*

Group work delivered was viewed positively by children and young people. Children and young people described the peer support and being able to speak with other young people in similar positions to them as having a positive impact on their wellbeing and being effective in lessening the isolation and loneliness they felt during this period.

Children and young people from across all three strands of SHR described group work as an effective intervention. For example, one organisation was able to expand a series of group sessions that had been set up for young women as part of their detached youth work intervention through SHR. A young person that took part in this group work described the positive benefits of this peer support:

> *During lockdown, without realising, I was more closed off, but now I am chatting and able to open up again. Every time I come here it motivates me to become closer to who I was before lockdown. I am*

not judged when I express my feelings and have found like-minded people.

Strand 2 – Crisis and outreach intervention

Crisis support provided by SHR was described as an effective intervention by programme stakeholders and delivery partners, particularly due to the higher than expected level of need among children and young people referred into SHR. Delivery partners reported the presence of a trusted adult outside the home as being particularly important for children and young people receiving crisis support intervention, given the lack of networks such as schools and other services available to them during lockdown, and similar restrictions associated with the pandemic.

Delivery partners noted that often, crisis support was one of a number of packages of support (for example, alongside reintegration to education and/or support for parents) and therefore impact may not only be attributable to this work.

Stakeholders reported that detached youth work was the most effective strand at reaching the most at risk children and young people. One delivery partner described:

For the most vulnerable, it's only through detached youth work that you'll reach those young people.

Stakeholders recognised that the impact of detached youth work was challenging to measure. They noted that it potentially held a longer-term impact than other strands of support, in connecting the most vulnerable children and young people with support networks. One delivery partner stated:

Detached youth work has longer-term potential to meet young people that will need it for much longer.

Delivery partners who had previously delivered detached youth work also praised the programme for raising its profile as an approach for working with young people:

I think SHR with putting money into detached youth work – it's nice to see it coming back on. Youth work was the first thing to go with cutbacks, so our youth services have been stripped bare. It's showing that it is needed – it does have an impact on young people.

Strand 3 – Education Reintegration Support

Delivery partners described the impact of the reintegration into education interventions as being more immediately visible, in comparison to other SHR interventions, in supporting young people to return to and settle into school.

Stakeholders noted the creative approaches that were available under this strand of support. As a longer intervention, they felt it allowed more flexibility and creativity from delivery partners:

> *Reintegration to education has been delivered really creatively, like through drama, being delivered in schools and outside schools, work on curriculum, work on bereavement etc. […] It's the longest package, so it offered greater flexibility.*

6.7 Outcomes by core priority group and packages of support

Figure 47 to Figure 52 show analysis of children's outcomes reported by delivery partners and families by SHR core priority group and support package. It should be noted that there are some limitations to the data on which this analysis is based. Data limitations include duplication of children in core priority groups and support packages, i.e. children could be in multiple core priority groups and receive multiple packages of support. As such, we cannot attribute outcomes to specific packages or identify links between packages and core priority groups. However, the analysis gives a flavour of the outcomes achieved for children in each core priority group linked to their needs and based on the support packages they received.

The diagrams show:

- Children from the BAMER priority cohort (see Figure 47) were more likely to receive education reintegration support. Those that received this support were at least 10% more likely than the SHR population average to experience improved mental health and wellbeing and reduced isolation and loneliness based on delivery partner feedback. They were also more likely to be reported by parents and carers to be settled at school as a result of their involvement in SHR. In addition, children from the BAMER priority cohort who received 1-to-1 work via the crisis support work strand had outcomes at least 10% higher in 5 out of 6 delivery partner reported outcomes than the SHR population average.

- Figure 49 shows that families with children under 5 years were more likely to receive advice and signposting than other priority cohorts via SHR. Linked to this, delivery partners were more likely to report that they were better connected to family or community support and their children experienced increased safety than the SHR population average.

- Figure 50 shows that children who are young carers supported by SHR were more likely to receive therapeutic support and group work packages than the average. Delivery partners feedback suggests that because of this SHR intervention package, they were more likely to experience improved mental health and wellbeing, reduced isolation and loneliness and an increased ability to cope.

- Figure 51 shows that children at risk of extra-familial exploitation had very high increased safety outcomes reported by delivery partners and families compared to the cohort supported by SHR average across all interventions.

- Figure 52 shows that children with mental health and wellbeing needs particularly benefitted from group work, with all delivery partner outcomes in this area at least 10% higher than the SHR population average.

- Additionally, children in 4 out of the 6 core priority groups who received education reintegration support had at least a 10% higher positive response to the family reported outcomes "child is more settled at school" than the cohort average.

Figure 46 Children supported by SHR, broken down by support package received and reported outcomes (outcomes in purple are at least 10% higher than overall cohort outcomes).

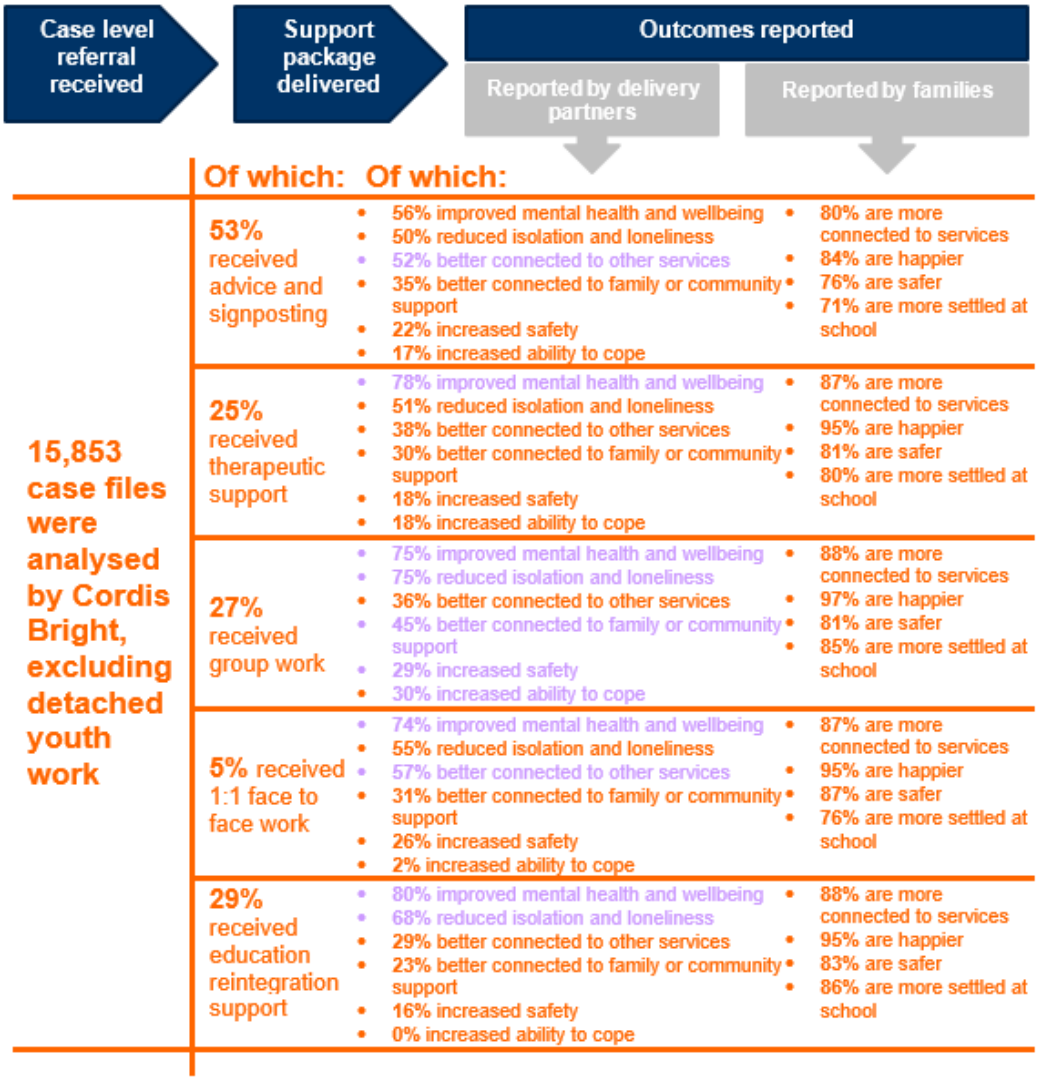


Figure 47 Children from BAMER communities supported by SHR, broken down by support package received and reported outcomes (outcomes in purple are at least 10% higher than overall cohort outcomes).

Core priority group identified	Support package delivered	Outcomes reported	
		Reported by delivery partners	Reported by families
	Of which:	Of which:	
5,996 case files for children from BAMER groups were analysed by Cordis Bright	43% received advice and signposting	• 51% improved mental health and wellbeing • 57% reduced isolation and loneliness • 55% better connected to other services • 43% better connected to family or community support • 29% increased safety • 5% increased ability to cope	• 91% are more connected to services • 90% are happier • 90% are safer • 86% are more settled at school
	21% received therapeutic support	• 76% improved mental health and wellbeing • 58% reduced isolation and loneliness • 44% better connected to other services • 40% better connected to family or community support • 25% increased safety • 7% increased ability to cope	• 85% are more connected to services • 99% are happier • 78% are safer • 81% are more settled at school
	22% received group work	• 65% improved mental health and wellbeing • 72% reduced isolation and loneliness • 38% better connected to other services • 51% better connected to family or community support • 28% increased safety • 10% increased ability to cope	• 95% are more connected to services • 97% are happier • 92% are safer • 89% are more settled at school
	4% received 1:1 face to face work	• 76% improved mental health and wellbeing • 63% reduced isolation and loneliness • 54% better connected to other services • 48% better connected to family or community support • 30% increased safety • 2% increased ability to cope	• 92% are more connected to services • 98% are happier • 86% are safer • 85% are more settled at school
	45% received education reintegration support	• 86% improved mental health and wellbeing • 84% reduced isolation and loneliness • 24% better connected to other services • 22% better connected to family or community support • 17% increased safety • 0% increased ability to cope	• 92% are more connected to services • 95% are happier • 83% are safer • 90% are more settled at school

Figure 48 Children with special educational needs supported by SHR, broken down by support package received and reported outcomes (outcomes in *purple* are at least 10% higher than overall cohort outcomes).

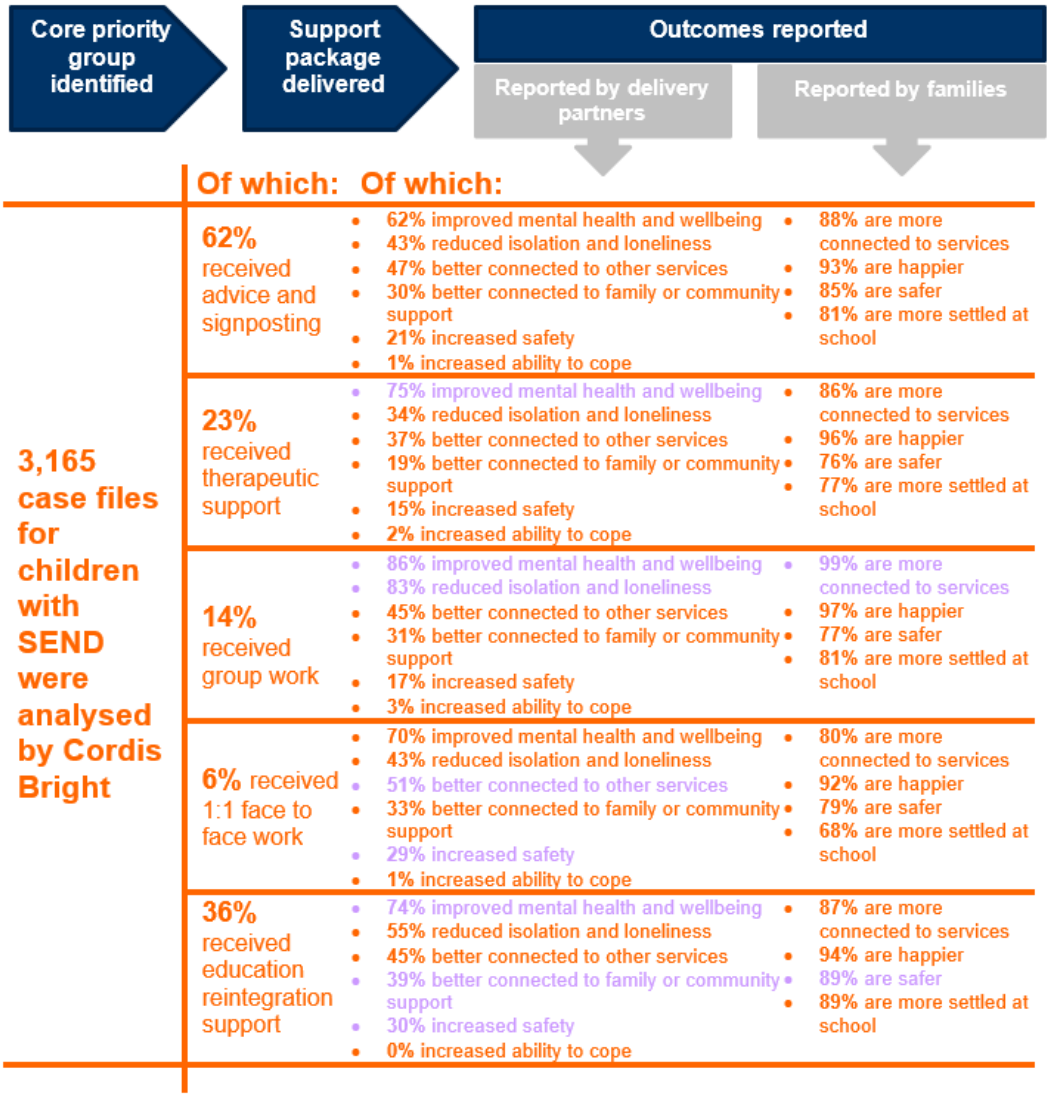


Figure 49 Families with children under 5 years supported by SHR, broken down by support package received and reported outcomes (outcomes in purple are at least 10% higher than overall cohort outcomes).

