

Final

Barnardo's SHR

Brief 1: Supporting children with SEND to reintegrate into education

May 2021

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1 Introduction

1.1 Background and approach

This brief identifies learning and good practice principles for **supporting children with Special Educational Needs and/or Disabilities (SEND) to reintegrate into education**. It is informed by the Barnardo's led See, Hear, Respond (SHR) programme, commissioned by the Department for Education.

SHR was funded between June 2020 and March 2021. It brought together a consortium of national and community-based charities and other partners to provide assistance to over 100,000 vulnerable children, young people, and their families, who had been adversely affected by the COVID-19 pandemic.

The overarching evaluation found evidence that despite challenging circumstances **the programme was a success, reaching more children** than anticipated and **achieving positive outcomes** for most of the participants¹.

This brief is based on **case closure forms completed by SHR practitioners during phase one of the programme, i.e. between June and November 2020**. They completed open text answers describing:

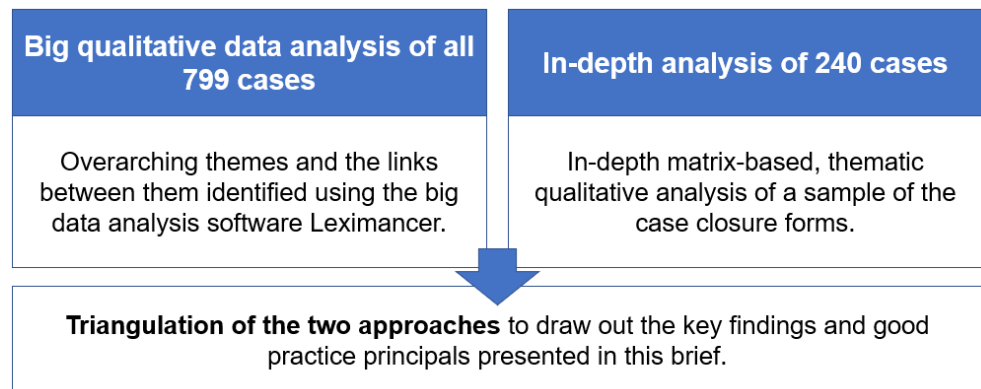
1. **The work they undertook** with children, young people and families, i.e. the types of approach used to deliver support.
2. **Key areas of learning and outcomes** from the work they delivered with children and young people.

This brief is based on a **qualitative analysis of the case closure forms for 799² children and young people** who were identified by SHR as being in a core priority support group of “Children with Special Educational Needs and Disabilities (SEND)” who received support strand package 3, “Education reintegration support”, as part of the programme. Figure 1 provides a summary of our approach to analysis that has informed this brief.

¹ See the [Executive Summary](#) from the summative evaluation of SHR.

² A further 64 did not contain data and so are excluded from this figure (e.g. those stating 'N/A').

Figure 1: Summary of analysis approach



1.2 About this Brief

The following brief presents:

- Good practice principles for supporting children and young people with SEND to reintegrate into education.
- Types of need experienced by children and young people with SEND who received support with reintegrating into education during the pandemic.
- Examples of support provided by SHR.
- Outcomes achieved by SHR for children and young people with SEND.

The findings in this report are illustrated with 'quotes' and case studies taken from the practitioner case closure notes. In these quotes and case studies all names of parents, carers, children and young people have been changed to preserve their anonymity.

2 Good practice principles

2.1 Six key good practice principles

The analysis of practitioners' case closure forms identified six good practice principles for supporting children and young people with SEND to reintegrate into education. These are summarised in Figure 2. More about each of these is set out in the following sections.

Figure 2: Six good practice principles for reintegrating children with SEND into education



2.2 Flexible, child-centred approach

Practitioners in their open text responses highlighted how they had to **be flexible and adapt to the individual child or young person's needs** to support them to reintegrate into education. For example, practitioners wrote:

'Young people are often described as 'hard to reach' or labelled with terms such as 'refused to engage'. This case has proven that the methods used need to be adapted to meet the young persons need.'

'During group work it was identified that Jillian³ would benefit from some 1:1 attention and this really helped her open up and embed learning in group work. Each child is unique and one approach does not always fit all.'

Analysis of the practitioners' textual responses suggested the following aspects were key to delivering support:

- **Enabling a flexible approach to delivering support.** Practitioners reported that the SHR programme was sufficiently flexible to enable them to tailor their approach to provision of support to meet children's needs. For example, moving from virtual to face-to-face, or phone to text. One practitioner described using video calls when the young person was feeling confident, but phone calls when they were not.
- **Going at the child's pace.** Children were sometimes resistant to support or slow to engage, and this could change on a day-by-day basis. Figuring out a child's comfort level was important when helping them reintegrate into education. One child, for example, had one-to-one therapy focused on unpicking her anxieties around school and part of the solution included reducing her participation in Physical Education (PE) and then increasing this gradually at a pace she felt comfortable with.

One practitioner described their key learning as:

'The importance of working at the child's pace and recognising and celebrating small achievements.'

³ This name, and all subsequent names of parents, carers, children and young people, have been changed to preserve anonymity.

Case study: Devin's reintegration into education

Devin 'has quite significant SEN needs'. He finds it **difficult to manage his emotions** and has been **too anxious about COVID-19 to leave the house**.

'Devin's Mum said that he had not left the house in 21 weeks because he was so anxious and terrified of COVID-19. [...] He felt he needed to ask his Mum if Boris (Prime Minister) had given permission for him to leave the house.'

Devin was placed with a charity offering beach-based activities, including small group sessions and one-to-one work. He had previously received support from them, which helped him engage quickly, despite his anxieties. He took part in three sessions, where he was able to choose how to participate and go at his own pace.

'Once his Mum left Devin expressed how he would like to be left alone until the group headed to the water's edge. As Devin felt more in control, he was able to calm himself down and eventually joined us.'

Devin **enjoyed the sessions and left them calmer**. Discussions about Devin's needs also took place with his **Mum** and she **benefitted from the activities** as well.

'Devin was able to self-soothe and lower his anxiety levels by being allowed to be in control, and once he was in the sea, he was able to laugh and play! Both Devin and his Mum were a lot calmer after the sessions. After managing the sessions, Devin was able to re-access school and other activities outside of the house.'

2.3 Whole family approach

Practitioners' notes highlighted the **importance of working with those around the child, especially their parents, when providing support**. This was a clear theme identified by the big qualitative data analysis and confirmed by our in-depth thematic analysis of practitioners' notes.

One practitioner wrote that their key learning was:

'The value of supporting the whole family in terms of improving outcomes for child mental health. When the referral was made, Mum had a high level of anxiety around Finn and how he was doing, but by including Mum in weekly sessions we were able to contain that anxiety.'

