Final

Barnardo's

See, Hear, Respond: Research with referrers about See, Hear, Respond

April 2021

CordisBright

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Introduction

Overview

This report presents research with referrers into the Barnardo's led See, Hear, Respond (SHR) programme.

About SHR

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 pandemic 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]. 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.

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. The research presented in this report focuses on practitioners who referred children and families into Phase 1 of SHR (June – November 2020).

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 likely to be most disadvantaged by the COVID-19 pandemic accessed support. These groups included: (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 (BAMER) children; (5) young carers; and (6) children and young people with mental health and/or emotional wellbeing concerns.

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

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.

This research

This research builds on the real-time evaluation of SHR carried out by Cordis Bright between July 2020 and January 2021, which was a theory-driven process and impact evaluation. The evaluation consulted key programme stakeholders and staff; children and young people who were supported by the programme, and their parents and carers; and delivery partners.

This research is intended to capture referrers' perspectives and enable Barnardo's, the DfE, other government departments, partners and agencies to better understand how and why education, health, youth justice and social care practitioners referred children to SHR.

The research approach, including questions and methods, were designed collaboratively with colleagues at Barnardo's.

Research questions

The following research questions were agreed with Barnardo's colleagues:

1. How did referrers first hear about SHR?
2. Why did referrers refer into SHR rather than using existing pathways?
3. How did referrers experience the referral pathway into SHR? What worked well and what could be improved in the future?
4. What outcomes did SHR achieve for the young people they referred? How do they know this?
5. How would referrers have supported the young people if SHR had not been available?
6. What is needed for a smooth transition across children's services once SHR comes to an end?

Methods

This research took a mixed-methods approach to gathering referrers' views about SHR. The following methods were used, carried out between January and March 2021:

- 102 semi-structured interviews with referrers.

- An e-survey, circulated to 1,374 referrers, with a response from 388 (a response rate of 29%).

These methods gathered both qualitative and quantitative evidence, which was triangulated to address the above research questions.

Referrers' views of SHR

Referrers into SHR were practitioners from a range of sectors and agencies, including education, health, social care, Early Help, youth justice, youth work, domestic abuse, and others. Referrers came from the public, third, and private sectors.

Referrers' views of SHR were positive. For instance, 84%[2] of referrers who completed the survey reported that they would recommend SHR to other professionals.

Where referrers heard about SHR

Referrers reported hearing about SHR from a range of sources, most often from their colleagues or their own agency, but also from other professionals or Barnardo's, for example, through programme advertising.

Why referrers referred into SHR

The key reasons for referring into SHR, reported by referrers, were:

- The support offer matched the needs of children referrers were working with. The main needs of the children and young people who referrers referred into the programme were:
    - Mental health and emotional wellbeing
    - Disengagement with education
    - SEND
    - Risk of exploitation
    - Domestic issues
    - Poverty
    - Digital exclusion
- Immediate and timely availability and accessibility of support.
- Limited availability of alternative support during the pandemic.
- Broad referral criteria.

[2] N=323 (throughout, n refers to the sample size) 7% of referrers reported they would not recommend, 9% reported 'don't know'.

- Whole-family support.

Key strengths of SHR

Referrers identified the following key strengths of SHR:

- **Referral process.** The referral process into SHR, comprising a short online form and a follow-up phone call with an SHR practitioner, was identified as a strength by referrers for being quick and easy compared with other programmes' referral processes. Speaking to a practitioner at SHR also helped referrers provide extra information about those they were referring, ask any questions about the programme, pick up practical advice and knowledge, and also provided a human touch.

- **Knowledge, skills, and professionalism of SHR practitioners.** Referrers highlighted that SHR practitioners had been friendly, professional, and helpful in sharing information about the programme, discussing support options for the child or family who had been referred, and sharing information and practical advice about how to support children and families during the pandemic.

- **Responsiveness of support.** SHR was able to quickly support children and young people at a time when it was needed. Indeed, 72% of referrers who responded to the e-survey rated the timeliness of the support as 'excellent' or 'good'[3]. SHR tended to offer support to children and families shortly after the referral was made. Referrers reported that this helped families feel supported and meant that their needs were addressed quickly. Referrers reported that the responsiveness and availability of SHR's support offer was a real strength at a time when services were constrained by the effects of COVID-19 and children and families were struggling with needs that had been exacerbated or triggered by the pandemic.

- **Support offer.** 70% of referrers who responded to the e-survey rated the appropriateness of the support offered through SHR as 'excellent' or 'good'[4]. SHR offered a wide range of specialised support to meet a variety of needs presented by children and families during the pandemic. For example, referrers described SHR as one of the few places they could find support specifically for those struggling to engage with education during the pandemic. Referrers also commented that offering face-to-face support, which children and families often preferred to virtual support, at a time when relatively few other services were doing so, was a strength of SHR.

[3] N=318. 8% of referrers rated SHR's timeliness as 'poor' or 'very poor', and 20% reported 'Don't know'.

[4] N=319. 6% of referrers rated SHR's appropriateness as 'poor' or 'very poor', and 24% reported 'Don't know'.

"I think it has been essential, helping with anxiety and COVID related issues such as mental health and returning to school issues. It had quite a wide remit for pupils."

- **Eligibility criteria.** Referrers highlighted the broad eligibility criteria for SHR as a strength, and 71% of referrers who completed the e-survey rated the accessibility of the support provided by SHR as 'excellent' or 'good''[5]. Because the programme aimed to work with children and young people who had been adversely affected by the COVID-19 pandemic and who were not in receipt of support from statutory services, SHR was able to provide lower-level and early intervention support to those who would have been unlikely to meet thresholds for other services. In this way, referrers agreed that SHR helped to fill a gap in support for those with lower-level needs.

  "It has been fantastic early support for families that don't meet that threshold. It's been a lifeline. [SHR] has helped them through the difficulties of COVID."

- **Quality of support.** Referrers reported that the support provided through SHR was of a high quality, highlighting the child-centred, flexible, and whole-family approaches as key strengths. Indeed, the majority of referrers who completed the e-survey rated the quality (68%), impact (62%), and consistency (60%) of the support provided through SHR as 'excellent' or 'good'[6].

Difference made by SHR

Referrers were not always aware of what difference had been made by SHR for those they referred into the programme, or how their support had progressed. This was due to a combination of (1) SHR and delivery partners not routinely providing updates to referrers during or at the end of support, (2) referrers tending not to chase for this information, and (3) SHR being delivered at pace and scale and supporting over 40,000 children rapidly during phase one of the programme, i.e. it was not possible to provide all referrers with detailed information about every child's progress, except where it was necessary as part of ongoing or further support. Where referrers did comment on the difference made by SHR, this tended to be based on their ongoing interaction with the families of the children and young people they had referred, for example, those who saw families regularly through school.

However, referrers who did have insight into the difference made agreed that SHR had made a range of positive differences for children and young people,

[5] N=319. 8% of referrers rated SHR's accessibility as 'poor' or 'very poor', and 22% reported 'Don't know'. Please note, percentages do not sum to 100% due to rounding.

[6] N= 317 for quality (6% rated quality 'poor' or 'very poor', 25% reported 'don't know'); n=319 for impact (8% rated quality 'poor' or 'very poor', 29% reported 'don't know'); and n=314 for consistency (10% rated quality 'poor' or 'very poor', 31% reported 'don't know'). Please note, percentages do not all sum to 100% due to rounding.

parents and carers, and their own agency, and were confident that SHR would have positively impacted wider children's services.

Difference made for children and young people

> *"[SHR] was a stop-gap […] Lots of families might not have been in crisis, but it could have made the difference that prevented them from reaching a higher crisis point or needing statutory services."*

Referrers who did have insight into the difference made by SHR for the children and young people they referred, agreed that it had made a range of positive differences in the short term. In particular, they highlighted that children and young people had felt supported, had been supported to cope with their mental health and emotional wellbeing and to re-engage with education.

> *"The child has been more supported. [This support] has helped him to return to school, and they are in school in this lockdown now, every day since January. [It has also] helped with his mental health and wellbeing. The family are no longer expressing concerns or worries."*

It was challenging for referrers to comment on what the longer-term difference for children and young people might be, particularly because of ongoing uncertainty about the COVID-19 pandemic and its effects. However, they reported that they expected there to be a positive longer-term difference for many children and young people. This was because: (1) SHR had helped to prevent lower-level needs from escalating to the point of requiring further support, (2) children and young people had become more open to engaging with support services, so may be more likely to ask for help in the future if they need it, and (3) children and young people were taught skills and coping strategies that they could use in the future when facing new or returning challenges.

> *"[The] family were safeguarded. This is a long-term thing. It's likely helped avoid trauma. As services, we care but there is not always practical support there. We are limited, we can't get funding or provide certain things which SHR did. The long term impact is hard to put into a sentence."*

Some children and young people who were supported by the programme had needs that were more complex than the programme originally expected to support. Referrers reported that although the support provided through SHR had made some positive differences for these children, they were likely to require further support to address their needs.

Difference made for parents and carers

> *"Parents have been given some hope and feeling listened to as well. Some of the child's needs have been met, taking the pressure off them as they're at home with extra responsibilities. They know there is someone there providing support."*

Whilst SHR was not explicitly intended to address the needs of parents and carers, referrers agreed that it had made a positive difference in the short term for parents and carers, particularly in terms of increased confidence, feeling supported, and learning new skills and strategies for supporting themselves and their children. Referrers also expected that these positive differences would last in the longer term for parents and carers, especially those who had lower-level needs when they were supported by SHR.

Difference made for referrers' agencies

Referrers reported that SHR had made a positive difference to their own agencies. By giving them another support option to refer children and families into, SHR helped them to manage demand for their own agency and thereby enabled them to support more children and families than they otherwise would have been able to support. In addition, through SHR, referrers reported that they became more aware of other local services and built links with them. Referrers also reported that they gained practical advice, knowledge, and skills through SHR.

Difference made for children's services

Referrers found it challenging to comment on the difference that SHR had made to wider children's services, including children's social care, although they expected that there would have been some positive difference. This was because: (1) SHR added to the pool of available support for children and families, which referrers suggested would have helped to manage the demand for other services, and (2) through offering support for those with lower-level needs, referrers suggested that SHR had helped to prevent some needs from escalating to the point of requiring further support in the future.

The legacy of SHR

Referrers interviewed close to the period when SHR came to an end reported that this transition had been handled well. A key strength of this process, according to referrers, was that SHR gave adequate advance notice that the programme would be coming to an end and when it would close for referrals.

Referrers suggested some key ways in which SHR could support a smooth transition across children's services at the point of the programme ending. These were: (1) providing a written update to referrers about those they had referred into SHR, at the point of case closure, covering the support that was delivered, any differences made, and any further support needs, (2) sharing a directory of delivery partners with referrers, to ensure they are aware of all the services available in their area, and (3) sharing any practical guidance on best practice for supporting children and families.

Lessons and implications for future programmes

Lessons from SHR

A network model of VCS agencies can be effective for leading and delivering support to address the needs of children and families. Referrers reported that the SHR delivery model had worked effectively to connect children and families who presented with a diverse range of needs to appropriate support in their area, via one central organisation. They also commented that the network model had supported them to improve their awareness of other services and gather knowledge and skills.

A whole-family and flexible approach can support outcomes improvement for vulnerable children and families who have been adversely affected by the COVID-19 pandemic. Referrers reported that a whole-family approach to delivering support was often linked with positive differences for children and families, commenting on how children's needs intersected with those of parents and carers. Tailoring support to individual children's needs and circumstances was also highlighted as a key strength of SHR by referrers.