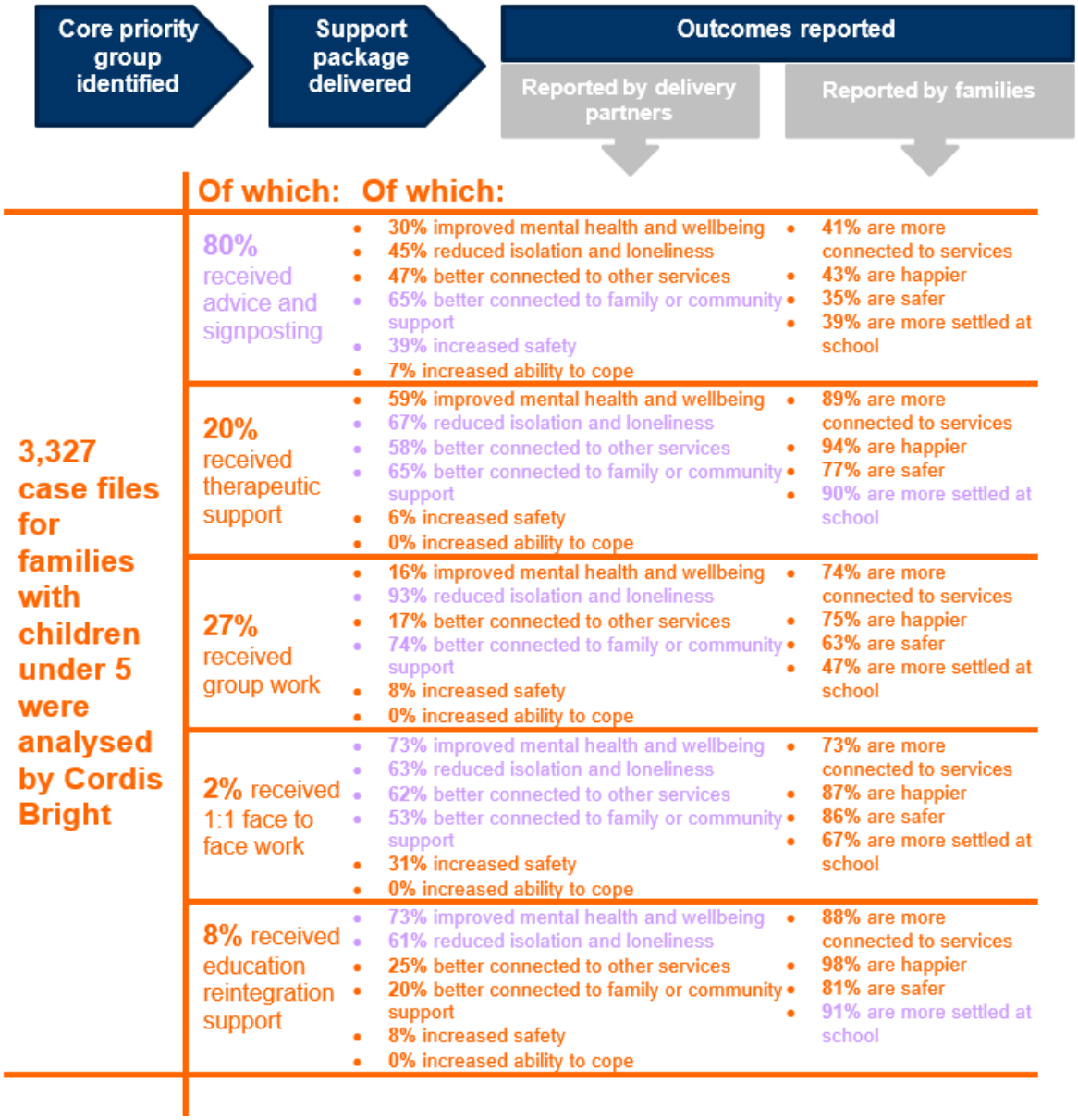


Figure 50 Children who are young carers supported by SHR, broken down by support package received and reported outcomes (outcomes in purple are at least 10% higher than overall cohort outcomes).

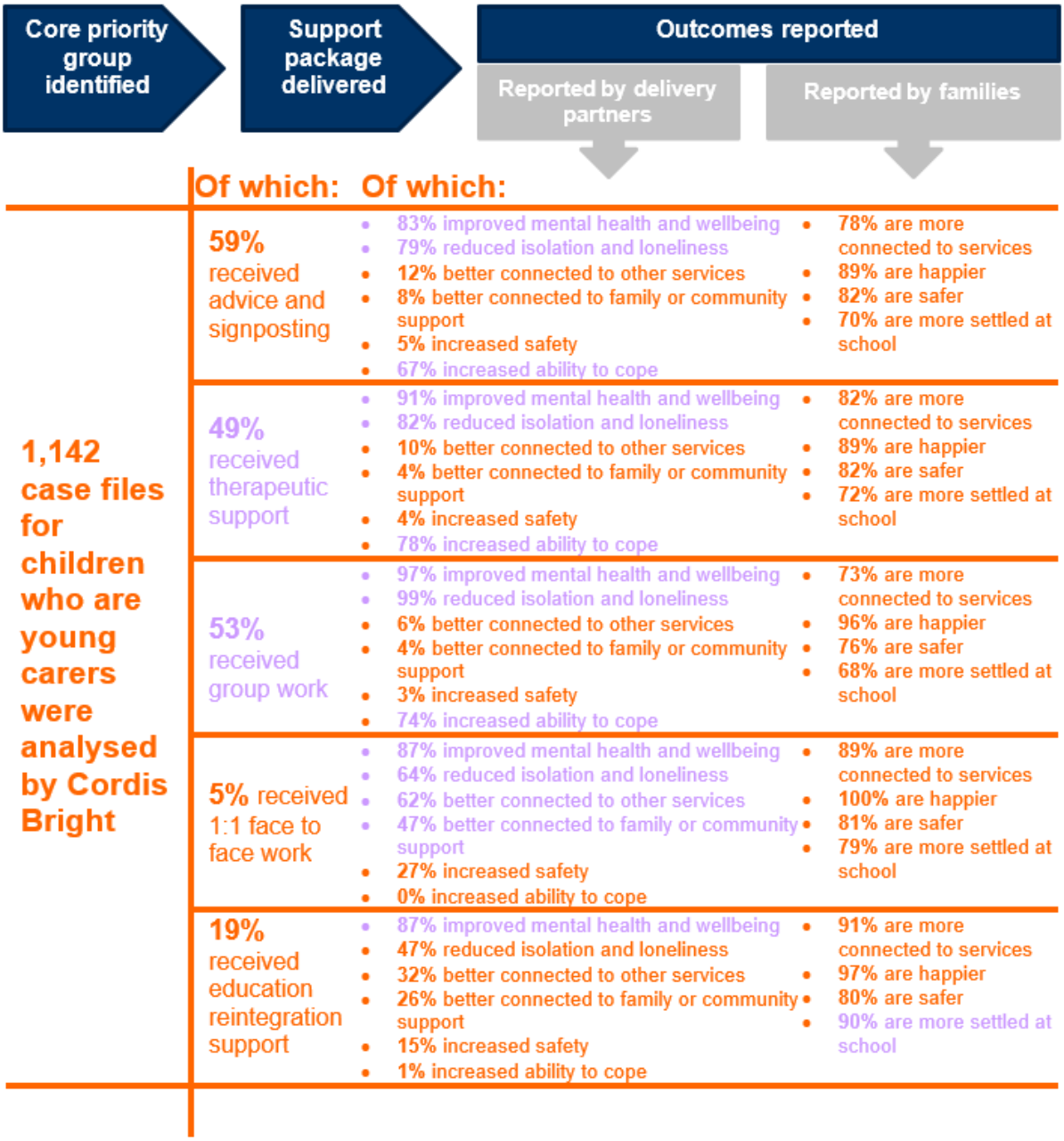


Figure 51 Children at risk of extra-familial exploitation supported by SHR, broken down by support package received and reported outcomes (outcomes in purple are at least 10% higher than overall cohort outcomes).