Practitioners found the following whole family approaches useful in supporting children and young people with SEND to reintegrate into education:

- **Supporting parents/carers to support their children.** Practitioners noted the importance of helping parents/carers to understand their child's need(s) and how to support them. Their notes showed they achieved this through a range of methods including:
 - Providing knowledge and resources about specific needs.
 - Advocating on the family's behalf at school.
 - Guiding the family through referral processes.
 - Teaching parents/carers skills for supporting their child.
 - Helping plan routines that worked for everyone.
- **Involving family members in the support for the child.** Practitioners brought family members together for some parts of the support they provided. This ranged from mediating discussions between the children and their parents or carers, to having siblings and cousins attend outdoor activities with the child with SEND, allowing them to have quality time together. This helped bring families closer together and address issues or worries they had together. For example:

'Jordan was the least confident of his siblings, requiring lots of encouragement. He needed lots of reassurance in the water and was better when his sister was near as she provides a highly caring role within the family. It was good to see him grow in confidence in the water over the time, and he said he would have liked to attend more sessions. They are now going to keep an eye out for more [project] possibilities as the siblings had lots of fun together.'

Another practitioner described using a **family group conference (FGC)** approach:

'FGC was a really appropriate style approach to use with this family as it gave all relevant parties an equal chance to speak.'

- **Directly addressing the needs of parents/carers and other family members.** Some practitioners were also able to work with parents/carers and other family members to address their needs. This enabled them to improve the children's outcomes by supporting parents/carers to support their children. For example, several practitioners noticed parental mental health issues, and signposted them to further support:

'The referral was clearly for support for the child but the impact Mum's mental health was having on the situation made this worse. A few difficult conversations with Mum which she found quite emotional were made for her to realise just how much her own mental health was impacting on the children. This gave Mum the push to address her own needs and she is now accessing courses, medication and counselling which has been a positive outcome.'

2.4 Giving children with SEND their own space

The importance of ensuring children with SEND have **time for themselves and their own space when needed** came out in a mix of ways in practitioners' comments.

Some practitioners wrote of how beneficial it was for the children with SEND to **spend time outside of the house**, for example taking part in activities and socialising with people other than their families.

'Ollie needed time away from his bedroom. He was initially reluctant but attended all three sessions and enjoyed each week. He enjoyed being active and his parents described him as being more positive afterwards.'

'Supported Jack to find ways to ensure that he left the house at least 3 times a week even if it was to go for a walk etc as this would give him some time to himself (away from his Mum) and it would also help with his mental health.'

This space was also seen to **benefit the parents**, for example one practitioner wrote:

'Mum was able to leave him in our care while she rested. Both Angus and his Mum were a lot calmer after the sessions.'

Other practitioners highlighted the importance of ensuring the children had their **own time and space at home** as well, for example through the **establishment of better routines** for the child and their family. This helped reduce tension and improve all of the family's emotional wellbeing. One practitioner described a mix of approaches they suggested to one family:

'Giving parents skills to manage the children's disruptive behaviour at home empowered them to introduce daily routine, including breathing techniques that were incorporated in the predictable timetable. We also highlighted the importance of both children spending time outside and after lockdown, signing up the older brother to the sports club.'

'The parents didn't realise that they already were working very hard with boys, and we highlighted the strategies that had been working. We also come up with the new ideas, such as [...] separating them at times to try and treat them individually.'

This was also an approach that was **applied at school**, with one practitioner describing organising a 'nest' room for the child:

Case study: Reuben's reintegration into education

Reuben is 10 years old and was **finding it hard to manage and express his emotions**. He felt that specific days at school were harder than others.

'We found that his thinking was very unhelpful on these days and resulted in him having low mood and frustration. [...] We identified the challenges he faces for school, which included getting into school, hard work and trying to remain focussed. We explored ways to cope in these situations, such as talking to someone, thinking positively, having a good breakfast and doing colouring when feeling nervous.'

Reuben **struggled the first few days back at school** after the second lockdown, however he **soon started engaging more and enjoying it**. **This was aided by having a 'nest' room at school** where he could do his work and access sensory items.

'By changing his thinking pattern into a more optimistic one, he found he expressed feelings of confidence and happiness which resulted in him focussing more in the class environment and being more kind.'

2.5 Addressing immediate and practical needs

Practitioners wrote of times where they **prioritised a child and their family's immediate practical needs** such as **financial needs and living conditions**. Through supporting these aspects of children's lives, **barriers could be removed** to help support children with SEND reintegrate into education. An example is summarised in the case study below.

Case study: Rochelle's reintegration into education

Rochelle, who is 16 years old, was **unhappy with her family and community after moving** across the country. She planned to leave the family to return to where she used to live, meaning she would miss the start of her college term. There were **practical needs around her family's living situation which were contributing to the issue**, which practitioners addressed by working with other local services.

'She was moving to escape the fact that the house had no furniture in it and there were mice and fleas in the property and did not seem to be getting any support from anyone. [...] By managing to apply for a young person grant with Barnardo's this allowed the family to obtain furniture for their house which improved the wellbeing of the family. I liaised

with the housing officer to ensure that she was sorting the issue with the fleas and the mice and made regular visits.'

Once the family's living situation was addressed, the practitioner **worked with Rochelle's college to improve the support** she was getting there.

'I liaised with the college who sorted out the start date and I improved communication between the young person and college special educational needs department to raise the awareness that the young person had an educational health care plan and specific needs.'

2.6 Building a trusted relationship with practitioners

Practitioner notes indicated that **building a good, trusting and friendly relationship with the child and family was key**, which took longer in some cases than others.

Building trust helped children to **become calmer, open up, and enjoy sessions more**. Developing trusting relationships also improved the amount of information families shared, which helped practitioners pass on relevant information to other professionals and to suggest appropriate types of support.

Practitioners wrote about the following key mechanisms that supported the development of trust:

- **Consistency** was important to building trust, for example making sure the child sees the same practitioner, and where possible using a professional the child already knows.

'She has built a trusting relationship with me and happily enters the sessions now, without Mum but still with her dog Poppy for comfort. We use play and talking to explore her feelings, she uses the space as an outlet to process. School has been very turbulent but she does attend every day and now has more good days than bad days in relation to entering the building.'

- **Regular encouragement** was also important, both in group and one-to-one activities. One practitioner noted that goal-setting was a useful tool for building in regular encouragement:

'[I] asked Damon what he would like to achieve at the start of each session so he had a goal to work towards then came back to it at the end of the session to see if he felt like he had achieved his goal, highlighted the positives to Damon about what he had achieved in the session. [...] Could see a difference in Damon as the weeks went on. [...] Damon was more comfortable in the small group environment and thrived from positive feedback and encouragement.'

2.7 Joined-up support

Even though SHR was a time-limited intervention, practitioners reported that it was critical to **join-up their approach with the other support in the child and family's life** to support reintegration to education. Practitioners noted that this included working with schools and other agencies to:

- **Exchange relevant information** about the child and family's needs.
- Link the child and family into further support, to address any other needs and to ensure support would be in place after SHR came to an end, i.e., ensuring **robust exit planning**.
- **Further make the child and family feel supported**. One practitioner wrote:

'Working across provisions in this case has been vital in ensuring that key information is shared between professionals and that this information is considered and managed appropriately so as to not further contribute to any anxiety the child may be experiencing.'