SHR demonstrated that a referral process built around a short referral form can benefit referrers. SHR demonstrated that a short and simple referral form, accompanied by a follow-up conversation to gather any further required details, can be an effective referral process for gathering the necessary information from referrers. Referrers highlighted this referral process as a key strength, particularly the short online referral form which they found quick and easy to complete. They suggested that it would be useful for other programmes to adopt a similar process.

Key considerations for future similar programmes

Programmes delivered using a network model of VCS agencies can gather useful information for practitioners about different services offering support and about effective practice. Referrers reported that they learned about new services that they were previously unaware of and developed their knowledge and skills in supporting children and families, via engaging with SHR. Future similar programmes should consider consolidating this learning and sharing it with practitioners.

Future similar crisis-response programmes delivering short-term support should update other relevant practitioners, such as referrers, at the point to case closure to ensure learning is shared and support is joined up. Referrers tended not to chase SHR for this information, but suggested that it would have been helpful for SHR to update referrers at the point of case closure about the support provided, any difference made, any further support needs, and any lessons learned, for example, what works for a particular child or family. This would enable referrers to: (1) update their records, (2) inform any other relevant agencies working with the family, (3) learn about what did or did not work, and (4) identify any further support needs.

Future short-term programmes which seek referrals from a wide range of practitioners should ensure there is wide and timely advertising and profile-raising of the programme. Advertising and profile-raising is a key supporting factor to implementing a short-term programme such as SHR at pace and scale. Referrers suggested that SHR could have been advertised more widely, as some

heard about the programme several weeks or months after it began. In addition, some referrers had a narrow understanding of the aims and target cohorts of the programme. Future programmes would benefit from a review of "what works" most effectively in rapidly raising the children's workforce's awareness of programmes.

1 Introduction

1.1 Overview

This report presents research with referrers into Barnardo's See, Hear, Respond (SHR) programme.

1.2 About See, Hear, Respond

1.2.1 Overview

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 who have been adversely 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.

1.2.2 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[7]. 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.

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

1.2.3 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 1.

Figure 1 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 the implementation of the programme.

1.2.4 The SHR approach

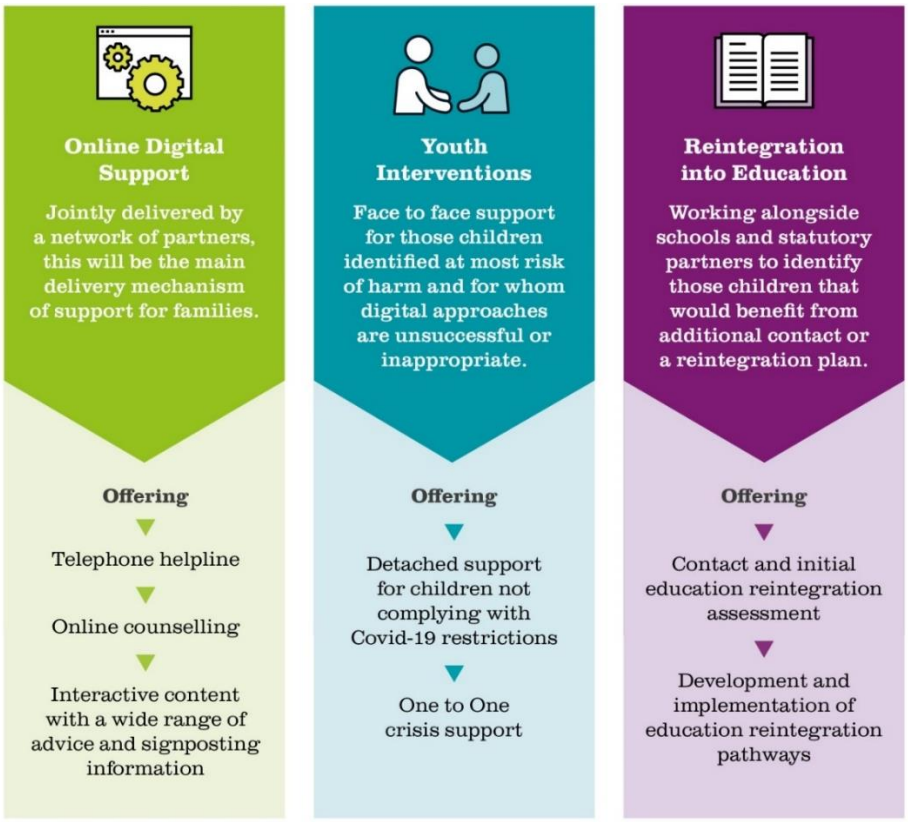
This research focusses on the SHR model implemented across England. Alternative SHR models have been implemented in Wales, Scotland and Northern Ireland, but these are different and are not the focus of this research.

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.

Figure 2: SHR delivery strands



Barnardo's (2020) Information for children and families

1.2.5 How were children and families referred into SHR?

SHR was designed to be as accessible as possible. 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., school teachers) 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.

1.3 About this research

The research presented in this report focuses on professionals and practitioners who referred children and families into Phase 1 of SHR (June – November 2020). The approach for this research was collaboratively developed and agreed with Barnardo's in November 2020.

1.3.1 Rationale, aims, and objectives

This research builds on the real-time evaluation of SHR carried out by Cordis Bright between July 2020 and January 2021, which was a progress and impact evaluation. The evaluation consulted key programme stakeholders and staff; children and young people who were supported by the programme, and their parents and carers; and delivery partners. However, it did not consult professionals who referred into the programme.

This research is intended to capture referrers' perspectives and enable Barnardo's, the DfE, and other government departments to better understand how and why education, health, and social care practitioners referred children to SHR.

1.3.2 Research questions

The research addresses the following research questions which were agreed with Barnardo's in November 2020:

- How did referrers first hear about SHR?
- Why did referrers refer into SHR rather than using existing pathways?
- How did referrers experience the referral pathway into SHR? What worked well and what could be improved in the future?
- What outcomes did SHR achieve for the young people they referred? How do they know this?
- How would referrers have supported the young people if SHR had not been available?
- What is needed for a smooth transition across children's services once SHR comes to an end?

1.4 Methods

1.4.1 Overview

This research took a mixed-methods approach to gathering referrers' views about SHR. This approach, and all research tools, were developed collaboratively with Barnardo's colleagues before use in the field.

1.4.2 Research approach

The approach to this research was in line with the following principles:

- **Collaborative.** We worked collaboratively with the research steering group including senior SHR stakeholders throughout the period of the research. This means we designed the research approach and all research tools and agreed them before use in the field.
- **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*.
- **Mixed-methods.** Our approach took a mixed-methods, multi-geography approach. In particular, we designed COVID-19 resilient methods to ensure capture the perspectives of referrers across different areas and roles.
- **Best practice,** i.e., in line with the Treasury's Green and Magenta books.
- **Useful.** Our approach has included a focus on highlighting principles of effective practice and lessons which can be practically useful for similar programmes in the future.
- **Proportionate.** Our approach has taken steps to reduce the burden of participation for referrers, for example, a short e-survey which can be completed in referrers' own time.

1.4.3 Methods

Figure 3 provides a summary of research methods. It shows that the findings in this report are based on:

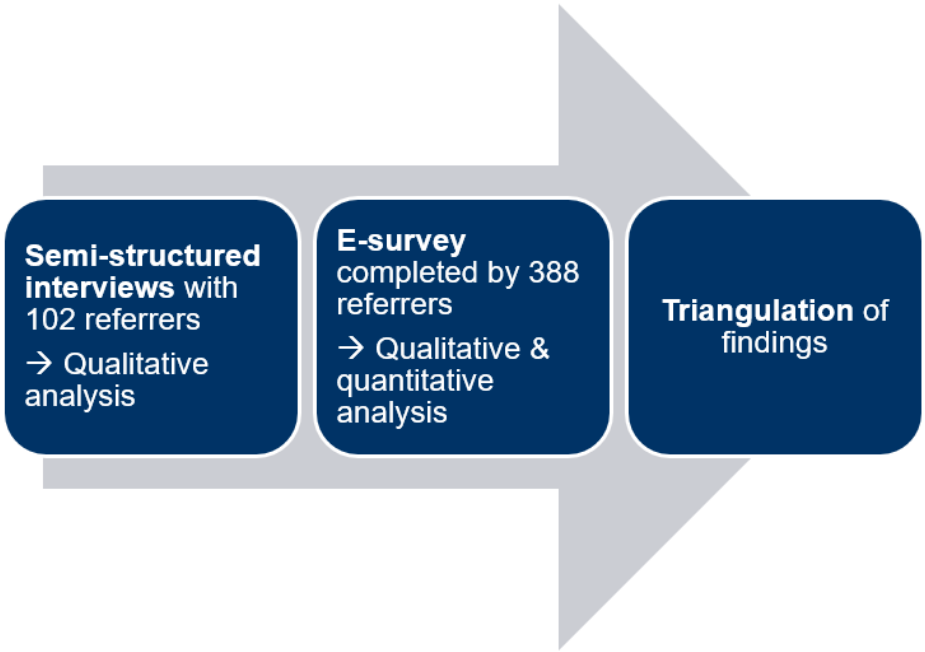
- 102 semi-structured interviews with referrers.
- An e-survey, circulated to 1,374 referrers, with a response from 388 (a response rate of 29%).

These methods were used in order to collect both a breadth and depth of data about referrers views of SHR. The e-survey also served the purpose of managing the burden of participation for referrers, as it was quick to complete and could be completed in referrers' own time.

Referrers who were invited to interview were sampled from the same list of 1,374 referrers who were circulated the e-survey. Referrers were encouraged, during interviews and in reminder e-mails advertising the e-survey, to both take part in an interview and respond to the e-survey where possible, because the two methods collected different data.

This research was carried out between January and March 2021.

Figure 3: Summary of research methods



1.4.4 Research questions by method

Figure 4 summarises which research questions were covered by each method.

Figure 4: Topics covered by research methods

Topic	Interviews with referrers	E-survey of referrers
The referrer's background	✓	✓
Where the referrer first heard about SHR		✓
Referrers' understanding of the aims and objectives of SHR	✓	
Reasons for referring into SHR	✓	
Other services referred to as well as SHR	✓	

Topic	Interviews with referrers	E-survey of referrers
The children and young people referrers referred into the programme, and their needs	✓	✓
Referrers' experience of the referral process	✓	✓
Referrers' views on the quality of support provided by SHR	✓	✓
How referrers know about the difference made by SHR	✓	✓
Referrers' views on the difference made for children and young people	✓	✓
Referrers' views on the difference made for parents and carers	✓	
Referrers' views on the difference made for their own agency	✓	
Referrers' views on the difference made for children's services	✓	
Referrers' views on the longer-term difference made for: • Children and young people • Parents and carers	✓	
Whether the referrer would recommend SHR to other professionals		✓
Referrers' views on what would support a smooth transition once SHR comes to an end	✓	
Lessons learned from SHR for future programmes	✓	
Key strengths of SHR	✓	
Areas of improvement for SHR	✓	

1.5 Challenges and limitations

The following challenges and limitations to this research should be considered when reading this report:

- **Diverse range of delivery 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.

- **Varying levels of insight amongst referrers.** Referrers who were consulted as part of this research had differing understandings of the aims of SHR, and different experiences and levels of engagement with the programme. Referrers also had varying levels of insight into the outcome of their referrals into SHR, in terms of how support progressed and what difference this support made. This research mitigated against this challenge as far as possible by consulting a relatively large sample of referrers.102 referrers were interviewed, and an e-survey was completed by 388 referrers and disseminated to 1,374 referrers, i.e., it received a 29% response rate. The analysis presented below also highlights topics on which referrers were not able to comment.