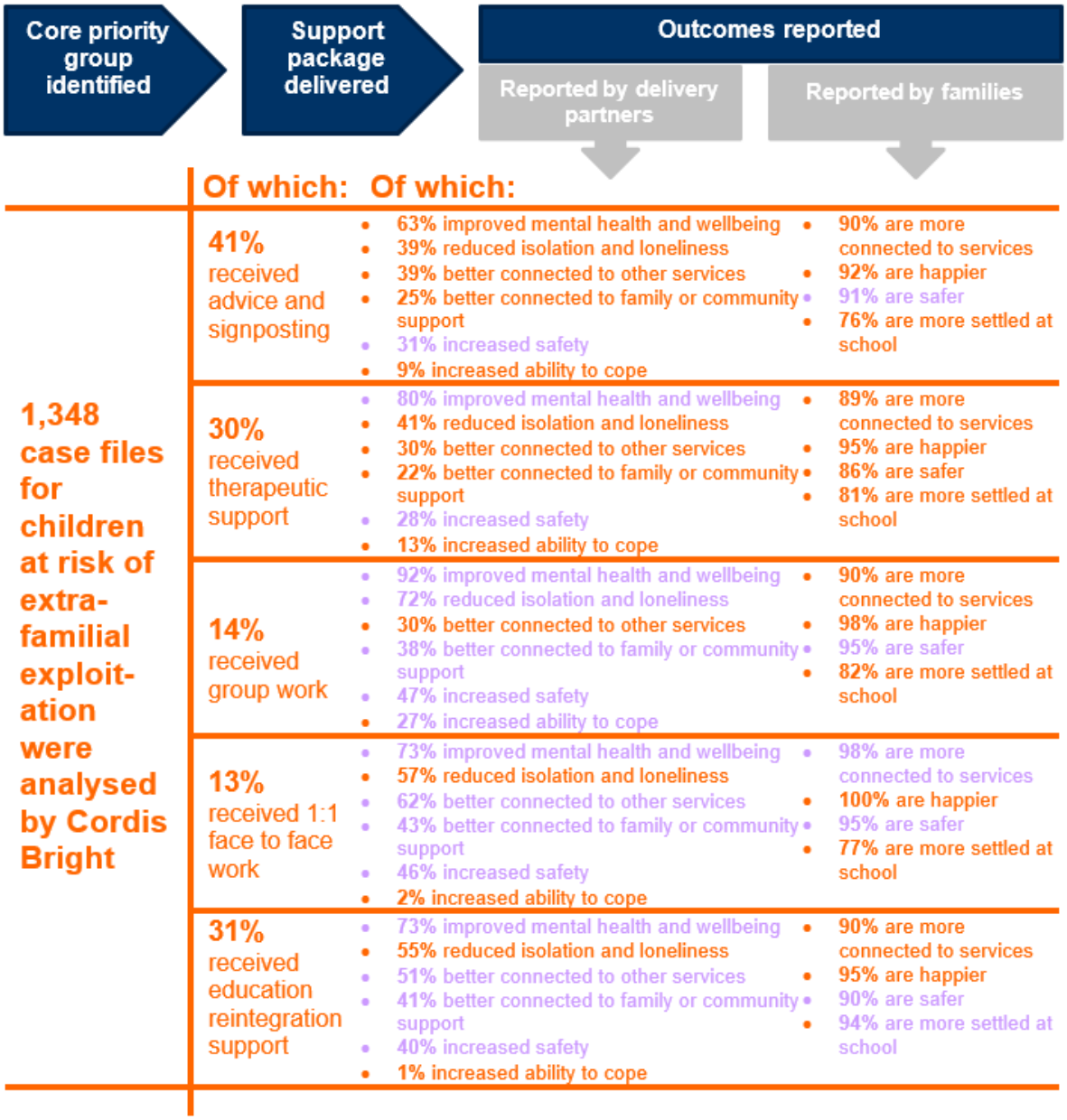
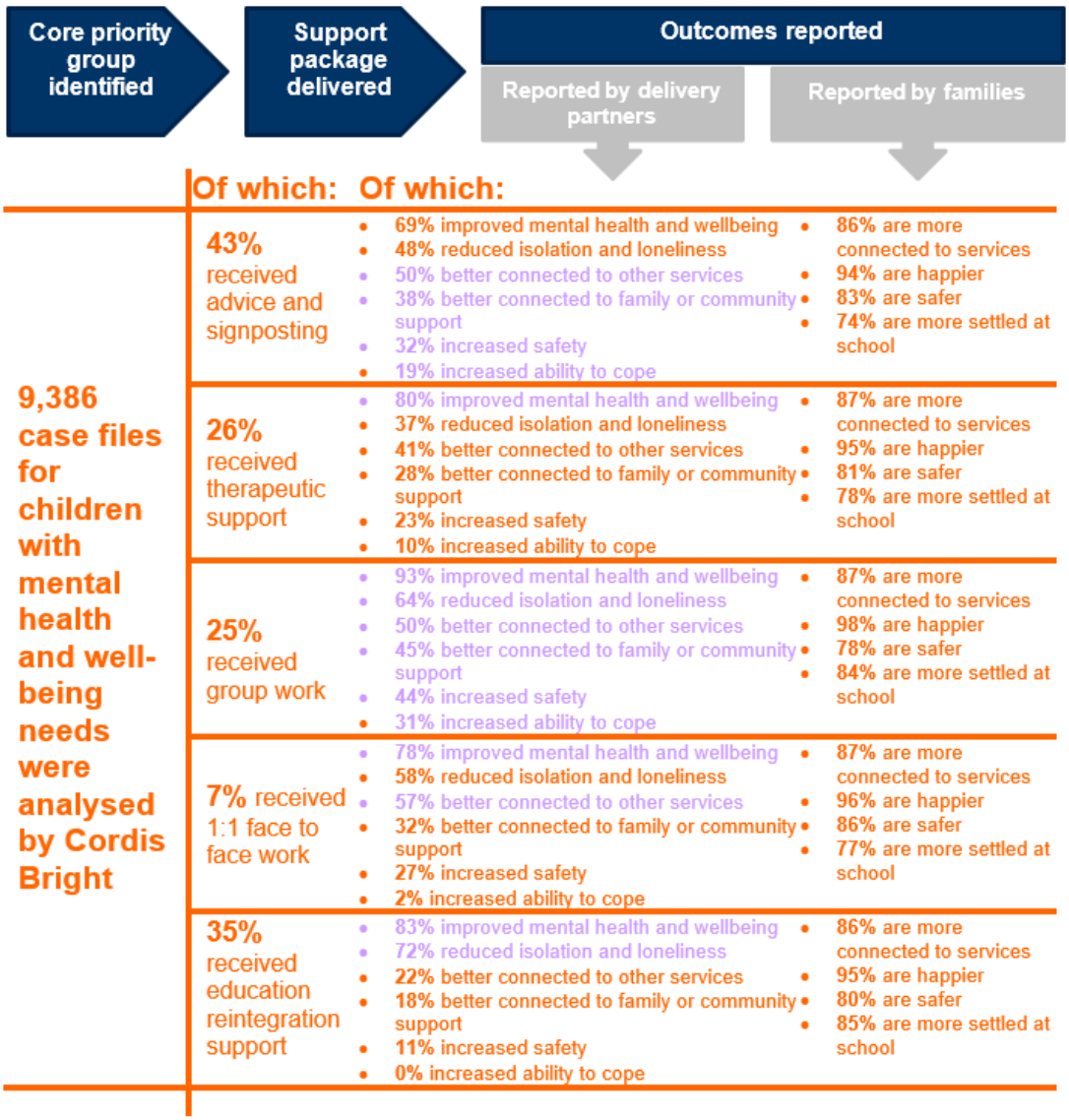


Figure 52 Children in core priority group 'Child mental health and wellbeing" broken down by support package received and reported outcomes (outcomes in purple are at least 10% higher than overall cohort outcomes).



6.8 Children and young people felt supported by SHR

Figure 33 shows that 91% of children who responded to the E-survey reported that they found the support provided by SHR useful. Children and young people and parents and carers consulted felt reassured and listened to as part of the programme. This finding is corroborated by programme stakeholder and delivery partner interviews.

Parents and carers attributed this to the flexibility of the support available and how it was tailored to their children's needs. One parent described how her child's feeling of having control over the support she received ensured she felt she was being supported to achieve outcomes that were important to her:

> *I think one of the biggest things that's been positive is that [practitioner] said to her early on, you will get out what you want, and you dictate what you get out. That's been really empowering for [child]. She's had counselling before […] they structured the sessions, dictated what she talked about. This has been so different. It's up to [child] what she talks about, how she engages and interacts with [practitioner]. She's getting a lot out of it – she feels like she's got control, and can say no. She's engaged with it 100%.*

Case study: Caitlin's story

Caitlin is a year 8 student who received support around confidence-building and reintegration to education through Strands 1 and 3 of SHR. Her mum has health issues and has been experiencing financial hardship during this period.

Caitlin described the challenges of caring for her mum coupled with a lack of appropriate technology to continue her education during lockdown:

> *It's definitely stressful, getting supplies for the house… Even before COVID, Mum didn't go out, but then online shopping was tougher to access. I couldn't access the [school] work during quarantine […because] I had issues with my computer. But then they gave me a new one.*

Caitlin described how the support she received from her support worker has helped to alleviate some of these challenges, particularly as she is aware of the stress her mum is under during this period:

> *Talking to [practitioner], it's different to talking to my Mum. She is quite stressed herself. I can relate with [practitioner]. […] Yes, I definitely feel a little less stressed than before. [Practitioner] always says if I'm upset, I can just call her.*

The practitioner also worked with the family to address some of their financial challenges around TV licenses and other outstanding bills, as well as working to improve Caitlin's mental health and wellbeing. Caitlin's mum described how

Caitlin was initially sceptical about receiving support, due to previous negative experiences:

> *This was the best and quickest help we've had. I said to my daughter that Barnardo's said they'd get us help, not just financial support but also for our mental health. Caitlin had said it won't happen as people have let us down previously – but then people were calling us left right and centre. It's not just about financial support – when someone also takes care of your mental health, it's so important.*

Caitlin echoed this, stating that she was initially wary of engaging with the support as she had previously felt let down by support services, but that the support she had received through SHR had changed her view:

> *A lot of the time people have showed up and said they'd help but not arrived, but [practitioner] has really made a difference.*

6.9 Children and young people experienced reduced feelings of isolation or loneliness

Findings from a range of evaluation evidence shows that SHR has helped children and young people combat feelings of isolation or loneliness. For example, delivery partners reported that 51% of children receiving individual support from SHR had reduced isolation and loneliness as a result of the programme (Figure 33).

Programme stakeholders, delivery partners and parents/carers corroborated this finding, reporting cases of children and young people who experienced a reduction in isolation and loneliness because of their involvement with the programme. In addition, children and young people consulted as part of the evaluation reported that SHR had helped reduce feelings of isolation and loneliness. Children and young people receiving interventions that involved group work reported that they felt supported by working with their peers and less isolated as result. For example, one young person who was preparing for the transition to university described his experience of SHR, which involved small group therapy sessions and wider group work at a local community centre, and emphasised the positive impact on his mental health and wellbeing:

> *It has helped calm down my mental health and anxiety because I feel like I'm given people to talk to. It's not all a burden on my own shoulders – I can relieve the burden by talking to everyone. Having a support group to go to has really helped my anxiety. The main part is loneliness – after sixth form I felt like I couldn't make any more friends because I was going to uni by myself and going to uni online. But through [organisation] I don't feel as isolated or quiet. I feel more confident to talk to new friends, less introverted. I started uni in September.*

6.10 Children have been supported to return to education

Figure 33 shows that:

- 80% of families who provided feedback to delivery partners reported that their child(ren) is more settled at school.
- 79% of children responding to the E-survey felt more supported to go to school or college since working with SHR.

Additionally, programme stakeholders, delivery partners, children and young people, and parents and carers described how SHR has made a positive difference to helping children return to school in a range of ways, including:

- **Children and young people feeling ready to return to school.** Children and young people reported that they felt more confident and less anxious about returning to school as a result of working with SHR. They described how this confidence was encouraged in different ways by SHR, including support to ensure that they were prepared academically and emotionally.

  For example, children and young people, particularly those who had completed the 'reintegration to education' element of the programme, described how their confidence in their own academic abilities was improved:

  > *I understand my work a bit better, and the teachers, especially in Maths because I don't have much confidence in Maths. I put my hand up more in Maths now, because I used to have doubts that I'd get my answer wrong, but now I understand the topic way better than before.*
  >
  > *When I was coming back to school I was really stressed about gaps in my learning, but thanks to the interventions I feel like I've caught up.*

  For some young people, this was not achieved by additional teaching but by ensuring that children had access to appropriate technology to engage with education remotely. One young person reported:

  > *It made a difference about feeling ready to go back to school, because I had more knowledge, because they gave me a laptop so I had more access to do my work at home. So when I go back to school and they talk about the stuff, I already know it.*

  However, for many children, their anxieties around returning to education related to social issues such as low confidence and relationships, or fears linked to the pandemic. One young person who received support for reintegration to education through group work at a local youth organisation described its impact:

  > *Yeah, it built my confidence to go back to school, because I was scared to go outside because I didn't want to catch corona, and I've not been in contact with people so long, so being in contact with*

people before going back to school made it less awkward. When I did go back to school, I felt more normal, and everything that I wanted was back to normal. Everything was as normal as it could be.

Some children and young people also reported that developing new skills through this support was a prominent element of their experience. One young person stated:

What helped me the most was learning new skills, art and stuff like that. Doing new things to use the time better, stuff to distract me, watching anime. I also got a lot more skills after lockdown.

- **Assistance with transition from primary to secondary education.** Children and young people described how support through SHR helped alleviate anxieties around transition in education. One young person stated:

  I was definitely anxious and nervous because it was a big change, and especially because of COVID we couldn't do the same things as some year 7s might have. So that made me a bit worried, but talking to [practitioner] it made me feel better – I could talk about what my worries were. She would give me advice.

- **Assistance with finding a placement or apprenticeship.** Stakeholders reported that delivery partners had assisted young people with finding a school placement or apprenticeship through SHR.

6.11 Children have been helped to access additional services and community support

Evaluation evidence from a range of sources shows that SHR has helped children to access additional services and community support. Figure 33 shows:

- Delivery partners reported that 39% of children they worked with were better connected to services, and 26% were better connected to family or community support.

- 84% of families who provided feedback at the end of SHR reported that their child is more connected to services.

- 62% of children who responded to the E-survey reported that SHR had provided information about where they could get support or help in the future. 72% reported that since working with SHR they have felt supported to get the extra help they may need.

Stakeholders reported that they felt SHR achieved its aim to build support networks for these children and young people. A programme stakeholder described how children and young people were assisted to access additional services:

> *We've been able to connect people into local agencies and organisations. That has meant the response has been relevant but also that we've built their support network for the longer term.*

Parents and carers reported that their children's engagement with support through SHR had allowed them to open up more, and that they would be more likely to engage with further support in the future as a result. One parent described this in more detail regarding their son, who had previously found it difficult to speak with other adults:

> *I think the 1-to-1 aspect really does help, especially outside the home in school, because it's a completely different environment and he can feel free to speak about anything he wants. Also, it's really helped him to gain that trust. He's a very nervous boy so speaking to [practitioner] is amazing for him – she said he was very open, which is fantastic.*

Stakeholders highlighted that having specialist organisations available within the partnership had helped them to engage families, who might not have been open to support if the organisation was not aware of important factors such as a family's particular cultural heritage.

Case study: Laura's story

Laura's son has epilepsy, dyspraxia and ADHD, and is currently being assessed for autism. He received 1-to-1 therapeutic support through SHR to help him cope with the change in his routine as a result of lockdown and also to signpost him to additional support, from a specialist organisation that supports young people with epilepsy.

Laura stated that she received advice and guidance from her son's practitioner. Laura described how the practitioner ensured that her son was supplied with equipment such as an anti-suffocation pillow, which enabled him to sleep better as he had been suffering chronic fits, and also how the practitioner had advocated on her behalf to ensure her son received an ECHP:

> *They've helped with letters of support to try and get support – for example, to explain that he does need a taxi to school. And the ECHP – without [practitioner] we wouldn't have that support.*

Laura described how she feels more confident as a mother now and better equipped to support her son and to seek out further specialist support for him:

> *I wouldn't know how to do the job I have to do – being his mum and caring for him. It helps us both to come to terms with the condition and keep going and the best path to be on.*

6.12 SHR has supported children with their mental health and wellbeing

There is a range of data that demonstrates that SHR has supported children and young people with their mental health and wellbeing. Figure 33 shows that:

- Delivery partners reported that interventions delivered as part of SHR has improved health and wellbeing for children in 63% of cases. Delivery partners reported that in 9% of cases SHR has supported children with improving their ability to cope/deploy improved coping strategies.