A couple of practitioners also mentioned planning **activities for groups of peers, enabling the children to build relationships with others that they will continue to see at school**.

3 Needs of children with SEND

3.1 Summary of needs

Children with SEND who faced challenges reintegrating into education presented with a **range of needs which affected, both directly and indirectly, their attendance and enjoyment of education**. This was caused both by needs which arose during the COVID-19 pandemic, and pre-existing needs which were often exacerbated by the pandemic and its associated restrictions.

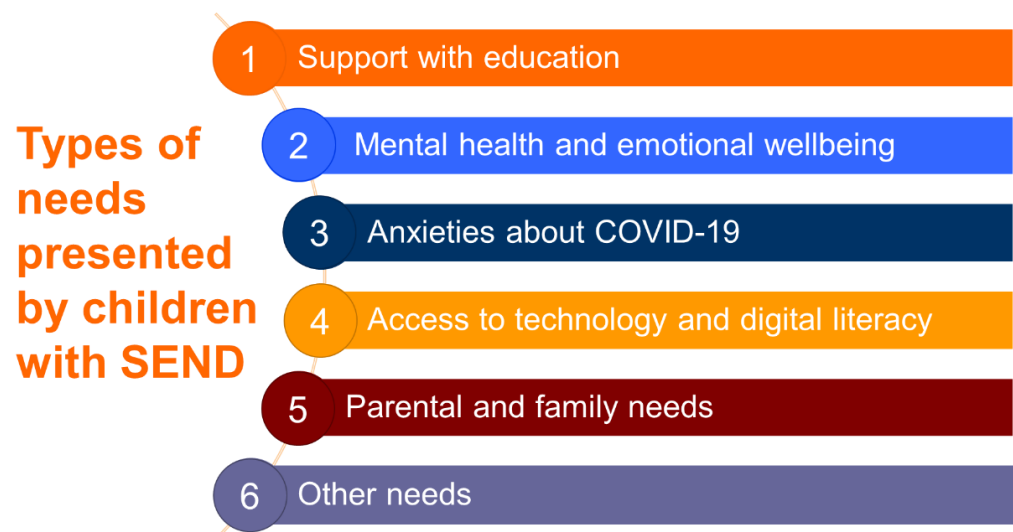
For example, children with SEND often benefit from set routines. Practitioners' notes highlighted how the **COVID-19 restrictions have disrupted some children's routines**, such as their sleeping and eating, which led to knock-on effects on other aspects of their lives.

Practitioners noted that the **full extent of children's needs were sometimes not captured by the initial assessment**. As a result, some children were provided with different, or more, support than initially anticipated:

'One thing that we as a staff team observed, was the need for flexibility around support needs for young people. While we had initially agreed certain packages to support the young person, it became patently clear that needs stretched beyond what was initially assessed, and delivery team had to adjust.'

This section presents the types of needs which were reported by practitioners, as outlined in Figure 3 below.

Figure 3: Key needs mentioned in practitioners' case closure forms



3.2 Support with education

The children and young people with SEND needed help reintegrating into education for a number of reasons, including:

- Making the school/alternative provision aware of the child's needs.
- Insufficient support and resources available at the school/alternative provision.
- Not feeling comfortable with returning to full time, in-person education.
- Needing support using digital technology as part of education.
- Exclusion or suspension from school.

Some children with SEND also needed **academic support**. For some this was needed due to previous lack of engagement, whilst a few other practitioners' case closure forms highlighted the issue of children falling behind due to the disruption of COVID-19, for example:

'Rose, like her sibling, is doing well in education. We have done a lot of work around reading and writing and maths and a lot of work via distance tutoring as this child and family had Covid-19 and spent 4 weeks in isolation.'

Other young people required support around **choosing their next steps after completing a stage of education, such as their GCSEs**. This decision was made harder by COVID-19 restrictions, for example those who were better suited to face-to-face than virtual learning selected courses starting further in the future, in the hope that face-to-face learning would be available then:

'We have looked into education providers, one that will be able to support Omar sufficiently and meet his individual needs. Omar does not want to do online training therefore we have signed him up to start with a provider in January.'

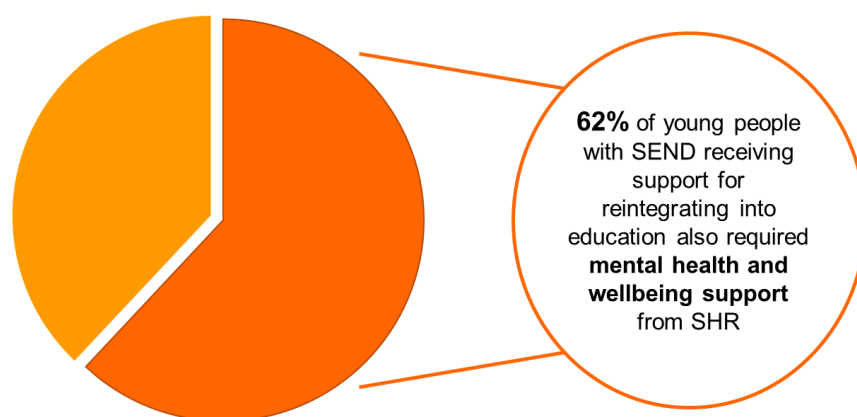
Practitioners also wrote about how **the way the child viewed education and their personal preparedness for it could be a barrier to reintegration**.

These needs are referenced in the rest of this section, for example how worries about COVID-19 caused some children with SEND to be anxious about returning to school.

3.3 Mental health and emotional wellbeing

Figure 4 shows that over half of the children with SEND who received support around reintegrating into education also fell within the core priority group 'Children requiring mental health and wellbeing support'.⁴

Figure 4: Young people's mental health needs



This also came out in practitioners' comments, with needs including:

- Anxiety.
- Emotional regulation challenges.
- Anger management challenges.
- Low confidence and self-esteem.
- Disrupted routines and sleeping habits.

Some practitioners noted these needs were **exacerbated by COVID-19 restrictions**, for example:

'Liam struggled with his anxiety prior to lockdown so when this started it added further stress and his anxiety was exacerbated.'

⁴ Base n = 865 (all children with SEND who received the reintegration into education package, including those who had no information given in the two open response questions analysed for this brief).

3.4 Anxieties about COVID-19

The COVID-19 pandemic and its associated restrictions have impacted children with SEND who received support to reintegrate into education in a range of ways. Practitioners highlighted **worries about following governmental guidance**, particularly when returning to school, as well as **loss of their usual support systems**. Some also noted children having **anxieties around them, or their loved ones, getting ill**.

'The pandemic is new to all of us and a learning experience in itself, having input into this case has supported me with learning more about how some people with learning disabilities may perceive the information given them about the virus and how this information can cause concern for someone who has limited understanding and literal thinking and is unable to understand the grey areas.'