- **Impact on demand for children's services**. Longer-term impacts, 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.

- **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 impacted the nature of support that SHR provides, for instance, changes over the period concerning restrictions and lock-down measures associated with the pandemic.

- **Timescale.** It was challenging for referrers to comment fully on the difference made by SHR, as a number of impacts that the programme may have achieved will only likely emerge in the medium and long-term.

1.6 Report structure

This report is structured as follows:

- Chapter 2 – Methods
- Chapter 3 – About See, Hear, Respond
- Chapter 4 – The difference made by See, Hear, Respond
- Chapter 5 – The legacy of See, Hear, Respond
- Chapter 6 – Conclusions

2 Profile of research participants

2.1.1 E-survey

The e-survey was completed by 388 referrers. However, not all referrers responded to each question.

Figure 5 shows that:

- 78% of referrers worked in the public sector.
- 19% of referrers worked in the third sector.

Figure 6 shows that:

- 51% of referrers worked in education.
- 22% of referrers worked in children's social care.

Figure 7 shows that:

- 52% of the referrers referred one or two children into SHR.
- 32% of referrers referred three to five children into SHR.
- 10% of referrers referred six to 10 children into SHR.

Figure 8 shows that:

- 34% of referrers mainly referred children and young people based in the North.
- Between 16% and 24% of referrers referred children mainly based in the South West, South East, and Central regions.
- 6% of referrers mainly referred children in London.

Figure 5: 'In what sector do you work?' (n=387)

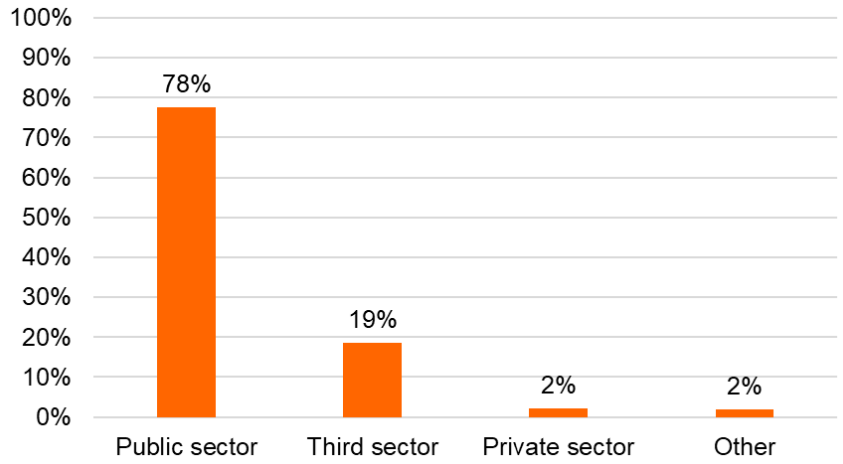


Figure 6: 'What is the primary focus of your work with children, young people, and families?' (n=387) ('Other' includes adult services, domestic violence, multiple foci)

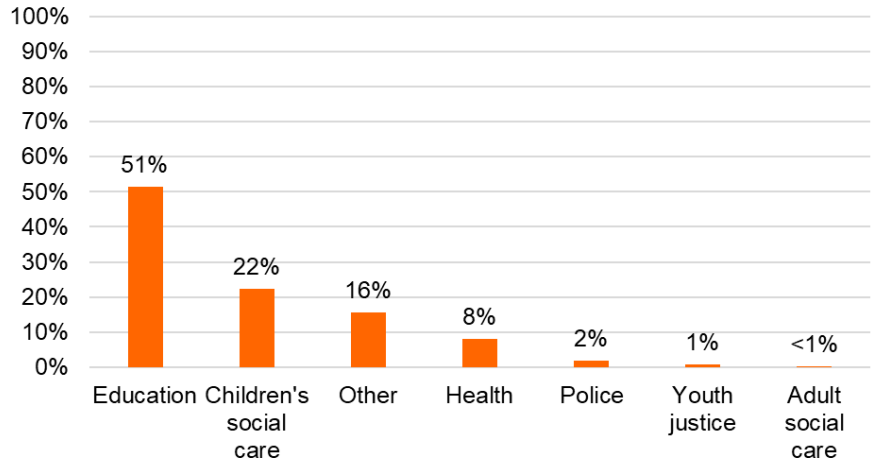


Figure 7: 'Roughly how many children and young people have you referred to See, Hear, Respond since June 2020?' (n=362)

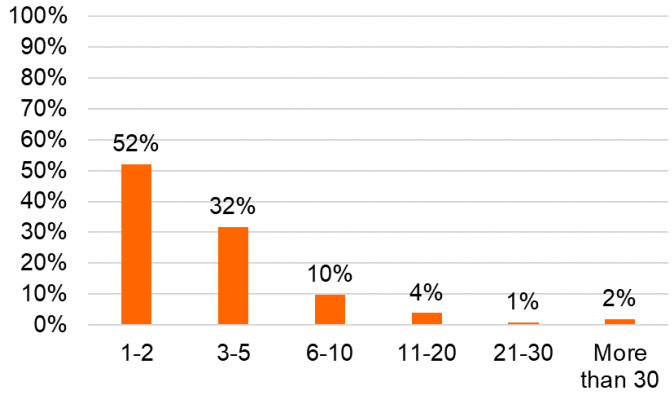
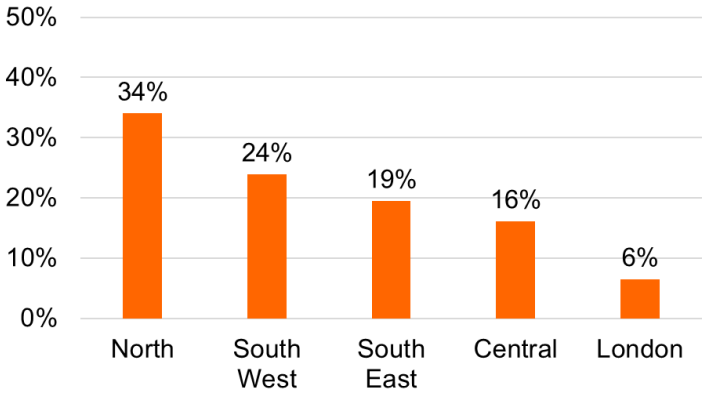


Figure 8: 'Thinking about the majority of the children and young people you have referred into See, Hear, Respond, where in the country are they based?' (n=385)



2.1.2 Semi-structured interviews

Semi-structured interviews were carried out with 102 referrers.

Figure 9 shows that the majority of referrers who were interviewed worked in education, followed by social care and Early Help, Health, and Youth Justice.

Figure 9: Breakdown of referrers interviewed by sector

Sector	No. referrers
Education	53 (52%)
Social care and Early Help	26 (25%)
Health	10 (10%)
Youth Justice	7 (7%)
Other[8]	6 (6%)
Grand Total	**102 (100%)**

Figure 10 shows that there was a relatively even spread of referrers across the regions, although the North was overrepresented.

Figure 10: Regional distribution of referrers interviewed[9]

Region	No. referrers
North	32 (31%)
South West	23 (23%)
South East	17 (17%)
London	16 (16%)
Central	14 (15%)
Grand Total	**102 (100%)**

[8] Examples include Youth Work, mentoring, domestic violence support.

[9] Please note, referrers' regions were estimated based on the location of the agency, as clear regional boundaries were unavailable for this research.

3 About SHR

3.1 Key messages

Key strengths of SHR:

- **Referral process**. The referral process into SHR, comprising a short online form and a follow-up phone call with an SHR practitioner, was identified as a strength by referrers for being quick and easy compared with other programmes' referral processes. Speaking to a practitioner at SHR also helped referrers provide extra information about those they were referring, ask any questions about the programme, pick up practical advice and knowledge, and also provided a human touch.

- **Knowledge, skills, and professionalism of SHR practitioners**. Referrers highlighted that SHR practitioners had been friendly, professional, and helpful in sharing information about the programme, discussing support options for the child or family who had been referred, and sharing information and practical advice about how to support children and families during the pandemic.

- **Responsiveness of support.** SHR was able to quickly support children and young people at a time when it was needed. Indeed, 72% of referrers who responded to the e-survey rated the timeliness of the support as 'excellent' or 'good'[10]. SHR tended to offer support to children and families shortly after the referral was made. Referrers reported that this helped families feel supported and meant that their needs were addressed quickly. Referrers reported that the responsiveness and availability of SHR's support offer was a real strength at a time when services were constrained by the effects of COVID-19 and children and families were struggling with needs that had been exacerbated or triggered by the pandemic.

- **Support offer.** 70% of referrers who responded to the e-survey rated the appropriateness of the support offered through SHR as 'excellent' or 'good'[11]. SHR offered a wide range of specialised support to meet a variety of needs presented by children and families during the pandemic. For example, referrers described SHR as one of the few places they could find support specifically for those struggling to engage with education during the pandemic. Referrers also commented that offering face-to-face support, which children and families often preferred to virtual

[10] N=318. 8% of referrers rated SHR's timeliness as 'poor' or 'very poor', and 20% reported 'Don't know'.

[11] N=319. 6% of referrers rated SHR's appropriateness as 'poor' or 'very poor', and 24% reported 'Don't know'.

support, at a time when relatively few other services were doing so, was a strength of SHR.

- **Eligibility criteria.** Referrers highlighted the broad eligibility criteria for SHR as a strength, and 71% of referrers who completed the e-survey rated the accessibility of the support provided by SHR as 'excellent' or 'good'[12]. Because the programme aimed to work with children and young people who had been adversely affected by the COVID-19 pandemic and who were not in receipt of support from statutory services, SHR was able to provide lower-level and early intervention support to those who would have been unlikely to meet thresholds for other services. In this way, referrers agreed that SHR helped to fill a gap in support for those with lower-level needs.

- **Quality of support.** Referrers reported that the support provided through SHR was of a high quality, highlighting the child-centred, flexible, and whole-family approaches as key strengths. Indeed, the majority of referrers who completed the e-survey rated the quality (68%), impact (62%), and consistency (60%) of the support provided through SHR as 'excellent' or 'good'[13].

Key considerations for future programmes:

- **Advertising of the programme.** Referrers suggested that SHR could have been advertised more widely, as many heard about the programme second hand through word of mouth or via a colleague, and several weeks or months into the programme. They were concerned that they could have easily missed this information. Related to this, some referrers did not have an accurate understanding of the aims of SHR, particularly: (1) its short-term nature in response to COVID-19 and (2) that it aimed to work with children and families with a range of needs, rather than offering just one type of targeted support. Referrers also commented that they had a limited understanding of what support SHR could provide. Wider advertising of the programme may have helped ensure that referrers accurately understood the aims of SHR.

- **Providing a written record of the referral, the support provided, and the difference made**. Referrers would have found it useful to receive a written record of the child or family's involvement with SHR. In particular, they would have liked: (1) a copy of their referral form once it had been submitted, to add to their records, and (2) a written summary of the support provided and outcomes achieved for those they referred, at the

[12] N=319. 8% of referrers rated SHR's accessibility as 'poor' or 'very poor', and 22% reported 'Don't know'. Please note, percentages do not sum to 100% due to rounding.