- 91% of families who provided feedback to delivery partners reported that their child is happier, and 78% said that their child is safer.

- 78% of children who responded to the E-survey reported that since working with SHR they felt better about life at the moment.

Stakeholders reported that children and young people had been provided with strategies for coping with mental health problems. A delivery partner noted that this was achieved more effectively by older young people:

> *Strategies for better mental health and wellbeing, that's been really positive, more so for the older young people (ages 11-12) who have a bit more emotional awareness and vocabulary, who are able to properly implement strategies. When children are younger, it's a bit more challenging.*

Children and young people reported positively about the tools that SHR had equipped them with to help with their own mental health and wellbeing. Those consulted as part of the evaluation described a range of strategies they had learnt from practitioners to manage anxiety, worries and other mental health problems. One young person described:

> *She helped me a lot with worrying – breathing through your nose for six, and breathing through your mouth for six, just lying down or reading a book that you like, or literally just sitting down. It has definitely helped me with my worrying, especially with the amount of homework we've got during year 7. It's like fixed me, put me back into place like how I was, before I was worried. I don't feel as worried.*

Another young person who was receiving support for reintegration to education through SHR and who had been experiencing panic attacks at school, described how he felt better equipped to manage his mental health as a result of the programme:

> *He's been helping me with my anxiety at school. I think it was maybe two months ago I had it really bad at school. I felt like I was going to be really sick and I was hot and shaky. […] Now whenever I go to school, I feel much better. I don't feel anxious at all anymore. I really liked that he listened to me quite a lot and told me many ways to cope. […] If I do feel anxious, I know how to deal with it. I do deep breathing. [Practitioner] said to think of your happy place, and I imagine that, to take my mind off anxiety.*

6.13 SHR has made other immediate impacts on children's outcomes

Stakeholders reported a range of other short-term differences in the lives of children and young people, that were not originally anticipated or in the SHR logic model, including:

- **Improved inter-familial relationships**, as a result of joined up, whole-family working.
- **Increased self-confidence,** as described in section 6.10 in relation to education and school, but also increased self-confidence in children and young people more generally.
- **Improved safety,** both in terms of how to stay safe online and also in public spaces, as a result of detached youth work.
- **Improved knowledge around Covid-19.** Delivery partners reported that children and young people supported by SHR had learnt about COVID-19 via their support from SHR. This included learning about how to stay safe during the pandemic. Stakeholders reported that successful approaches to supporting this learning included methods which are non-punitive, particularly when communicating with groups of young people congregating outdoors.

Case study: Learning about COVID-19 – practice example.

A delivery partner described how detached youth work helped increase the awareness of Roma communities originating from Central and Eastern Europe of COVID-19 and associated restrictions. They took a non-punitive approach to raising awareness about safety during the pandemic:

> *We've been talking to groups of Roma youths who've been on street corners and not obeying rules. That was a learning curve for us as well – they actually had no idea about the rules. They only rely on social media because of their inability to speak English well. People put own translation into the news. There were big gaps in their understanding. We were able to actually do targeted messages in their native language about the rules.*

This was echoed by another delivery partner who worked with this community:

> *Particularly the Roma communities and Eastern European – they weren't getting those messages, or weren't following them closely enough. The rule of six, for example – it might have taken a week for that to filter down.*

6.14 Potential for SHR to make a difference to children and young people in the medium to long-term?

The findings in this evaluation demonstrate that SHR has made immediate impacts on children and young people's outcomes in line with the co-developed logic model. However, as noted in Section 2.3, it is challenging to assess the potential impact that SHR may have on children and young people's outcomes in the medium- to long-term. This is for a variety of reasons:

- The programme was designed to provide support to vulnerable children and young people adversely affected by the pandemic. It was a crisis response. It was not designed to make specific improvements to children and young people in the medium- to long-term.

- The evaluation has been commissioned and designed to capture emerging evidence of impact on outcomes in the immediate- to short-term. To capture any medium- to long-term impacts, a longitudinal follow-up evaluation would be required.

Stakeholders recognised that one way SHR could support improved outcomes for children and young people in the medium- to long-term was through effective exit planning, including fit-for-purpose signposting and onward referral processes. There is a challenge for the programme to evidence this as the performance management data does not currently include information on onward referrals and sign-posting.

Stakeholders reported that the unanticipated complexity of challenges faced by some children who work with SHR means that those young people will likely continue to require additional assistance over the medium- to long-term. However, for many of these children their challenges predate the pandemic, and therefore this is not necessarily a negative reflection on SHR.

Stakeholders were cautiously optimistic that by intervening early and in a timely fashion, they had likely prevented an imminent crisis for some families and by supporting them during this difficult time they had improved the likelihood of a crisis being avoided altogether or increased the likelihood of families accessing the support that they need. One programme stakeholder stated:

> *I would hope that some children and young people in six months would not require intensive mental health support, that we've been able to act quickly and deescalate needs for possible serious mental health needs. […] It's the same with parents – I would hope parents were given strategies to support their children and avoid escalation of needs. It's hard to measure what doesn't happen, but I would hope that there wouldn't be a need for statutory intervention or Early Help because SHR has intervened early on and provided the strategies that those children and young people, and their parents, need.*

This was echoed by another programme stakeholder, who recognised the effectiveness of even the brief interventions that SHR offered to some families:

> *I've no doubt that with some interventions we've delivered, some families will never need to come back to a programme of this type again. Those brief intervention touchpoints, they've been very successful at diverting families, either from finding themselves in situations of more entrenched need, or from having to access resource further upstream in the system, at which point it's much more difficult to unpick some issues.*

In addition, stakeholders reported that they hoped families' resilience will have increased as a result of the programme, either because they have learnt skills and strategies for managing difficult situations or have greater awareness and confidence about where to go for support.

6.15 Enablers and obstacles

Consultation with programme stakeholders, delivery partners, children, young people and families identified a range of enabling factors which supported SHR to be impactful, as well as several obstacles which may be useful when considering implementing similar programmes in the future. These are summarised in Figure 53.

Figure 53 Summary of SHR enablers and challenges for supporting outcomes improvement for children and young people

Enablers	Challenges
Speed of response	Inconsistent geographic coverage
Wide and diverse network of partners	Less engagement with children under 5 than anticipated
Children-centred, creative approaches to delivering support	Less than anticipated demand for digital support
Mixed economy of support	The complexity of children's needs
Focus on empowerment	
Provision of a trusted adult from outside the home	
Detached youth work successfully helped connect children and young people to additional support	

6.15.1 Enablers

- **Speed of response.** Two dimensions were discussed concerning speed of response: (1) the speed with which the programme was implemented; (2) the speed with which the programme provided support to children and young people.

- Stakeholders recognised that the speed with which SHR was designed and implemented was a significant achievement in itself and helped to ensure that children and young people who needed support received support during the pandemic who without SHR may not have done so.
- Stakeholders and parents also commended the responsiveness of the service that was provided by SHR. Section 4.5.1 provides more information concerning parents' positive views on the responsiveness of SHR to referrals. Stakeholders noted that the flexible entry criteria and lack of high thresholds (which characterise many statutory services) allowed support to be arranged swiftly, ensuring it was timely and any difficulties experienced were not allowed to deteriorate in the meantime.

Without both these dimensions, it is unlikely that SHR would have had the immediate and short terms impacts on children and young people described in this chapter.

- **Wide and diverse network of partners.** Stakeholders reported that the availability of a wide network and range of partners with diverse approaches meant that the partnership as a whole was more effective at ensuring that appropriate support responses, based on children's needs, could be made available.

- **Children-centred, creative approaches to delivering support.** Stakeholders reported that the reintegration to education work strand had taken particularly creative approaches. Delivery partners reported that the reintegration into education interventions had a visible impact on children's confidence and ability to return to school, and said this was due to receiving support that reflected their particular needs, whether these were educational, emotional or practical concerns.

- **Mixed economy of support.** Stakeholders reported that SHR's mixed economy of organisations, work strands and packages led to effective and high rates of engagement with the programme. Children and families could engage in a variety of ways tailored to their needs. The diversity of strands ensured that children and young people could receive a package of support that was appropriate to their need. One parent reported:

  When I re-engaged with Barnardo's, I said, he doesn't need counselling, he just needs someone to be a mentor, to act as a stable, outside perspective. […] I think now it's given him a constant outside of the home. We've been so closeted and together for the last eight/nine months, he's been through so much… He now has someone to talk to.

  Another parent described how they were able to discuss the range of support options available to them with their practitioner, and switch between them if needed:

  We were given lots of choices about different options. She did mention things that didn't work, but then we'd try other methods.

- **Focus on empowerment.** Stakeholders described the importance of the approach taken by practitioners in supporting children and young people during this period. Strategic stakeholders described the range of empowering and creative approaches that delivery partners had deployed across the programme in supporting children and young people. One stakeholder described this approach in more detail:

  Children needed to feel that they were receiving something because they weren't doing something wrong – it needed to be empowering. In Reintegration to education, support through surf, drama, art – it didn't feel like it was something that you were doing wrong. It was always based on how the child is going to experience it, making sure it's sensitive to their needs, whether ability or culture. Similarly, with detached youth work – it was about making sure it was non-punitive and supportive.

- **Provision of a trusted adult from outside the home.** Across all strands of SHR, children, young people, families, delivery partners and stakeholders identified the importance of having access to a trusted adult from outside the family. Stakeholders reported that a trusted adult did not necessarily need to be therapeutically trained to be impactful. However, by providing reassurance to parents or being available for children they were repeatedly identified as important. One stakeholder stated:

  What's clearly coming through is that children really needed an adult outside of the family to talk to – it has helped immeasurably. Sometimes it's the small stuff…. this time it's been small stuff that's made a big impact.

  Stakeholders reported that was a significant enabler for the Crisis Support work strand, where children with more complex challenges particularly benefited from the presence of a trusted adult to help them begin addressing some of the issues they faced while they were isolated from other networks such as schools, friends and family.

  Parents reported that for children advice coming from an outside professional could *"carry more weight"*. In some instances, where children have been isolated from their peers and other support, parents reported that children were pleased to have someone outside the family to talk to. One parent reported:

  [I'm] really happy she had someone she could talk to who knows how she's feeling.

  Children agreed that having someone to speak to that was not a family member was important, particularly where practitioners are skilled at listening to children's concerns and views:

  With my family they always have something to say about it, but with her I felt she listens more and accepts what I say. I like that I got to tell her things knowing that she wouldn't tell my Mum and Dad.

The importance of a trusted adult has been particularly critical to the success of detached youth work. One strategic stakeholder described:

> *The detached work has been key – children have been desperate to talk to them. They've wanted to talk to adults. When you remove protective adults in one go, that protection is lost – so kids have been keen to talk to an adult.*

- **Detached youth work successfully helped connect children and young people to additional support.** Stakeholders reported that detached youth work was the most effective strand of SHR at reaching the most vulnerable or "hidden" children and young people and connecting them into appropriate support. Stakeholders reported that in some cases young people who were introduced to further support within the SHR programme following a period of detached youth work.

  Stakeholders were confident that detached youth work could potentially have a longer-term impact than other strands by increasing young people's openness to support. This was illustrated by a young person who completed group work as part of a detached youth work intervention, who described its positive benefits:

  > *During lockdown, without realising, I was more closed off, but now I am chatting and able to open up again. Every time I come here it motivates me to become closer to who I was before lockdown. I am not judged when I express my feelings and have found like-minded people.*

6.15.2 Challenges

The following outlines some key challenges experienced by SHR which have affected the extent to which it could impact on children and young people's outcomes.

- **Inconsistent geographical coverage.** Stakeholders recognised that setting up SHR at such pace and scale had been a significant achievement. However, rapid implementation had also meant that geographical coverage of SHR was inconsistent. Access to the support and the types of support it could provide varied across the country. This means that in some areas the ability of SHR to support and improve outcomes for children was negatively affected. One stakeholder stated:

  > *There are patches of the country geographically where there's been problems due to a lack of resources on the ground. For example, in Liverpool, there's very little youth provision. There are these pockets of geographies, but it's more about capacity within those geographies.*

- **Less engagement with children under 5 than anticipated.** As described in Section 3.8, the programme had seen less engagement with under 5s than expected, which stakeholders attributed to the fact that there are different

networks for professionals who see young children and their parents, than older children which may have affected how effectively the programme was promoted. This means that the impact of support on children aged under 5 may be less than expected due to lower participation of this group than anticipated. Although SHR did support children under-5 in proportionate to the 0-5 general population.

- **Less than anticipated demand for digital support.** Children and young people and parents and carers reported that engaging with support remotely could be challenging and they preferred in-person support. Stakeholders noted that the uptake for SHR's digital support offer was less than anticipated at the start of the programme. Some suggested this was due to the project being designed in lockdown. As lockdown eased, young people and families were able to take up more face-to-face support. One stakeholder described:

  Online has its place, it definitely does. But I think by end of couple of months, people were bored of it. It also becomes hard to get hold of people – they can just hang up, or switch the screen off.