3.5 Access to technology and digital literacy

The widespread shift to delivering support and education online during the COVID-19 pandemic has highlighted stark differences in people's access to, and understanding of, technology. Some practitioners noted issues associated with this, such as:

- Children having no access to a laptop for virtual learning.
- A lack of knowledge about how to navigate education options online.

'Many young people need extra support to take the first step into college and then ongoing support to ensure they settle and now even more so that they can access online lessons.'

3.6 Parental and family needs

Practitioners reported addressing needs of the wider family as well as the child, acknowledging **how important it is to consider the whole picture**.

This included **parents' lack of knowledge of how best to support their children** and lack of understanding of their specific special educational needs. For example:

'Parents have been equipped in skills to manage the children's hyperactivity. Parents were given information about the child's brother's ADHD and encouraged to refer their son for a further assessment. [We] worked on interactions with other son & how to manage the time with both of them.'

Other family needs included the **parent's mental health issues and problems with their living conditions** that could also affect the child:

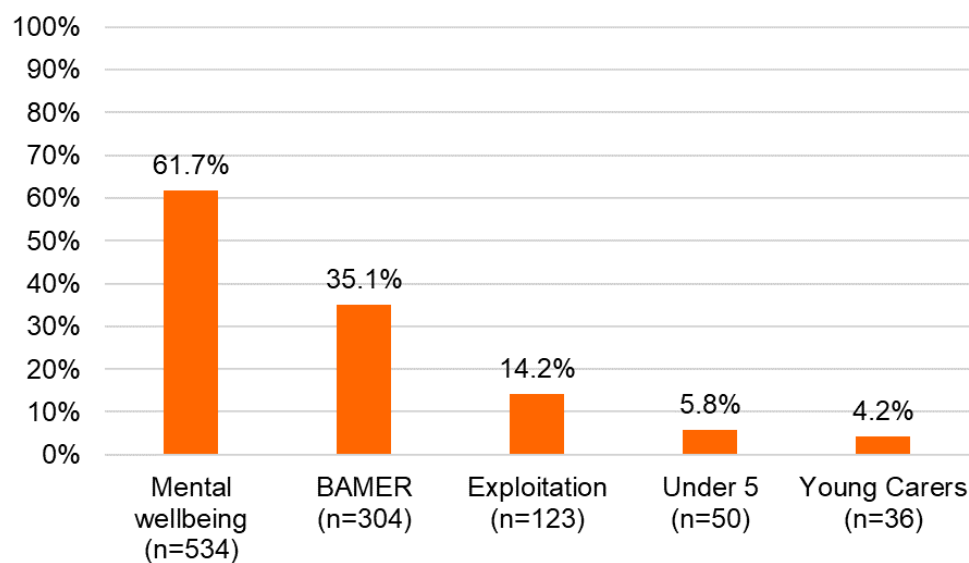
'Support for Mum's mental health and anxiety to manage the home environment. [...] offering sessions to Mum who identified her own

mental wellbeing was impacting on Alex's and she needed support for herself.'

3.7 Other needs

Figure 5 shows that many of the **children with SEND being reintegrated into education were also in other core priority groups for SHR, including 'Children requiring mental health and wellbeing support'** (as discussed in 3.3 above) and/or being Black, Asian, Minority Ethnic and Refugee (BAMER):

Figure 5: Proportion of all children with SEND being reintegrated into education who are in other core priority groups (n = 865)



In a few cases, practitioners **identified children as young carers** and were working to put appropriate support in place. This again shows how new needs were identified by SHR, affecting the support required.

Other, less commonly occurring needs children required support for included:

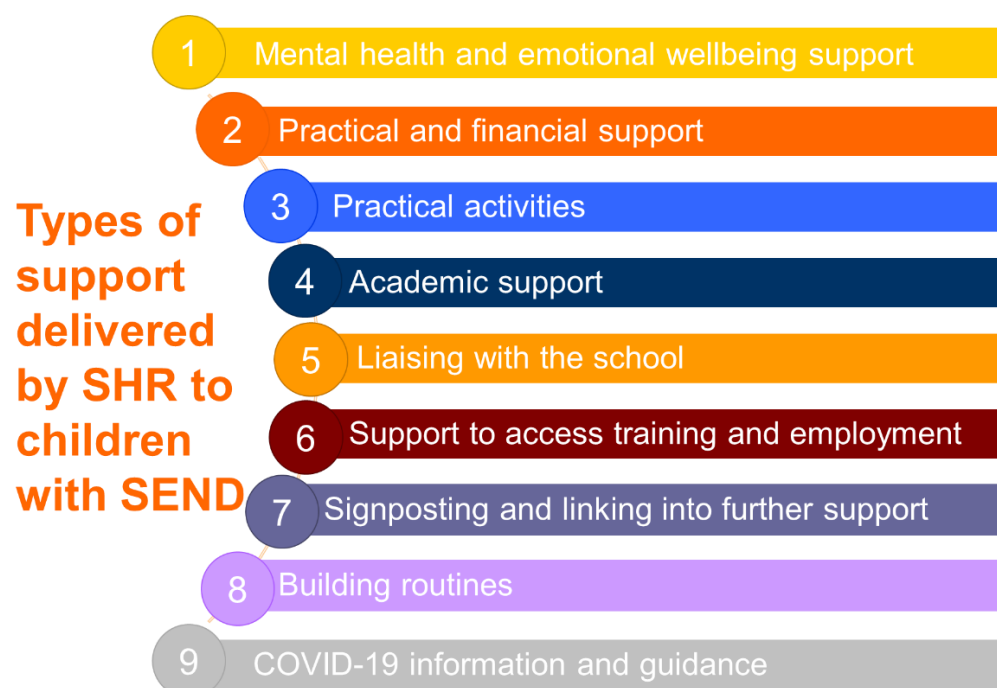
- Substance misuse issues amongst the young people.
- Bereavement.
- Bullying.
- Language barriers and being new to the UK.

4 Support provided to children with SEND

4.1 Summary of support

A range of practitioners with different support offers worked with children with SEND and their families through the SHR programme. Figure 6 below lists some of the ways they helped which are discussed within this section.

Figure 6: Key types and areas of support mentioned in practitioners' case closure forms



Across the cohort, **one-to-one services and group work were provided, and at times the two were blended**. Practitioners who delivered group work often also incorporated one-to-one sessions, or had enough staff on hand to support children individually when required. For example, one practitioner described the importance of their one-to-one mentors during beach-based group activities:

'The 1:1 support was crucial so that we could tailor the sessions to his specific needs. [...] Sensitive, empathic encouragement from volunteer support to slowly lower anxiety.'

Much of the support was delivered remotely, via telephone, Zoom, or email. However, where possible, support was provided in person. This included:

- Socially distanced walks when allowed.
- Sports and activities outside (including a summer camp).
- Home or school visits when required.