[13] N= 317 for quality (6% rated quality 'poor' or 'very poor', 25% reported 'don't know'); n=319 for impact (8% rated quality 'poor' or 'very poor', 29% reported 'don't know'); and n=314 for consistency (10% rated quality 'poor' or 'very poor', 31% reported 'don't know'). Please note, percentages do not all sum to 100% due to rounding.

point of case closure. In many cases, referrers did not know how the support provided through SHR had progressed, and what difference it had made, for those they referred. They tended not to chase SHR for this information, but would have found it useful to receive a written update at the point of case closure so that they could: add it to their records; reflect on progress made and any learning; share this information with other relevant agencies working with the family; and identify whether there was any need for further support.

- **Enabling follow-up contact with SHR**. Many referrers did not know about how the support progressed for those they referred into SHR, and what difference it made. They tended not to chase SHR for this information. However, a small number of referrers who did wish to seek out more information struggled to find contact details for the SHR co-ordinator they had spoken with.

3.2 Overview

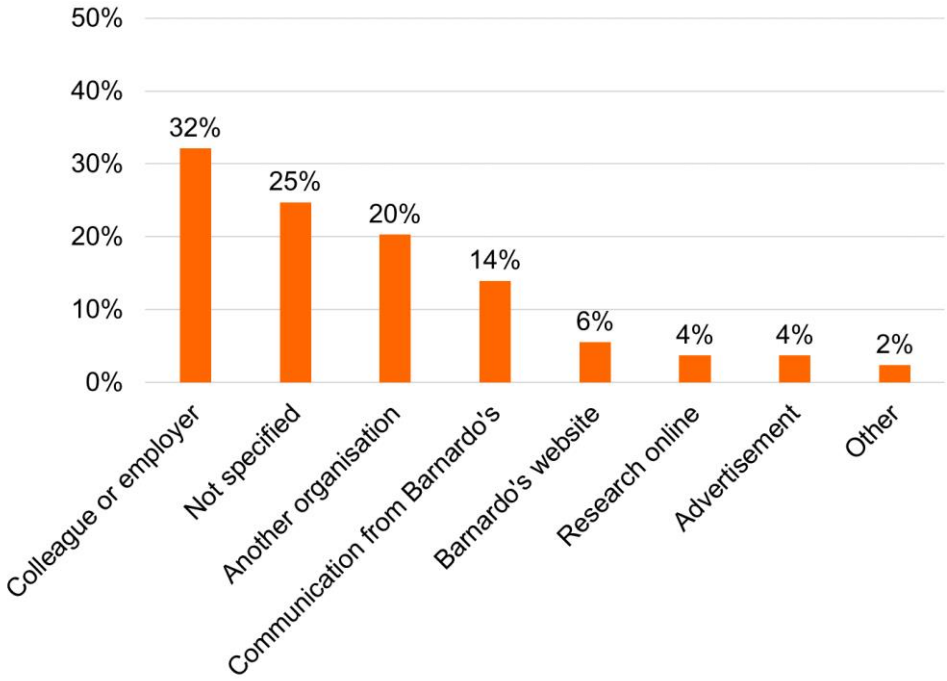
This section discusses referrers' views and experiences of SHR, including:

- How referrers heard about the programme.
- Referrers' understanding of the aims of SHR.
- Referrers' reasons for referring into SHR.
- Referrers' experience of the referral process.
- The needs of the children and young people referred into SHR, and their estimated eligibility for existing types of support, according to referrers.
- Referrers' understandings of the support provided through SHR.
- Referrers' views on what would have happened without SHR.

3.3 How referrers first heard about SHR

Figure 1 shows that referrers who responded to the survey heard about SHR from a range of sources, **most often from a colleague or employer (32%), another organisation (20%), or from a communication from Barnardo's (14%).** However, 25% of referrers who responded to the survey did not specify how they heard about SHR.

Figure 11: 'How did you first hear about See, Hear, Respond?' (n=380)[14]



Where colleagues first heard about SHR was also explored via interviews. These showed that referrers who heard about SHR from:

- **A colleague or their employer** typically heard about SHR through word-of-mouth or an internal e-mail bulletin:

  "'We have a weekly bulletin through staff emails. [It is] a roundup of all new services."

  Referrer

- **A different organisation** to their own (e.g., Children's centres, the Mayor's office) often heard about SHR through speaking to another professional or through an e-mail. In schools, senior teachers and safeguarding staff would typically receive an external email about the programme and share this information with the wider team. Referrers from across health, social care, and Early Help also heard about the programme through email bulletins from charities, for example, the NSPCC's *Current Awareness Newsletter for Practice, Policy and Research*. Referrers also heard about SHR at virtual seminars/conferences (e.g., such as the Barrow's Practitioner Forum and a Pupil Referral Unit seminar).

[14] Please note, percentages do not total to 100% because some e-survey respondents reported hearing about SHR from multiple sources. Examples of responses within the 'other' category include: other professionals working with the family, cases in which support was not yet provided or the family disengaged, social media.

- **Barnardo's.** Referrers reported they heard about SHR via an email or flyer, or through engaging with Barnardo's when referring into a different service. Referrers also heard about SHR via the programme facilitator role. A handful of referrers were facilitators for Barnardo's and heard about the programme through internal communication. Some referrers also reported hearing about the programme through discussions with facilitators which were supported by SHR, such as the WAVE project.

- **Personal research**. Referrers reported that they proactively sought help for a particular child or young person and came across the programme online. One referrer described:

> *"I was researching to see what we could offer our students and came across [SHR]. I e-mailed initially and said I would like to take part. [SHR] called me immediately, we had a conversation, and they explained the process of how they could support children."*

Some referrers interviewed suggested that the advertising of SHR could have been improved as they heard about the programme several months after it began. They felt they had missed an opportunity to refer more children and families earlier on before the programme began winding down:

> *"There was not enough advertising at the start. If I had learned the programme was available before we did, we would have made more referrals. Instead, we stumbled across the programme by chance."*

They suggested that there could have been more advertising of the programme, particularly at the beginning, as well as advertising through a more diverse range of channels.

> *"Had we known about this in September we could have taken more advantage of it. It might be that the service was communicated well with mental health leads in school, but there is something about making sure other multiagency support workers that are employed by the school also understand the wider services that are available."*

A small number of referrers also commented that they were unaware that SHR had been extended and suggested that this could have been more widely advertised.

3.4 Understanding of the aims of SHR

Referrers interviewed had a good understanding of SHR's core aim, to support children and young people during the COVID-19 pandemic.

However, beyond this core aim, referrers had different understandings of who the programme was intended to support and in what ways. Indeed, some referrers had a broader understanding of the key aims of SHR in line with its stated aims and objectives; whilst other referrers had a narrower understanding more in line

with how the programme could directly help them support children and young people they were working with.

Referrers reported that in response to the COVID-19 pandemic SHR aimed to deliver support:

- **To meet a range of children and young people's needs** who may be adversely affected by the pandemic. Referrers suggest that this was enabled through SHR's wide referral criteria.
- **Quickly and responsively** to meet children and young people's needs.
- **Holistically**. For instance, referrers reported that packages of support were tailored to each individual's needs, including support for the wider family. One referrer explained:

  "My understanding of the programme is that it works with the family and finds out what they are looking for and what they need rather than being prescriptive."

- **For children and young people who may not be eligible for statutory support**, with a view to preventing their needs from escalating further during the pandemic.

However, **some referrers had a narrower understanding of the aims of SHR**. They understood that SHR aimed to offer targeted support to meet particular types of need, for example:

- Mental health concerns.
- Re-integration into education, or education support.
- Children at risk of criminal exploitation.
- Children at risk of sexual exploitation. One referrer said:

  "I would refer a child who has had sexual activity and experiences that are inappropriate for their age, who are using social media sexually […] It is a service for awareness of good sexual health."

- Victims/survivors of domestic abuse.
- Asylum seekers.

In addition, some referrers were unaware that SHR:

- Had been established as a **temporary programme in response to COVID-19**.
- Aimed to **target specific priority groups**. For example, a minority of referrers did not realise that they could refer children under five into the

programme. Referrers suggested that by providing examples of different families who were suitable for the programme and the type of support received, SHR would have further helped to ensure they referred more appropriate children and helped referrers explain the programme to parents/carers.

However, evidence from the survey of referrers shows that:

- 80%[15] of referrers stated that the aims of SHR had been 'clear' or 'very clear' when they first referred into the programme.
- 84%[16] of referrers reported that they would recommend SHR to other professionals.

Furthermore, **referrers interviewed highlighted that their understanding of the programme's aims became clearer** during the phone call which they received from an SHR regional co-ordinator to follow up on the initial referral form.

Referrers' understanding of the types of support offered by SHR

Whilst referrers tended to feel clear about the aims of SHR, they noted that it was unclear to them what types of support SHR could provide at the point of them making the referral. On the whole, this did not present a major issue for referrers, because support options became clearer once an SHR practitioner got in contact with the referrer.

3.5 Reasons for referring into SHR

Referrers interviewed reported a variety of different reasons for referring into SHR. The key reasons were:

- **The support offer matched the needs of children referrers were working with.** The most common reason for referring into SHR was that the child or family had a need which the referrer felt SHR would be able to offer support for[17]. In particular, referrers highlighted that the support offer of SHR was targeted to meeting needs that had arisen or worsened during the pandemic, such as mental health or disengagement from education. One referrer commented:

[15] N=322, 20% of referrers stated that the aims of SHR had been "somewhat unclear" or "very unclear", ad 1% reported 'Don't know'. Please note, percentages do not sum to 100% due to rounding.

[16] N=323, 7% reported they would not recommend, 9% reported 'don't know'.

[17] The types of needs for which referrers went to SHR for support are discussed below in Section 3.7

"What struck a chord was that SHR was reacting to the pandemic. It was about this weird situation and how it was affecting young people."

One referrer who accessed the programme to get support for child exploitation commented:

"[SHR] was specific for what I needed. I felt it would be more specialised [than other services]. We do have other pathways and I could have referred for an intervention around [child criminal exploitation] but I felt [SHR] would be more targeted and specific."

- **Immediate and timely availability and accessibility of support.** The responsiveness of SHR in terms of offering support was a key factor for referrers, who were concerned about the children and families' situations deteriorating if they were not able to get support quickly. For referrers, this distinguished SHR from many other services, which tended to have longer waiting lists.

- **Limited availability of alternative support during the pandemic.** Due to restrictions associated with the COVID-19 pandemic, referrers noticed that the availability of support for children and young people was reduced. This was particularly true of face-to-face support, as many services shifted to online service delivery after a period of transition and/or reduced the number of children they offered support to.

  While referrers were generally positive about the wait times for local services, there were examples where services had become overwhelmed and were no longer accepting new referrals. In some cases, service delivery was temporarily put on hold, although this varied place-by-place. For example, referrers reported that community outreach, family and parent programmes, and even certain mental health support had temporarily ceased in their area.

  As a result, referrers reported that SHR was "*filling a gap"* in terms of the availability of support. This was particularly true of the face-to-face support which SHR offered, as referrers highlighted that it had been challenging to engage children and young people through virtual support alone. For example, youth club practitioners interviewed reported that they had struggled to engage children virtually. One referrer commented:

  "There were not any other services and SHR were picking up really quickly."

- **Broad referral criteria.** Referrers reported and recognised that SHR had wider referral criteria than many other services, and in particular, was open to children and families with lower need levels than the thresholds for Early Help, CAMHS, and statutory children's services. This broad referral criteria was seen as a real strength of SHR. The programme was seen by referrers as an opportunity to "*bridge the gap"*, especially in terms of providing early intervention to address lower-level mental health concerns.