  Stakeholders described face-to-face support as a more effective medium of support for children and young people:

  Online sessions really don't compensate for face-to-face with children, because children need that, especially if you're a child who's already disengaged.

  Stakeholders also suggested that high levels of digital poverty affected the efficacy of this support. Parents and carers corroborated this, stating they felt their children would have benefitted more from in-person support. Often this was because virtual support required the parent to remain in the room, which limited the amount their child would disclose. One parent stated:

  The only downside is it's virtual, which is difficult. I'm sat there with [child] but because she's shy, she's not doing a lot of the talking. It's quite awkward, which I don't think it would be face-to-face. But I'd rather have this than nothing.

- **The complexity of children's needs.** As discussed previously, SHR has supported children with higher levels and greater complexity of need than originally anticipated and for which the programme was originally designed. Delivery partners reported that in cases where children's needs were more complex, the nature of the relatively short interventions that could be deployed by SHR were not always sufficient and as such multiple packages were allocated Linked to this, some delivery partners reported that some of SHR's packages of support, such as therapeutic support, did not offer a sufficient number of hours to have a significant impact on children and young people.

7 SHR's impact on parents and carers

7.1 Key messages

SHR was not designed specifically to support or improve outcomes for parents and carers.

The emphasis of the programme was on supporting and improving outcomes for children during the pandemic.

During the design and co-development of the SHR logic model, stakeholders recognised that supporting and improving outcomes for parents and carers would also contribute to supporting and improving outcomes for children and young people adversely affected by the pandemic.

Evaluation findings demonstrated that SHR has had a positive short-term impact on parent and carer outcomes. In particular:

- In 3,583 (27%, n=13,483) of cases, delivery partners reported in case closure forms that parent/carers mental health and wellbeing had improved.
- Feedback from around 3,000 families collected by delivery partners shows that in over 70% of cases, parents and carers of children supported by SHR reported being:

  Happier (2,804 parents/carer, n=2,804)

  More connected to services (1,877 parents/carers, n=2,462)

  Safer (1,593 parents/carers, n=2,290)

  Supported to help their child settle at school (1,614 parents/carers, n=2,292)

Consultation with key strategic and operational stakeholders, delivery partners and parents and carers shows that SHR has supported parents and carers to:

- Combat feeling of isolation or loneliness during the pandemic.
- Engage with their children's school or college to facilitate their return to school, education or training.
- Access support for their children and themselves from other services and the community.
- Keep themselves and their children safe during the pandemic.

- Support their own and their children's mental health and wellbeing needs during the pandemic.
- Maintain their own and their children's mental health and wellbeing needs during the pandemic.

In addition, SHR has supported parents and carers to:

- Express concerns and access advice from a range of practitioners and organisations.
- Access a crisis fund to support those in financial crisis during the pandemic.
- Access additional care services through providing advocacy.

There was recognition from programme stakeholders, delivery partners, and parents and carers that sustaining these outcomes would be a challenge once SHR comes to an end. Parents and carers expressed concerns about what would happen to them and their children once support from SHR ends.

7.2 Overview

7.2.1 Introduction

This section explores the evidence for the differences that SHR had made to parents and carers whose children have been supported by the programme. It presents evidence for short-term, medium-term and longer-term impacts of SHR on parents and carers.

SHR was not designed specifically to support or improve outcomes for parents and carers. The emphasis and priority was on supporting and improving outcomes for children during the pandemic. However, during the co-development of the programme's logic model, stakeholders recognised that supporting and improving outcomes for parents and carers would also contribute to supporting and improving outcomes for children and young people adversely affected by the pandemic.

Stakeholders reported that SHR could help to ensure parents and carers were seen, heard and supported as part of the support provided to children and young people. SHR could also provide reassurance to parents that support is available should they need it. Stakeholders suggested that this is likely to be particularly true in communities that are suspicious of statutory children's services or other public services, but may be more inclined either to access support online or from a voluntary and community sector organisation.

During the co-development of SHR's logic model, programme stakeholders recognised the challenges involved in demonstrating the impact of SHR on parents and carers. These issues are summarised in Section 2.3.

7.2.2 The evidence base

The analysis in this section is based on:

- SHR performance management data, in particular case closure forms which includes: [42]
    - Outcomes for parents and carers reported by delivery partners[43]
    - Outcomes for parents and carers reported by families. [44]
- 49 in-depth interviews with parents and carers
- 112 in-depth interviews with key SHR strategic and operational stakeholders and delivery partners.

7.2.3 Section structure

This section covers the short, medium and long-term impacts that SHR has had on parents and carers.

7.3 SHR had a positive impact on parent and carer outcomes

Evidence from a range of evaluation sources suggests that SHR had a positive impact on parent and carer outcomes. For instance, delivery partners suggested that SHR interventions improved parent/carer mental health and wellbeing outcomes in 3,583 cases, or 27% of the cases they had worked with.

Similarly, Figure 54 shows that over 70% of parents and carers who provided feedback to SHR delivery partners reported that:

- Feel happier.
- More connected to services.
- Feel safer.
- Received support to help their child settle at school.

[42] 15,853 individual children's records were analysed, of which 13,483 included data pertaining to outcomes and between 3,027 and 2,837 included feedback from families about different aspects of SHR.

[43] As part of the case closure form, delivery partners were asked, "what outcome(s) were achieved?". Delivery partners indicated any of 7 outcomes that applied.

[44] As part of the case closure form, families were asked to provide feedback via a questionnaire about SHR on a voluntary basis. This included 4 questions in relation to children's outcomes (see chapter 6) and 4 questions in relation to parents' outcome. They also answered 4 questions about the quality of service (see chapter 4).

Figure 54 Parent and carer outcomes collected by SHR delivery partners

Outcomes for parents reported by families to delivery partners as part of the case closure form process	Sample size	Number who stated 'Agree a lot' or 'Agree a little'.	Percentage
The parent feels happier	2,804	2,426	87%
The parent feels more connected to services	2,462	1,877	76%
The parent feels safer	2,290	1,593	70%
The parent had support to help the child settle at school	2,292	1,614	70%

The following sections provide further analysis concerning the difference SHR has made to parent and carer outcomes.

7.4 SHR has helped parents and carers to combat feelings of isolation or loneliness

Stakeholders reported that SHR has helped parents and carers feel reassured, listened to and less isolated. A programme stakeholder highlighted the important role the programme played in supporting parents and carers to feel listened to:

> *There's something about people feeling and experiencing being seen and heard during this period that I think is really important, to maintain confidence in themselves and in the system, and also their agency, to facilitate change.*

Parents and carers reported that they felt listened to and less isolated as a result of SHR. One parent stated about SHR:

> *It makes me feel better. It makes me feel like I've got someone to contact or talk to, really. Otherwise, the school aren't very good at communicating with me. I feel I have someone I can go to. If it wasn't for [practitioner] I would have absolutely nobody.*

Another parent described the advice and guidance she had received from the practitioner working with her child as part of SHR, and how she had found their practical advice reassuring:

> *I just think that everything that I spoke about with her, and the problems I'd come across, nothing seemed to her like it was that much of a big deal. You know when you work things up in your own head and let it snowball, but she was so calm, nothing seemed that crazy to her. When speaking to friends and family, they can almost*

> *make you feel a bit worse by saying 'oh, god, yeah, that sounds awful'. She had a suggestion or a solution to everything we'd experienced. It was helpful chatting to someone who'd probably heard a lot worse, and made me think things weren't as bad as you've worked them up to be.*

Stakeholders also reported that support from SHR left parents feeling more in control of their situations and better equipped to support themselves and their families.

As with children and young people, parents and carers also reported positively about the impact of peer support offered as part of the group work sessions. One parent of an infant described a course she had done as part of SHR that involved group work with other parents of young children, and the impact this had on her feelings of isolation:

> *It was so great to have the help of talking to other parents and sharing these experiences and hearing what they were doing. […] It was just great to talk to other mums. It gives you a load of good advice and keeps you sane.*

7.5 SHR has supported parents and carers to engage with their children's school or college to facilitate a return to school, education or training

Parents and carers reported that SHR had played an important role advocating on behalf of families with schools and other agencies to support their children's reintegration into education. For example, delivery partners negotiated part-time timetables for young carers who were anxious about returning full-time to school because of fears of exposing their vulnerable parent. One delivery partner stated:

> *We've done some advocacy with schools – acting as someone to listen to, but also that conduit to schools who can represent and advocate to the schools. It's about reducing anxieties and uncertainties and giving them a bit of a beacon for support.*

A delivery partner described this brokering role in more detail, and how it allowed families to engage with schools and other agencies meaningfully for the first time:

> *They are grateful to have somebody else liaising with school. To have somebody who goes, I hear what you're saying, let me go to school and let's see what we can negotiate. […] Schools are listening, families are listening. Some families are scared of speaking out, scared that social services are going to come knocking on door. They're frightened by authority and what it can be.*

However, delivery partners shared concerns that when SHR comes to an end there is likely to be an ongoing unmet need for some parents who need more support effectively engaging with schools and other services. One delivery partner stated:

I think they'll especially miss the advocacy with the school. They'll struggle – some just aren't used to talking to professionals.

Case study: Nicole's story

Nicole's daughter is a young carer and received 1-to-1 support to help her with reintegration to education as part of Strand 3 of SHR. Nicole herself is clinically vulnerable, and was concerned about her daughter returning to school, as well as having concerns about her daughter's mental health and wellbeing. Nicole described a difficult relationship with her child's school, which was exacerbated by her daughter being required to return to school while Nicole still had concerns about exposure to COVID-19:

She's not happy about returning to school. Because I'm vulnerable and there's COVID cases, she's really worried. School for me has bullied me into letting her go back - [child] is only going so I don't get into trouble.

As part of this package of support, the practitioner worked as an intermediary between Nicole and her daughter's school, as well as connecting Nicole and her daughter with other agencies such as CAMHS and adult social care. Nicole described:

They've worked hard to work with the school and also with different organisations to help get [child] the work she needs. It's because of them that she's going onto Tier 2 and is being looked at seriously – it's been massive.

Nicole states that she now feels more connected with services locally, and that this aspect of the support has made the most difference.

7.6 SHR has supported parents and carers to access additional support from services and the community

Advocacy and signposting

Stakeholders reported that SHR had supported parents and carers to access additional support and services. Some parents and carers corroborated this, stating that they had been referred into or signposted to additional services and agencies as a result of SHR. Others reported that while they may not have accessed additional services or community support locally, they now had a better understanding of where and how to access support.

Where support to connect parents to services was undertaken, parents and carers reported that it was helpful to have assistance navigating the often confusing service landscape. One parent explained:

I just think [practitioner] has done a very good job of putting us in the right direction; there was so much going on and people trying to help.

[Practitioner] helped us make a plan, focus on CAMHS support over school offer of counselling. That really helped me get it right.

One parent spoke positively about intervention aftercare, stating they were told to contact the practitioner or service if they required further support at a later date:

I'm really glad we did it and I wouldn't hesitate to contact again. [Practitioner] said anytime I want to give her a call the service is still open, or that I can book in a 30-minute telephone session if I need to recap for anything. There was great aftercare.

Peer support

Stakeholders reported that group work sessions and peer support had made a notable difference in the lives of parents and carers. This was particularly the case for parents of children from the target cohorts, including members of certain BAMER communities, new parents, or parents of children with SEND. Stakeholders highlighted that the relationships established between members of these groups had been important to parents and carers during a time when many were feeling increasingly isolated.

A delivery partner described how they worked to establish a sense of community among the parents they were working with, giving an example of a parent they supported during this period:

This mother that was not going to work for a considerable time, a single mum, very isolated from everyone else. We worked with her to come to various sessions and introduced her to other parents. Now, there's more of a connection to other members of the community.

In another community-led organisation, the delivery partner set up a WhatsApp group designed for new parents, to keep them connected and to enable them to seek out advice from one another:

We set up WhatsApp groups so their [conversations] can continue. I can't stress enough really the power of peer support and how that can support wellbeing and confidence.

Similarly, another organisation that works with new parents set up group sessions, to counteract the lack of ante-natal and post-natal services that were operating during lockdown. A delivery partner described the impact of these group sessions for the new parents that took part:

Parents were concerned about having less access to information from midwives and peers than they'd normally have. So feedback has been really positive from the group sessions – people are feeling less lonely. The feedback from parents is that there's reduced anxiety and stress, which also is a good impact for the health of the child.

The significance of peer support for parents and carers during this time, and the difference it made to their lives, was reported as an unexpected outcome for many delivery partners.

7.7 SHR supported parents and carers to keep themselves and their children safe during the pandemic

Stakeholders did not originally anticipate this as a key area of difference that SHR would make to parents and carers. However, delivery partners reported that in some communities, misinformation was spreading about the pandemic and they were able to share knowledge with parents and family members about how to keep their family safe.