As discussed above, **support was also provided to parents and carers** when needed, and often included liaising with the school or other support providers. A key part of this support was providing someone for the child or their parents to talk to about their needs and worries, and to advocate for them.

'Someone for Yolanda to talk to was of real benefit to this young person as she was able to have a safe place to open up.'

'His Mum really appreciated my involvement and said it has made a big difference to her feeling listened to and having someone to advocate for her.'

4.2 Mental health and emotional wellbeing support

A range of interventions were used to address mental health and emotional wellbeing needs, which were common amongst the cohort. These **ranged from more formal and structured interventions, to less rigid approaches** such as talking through feelings and thoughts and possible coping techniques.

Examples of mental health and emotional wellbeing support provided:

- Therapeutic support to develop an anxiety plan.
- Relaxation and mindfulness-based techniques (e.g. body mapping).
- Peer and self-reflection sessions.
- Play and drawing therapies.
- Acceptance and Commitment Therapy (ACT) and motivational interviewing.

Mental health and wellbeing needs were also addressed, directly and indirectly, by many of the other interventions discussed below.

4.3 Practical and financial support

Sometimes practitioners provided practical and financial support for the child and their family. At times, this involved accessing other sources of support beyond the practitioners' own resources, such as COVID-specific grants, support available from schools or the local authority (such as housing support), and donations.

One practitioner described a range of practical and financial support they coordinated for one family, which was on top of the group work they provided around Maths and English skills:

'The school were very helpful, they worked with us to help the family. They arranged a taxi for the family as this child has an SEN condition that affects his heart and development. The school supported the Dad with some work as a cleaner/caretaker. We supported the family with

housing as the house they had was full of damp and had steep stairs where this child had fallen a number of times.'

Examples of practical and financial support provided:

- Food vouchers.
- COVID-specific grants identified by practitioners (e.g. used to decorate the child's bedroom).
- Toys to play with at school to help ease the transition back.
- New furniture.
- Liaising with housing officers to improve living conditions.
- Educational materials such as a bags and pens through donations.
- Educational course costs (e.g. Construction Skills Certification Scheme card for a young person going into training).
- Transportation for the child provided by the school.

4.4 Practical activities

Some children and young people took part in practical activities, such as group sports, surfing, music, drama and bike riding. These activities aimed to **get the children out of the house and give them a place to have fun in a supportive environment**.

Examples given were often group based activities, but at times these activities were provided one-to-one. One young person for example was supported to attend the gym for six months to help with his depression and anxiety.

Practitioners noted that COVID-19 had impacted on people's activity levels, so sometimes took steps to **get the child out of the house in small ways**, such as walks around the local neighbourhood.

'Through building a supportive and trusting relationship with her we were able to meet 1-2-1 socially distanced to go for walks around the local park. This was to support her mental health and well-being which over time Lottie felt comfortable and was doing it on her own as part of her routine.'

4.5 Academic support

Some practitioners provided support with academic skills, especially Maths and English, in both one-to-one and group work sessions. One practitioner described providing both one-to-one support as well as a *'support group around English / Maths and team building and confidence'*:

'Through the support group around English / Maths and team-building skills, we have seen that he is a lot more confident now. He is very sociable and can take the lead, we have no concerns from school.'

4.6 Liaising with the school

Many practitioners noted how they had to **work with both the SEN departments and the wider school**. Part of this was **sharing what support they were providing to the child and advocating for more support at school**. Some children needed to be placed within the SEN department or to have their Education and Health Care Plan (EHCP) implemented.

Examples of specific support set up at school included:

- Weekly check ins for the child with a member of school staff to continue speaking about her feelings and the feelings of those around her.
- Arranging for someone to take the child between their classes so they do not get lost.
- Providing additional days for the child to attend just to have social interaction and do this in a safe and secure place.

Practitioners sometimes noted that they **arranged meetings with the school or led training with the class team** in order to instigate this support.

'William has had regular sessions with myself whereby we have engaged in child-led play-based activities which has been modelled to the class team. Myself and members of the psychology team have supported the class team in their understanding of William and his needs, as well as directing them to training materials available organisationally such as Makaton, Autism and Intensive Interaction.'

A few practitioners also noted that the first step in their support was actually **coordinating the child changing schools**, with reasons including bullying and exclusion. One practitioner noted how this step was key in supporting the child's needs as well as those of the rest of the family:

'It was quickly identified that the youngest child's school was too far away, this was causing distress to the child and she was unable to make friends in the community, the commute was also challenging for mum who has mobility and health issues. A school transfer form was complete [...] a place was granted with immediate start. This changed everything for the family, mum was instantly connecting with other parents from the neighbourhood, the child quickly made friends and started to socialise after school and the oldest child was able to meet friends on her walk to high school (this wasn't possible before as they had to leave early for the bus).'

4.7 Support to access training and employment

A few young people supported had finished one stage of education, such as their GCSE's, but were not currently in education, so support focused around **helping them choose their next steps**. Practitioners worked with them to find opportunities that would provide the support they needed, and helped them get the skills required.

Examples of training and employment support provided:

- CV and interview support.
- Training course (e.g. "Kitchen-based Chef Training with Narrative Therapy").
- Helping a young person with SEND revise for the Construction Skills Certification Scheme (CSCS) test.
- Finding a post-16 programme of study that was adaptable to the young person's needs (e.g. flexible approach to attendance).

4.8 Signposting and linking into further support

Where it was felt that **longer-term support beyond the SHR programme** would be beneficial, children and families were signposted or linked into further support. Often, this focussed on support with SEND and/or mental health.

Examples of linking with further support:

- Online counselling for the parent.
- Linking child with an LGBTQ+ support group.
- Support groups and training for parents (e.g. The Incredible years programme by Webster Stratton).
- Accessing legal advice (e.g. Independent Provider of Special Education Advice, IPSEA).
- Support with a Personal Independence Payment (PIP) tribunal.
- English language lessons online for the parent.
- Linking to local autism services.

One practitioner wrote about how **processes for accessing support can be intimidating** and parents need support around the referral:

'Referral pathways around ASD assessment can be obscure, even to GPs, which can lead to families being passed around. [Services in this area] don't allow for third sector referral into their child mental health services, but self-referral can be intimidating for families and they can need support with that.'

4.9 Building routines

Support was given to **re-establish children's routines, both for whilst at home and when returning to school**. This included emphasising the importance of these routines to the children, their families and sometimes their school. Other times the routine came as an **added positive of attending sessions practitioners provided or returning to education**, allowing the children to leave the house regularly.

'Kieran was keen to get back into a routine and taking his ADHD into consideration we found it was a good idea to give him a visual timetable to be able to follow. [...] Returning to studies has also supported Kieran's routines including his sleeping, eating and gaming patterns. Which in turn has helped his mental health.'