- **Whole-family support.** Referrers were positive about SHR being able to provide support to the whole family. On occasion, they referred to the programme specifically to get support for parents. For example, one referrer who referred a child with Autism Spectrum Disorder (ASD) into SHR explained that they felt that the child's mother may also have been experiencing mental health issues that had been affecting the child, and therefore could also benefit from support. Another referrer commented:

  "I thought that there might be a benefit in things that the family can do to keep active and busy even in the small home, and from the knowledge that things are available in the lockdown in whatever form they were in, and just that extra expertise to support the family."

- **Stigma around engaging with some services.** Referrers reported that some families had refused to engage with services such as Early Help, CAMHS, and children's services, suggesting this was due to perceived stigma surrounding these services and/or previous negative experiences. By contrast, referrers thought that these families may be more open to working with Barnardo's and the SHR delivery partners, which they viewed as potentially not having the same stigma. Referrers explained:

  "One family was not keen on children services so would not have engaged. Lots of families have anxiety about children's services. Families are suspicious."

  "Lots of parents, because the Early Help plan comes as a whole family consideration, are sometimes unwilling to get involved if they feel their parenting will get reflected on. It was an avenue of support for children of parents who didn't want the full Early Help criteria."

  "Whether a family is eligible is not the point, some families won't engage in it."

- **Barnardo's reputation.** A small number of referrers had previous experience of working with Barnardo's and reported that the charity was known for providing a quality service. This positive reputation was a contributing factor to them referring into SHR.

3.5.1 Other services referred to as well as SHR

In many cases, referrers did not make referrals into any other services for the children and families they referred into SHR. Often, this was because the child's need level was not estimated to be high enough to meet the thresholds of other services, such as Early Help.

However, where referrers did refer into other services as well as SHR, this was mostly to Early Help and CAMHS, and in a minority of cases to statutory children's services. A small number of referrers submitted safeguarding, Education and Health Care Plans and Multi-Agency Safeguarding Hub referrals at the same time as referring into SHR. This was often to ensure they followed the statutory requirements for specific concerns. The estimated eligibility for

alternative support, of those that referrers referred into SHR, is discussed in Section 3.9.

In some cases, referrers also referred the children and families to other local services targeting specific needs, such as:

- Domestic abuse (e.g., Women's Aid, Fort Alice, and Rising Sun).
- Bereavement (e.g., Grief Encounters and Leading Light).
- Mental health (e.g., Forward Thinking, Roundabout, and Turning Point).
- Mentoring and activities (e.g., local football clubs, horse therapy, and Youth Connect).
- Sexual and criminal exploitation (e.g., Greenhouse, Rape and Sexual Violence Programme, and Video Interaction Guidance).
- Youth violence (e.g., Violence Interrupters and Street Teams).

3.6 Experience of referring into SHR

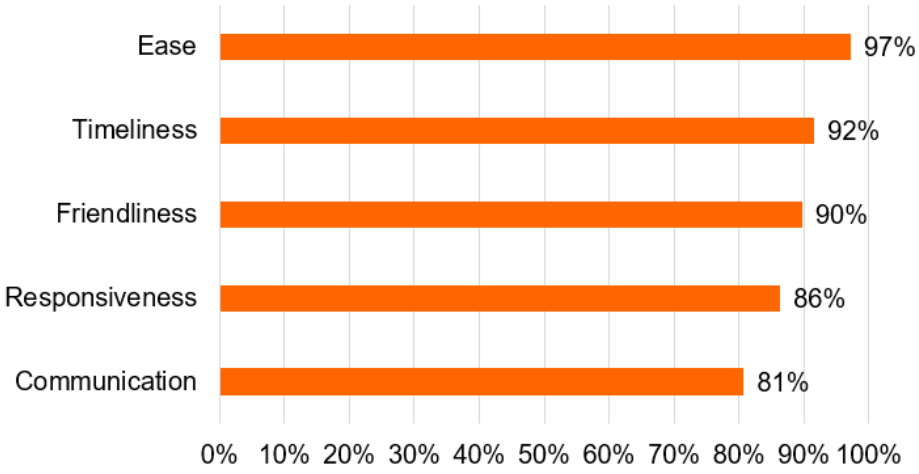
> *"It was brilliant. It was a really short form online. You don't have to think about where you're sending it. I got a response the same day asking for more information and I think Mum got a call the same day. It couldn't have been any better. I have never known a referral process so successful. It makes you want to refer again."*

Referrers interviewed agreed that the experience of referring into SHR had been very positive and highlighted several key strengths of the referral process. A small number of areas for improvement were suggested, which are discussed below.

Strengths of referral process

Figure 12 shows that over 80% of referrers who responded to the survey rated the following aspects of the referral process as good or excellent: ease, timeliness, friendliness, responsiveness, and communication.

Figure 12: Breakdown of the percentage of e-survey respondents who rated aspects of the SHR referral process as 'good' or 'excellent' (n=321-323)[18]



Referrers who were interviewed were equally positive about the following aspects of the referral process:

- **Ease of referring**. Referrers were particularly positive about how easy they found it to refer into SHR, commenting on the simple and straightforward process. They reported that a key strength of the process was the referral form which could be completed directly on a webpage, without needing to download or reupload it, and that the questions were "*easy to fill in"* and only took a short period of time to complete (roughly around 10 to 15 minutes). The ease-of-use of the referral form marked a key difference between SHR and other services, which referrers appreciated for the time it saved them. One referrer commented:

  "First referral, I was shocked. I am so used to three or four pages that take so long. This was short. I was a bit suspicious at first […] I mentioned that in passing [in the initial phone call]. [The SHR practitioner] said the point was to eliminate going into detail and to focus on the impact of COVID-19, [and] on what is happening to the child."

- **Responsiveness and speed**. Referrers reported that the speed of the initial response from Barnardo's once a referral form was completed was a strength of the process. Indeed, many referrers reported that they were contacted by SHR between 24 and 48 hours after making the referral. Referrers stated that in their experience this was much faster than other services.

[18] N= 323 for ease (2% rated 'poor' or 'very poor', 1>% reported 'don't know'); n=322 for timeliness (6% rated 'poor' or 'very poor', 3% reported 'don't know'); n=322 for responsiveness (9% rated 'poor' or 'very poor', 4% reported 'don't know'); n=322 for communication (16% rated 'poor' or 'very poor', 3% reported 'don't know'); and n=321 for friendliness (2% rated 'poor' or 'very poor', 8% reported 'don't know'). Please note, percentages do not all sum to 100% due to rounding.

- **Helpful and professional staff**. After SHR received a referral, an SHR practitioner then got in touch with the referrer via phone call to gather any additional information that was needed and to discuss a plan of support. Referrers reported that SHR practitioners who they spoke to were professional, knowledgeable, and friendly. For example, referrers were able to find out more information about the programme as well as practical advice and other services to signpost to in cases where the child or family was ineligible for SHR. Referrers commented:

  "I received phone calls, e-mails, and texts from the [SHR practitioner] when she wanted more information and clarification. She was really lovely. It was a really nice way for her to pick things up and possibly to tailor the support more to the family."

  "After the initial referral, it involved being able to talk to a human being, which was very nice".

  Being able to build a rapport with the SHR practitioner also meant the process became easier for referrers who referred more than once, as they were able to develop a professional relationship and anticipate what information the SHR practitioner would need.

Areas of improvement for referral process

Most referrers struggled to identify any areas for improvement for the referral process. However, some areas for improvement were suggested by referrers:

- **Receiving a record of the referral**. Referrers did not receive any written record showing that they made a referral into SHR, or about the referral they made. Referrers would have found this useful to add to their records. As such, some referrers took screenshots of the referral page, noting that "*once you press submit it had gone"*.

- **Information materials about the programme to share with families**. Some referrers reported that they would have found it useful to have some promotional material about SHR which they could share with parents, especially if this came in a physical copy for those who may not have access to a computer.

- **Scheduling the follow-up phone call from SHR**. Some referrers reported that they would have preferred it if SHR practitioners had arranged their follow-up call about the referral form ahead of time, e.g., via e-mail. This way, they could ensure they had time set aside to have a detailed discussion about the child and family.

- **Contact details for SHR co-ordinators**. In some cases, referrers who wished to get back in touch with the co-ordinator at SHR they spoke to, in order to seek out more information or get a progress update for sharing with families, reported that they struggled to find contact details for the SHR co-ordinator they had spoken with.

- **Referral form.** Referrers suggested the following improvement suggestions for the referral form:
    - **Word count**. A minority of referrers found the word limit of the referral form too limited to fully explain the child or young person's situation. However, the follow-up phone call provided an opportunity to share more detailed information. In addition, many referrers felt that the concise nature of the referral form was a strength.

Breakdown in communication with SHR

In addition to the areas for improvement discussed above, a minority of referrers (eight out of 102 interviewed in total) experienced a breakdown in communication with SHR at the referral stage.

In these cases, families were awaiting contact from the delivery partner after the referral had been made but did not receive it, and as a result, were not provided support through the programme. Referrers suggested that this tended to be because the delivery partner had assessed that the child was not eligible for their service. However, this message was not conveyed back to the family via SHR creating confusion for these families.

3.7 The needs of children referred into SHR

Referrers agreed that the COVID-19 pandemic had adversely impacted children and young people and their families by exacerbating existing needs or triggering new needs, including for families who previously were not known to services. One referrer commented:

> *"The need for services has increased, I have had lots of families that I have not worked with previously and they would not be on my radar."*

Figure 3 provides a summary of SHR priority group needs that referrers who responded to the survey referred to SHR. This shows that referrers who responded to the survey most commonly referred the following groups of children and young people to SHR:

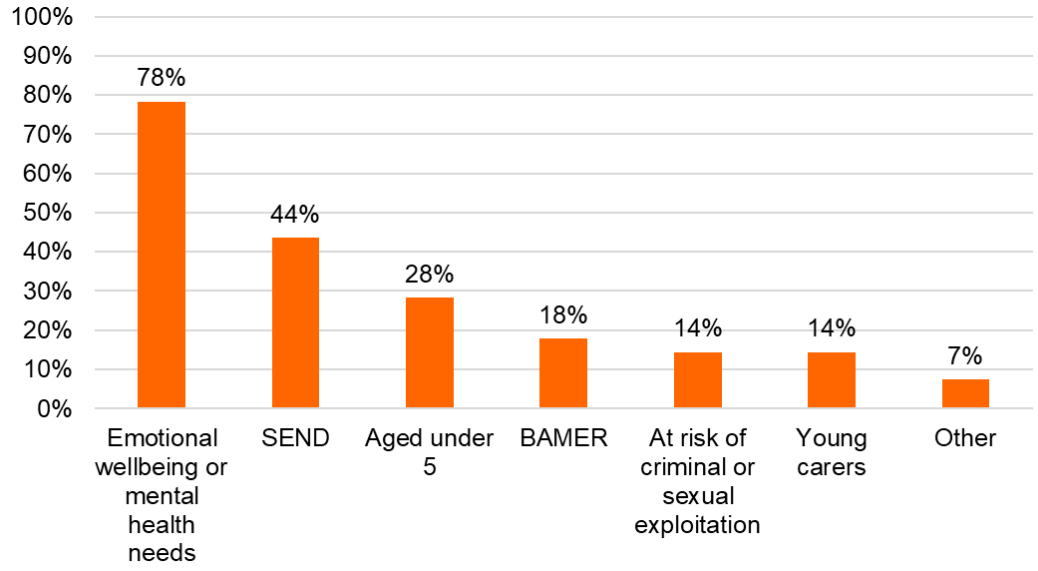
- Children and young people with emotional and wellbeing needs (78%)
- Children and young people with SEND (44%)
- Children and young people aged under 5 (28%)

In addition, for the six priority need groups (emotional wellbeing or mental health need, SEND, aged under 5, BAMER, at risk of exploitation, and young carers):

- 34% of referrers reported that one of these needs had been present among the children and young people they referred to SHR.