Several parents and carers also reported that the sharing of information and knowledge around COVID-19 and how to stay safe was particularly beneficial for parents or families where English was not their first language.

A small number of parents and carers reported that they felt better equipped to speak to their children about how to stay safe during the pandemic due to advice and guidance from delivery partner organisations. One parent stated:

> *[Delivery partner organisation] had a key role in explaining how to stay safe, like additional hygiene… They helped me too, and it is easier to talk about now.*

This was echoed by another parent whose child received digital support as part of SHR and who had themselves received advice from their child's practitioner:

> *Yes, I think I can talk about COVID more […] things are moving forward and we are all learning more.*

7.8 Parents and carers' understanding of how trauma impacts on children and young people

This outcome area was not reported during consultation with stakeholders. Parents and carers reported that they had greater insight into how the lockdown period had affected their children because of SHR. Parents and carers of children with SEND particularly reported a greater understanding of their children's needs as a result of SHR. However, they did not report a greater understanding around the impact of trauma specifically on their children and family members.

7.9 SHR supported parents and carers to maintain good mental health and wellbeing

Despite the higher levels of mental health needs identified through the SHR programme, delivery partners and parents and carers reported that the programme has effectively equipped parents and carers with better strategies for managing their own and their children's mental health, as well as boosting

parents' confidence supporting their children. This was particularly the case for parents and carers with children with SEND. One stakeholder stated:

> *[We've been] upskilling parents to long-term support their children and understand their children's mental health, and how to address that and deal with it. A lot of parents have gone into panic mode during this time.*

Parents and carers reported having more confidence in their abilities and felt that they had more control over their family's situation as a result of their involvement with SHR. One parent described how this increase in confidence was brought about by reassurance and guidance from the practitioner working with her child:

> *I'm more confident as a parent – something [practitioner] pointed out that I didn't realise I was doing, was just questioning everything I was doing. I didn't have much confidence in my way of dealing with her, because I just felt like I was losing control of the situation, and [practitioner] reassuring me that what I was doing was fine, that helped.*

Parents and carers also reported learning specific strategies and tools to help them support their children and meet their needs, such as how to establish boundaries, how much independence to allow their children, and to reflect more on their role as parents. A parent that had taken part in a health and wellbeing programme as part of SHR gave examples of strategies they had learned:

> *It has given us strategies as parents. Part of the programme asked us to look back through his stages of life and identify points in life or parenting that might have had an impact, and allowed us to be really reflective on lots of things, for example, how much independence we've given him, how much we've tried to instil confidence in him. It was quite a reflective process on us, and gave us a few things to think about. […] it empowered us a little bit.*

Parents and carers of SEND children or children with more severe mental health and wellbeing needs reported that they found these strategies particularly helpful. One parent of a child who was experiencing anger and behavioural issues during this period described the impact of SHR on her abilities to support her son:

> *[The practitioner] gave good advice about not doing too much so that we don't overwhelm [child]. She helped me to understand how [child]'s feeling. […] We covered things like behaviour, like giving them choices. It's made me feel more confident in the stuff that I've found. When you're doing something well it makes you feel more confident and makes me feel more reassured when things don't go as well.*

Case study: Frank's story

Frank's son is 14 years old and has Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD). He has recently been diagnosed with Autism Spectrum Disorder (ASD). He was struggling with school and his family were also finding it challenging to get an Education, Health and Care Plan (EHCP) put in place for him. Frank described difficulties in navigating the system. Frank and his family felt let down by other agencies they had sought support for their son from:

> *We have been let down by the NHS – no support through the doctors, CAMHS or the EHCP, nothing had been put in place. He is struggling, and school says he is disruptive.*

Frank's son was referred into SHR and received 1-to-1 support around reintegration to education, while his parents received advice and guidance from his practitioner on their son's ADHD, advice on EHCPs and other relevant issues. Frank spoke very positively about the intervention, stating that it helped them gain a better understanding of how to navigate the system:

> *They have changed our lives […] If you don't know the way the system is, what [practitioner] and Barnardo's has done for us is amazing. […] They have given us info regarding ADHD, and talked to us about the EHCP, and getting help with it. All the information has come from Barnardo's – that has been really good. It has opened doors for us.*

Frank reported how this advice and guidance allowed him to gain a clearer understanding of his son's needs:

> *We now let him have a meltdown, have some time out and then we deal with it. They have equipped us with how to deal with him regarding school […] My view has changed; I really now understand my child and how he thinks.*

7.10 Additional unanticipated differences

As well as short-term outcomes outlined in the co-developed SHR logic model, parents and carers, stakeholders and delivery partners reported a range of other short-term differences in the lives of parents, including:

- **An opportunity to express concerns and access advice.** Stakeholders reported that often for parents and carers, just receiving advice and having someone to listen to them made a significant difference to their lives. This was particularly true during a period where many families were struggling to find any support. One parent reported:

> *I feel a lot of relief. I would definitely use the word relief. Finally, I've been listened to. Because I've asked for help in so many places – my GP, schools, various agencies, but I don't feel I've been listened to or supported. The Barnardo's service has been the first service that has really listened to me and supported me to find some solutions. In supporting me, I can then deal with parenting better, because I'm being supported and listened.*

A delivery partner expanded on this:

> *Some of that stuff around reassurance and guidance – 'someone answered the phone' – that was a really big deal for parents and carers that rang in. A little bit of demystifying about what some of anxiety means, and the implications of it. I think a lot are parents and carers who don't necessarily need support… Giving them access to information and guidance and increasing skill base is crucial.*

Additionally, delivery partners whose organisations did not work directly with parents and carers reported that they were positively impacted via signposting and online advice:

> *There's some real practical help on online resources, like how parents can talk about mental health and wellbeing. It's helped support parents – it's a difficult period to parent children in, no matter their age.*

Parents and carers also spoke positively about this aspect of SHR, stating that having a "sounding board" had a major impact on them during a period where they felt increasingly isolated. One parent described this support in more detail:

> *I was also referred to someone myself, a family worker. It's been really useful for me on a personal level, just having weekly contact. It's almost like a sounding board, someone to talk to about the COVID situation, [child]'s situation. […] It was very easy to access, arranged it very easily – we talk by video call which is nice, can see faces. It's just been good moral support for me and [child].*

- **Financial impact of the crisis fund**. Stakeholders reported that SHR had effectively met the immediate needs of some families through the crisis fund by providing families with school uniforms, for example, or other essentials to enable children to return to school. A strategic stakeholder described the role the crisis fund played and its impact on parents and families:

  > *The crisis application fund has been a massive bonus for us – having that additional component has been really useful to meet some immediate needs of some of the young people we're working with.*

  Stakeholders described how this was a short-term solution for longstanding issues, but that it helped families ensure that the return to school was more seamless. A regional coordinator stated:

> *For the average parent, receiving money from the crisis fund to pay for shoes – they'll feel grateful, but not a lot will have changed in their lives. We've been able to solve a short-term problem – it's enabled that child to go back to school, but the next problem is around the corner.*

A number of parents and carers reported that receiving equipment to allow their child to engage with education and other activities made a major difference in their lives:

> *When lockdown started, we'd never done online learning or things like that, we'd never had laptops, and the kids had to wait for the other kids to finish, they were fighting… Doing Zoom learning was new to us, and we had difficulties for a few weeks, but then we got on really well and [delivery partner] helped us really well. We got a brand-new laptop, and it was really, really useful and very, very helpful – that was one thing that helped us survive lockdown.*

- **Advocacy to access care services.** Stakeholders noted that delivery partners played an important role as advocates to facilitate children's return to school. However, parents and carers also reported this advocacy work was not limited to education. They reported that SHR had helped advocate for children and families to engage with statutory services to help them receive appropriate (longer-term) support. One parent of a child with SEND who had epilepsy and received support from a specialist epilepsy charity, described how a practitioner had attended meetings with social workers and used her expertise to advocate on their behalf:

> *[She] was attending professional meetings as well […] There was a social worker involved. She didn't understand the impact epilepsy can have on mental health. [Practitioner] made such a difference in a meeting on that, helping people understand the meaning of it. In terms of her attending social work meetings – they were very intrusive [previously]. I wasn't doing very well, and felt I was being blamed. [Practitioner] helped them to understand that epilepsy can cause psychosis sometimes. I felt when she attended those meetings, things turned around a little bit and started moving in the right direction.*

7.11 What evidence is there that SHR will make a difference to parents and carers in the medium- to long-term?

The findings in this evaluation demonstrate that SHR has made immediate impacts on parent and carer outcomes in line with the co-developed logic model. However, as noted in Section 2.3, it is challenging to assess the potential impact that SHR may have on parent and carer outcomes in the medium to long-term. This is for a variety of reasons:

- The programme was designed to provide support to vulnerable children and young people adversely affected by the pandemic. It was a crisis response. It

was not designed to make specific improvements to parents and carers in the medium- to long-term. The focus on was on young people and working with parents and carers to help further support outcomes improvement for children.

- The evaluation has been commissioned and designed to capture emerging evidence of impact on outcomes in the immediate to short term. To capture medium- to long-term impacts, a longitudinal follow-up evaluation would be required.

In line with the above, stakeholders were not certain about the longer-term impacts of the programme, with a number of stakeholders stating that the next few months were crucial to ensuring that short-term impacts were sustained. While there was evidence of some improved skills and confidence in parents to respond to challenges in supporting their child, as well as evidence that families have been connected to longer-term support, a significant number of parents and carers were concerned that the interventions their children had received were too short-term to make a lasting difference.

Parents and carers reported that while their children had experienced positive outcomes as a result of the programme, they feared that these outcomes would not be sustained if support was not continued. While some parents and carers said they had been signposted or referred to other agencies for support, they were concerned that the change in practitioner and service could have a negative impact on their child. One parent reported this in relation to the 1-to-1 support their child had received through SHR:

> *Just three sessions is not that long, because obviously different things crop up, and when they have that bond with a stranger who obviously was quite difficult to talk to, it's difficult when that stops.*

Another parent echoed this concern about the drop-off of support:

> *The stability of knowing the person you're going to have isn't suddenly going to disappear. That's a concern of mine. She was very good – she secured extra sessions for us early on and that has made it better. It's frightening to think you have it for a little bit and suddenly that person's gone and you have to move on.*

One parent also reported that while their child had been effectively signposted to further support, they were concerned about their own regression, as they had become used to the support, advice and guidance they received from their child's practitioner:

> *It would've been nice for it to be a bit longer. They've got [child] the help and have outreached and have gotten people to get her sorted, but what I don't want to do is slip back. Although [practitioner] has said if I ever need a chat I could give her a call, sometimes picking up the phone is difficult. Today is the first day I've been able to make three calls... support from [practitioner], that's something I'll miss.*

8 SHR's impact on services which support children

8.1 Key messages

SHR was not designed specifically to support or improve outcomes for the services which delivered SHR or support children more generally. However, during the co-development of the SHR logic model, stakeholders recognised that in the course of delivering SHR, there may be impacts on the delivery partners and other services.

Evaluation findings include that:

- SHR increased awareness about the needs of young people across the workforce. This was a result of being funded to continue working with families throughout the pandemic, where otherwise services may have not been able to. Stakeholders reported that the programme has generated insights to the needs of the six priority groups of children and placed a spotlight on challenges to access Early Help.

- Staff delivering SHR have adapted their approach to supporting children, young people and families taking more flexible and responsive approaches.

- Stakeholders reported that SHR had not necessarily increased the sector's ability to identify young people in need of support (since most were known within the children's sector). Rather SHR has better enabled services to meet their needs and possibly raised the profile of the level and nature of needs of vulnerable children with policy makers.

There is mixed evidence of VCS organisations collaborating with statutory services. There were some challenges reported to communicate the aims of SHR to a small number of local authorities. However, stakeholders also report that through providing flexible support, SHR may have relieved some pressure on Early Help services. There is also emerging evidence that some providers of detached youth work are collaborating more closely with police forces.

In the medium to long term, stakeholders and delivery partners reported three areas that SHR may have impact on the sector: (1) increasing the skills and capacity of small organisations, including improved practice and ability to bid for funds; (2) enhancing the reputation of VCS organisations as reliable partners to deliver support to children locally and nationally, and; (3) generating learning about how a large scale VCS-led response can be delivered, which could inform future policy approaches.

Lastly, stakeholders were confident that SHR had represented good value for money, because: (1) earlier intervention may have prevented more costly

interventions from being necessary; (2) the programme made effective use of the resources and networks of the voluntary and community sector, including of Barnardo's organisational structures as the lead provider, and; (3) the programme provided financial support to a number of VCS organisations which may not have received funding during the pandemic from other sources meaning that they may have folded.

8.2 Overview

8.2.1 Introduction

This section explores the evidence for the differences that SHR has made to services involved in supporting children, including the workforce, and considers short-term, medium-term and longer-term impacts.