4.10 COVID-19 information and guidance

Children and families received support to **understand COVID-19 and its associated restrictions, and to manage their anxiety about the pandemic**. One practitioner wrote of explaining how to interpret news shared on social media:

'We had to spend a lot of time supporting Eddie with this explaining the government guidelines and explaining about not focusing on what he was seeing via social media and what 'fake news' was.'

Other examples of giving guidance around COVID-19:

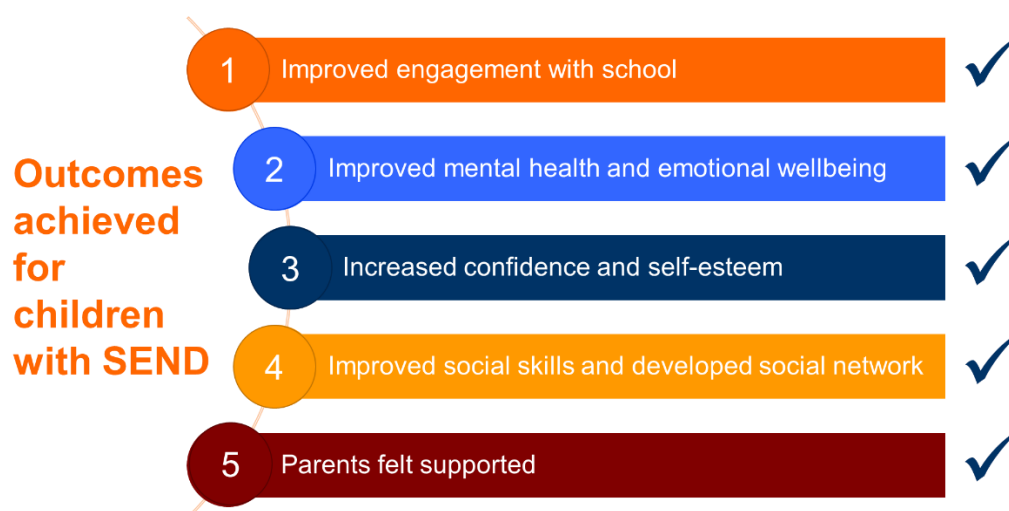
- Talking through these issues in one-to-one and group settings.
- Informational materials about COVID-19.
- Encouragement to take part in activities outside the house (as described above).

5 Outcomes achieved for children with SEND

5.1 Summary of outcomes achieved

Practitioners wrote about a **range of positive outcomes that were achieved**, both for children and their families, as summarised in in Figure 7.

Figure 7: Key outcomes mentioned in practitioners' case closure forms



However, in some cases children and young people experienced more incremental or no changes in outcomes. Practitioners highlighted **several challenges with achieving positive outcomes**:

- **Children and young people's need levels.** At times, there was a mismatch between the need level which SHR was designed to meet via short-term interventions, and the need levels practitioners were presented with which required longer-term interventions.
- **Difficulty engaging** the child, family, and/or school.
- **COVID-19 restrictions**, for example family members or peers testing positive and needing to isolate, made it more challenging to provide support, whilst also negatively affecting children and young people's mental health.

5.2 Improved engagement with school

Figure 8 shows that the majority of families of children with SEND who were supported to reintegrate into education and who provided feedback to SHR, said that their child became more settled at school, and Figure 9 shows that the majority also said that the parent received support to help their child settle at school.

Figure 8: Breakdown of feedback from families with a child with SEND who received reintegration into education support from SHR, who either agreed, disagreed, or didn't know regarding the statement 'The child is more settled at school' (n=375)⁵

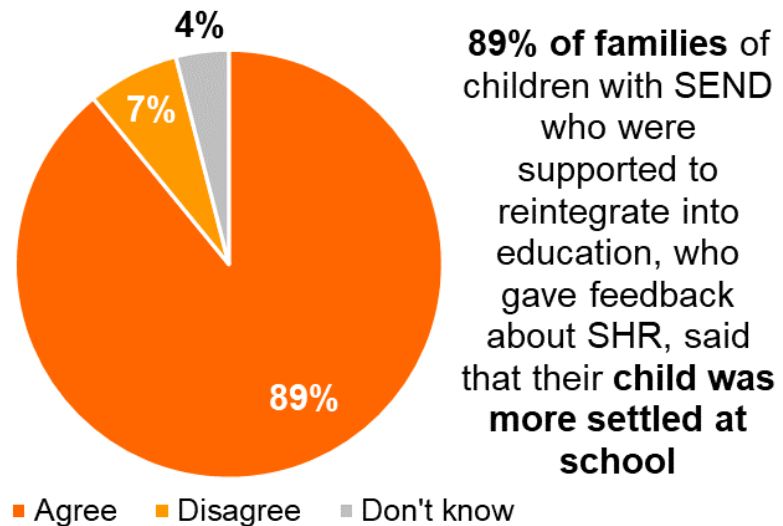
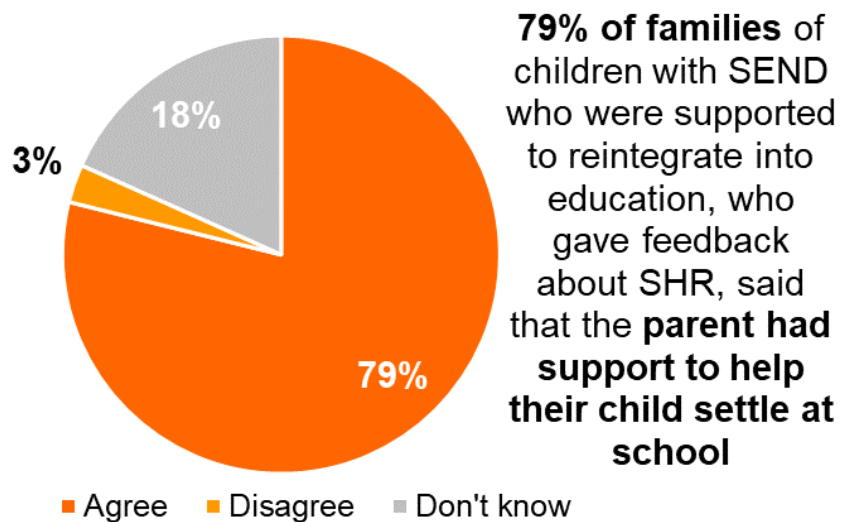


Figure 9: Breakdown of feedback from families with a child with SEND who received reintegration into education support from SHR, who either agreed, disagreed, or didn't know regarding the statement 'The parent had support to help the child settle at school' (n=71)⁶



⁵ This includes those who had no information given in the two open response questions analysed for this brief.

⁶ This includes those who had no information given in the two open response questions analysed for this brief.

Many practitioners highlighted that the **child or young person had returned to school, at least partly, or was happier at school**. This was often accompanied by improvements in other areas, such as mental health and emotional wellbeing.

'Tim is now settled in school, his EHCP has been put in place properly and he is accessing education better than he has been prior to this. We worked through his worries and Tim now feels a lot calmer, can identify his triggers and has developed some distraction strategies to calm himself down. School received support via email and meetings as to how to implement his EHCP. Support given to Mum with attending meetings and EHCP.'