- 26% of referrers reported that two of these needs had been present amongst the children and young people they referred to SHR.
- 19% of referrers reported that three of these needs had been present amongst the children and young people they referred to SHR.
- On average, referrers reported that two of these needs had been present amongst the children and young people they referred to SHR.

Figure 13: 'Thinking of the children and young people you have referred into See, Hear, Respond, would any of the children be included in the following categories (please tick all that apply)' (n=388)[19]



Referrers interviewed reported that children and young people referred into SHR commonly presented with multiple support needs and needs which were additional to the core priority groups. Other needs included:

- Domestic issues.
- Poverty.
- Digital exclusion.
- Immigration status.

Referrers reported that the parents of those they referred also had presenting needs, particularly around mental health. They highlighted that parents' needs impacted on children, and vice versa. They also identified that a number of

[19] Please note, percentages do not total to 100% because children and young people can belong to multiple of these categories.

families were already receiving some support before being referred into SHR, such as:

- Mental health support for parents.
- Parenting programmes for families of children with SEND.
- Support for young families, such as Home Start.

Emotional wellbeing and mental health

The majority of referrers reported that those they referred into SHR presented with mental health and emotional wellbeing needs with 78% of e-survey respondents stating that they had referred at least one child or young person with this need.

Referrers interviewed explain that this need presented in a range of ways and that they had seen:

- Deterioration in general wellbeing.
- Decreased motivation.
- A rise in cases of self-harm and suicidal thoughts.
- An increase in behaviour that challenges, such as tantrums.
- Increased reports of obsessive and compulsive tendencies.
- A rise in cases of disordered eating.
- Emotional breakdowns.

Referrers interviewed explained that children and young people they referred were experiencing a range of challenges that impacted on their mental health and emotional wellbeing. For example, referrers reported that worry and anxiety about returning to school was a common experience amongst those referred into SHR. One referrer stated:

> *"He was known to CAMHS service and has an Asperger's diagnosis. His mum was at her wits' end about how he had deteriorated during lockdown. He was paranoid and had retreated into himself. So, to come back to school was a big step and certainly he is not back into attending fully."*

Some other key contributing factors to children's deterioration in emotional wellbeing and mental health were:

- Loss and grief.

- Isolation and loneliness. Referrers highlighted that children were missing contact outside of the household and suffering from a lack of stimulation.
- Worry and anxiety about COVID-19.

Parental mental health and emotional wellbeing

Referrers reported that parents also presented with mental health and emotional wellbeing needs, which was negatively impacting their children. In particular, referrers highlighted that parents were more anxious, with concerns about home schooling and sending their children back to school. Referrers also identified that some parents were struggling with looking after children with SEND at home.

Disengagement with education

During the COVID-19 pandemic and associated lockdowns, schools and other education providers have had to change their day-to-day working. There have been multiple school closures requiring a shift to online learning for many children and young people. When face-to-face learning has taken place, it has involved adapting to a range of restrictions to mitigate the spread of COVID-19.

Referrers reported that shifting to remote learning from home and coping with this change in routine has impacted on children and young people's learning and the quality of their engagement with education. Disengagement in education during the pandemic was often linked to a lack of motivation and challenges with emotional wellbeing and mental health. Children across age groups were also worried about returning to school.

Referrers noted that disengagement from education was more common amongst children from disadvantaged backgrounds, causing concern that the academic gap would be further widened as a result of the COVID-19 pandemic. Digital exclusion was also a contributing factor to challenges with engaging in education (see below).

SEND

SEND was a common need amongst those referred into the programme, with nearly half of the 388 referrers who completed the e-survey reporting to have referred at least one child with SEND into SHR. Referrers reported that these children and their families were struggling to adapt to lockdowns and associated restrictions and experienced deteriorating mental health and emotional wellbeing.

A small number of referrers also suggested that some children with SEND faced greater vulnerability to exploitation during the COVID-19 pandemic, as they were spending less time being supervised (for example at school) and more time unsupervised online, at home, and in the community. Referrers also suggested that children with SEND can be more vulnerable due to challenges with recognising exploitation and abuse and with communicating.

Risk of exploitation

Referrers reported referring children at risk of criminal and/or sexual exploitation. They suggested that these risks had increased during the pandemic, because:

- As schools were closed, some children and young people could spend more time unsupervised outside of the home.
- Children and young people were spending more time on the internet.

Referrers reported that a small number of children referred had previous experiences of criminal and sexual exploitation and though this was not linked to increased vulnerability during the pandemic, they were referred to SHR for support for ongoing concerns.

Domestic abuse and inter-familial conflict

Referrers indicated that there had been an increase in domestic abuse during the pandemic. Some of the families that they referred into SHR had been experiencing domestic issues, though these varied in severity. In some cases, family relationships had suffered during the pandemic which had resulted in more arguments and household tensions. In other cases, referrers reported that families experienced domestic abuse and violence.

Poverty

Referrers reported that families have struggled to access basic amenities during the pandemic as a result of financial hardship. They reported that there had been more use of food banks and voucher systems than before the pandemic.

Digital exclusion

Referrers agreed that digital exclusion had been an issue for some families during the pandemic, with families lacking hardware, such as computers, and stable internet connections. This impacted on children's ability to access and engage with learning from home.

Immigration status

A small number (less than five) of the families referred into the programme by referrers who were interviewed were refugees. Referrers explained that these families often faced corresponding challenges, particularly English not being their first language and having no recourse to public funds. Referrers were concerned that these families often struggled to access adequate support.

3.8 Estimated eligibility for alternative support

Figure 14 show that:

- 69%[20] of referrers who responded to the survey reported that at least one child they referred to SHR would have been eligible for Early Help.
- 29%[21] reported that at least one child they referred to SHR would have met the threshold for Child in Need.
- 10%[22] reported that at least one child they referred to SHR would have met the threshold for Looked After Child.
- 11%[23] reported that at least one child they referred to SHR would have met the threshold for Child Protection Plan.
- 51%[24] reported that at least one child they referred to SHR would have met the threshold for CAMHS.

[20] N=238

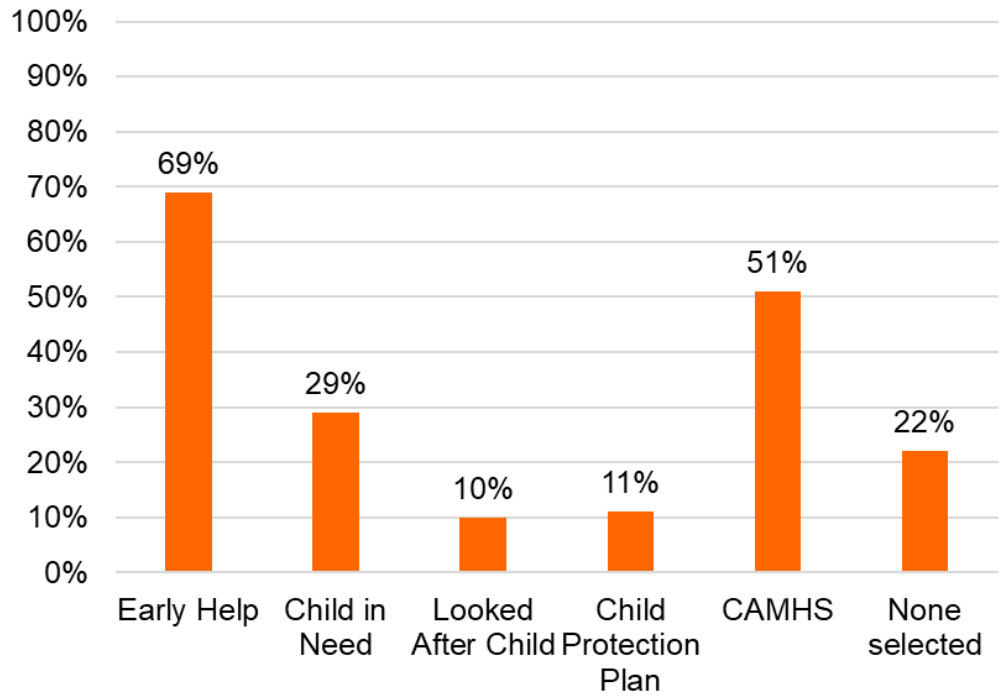
[21] N=82

[22] N=26

[23] N=30

[24] N=156

Figure 14: 'Thinking about the children you have referred to See, Hear, Respond, would any of them have been eligible for the following support / met the thresholds for the following services?' (n=260–347) Percentage who indicated they would. Respondents could tick more than one category.



Referrers who were interviewed reported that some of the children and young people they referred into SHR were already receiving support from Early Help (or had done so in the past).

Referrers also reported that some of the children and young people they referred to SHR were already receiving support from CAMHS, most commonly those who had been prescribed medication for their mental health.

3.9 Support provided through SHR

Referrers were generally very positive about the quality of support provided through SHR, although in some cases, they could not comment as they did not know about the difference made by the programme. This was due to a combination of SHR and delivery partners not routinely sharing progress updates, and referrers not chasing for this information – see Section 4.2 below.

3.9.1 Types of support provided

Where referrers knew about how the support progressed for those children and families that they referred into SHR, a range of different types of support were described. Referrers reported the following types of support:

- **One-to-one support for children to address a range of needs**. Children were supported one-to-one to address a range of needs through counselling,

through a range of therapeutic support, and mentoring. The support provided was a mix of virtual and face-to-face, depending on the specific needs of the child.

- **Support with education**. Referrers reported that children and young people were often allocated a practitioner who would visit the school and support the child with their education once or twice a week. They often acted as a conduit between schools and parents/carers.

- **Support, advice, and guidance for parents and carers.** Referrers reported that practitioners provided parents and carers practical advice and guidance about supporting their child. In some cases, more in-depth parenting support was provided, for example through mentors working with families to discuss challenges and to try ways of improving communication. Parenting programmes were also delivered, which focussed on communication as well as coping strategies.

- **Domestic abuse and violence support**. A range of support was provided for families experiencing domestic abuse and violence, including courses for families and individual and group therapy and counselling.

- **Child criminal or sexual exploitation programmes**. Support to address risk of exploitation was delivered, including interventions to develop young people's awareness and knowledge about potential risks.

- **Outdoor activities.** Some delivery partners delivered outdoor activities for children and young people via SHR. For example, The Wave Project delivered surfing and swimming at the beach, and BF Adventures delivers outdoor activities such as climbing, abseiling, kayaking, and orienteering.

- **Financial support**. Families were provided financial support in the form of food vouchers and help paying utility bills. For example, one young mother was provided with money to get a taxi home after giving birth and to purchase basic items.

- **Practical support**. Through SHR, families were provided with a variety of resources including laptops, tablets, and mobile phones.

- **Signposting to other services for additional support**. Through SHR, families and referrers were informed about services available in the family's area. SHR helped to signpost and link families into these services, and at times helped to advocate for access to services such as Early Help and statutory support.