8.2.2 The evidence base

The analysis presented in this section is based on:

- 112 in-depth interviews with key programme stakeholders and delivery partners.
- SHR documentary evidence

8.2.3 Section structure

This section presents findings by:

- Outcomes for the workforce involved in delivering SHR.
- Outcomes in the short-term and medium term for services involved in supporting children.
- Stakeholder views about whether SHR has been value for money.

8.3 What difference has SHR made to the SHR workforce?

Improved knowledge and understanding of the impact of COVID-19 on children and young people

Programme stakeholders and delivery partners reported that SHR had increased awareness of the needs of young people across the workforce, by providing additional resource for organisations to continue working with families throughout the pandemic. Stakeholders and delivery partners emphasised that continued contact with families has given their staff a more detailed appreciation of how COVID-19 was impacting the lives of young people – especially their mental health and wellbeing.

By bringing together a diverse network of providers working with different groups of children and different communities, stakeholders reported that SHR has helped to generate insights about how COVID-19 and how the associated restrictions have affected different groups of children in different and specific ways. Evidence of the different needs of children and young people supported by SHR is reported in 5.4 and 5.5).

Developing skills and working flexibly and responsively.

Stakeholders reported that SHR required staff to approach supporting children differently, requiring a more flexible and responsive approach. Due to the immediacy of the challenges created by the pandemic and the short-term support available through SHR, models of care focused on long-term recovery needed to be adapted to provide a more immediate form of support:

> *That's been a step change for some staff. It's probably given them an increased appreciation of the fact you can deliver brief focused interventions that will deliver impact, and that you can probably have some variability of the offer dependent on the assessed needs of the children and young people that present to us.*

Delivery staff noted how SHR provided them with the opportunity and resource to trial new interventions and ways of working:

> *This has given us an opportunity to prototype two things we've never done before. In terms of my staff, my team, their confidence has increased and they've been able to find new skills in themselves that they didn't think they had. For example, 1-to-1 support – this was something we'd always wanted to do. Now we've seen how successful it's been. Also, the weekly wellbeing pop-up sessions were new. They've increased staff's knowledge, self-esteem, skillset, and for the service, have provided evidence for us to apply for funding in the future for this. Our aim is now to continue this.*

Increased collaboration between professionals from different organisations

Views about whether SHR has resulted in more inter-organisational collaboration across the workforce were mixed. The majority of delivery partners reported that their involvement with the SHR delivery partnership was primarily based on a unilateral relationship between themselves and Barnardo's. One delivery partner described their involvement with the partnership as follows:

> *I don't think the partnership arrangements, in terms of having a network, has affected us that much. You meet them all online and hear all about their experiences in shared forums etc. […] but we haven't worked with any other partners at this stage.*

A smaller number of delivery partners stated that they felt that SHR could have done more to connect them with other organisations working in their regions. One delivery partner described:

I think there's more to develop on the regional partners - it could work better on a regional basis, as all the seminars have been national. But I recognise they've been prioritising what are the most important things to cascade. But more regional links would be better in future.

While the network did not necessarily grow ties between organisations or practitioners, delivery partners did highlight that there had been opportunities to learn from one another via forums such as the webinars that were hosted by Barnardo's. For some smaller delivery partners particularly, these were valuable learning opportunities:

I've never seen that many organisations and charities coming together with one purpose. The Zoom meetings, sharing knowledge and best practices - I've taken part in them all. I've taken some contact details that may use in the future - but most beneficial has been the sharing of practice – what works and doesn't work.

Similarly, a small community organisation that works primarily with BAME children and people described the impact the programme had on their organisation, in terms of relationships established through the partnership network and the potential these relationships held for future work:

There are two organisations in particular – one we knew of, and one we didn't. We're actually more confident to work with each other in terms of doing a collaboration of applying for funds together, and being together on SHR has given us that opportunity. You were there at SHR, we're doing a similar thing. If they're funded by SHR, there's more confidence – they're reputable.

8.4 What difference has SHR made to services involved in supporting children in the short term?

8.4.1 Improved awareness of the nature and scale of needs of specific 'hidden' groups of children

Stakeholders reported that SHR has been effective at generating learning about the nature and scale of needs of specific groups of children – particularly the six target cohorts established by the programme. This has been achieved through the use of effective data collection mechanisms (including data on needs collected at during triage and assessment), as well as by bringing together stakeholders (such as programme advisory board meetings) and delivery partners (such as the learning seminars) at regular intervals to discuss learning from the programme. Insights about the needs of children and families supported by SHR are analysed in Chapter 5.

Stakeholders emphasised that SHR has uncovered evidence of the potential scale of needs that exist, including unmet need across all of its priority cohorts. In some cases, needs appear to have pre-dated the pandemic. In particular, stakeholders reported that the programme has improved awareness amongst

Barnardo's, the DfE and delivery partners of the challenges to access appropriate support from Early Help services.

A stakeholder described how the intelligence gained from the programme could be used to inform central government planning around Children's Services:

> *It gives us better insight and intelligence about the particular needs of vulnerable families during COVID. This is quite important in informing [government's] thinking around Early Help and Children Services, as well as insight into these specific cohorts.*

8.4.2 Improved identification of young people in need of support

There is mixed evidence about whether SHR improved the identification of young people in need of support. Stakeholders agreed that the programme had successfully offered support to a wider range of children than would have likely been possible without SHR's wide and diverse partnership network. They also agreed that without the network, it would have been challenging for Barnardo's or by local authorities to reach some of the families that it did.

A critical element of this was the large proportion of BAME-led organisations that made up the delivery partnership. A strategic stakeholder noted how the delivery model used in SHR, specifically its focus on grassroots and community-level organisations, made it possible to target support to these groups of children and young people by building on existing networks:

> *Working with these BAME organisations, an unexpected outcome was just how many of these children and young people we reached. The sector frequently talks about them being 'hard to reach' – they're not hard to reach, we just haven't had the right approach to reach these children and young people and these grassroot organisations.*

Stakeholders flagged the work with BAME organisations and communities as a particular strength of the programme:

> *I think the work with BAME organisations and communities has been particularly important for the whole sector, and understanding those children and young people. And because that came around the same time as Black Lives Matter – it felt that this has been the right thing to do in terms of raising the profile of the impact of systemic racism on the lives of children and young people.*

However, as discussed in greater detail at 4.5.3, stakeholders and delivery partners did not necessarily consider these children hidden. Within the network of children's services (including the VCS sector and schools) these children were already known. Therefore, some stakeholders argued that SHR had not improved the sector's ability to identify young people in need of support, but it has better met their needs and possibly raised the profile of the nature, level and complexity of children's needs with policy makers.

8.4.3 Improved service offer in relation to 'hidden' groups of children

Stakeholders agreed that through SHR, support was provided to children and young people that would not necessarily have been available without the programme. It has supported the needs of vulnerable children that many in the sector recognised was there. Indeed, some stakeholders have questioned the accuracy or usefulness of the term 'hidden children'. SHR has provided the additional funding required for those services to offer support during the pandemic, without which they may have been required to restrict services and furlough staff. In addition, it has provided the means by which to identify, engage and support children from groups commonly referred to as "hard-to-reach".

As reported in section 6.15, the mixed economy of support made available to children via the programme – including the blend of delivery partners, approaches and workstrands available – was identified as impactful. In the short term, SHR improved the service offer available to children.

8.4.4 Improved collaboration between VCS organisations

Stakeholders reported that SHR had a mixed record in improving collaboration between organisations. Programme stakeholders and delivery partners reported that the programme has been successful in terms of providing a coordinated response, but that the delivery partners primarily worked with Barnardo's as the programme lead rather than collaborating with the network of partners more widely.

Stakeholders also noted that the large delivery partner network had required some extensive project and contract management on the part of Barnardo's. For the network of partners to operate in a coordinated manner beyond this programme without clear governance, accountability and project management infrastructure would be a challenge, although there were examples of delivery partners who have identified other local organisations via SHR who they plan to work with in the future.

8.4.5 Improved collaboration between VCS organisations and statutory services

Programme stakeholders and delivery partners reported a range of views about the extent to which SHR resulted in improved collaboration between VCS organisations and statutory agencies. Stakeholders reported that:

- Communicating the programmes aims to a minority of local authorities had been challenging and this may have resulted in a missed opportunity for closer collaboration.
- There were a number of examples of successful collaboration, in particular, between police forces and delivery partners delivering detached youth services.
- During the course of the pandemic, SHR has provided flexible support to complement Early Help services, particularly where those services have been stretched to provide a service to everyone that needs support.

Communicating programme aims to statutory agencies

Stakeholders reported that statutory sector partners a small number of local authorities did not understand the purpose of SHR, which led to them questioning why the funding had not been allocated to under-pressure statutory services. Stakeholders reported that this tension resulted from challenges to explain how SHR aimed to provide additional support to children not seen by local authorities, rather than support the excess demand for local authority services. One strategic stakeholder described:

> *The local authority could have been more involved in the process, and schools generally could've been given more of a heads-up. Having a local authority partner from each area would've massively supported this whole process – having a quick chat with them about, for example, how could this work in your area, and getting in touch with Heads, for example, just a note to say 'this will be happening.'*

Stakeholders reported that the pace of implementation – which was a necessity and a perceived strength of the programme – had meant there was less time for consultation with statutory agencies and that this had likely contributed to the misunderstanding in some instances.

Detached youth work building links with local agencies

Programme stakeholders and delivery partners reported that SHR had resulted in closer partnership working in some areas, particularly through their delivery of detached youth work. For example, one delivery partner reported:

> *One of the things we've done is, particularly in South Bristol where there's high levels of need – we've created a WhatsApp group of multi-agency youth workers. If something's kicking off one day - you can give heads-up to who can be there the next day. This work has enabled us to think less about organisational boundaries and more about young people's lives.*

Delivery partners noted that detached youth work was a strand which was particularly effective in fostering relationships with local services. One strategic stakeholder described:

> *What's been fantastic is the links built between delivery partners, youth services and police. They've built some great relationships with services, built the credibility of their organisations, and demonstrated their flexibility across communities.*

However, other stakeholders reported no change in how connected delivery partners were with local services. One stakeholder described this as an area for further development for the next phase of the programme:

> *I'd want to see how do we get these partners more involved in their local authorities; if you support partners, they can do more. That would be the legacy.*

SHR has helped to take pressure off Early Help and other services

Stakeholders described how the programme may have helped to take pressure off Early Help services, at a time when its capacity was stretched. SHR was able to respond quickly and acted as a bridging service for some children and young people on Early Help waiting lists. A delivery partner described how they felt by supporting some children SHR will have prevented some additional referrals to Early Help services:

> *Hopefully it will have taken some pressure off Early Help. Everybody during lockdown was worried about this tsunami of referrals and people we couldn't see. […] I think SHR has reduced the need on that system and pressure.*

This was echoed by another delivery partner, who gave an example of their partnership with CAMHS and how the provision provided by SHR had taken pressure off CAMHS locally:

> *I can speak for CAMHS, as we have a partnership with them. We've taken seven young people yesterday off a primary mental health worker waiting list to be supported by SHR. CAMHS are triaging CAMHS referrals to SHR, which is really positive for families to be able to access immediate support. It's also helpful for statutory agencies to refer into SHR, to have a young person in crisis and be able to refer straightaway for support.*

However, as mentioned in 5.6, the programme has also uncovered potential additional demand for Early Help services. While it may have taken pressure off Early Help and other services during the lockdown period, as it reaches its exit planning stage it may result in a higher number of referrals into these services.

It is also important to caveat that these findings do not include the views of stakeholders from Early Help or CAMHS services. Further, the challenges identified here may not apply consistently across England, due to different eligibility criteria for Early Help services in different areas.

8.4.6 Improved approaches to safeguarding and associated outcomes?

Strategic stakeholders reported that as part of the process of applying to join the SHR delivery partner network a number of organisations' safeguarding processes and policies were reviewed and support was provided to codify practices so that organisations were eligible to take part. Strategic stakeholders reported that it was likely that safeguarding practices may have been improved in these organisations as a result of this activity. However, delivery partners did not report any improvements in approaches to safeguarding for services as a result of the programme. This may be because delivery partners did not perceive a change in practice, rather a change in how policies were codified.

The majority of delivery partners stated that they already had robust safeguarding procedures in place, and those delivery partners that did report impact in the infrastructure and processes of their organisations as a result of SHR reported

these changes being made to processes such as data monitoring and funding applications, with no delivery partners reporting they had changed their approach to safeguarding as a result of the programme.