Case study: Isobel's reintegration to education

Isobel is a 10 year old who received support to **understand her emotions** and how to cope with them, as well as **identify who to go to when she needed support**.

'Isobel found that by thinking in unhelpful ways, it made her feel negative and this reflected in her behaviour. However, when she thought in helpful ways, her outlook was more positive and this was reflected in a more positive outlook.'

This resulted in her attendance gradually improving.

'When I began working with Isobel, she was doing half days at school. However with the help and support of the school, after 3-4 weeks of sessions, she stayed till after lunch and then completed full days, which she has been doing ever since. [...] The second lockdown did not affect Isobel like the first. She felt a lot more confident of dealing with it, and went back to school effortlessly and excited.'

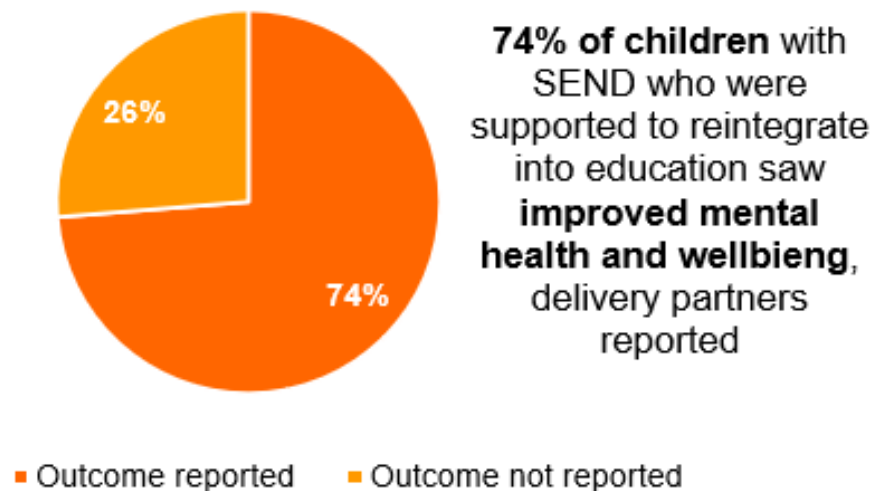
Improvements in the wellbeing of her and her parents were shown through using a Strengths and Difficulties Questionnaire (SDQ):

'Through the use of an SDQ, Isobel reported an improvement in her emotional needs, conduct, and overall stress scores [...] parent reported an improvement in emotional needs, hyperactivity, peer problems and overall stress. An improvement in prosocial behaviour was also noted.'

5.3 Improved mental health and emotional wellbeing

Practitioners' comments showed that children had improved mental health and emotional wellbeing⁷. This was also evidenced in the quantitative outcome data provided by practitioners as shown in Figure 10 and by families as shown in Figure 11.

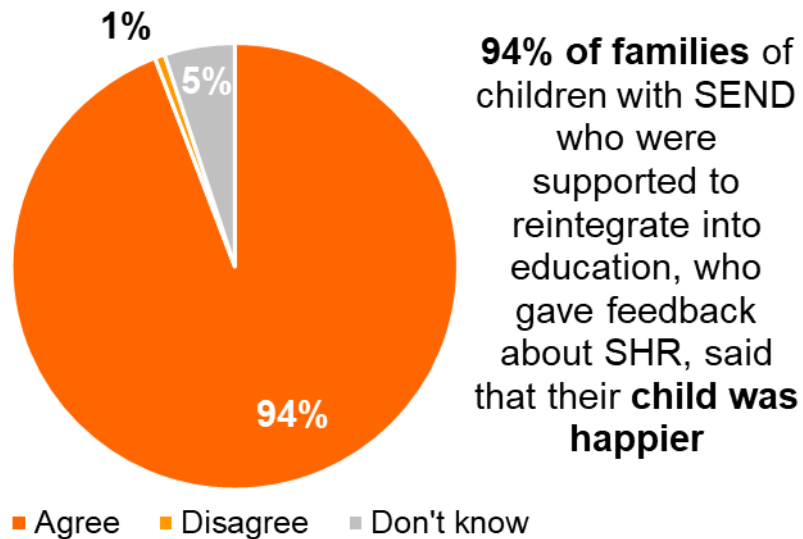
Figure 10: Breakdown of children with SEND who received reintegration into education support from SHR for whom practitioners reported the outcome 'improved mental health and wellbeing' (n=864)⁸



⁷ In some cases, validated scales were used to measure mental health and emotional wellbeing before and after support, such as the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). Delivery partners reported improvements in these scores for children and young people.

⁸ This includes those who had no information given in the two open response questions analysed for this brief.

Figure 11: Breakdown of feedback from families with a child with SEND who received reintegration into education support from SHR, who either agreed, disagreed, or didn't know regarding the statement 'The child is happier' (n=412)⁹



This was supported by children being reported to have a **better understanding of their emotions and being equipped with coping techniques**. For example:

'Paul has really progressed during his time with us. He used to be sullen and angry all the all the time – rejecting any participation in group discussion. He is now able to participate for longer periods, is less distracted by others, is more positive about things and able to deflect negative comments which are thrown at him. He has a poor view of himself which he is beginning to address in a positive way.'

5.4 Increased confidence and self-esteem

Linked to mental health and emotional wellbeing, practitioners also reported that children and young people's confidence and self-esteem increased. This was linked with both one-to-one work, and group work, for example confidence being built through accomplishing sports challenges and being praised for it. Practitioners' notes included:

'She has learned more about her autism and help start building a positive self-identity as an autistic young woman.'

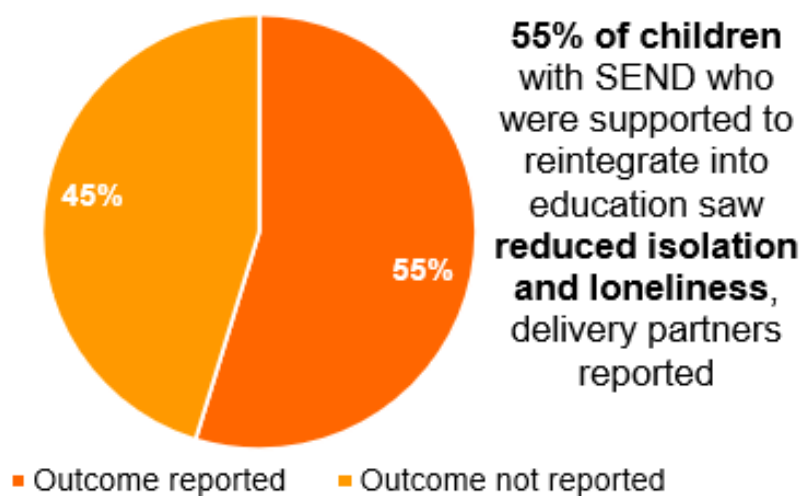
⁹ This includes those who had no information given in the two open response questions analysed for this brief.