3.9.2 Quality of support provided

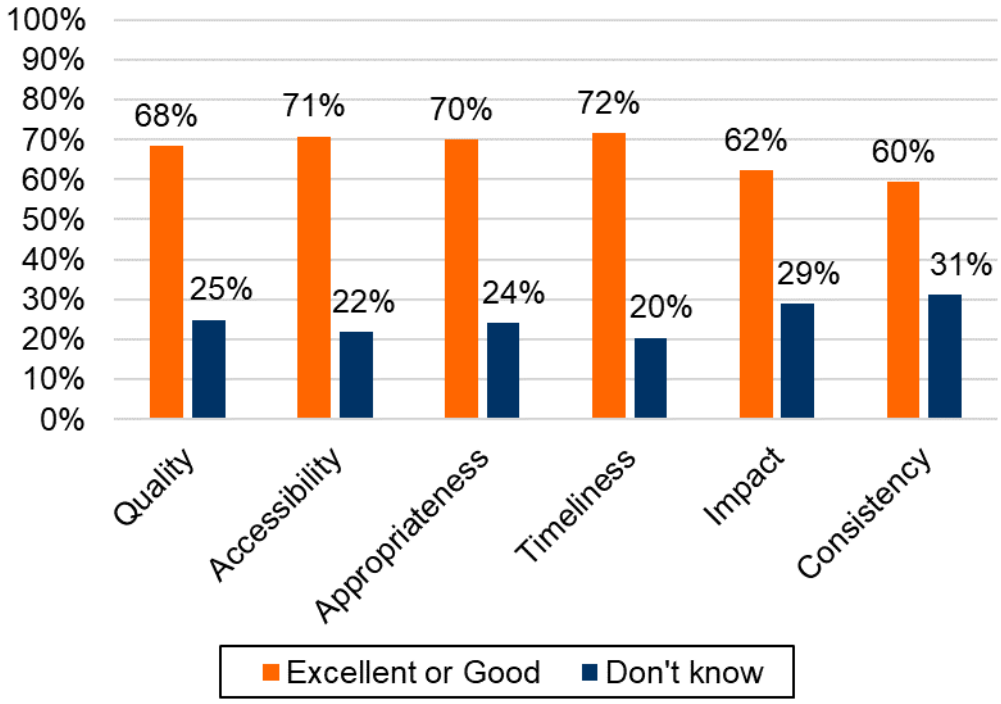
Figure 15 shows that the majority of referrers who responded to the survey rated the following aspects of the support as excellent or good.

- Quality.

- Accessibility.
- Appropriateness.
- Timeliness.
- Impact.
- Consistency.

However, across all these aspects between 20-30% reported that they did not know about the quality of the support. This may reflect that, due to the pace at which the SHR programme was implemented and the large number of children it supported, it was not possible to provide all referrers with detailed information about every child's progress, except where it was necessary as part of ongoing or further support.

Figure 15: 'Thinking about the support that See, Hear, Respond provided for the children and young people you referred in, how would you rate it against the following aspects?' (n=314-319)[25]



Referrers interviewed reported the following strengths of the support provided through SHR:

[25] Between 6-10% of referrers rated aspects of the services as poor or very poor.

- The **variety of specialised support** offered through the programme, for example, for those at risk of exploitation, who were struggling to reintegrate into education, and who faced mental health and emotional wellbeing issues.

- The **whole-family approach** of the support provided, which addressed the inter-related challenges that parents, and wider families were facing, as well as children and young people.

- The **flexible support** which was **tailored to individual needs**. Referrers reported this flexible approach as being a key strength as it was delivered in a personalised, flexible way depending on each child's needs and circumstances. For example, referrers reported that practitioners went at the child's pace and were able to adapt their approach to deliver support in a place where the child felt comfortable.

While referrers were positive about the support provided through SHR on the whole, some areas for improvement were suggested during interviews:

- **Length of support.** In a small number of cases, referrers reported that the support was not long enough to address the needs of the child(ren) they referred, even if they were low-level. This was particularly true in cases where referrers felt that the child or family would benefit from more time getting used to engaging with the support and developing a trusting relationship with the practitioner.

- **Limited availability of face-to-face support**. While some children and families received face-to-face support via SHR, some were offered virtual support only. Referrers reported that in some of these cases, face-to-face would have been more effective and virtual support was not always sufficient to meet the family's needs. Indeed, in a small number of cases, families declined support because face-to-face approaches were not offered.

4 Difference made by SHR

4.1 Key messages

- Referrers were not always aware of what difference had been made by SHR for those they referred into the programme, or how their support had progressed. This was due to a combination of: (1) SHR and delivery partners not routinely providing updates to referrers during or at the end of support, and (2) referrers tending not to chase for this information. Where referrers did comment on the difference made by SHR, this tended to be based on their ongoing interaction with the families of the children and young people they had referred, for example, those who saw families regularly through school.

- Due to the pace at which the SHR programme was implemented and the large number of children it supported, it was not possible to provide all referrers with detailed information about every child's progress, except where it was necessary as part of ongoing or further support. This may also explain why some referrers were not always aware of the difference made by SHR to children and families.

- Referrers who did have insight into the difference made by SHR for the children and young people they referred, agreed that it had made a range of positive differences in the short term. In particular, they highlighted that children and young people had felt supported, had been supported to cope with their mental health and emotional wellbeing and to re-engage with education.

- It was challenging for referrers to comment on what the longer-term difference for children and young people might be, particularly because of ongoing uncertainty about the COVID-19 pandemic and its effects. However, they reported that they expected there to be a positive longer-term difference for many children and young people. This was because: (1) SHR had helped to prevent lower-level needs from escalating to the point of requiring further support, (2) children and young people had become more open to engaging with support services, so may be more likely to ask for help in the future if they need it, and (3) children and young people were taught skills and coping strategies that they could use in the future when facing new or returning challenges.

- Some children and young people who were supported by the programme had needs that were more complex than the programme originally expected to support. Referrers reported that although the support provided through SHR had made some positive differences for these children, they were likely to require further support to address their needs.

- Whilst SHR was not explicitly intended to address the needs of parents and carers, referrers agreed that it had made a positive difference in the short term for parents and carers, particularly in terms of increased

confidence, feeling supported, and learning new skills and strategies for supporting themselves and their children. Referrers also expected that these positive differences would last in the longer term for parents and carers, especially those who had lower-level needs when they were supported by SHR.

- Referrers reported that SHR had made a positive difference to their own agencies. By giving them another support option to refer children and families into, SHR helped them to manage demand for their own agency and thereby enabled them to support more children and families than they otherwise would have been able to support. In addition, through SHR, referrers reported that they became more aware of other local services and built links with them. Referrers also reported that they gained practical advice, knowledge, and skills through SHR.

- Referrers found it challenging to comment on the difference that SHR had made to wider children's services, including children's social care, although they expected that there would have been some positive difference. This was because: (1) SHR added to the pool of available support for children and families, which referrers suggested would have helped to manage the demand for other services, and (2) through offering support for those with lower-level needs, referrers suggested that SHR had helped to prevent some needs from escalating to the point of requiring further support in the future.

4.2 Overview

This section discusses referrers' views on the differences made by SHR for:

- Children and young people
- Parents and carers
- Referral agencies
- Children's social care.

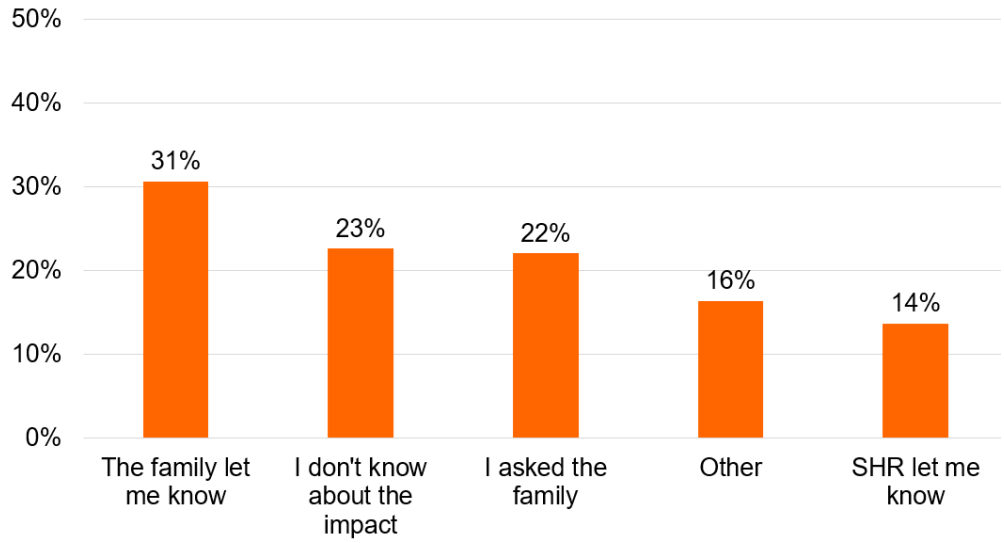
4.3 Referrers' insight into the difference made by SHR

Referrers had varying level of insight into the difference made by SHR for those they referred into the programme. Figure 16 below[26] shows that of referrers who responded to the survey:

[26] In addition: When asked to rate the quality of support provided by SHR in terms of quality, accessibility, appropriateness, timeliness, impact, and consistency, between 20.4% and 31.2% of e-survey respondents reported that they did not know (n varied between 314 and 319) - see Figure 15 in Section 3.9.2.

- 53% reported they knew about the impact of SHR through their own contact with the family.
- 31% reported that the family let them know and 22% reported that they asked the family.
- 14% reported that SHR let them know.
- 23% did not know about what impact SHR had on the children and families they referred to SHR.

Figure 16: 'How do you know about the impact that See, Hear, Respond had on the children, young people, and families that you referred in?' (n=335)[27]



Referrers interviewed reported that, after they had made the referral into SHR and a follow-up conversation with an SHR practitioner had taken place, they often did not stay updated about how the support from SHR progressed for those they referred into the programme, and any difference that it made. This was due to a

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When asked to rate the difference made by SHR for the children and young people they referred into the programme across a range of types of difference, between 20.15 and 37.8% of e-survey respondents reported that they did not know, depending on the type of difference (n varied between 328 and 334) - see

- Figure 17 below.

[27] Please note, percentages do not total to 100% because some referrers listed more than one answer.

'Other' includes cases in which: the family did not receive support or did not engage, or support had not get begun; the delivery partner or another professional working with the child or family let the referrer know; or the referrer saw the family through their work.

combination of: (1) SHR and delivery partners not routinely providing progress updates to referrers about the support being provided and any difference made, both during the support and at the point of case closure[28], and (2) referrers not asking SHR and delivery partners for this information. Referrers interviewed commented that it is not standard practice for them to follow up once they have referred children and families onto other agencies.

Due to the pace at which the SHR programme was implemented and the large number of children it supported, it was not possible to provide all referrers with detailed information about every child's progress, except where it was necessary as part of ongoing or further support. This may also explain why some referrers were not always aware of the difference made by SHR to children and families.

As a result, the referrer views on the difference made by SHR which are discussed in Section 4 are only representative of a sub-section of the 102 referrers who were interviewed, and the 388 referrers who responded to the e-survey.

Updating referrers on progress and outcomes at the point of case closure

Although referrers interviewed reported that they did not chase SHR for progress updates about the support being provided to those they referred into the programme, and any difference made, they commented that it would have been useful to receive this information in the form of a written summary once the support from SHR came to an end. Referrers stated that this would have been useful for:

- Updating their own agency's records about the child and family.
- Sharing this information with any other professionals who they were aware had been working with the family.
- Learning about the progress made and reflecting on what had or had not worked.
- Identifying children, young people, and families in need of ongoing support.

4.4 Immediate term differences

This Section discusses referrers' views on the immediate term differences made by SHR for:

[28] Please note, there were some exceptions in which referrers praised SHR for maintaining communication and providing progress updates throughout the child's support.