8.4.7 Other impacts on delivery partners: financial stability

Besides those short-term outcomes as listed in the programme's theory of change (see Figure 12), stakeholders also reported that SHR had been influential in stabilising partner organisations during a period of financial instability. Stakeholders reported that the funding awarded through SHR enabled some organisations to stay afloat financially, contributing to the sustainability of smaller organisations during this period. One delivery partner described this stabilising impact:

> *It's allowed us to take back a couple of staff who we really would've struggled to employ, some sessional staff, who wouldn't have qualified for furlough. It's had a big impact on a basic economic level.*

8.5 What evidence is there that SHR will make a difference to services supporting children in the medium to long-term?

Stakeholders reported a range of differences that SHR had made to services as well as the voluntary and community sector more widely, including:

- Capacity building, particularly amongst smaller charities
- Enhanced reputation of the VCS sector
- Learning about how to deliver large scale, VCS-led interventions

8.5.1 Capacity building in delivery partners

A key difference that SHR made to services was the capacity building it offered to some of the smaller organisations in the delivery partnership. This was widely reported by strategic stakeholders, one of whom described how these organisations have developed through their involvement with SHR:

> *The process they went through, of due diligence with Barnardo's, will have assisted them in being better prepared for doing grant applications, and made them think slightly differently about the way they construct their bids and applications. They've gained something from that experience that's enhanced their own knowledge and awareness.*

Stakeholders and delivery partners reported that the key areas that SHR had supported delivery partners with were:

- **Assisting small community organisations to successfully bid for funding:** As described at 4.3, stakeholders and delivery partners reported that some organisations were provided with coaching to complete the SHR

expression of interest and contracting process, including updating policies and process as required. Stakeholders and delivery partners report that this experience has equipped them to take part in future funding opportunities.

- **Performance monitoring, data collection and evaluation:** A number of organisations reported the data collection requirements of SHR as being beneficial for their organisation, with one delivery partner describing the data monitoring element of the programme as a "*learning curve*":

  It's quite a new project, this, so it's forced us to really get clear on our monitoring and evaluation processes - they provided quite a lot of detail around that, for example, the case closure forms. It has forced us to think about that, because they've got quite clear measuring tools and questions that they want us to ask at the end.

- **Reviewing operational practices:** Delivery partners also described how being part of the partnership network made them reflect on their own practices and approaches, after gaining insight into the ways of working of other similar organisations through the webinars hosted by Barnardo's.

  With other organisations, seeing how efficient they are – it's made us look at ourselves, what we do we well, and what we don't. We're learning from good practice and trying to implement that. Without SHR – we would be stuck in our ways.

- **Developing practice for supporting children:** There were a small number of examples of organisations adopting new practices because of successes delivering support as part of SHR. For example, one local children's charity described the impact that SHR had on their service in terms of making them rethink their approach to service provision, based on methods and approaches they had been able to trial during the programme.

  It's definitely changed the way we run – the therapy services side. We've actually developed the therapy side of things, with some group therapy sessions.

  We were running parenting family resilience courses. With this 1-to-1 work – maybe we had the odd bit before. Now that's become a whole new strand to our organisation. We've increased the hours of other staff. […] It's definitely changed strategically. For our organisation, we will be able to therapeutically support children in the longer term. It's a real game changer for ourselves.

Case study: Organisational capacity building

A BAME-led community organisation described the support they had received from Barnardo's throughout their involvement with SHR as making a significant difference to the way they ran their organisation. A partner from this organisation described the application process as follows:

> *Barnardo's were very supportive. As a small organisation – you take some things for granted. There are things you're doing well, but you're not shouting it out in your application. When we put in the application, they called us and interviewed us. They told us – most of the things we said in our interview, we didn't put in our application, and that we can do better. They said they were going to work with us – they've seen our track record with different families and different schools. This was great – without that, we wouldn't have gotten into the programme, because we failed to do [it], because we were rushing. They supported us through the process.*

This delivery partner described the changes to delivery that had already been implemented in their organisation because of their involvement with SHR:

> *Because of the SHR programme, we've already seen a lot of improvements in our own delivery – it's been a chance to see what we can improve on and strengthen what we have been doing before. Around the documentation – we've already learned a lot, about different ways of reporting. We've also learned things through the workshops, and from the [regional] coordinator.*

Finally, the delivery partner reported that this experience would have a long-term impact on their organisations, and the processes they used going forward:

> We are going to put some learning back into our organisation, to work with other families and children. Probably some of the evaluation processes, and some of the feedback [forms], the way that's designed.

8.5.2 Enhanced reputation of the VCS

Stakeholders reported that the programme had delivered a positive reputational impact for delivery partners, and also strengthened the reputation of Barnardo's as an organisation with whom other charities could partner. A partner from a regional youth work organisation reported:

> *It's had a positive reputational aspect for us. Partnering with Barnardo's, and delivering on the cutting edge – it's really positive.*

Another delivery partner highlighted:

> *If I was in a local authority now, I'd be thinking about the potential that exists with the sector and community assets, and how we can thread some of those assets without duplicating efforts.*

Delivery partners suggested that participation in SHR had given their organisation credibility with other local agencies, who stated they were now being invited to be involved with forums and projects they previously would not have had access to:

> *We've recently been invited to things we wouldn't have before – a BAME collaborative forum, some mental health research projects. It's impacted us reputationally and also to do with resource – when they see we're involved with SHR.*

A strategic stakeholder described the "confidence and credibility" awarded to smaller delivery partners because of the programme:

> *I think it's brought organisations together that we wouldn't generally work with, and supported and developed them, giving the opportunity for them to be noticed by local authorities. Usually it's always the same one that gets commissioned. So by giving grassroots organisations the chance to work with Barnardo's has maybe given them confidence and credibility to bid for bigger contracts.*

Another delivery partner noted that their involvement would result in more funding opportunities in the future:

> *It probably will have an impact on us to get more funding - being aligned with a programme like this gives good credibility.*

Similarly, colleagues from Barnardo's reported a positive reputational impact due to their involvement with the programme, largely related to how the delivery partnership had been recruited and utilised:

> *It's arguably shifted their [small charities'] view of Barnardo's, from being a big monopolising organisation that hoovers up national work as well as some of the local commissioned work, to a view that we want to do what's in the best interests of our children and young people and communities, and we're quite flexible about how we approach that.*

8.5.3 Learning about what works to deliver large scale, VCS-led programmes

Stakeholders recognised that a potential future outcome is that there is greater understanding of how a VCS-led partnership approach can be mobilised to deliver large scale programmes of support. Stakeholders hoped that a legacy of the programme would be that this system of working could be repeated in the future:

> *That would be a great thing to happen. Having come up with a formula that works, it would be a shame for that to be forgotten and not used again. […] The fact the programme has been able to deliver through 85 delivery partners - an impressive achievement. A future model for how we make use of the third sector.*

Stakeholders recognised the intrinsic value of the partnership and highlighted the following learning:

- **The role of large VCS organisations:** Stakeholders reported that SHR has shown that large VCS organisations have been less flexible in comparison to smaller organisations in some areas, e.g. the speed with which they can mobilise local resource, but they have been vital to leveraging their bureaucracies and organisational structures to deliver SHR successfully. Stakeholders questioned whether there are lessons about the future shape of the VCS sector that can be drawn from this experience:

  > The other question it raises is about the big charity model of being commissioned - if we want to do something responsive like this, should the organisation deliberately have more capacity? So if opportunities come along, we've got a flexible workforce and can bring people in at short notice to cover these developments. It's not something we do at the moment.

- **Strength of a diverse network.** Stakeholders reported SHR was a strong model for responding to need because of the diversity of delivery partners gave more flexibility to the response. A stakeholder flagged this flexibility:

  > The trouble with tendering these days – everything is so prescriptive about what people want. There's no room for creativity, and you end up being pigeonholed, rather than responding to an actual need. It's great when the voluntary sector comes together.

- **Effective commissioning practice:** Stakeholders reported that the programme was a successful model for distributing funds at pace, based on collaboration between government and the VCS sector:

  > It's been an exemplar programme for collaboration between central government, a national charity, and local or regional charities. The fact it's been pulled together so quickly is even more impressive. Creating a simple mechanism for generating revenue that goes to partner charities directly rather than getting it siphoned off or filtered up in the centre. Often, the money gets passed around the houses within government but doesn't make it to the people on the ground - that hasn't happened with this one.

8.6 Value for money of See, Hear, Respond

Strategic stakeholders generally agreed that the programme was value for money. Stakeholders described the programme as value for money for several reasons:

- **Earlier intervention.** Stakeholders reported by intervening at an early stage, many children's needs will have been met or prevented from deteriorating to such an extent that a more costly intervention would be avoided:

  I think spending that money now – you'd be spending ten times that in six months. If you don't intervene early, they escalate. These things are just exponential.

- **Use of existing structures.** Barnardo's effectively leveraged existing organisational infrastructures, both across the partnership network and within its own organisation, meaning the cost of establishing and delivering the programme was limited. One stakeholder reported:

  The primary reason for value for money was the use of existing support functions. I haven't had to recruit another finance or HR person – the existing infrastructure of the organisation was already there. That's really good value for money. Same in all organisations, right across the board. We've hit the targets as well, in relation to children and young people. That's demonstrated that value.

  The structure of the delivery model was also flagged as being cost-effective. One stakeholder explained:

  So if you can have a structure like SHR, where Barnardo's absorbs a lot of the contractual standards, ensuring quality, and provides an umbrella for smaller organisations to do what they're good at – then I think you really get good value for money. You've got enough of the controls you need – but then you've got an enabling environment for those smaller charities to really deliver.

- **Financially supporting a greater number of organisations.** An unintended outcome of SHR has been to provide resources to a range of organisations that would not have necessarily continued to operate during COVID-19 without the funding SHR supplied.

- **Flexible approach to re-distributing resources to meet needs.** Programme stakeholders reported that SHR made efficient use of funding by taking a flexible approach to re-distributing resources to ensure that they were deployed to meet needs. This included allowing organisations to reallocate resource between work strands depending on changing circumstances and needs of children. Where organisations were unable to deliver support as agreed in their contracts, resources were reallocated to other delivery partners instead. Programme stakeholders reported that this was possible because of the strong relationship between the SHR programme staff and the DfE and

also the up-to-date project management data, which meant the DfE could approve changes to the programme quickly and based on evidence.

9 Appendix A: Estimating eligibility for Early Help

9.1 Overview

The following section sets out the approach to estimating the proportion of children supported by SHR who may have been eligible for support from an Early Help service.

9.2 Rationale and method

A finding of the evaluation was that stakeholders identified children who they believed had needs that would qualify them for support from an Early Help service. However, a challenge was to quantify the number of children who might have been eligible for support from the cohort of children who were supported by SHR.

Estimating the number of children who may be eligible for Early Help is difficult because throughout England there are different eligibility criteria and thresholds to access support. Therefore, a single set of criteria cannot be applied to the SHR cohort.

To develop a criterion that could be used to identify children who might be eligible for Early Help support, Barnardo's staff reviewed the eligibility criteria of 50 local authorities. Based on this review, Barnardo's identified that children with multiple needs or certain specific 'eligible needs' were more likely to be eligible for Early Help (notwithstanding variation in the thresholds for support that local authorities may apply). The criteria are detailed in Figure 55.

Figure 55 Barnardo's model eligibility criteria for Early Help support.

Criteria	Predicted eligibility for Early Help
A child has two or fewer needs, not including 'an eligible need'	Not eligible
A child has three or more needs of any kind	Eligible
A child has one of the following 'eligible needs': - Child mental health; - barriers to reintegration to education; - Exposure to harm online; - Caring responsibilities; - Safeguarding concerns;	Eligible

Criteria	Predicted eligibility for Early Help
- Parental mental health needs; - Concerns about child's safety outside the home.	

To calculate the proportion of children who were supported by SHR and may have been eligible for Early Help these criteria were applied to the data set of children who received an individual assessment by a delivery partner or the intake assessment team. This does not include children supported as part of detached youth work because this was group work and individual children's details were not recorded.

9.3 Estimates of children supported by SHR who are eligible for Early Help.

Figure 56 below presents a breakdown of the number of children who were supported by SHR and may have been eligible for Early Help.

Using the two sets of criteria gives a range of between 5,777 children (40% of assessed children had three or more needs) and 11,830 children (82% of assessed children had at least one eligible need). This includes a number of children who may have been eligible based on both sets of criteria, since approximately half of those with an 'eligible need' also presented with three of more support needs.

Figure 56: Breakdown of case level cohort by estimated eligibility for Early Help (n=14,448)

Eligibility criteria for Early Help	No. of children	% of SHR cohort
Three or more needs	5,777	40%
One or more eligible need	11,830	82%

9.4 Interpreting estimate of Early Help eligibility

Caution should be applied when interpreting the estimated number of children from this cohort who may be eligible for Early Help. Based on the criteria developed by Barnardo's there is a large range in the estimates of children who may have been eligible: due the variable criteria for Early Help services nationally.

Furthermore, the data about needs is limited, and therefore we cannot say with confidence that all needs – including 'eligible needs' would meet local thresholds for support. For example, 8,569 children (59%, n=14,448) were reported to have a mental health related need. Based on the model eligibility criteria all of these

children will have been eligible for an Early Help intervention. However, it may be that some children's needs were at a level which would not qualify them for support. Therefore, the upper estimate of children who are eligible may be overestimating eligibility.

Nevertheless, what this estimate does suggest is that given the nature of needs of children in the SHR cohort and the number of children presenting with multiple needs, there is likely to have been a significant proportion of children who would be eligible for an Early Help service.

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