'It took him a while to engage fully, but over the time he's had with us he has massively grown in confidence and self-assurance.'

5.5 Improved social skills and developed social network

Delivery providers commonly reported seeing improved social skills in children and that they felt they had better social support networks in place. This was also evidenced in the quantitative outcome data provided by practitioners as shown in Figure 12 below.

Figure 12: Breakdown of children with SEND who received reintegration into education support from SHR for whom practitioners reported the outcome 'reduced isolation and loneliness' (n=864)¹⁰



Group work in particular enabled this and was a clear way for practitioners to notice improvements, but they were also noted by a few who provided one-to-one support.

One practitioner, who conducted home visits focusing on helping the young person express their emotions and exploring their support network, described their main takeaway as:

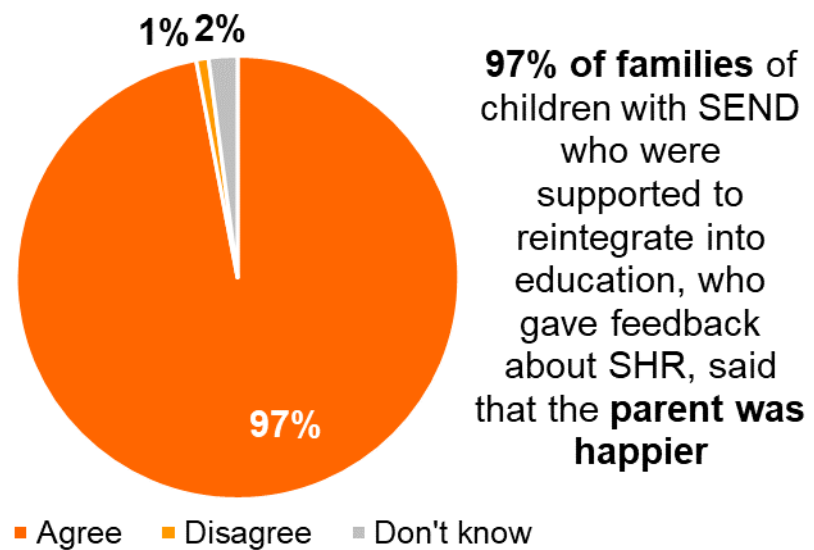
'How valuable a short, well timed, well planned intervention can be. The family were delighted with the outcomes and the young person now feels much more connected with his community and peers.'

¹⁰ This includes those who had no information given in the two open response questions analysed for this brief.

5.6 Parents felt supported

In some cases, practitioners highlighted outcomes for parents and carers, and this was also reflected in quantitative outcomes data based on feedback from families, as shown in Figure 13, Figure 14, and Figure 15 below.

Figure 13: Breakdown of feedback from families with a child with SEND who received reintegration into education support from SHR, who either agreed, disagreed, or didn't know regarding the statement 'The parent feels happier' (n=333)¹¹



¹¹ This includes those who had no information given in the two open response questions analysed for this brief.

Figure 14: Breakdown of feedback from families with a child with SEND who received reintegration into education support from SHR, who either agreed, disagreed, or didn't know regarding the statement 'The parent feels more connected to services' (n=79)¹²

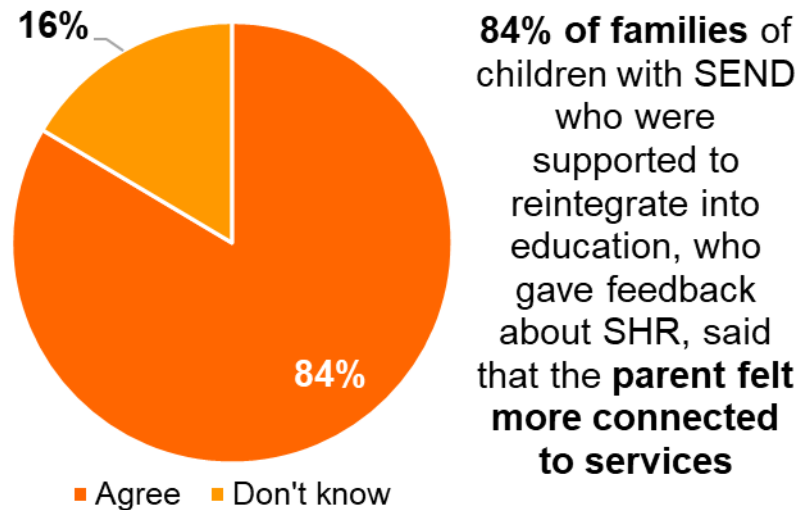
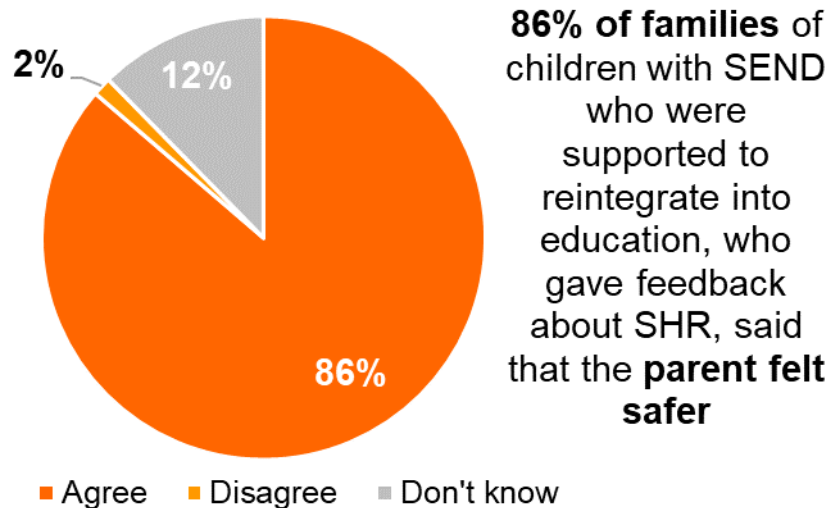


Figure 15: Breakdown of feedback from families with a child with SEND who received reintegration into education support from SHR, who either agreed, disagreed, or didn't know regarding the statement 'The parent feels safer' (n=292)¹³



¹² This includes those who had no information given in the two open response questions analysed for this brief.

¹³ This includes those who had no information given in the two open response questions analysed for this brief.

Practitioners reported that parents felt supported, including being **better equipped with the right knowledge, skills, and resources to help their child.**

'Lots of support was given to John to approach this positively and manage his behaviours, advice on how mum could introduce routine and boundaries at home to help everyone and suggestions made to school. John is now settled at school and mum is aware when things are beginning to go wrong and can act quickly.'

6 Find out more

You can find out more about the evaluation of See, Hear, Respond on our [website](#), including the [executive summary](#) of the Summative Evaluation Report as well as the [full report](#), and an [evidence review](#) about the impact of COVID-19 on the children's sector workforce.



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