- Children and young people
- Parents and carers
- Referrers
- Children's services

4.4.1 Children and young people

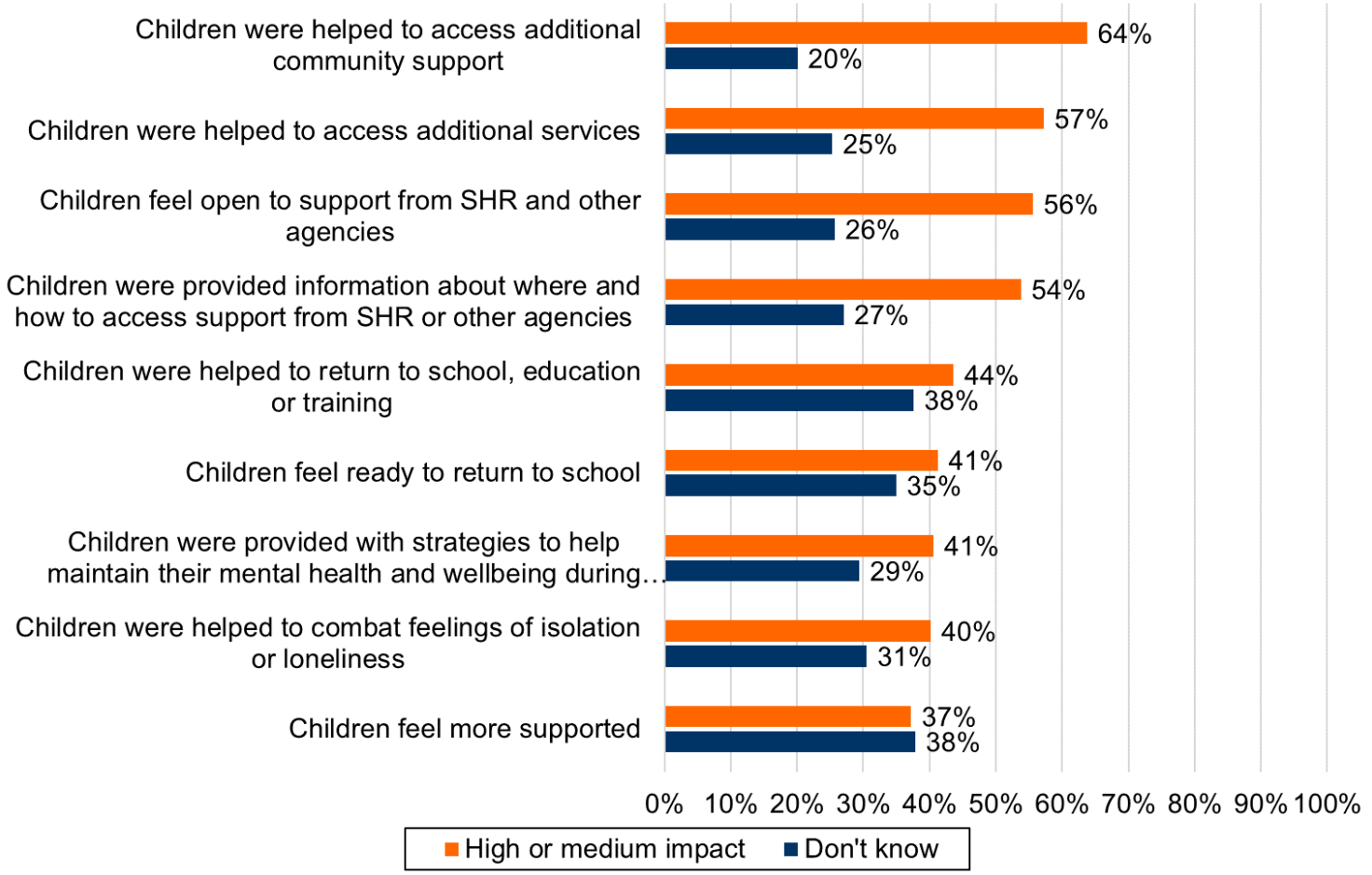
> *"[SHR] was a stop-gap when it was difficult to get support from other places. […] Lots of families might not have been in crisis, but it could have made the difference that prevented them from reaching a higher crisis point or needing statutory services."*

Figure 17 shows that referrers who responded to the e-survey reported that SHR had a high or medium impact, with:

- 64% reporting that children feel more supported.
- 57% reporting that children were provided with strategies to help maintain their mental health and wellbeing during the pandemic.
- 56% reporting that children were helped to combat feelings of isolation and loneliness.

However, linked to the section above concerning how referrers understood the impact of SHR on children and families, across all the responses in between 20%-38% of referrers did not know what impact SHR had on children in these areas.

Figure 17: What quality of impact do you think the support of SHR had on the children and young people you referred? Percentage who reported high or medium impact. ('high' or 'medium' impact) (n=328-334)



Referrers interviewed also reported that children and young people they referred into SHR who were at risk of criminal and sexual exploitation had been supported to **increase their safety**.

They also reported that children and young people experienced several of these positive differences, which were they suggested worked together and were mutually supportive in achieving positive outcomes. For example, improvements in mental health and wellbeing often helped children and young people with re-engaging in education. Case Study 1 below provides an example.

Case Study 1: Elijah's[29] story

A referrer working for Early Help and based in a school referred Elijah, a boy in Year 6, into SHR. They reported that Elijah had been struggling with anxiety about COVID-19, which had made him unhappy about returning to school:

> *"[It has been a] constant battle to get him up to come into school, [there have been] outbursts and screaming at home. Mum reported worrying behaviour at home. Whilst he was well behaved in school, he was letting out his frustrations at home. Mum was very anxious [about the] first lockdown. Mum works in a care home. He was really worried about her. He did not want to leave home, he wanted Mum to be safe."*

The referrer first heard about SHR via the school nurse, and referred Elijah:

> *"The school nursing team had sent me the information [about SHR]. In the first lockdown, I got information about lots of services. The email from Barnardo's stood out as it appeared to be quick and instant help."*

The referrer reported that Elijah was supported by a practitioner to learn coping strategies to manage his emotional wellbeing and mental health, which helped him get back to school:

> *"The child has been more supported. [This support] has helped him to return to school, and they are in school in this lockdown now, every day since January. [It has also] helped with his mental health and wellbeing. The family are no longer expressing concerns or worries."*

The referrer highlighted that the quick implementation of the support, in response to the challenges of the pandemic, as well as the wide eligibility criteria, were key strengths:

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

> *"It has been fantastic early support for families that don't meet that threshold. It's been a lifeline. [SHR] has helped them through the difficulties of COVID."*

They highlighted how, without SHR, it would have been challenging to support Elijah through the school, due to the high demand for school counselling and support with emotional and mental wellbeing:

> *"He […] would have had counselling from school but this has been tricky. We now have a learning mentor who supports [children with emotional wellbeing and mental health] but there is only one of her."*

Children feeling supported

> *"The response was perfect. [Before], these families weren't feeling like they were being heard or responded to. [Through SHR] they felt there was somebody."*

64%[30] of referrers who responded to the survey stated that SHR had made a high or medium impact on children and young people feeling supported.

Discussing this impact during interviews, referrers reported that SHR had helped children and young people feel supported through providing practitioners with whom they could develop a trusted relationship, and who provided a '*friendly ear*'. They commented that delivery partners had helped children and young people to feel supported by:

- Listening to their concerns.
- Dispelling myths about COVID-19.
- Providing practical advice.

One referrer commented:

> *"They've had access to the support of a youth worker to help make some plans and talk about their anxieties. A lot of it was myth-busting, explaining the rules as they kept changing […] having someone to relieve those worries."*

Improved mental health and emotional wellbeing

Referrers interviewed agreed that SHR positively impacted on the mental health and emotional wellbeing of the children and young people they referred, which

[30] N=334, 3% rated 'low impact'; 12% rated 'no change'; 1% rated 'negative impact'; and 20% reported 'don't know'.

was the most common type of presenting need. Indeed, 78%[31] of referrers who responded to the survey reported referring at least one child into SHR who presented with this need - see Section 3.7 above.

Referrers agreed that the programme provided a timely response to a need which, for many, had developed or worsened relatively recently during the pandemic, as demonstrated by Case Study 2 below.

They also suggested that the support provided through SHR had helped to prevent children and young people's mental health and wellbeing from deteriorating. For example, one referrer working in CAMHS commented:

> *"Because SHR is responsive it means families are less likely to [be referred] back to us."*

Referrers reported a range of improvements in children and young people's mental health and emotional wellbeing, including:

- **Reduced stress and anxiety.** Discussing the difference that was made for those they referred into SHR, one referrer said:

  > *"Reduced anxiety about COVID and school. We have heard back from a few families who've said the one-on-one sessions speaking to the kids has reduced their anxieties and improved their mental health."*

- **Increased confidence and self-esteem.** One referrer reported:

  > *"They are much more confident with me. They were the sort of kids you would find sitting by themselves. Now you don't notice it. Their confidence and communication levels have improved."*

- **Increased general wellbeing and happiness.** One referrer commented:

  > *"I think he has more of a psychological way of thinking. He is thinking about more grown-up themes. He has had a good therapeutic experience. He definitely feels less isolated, and he seems happier, like a weight has been lifted."*

- **Better coping with loss and grief**. Referrers reported that children and young people had been supported to acknowledge and accept loss and grief through the support provided by SHR. One referrer stated:

  > *"Some were still struggling with loss. […] They learned how to cope with the loss of relatives."*

[31] N=388

- **Improved resilience.** One referrer commented:

  "[The programme] has helped children to help themselves. To build resilience, wellbeing and see that they have control."

During interviews, when discussing the role played by SHR in improving children and young people's mental health and emotional wellbeing, referrers highlighted several 'key ingredients':

- Having someone to talk to.
- Sharing information about mental health and how to manage it.
- Teaching practical strategies and coping mechanisms, for example, healthy ways of expressing emotions and communicating. For example, referrers reported that delivery partners taught younger children how to create worry boxes in which they could physically write down any concerns, and then share them with a counsellor or mentor.

Case Study 2: Sarah's Story

One referrer described how Sarah had been struggling with her mental health for a long time. During lockdown, her mental health had deteriorated, and she became suicidal. Sarah was referred into SHR and the programme very quickly assessed her needs and coordinated support. The referrer described:

"After the referral, someone phoned straight away and spoke to the parent the next day."

Sarah was provided with a course of counselling sessions, in which she and her family were able to meet face-to-face with a professional and develop a trusting relationship. The referrer reported that Sarah's whole family were appreciative of the support.

"Something was put in place really quickly where the person came out and met [Sarah] and the family in the park and did some counselling. It was immediate, and someone was there when you can feel like you have no other support."

The referrer commented that the programme made a range of positive differences for Sarah and her family:

"The parent told me that the worker was lovely and they did really nice things like making a worry box and that it was really effective. They gave her five weeks of visits and made a massive impact on her mental health. [The programme helped] make them feel supported, both [Sarah] and her parents. It was immediate and there was someone there, when [families] can feel like they have

> *no support. From the first referral, I thought [SHR] was reliable. There was an impact and [SHR] did what they said.*

Reengaging with education and returning to school

Figure 17 shows that the majority of the referrers who responded to the survey who knew about the difference made by SHR stated that SHR had made a high or medium impact for the children and young people they referred in terms of:

- Feeling ready to return to school.
- Being helped to return to school, education, or training.

Referrers agreed that SHR had supported children and young people to re-engage in education. They highlighted that many children referred into the programme were struggling to engage in remote learning through the pandemic and that there were a range of worries about returning to school – see Case Study 3 below.

Referrers reported that, following support from SHR, the children and young people they referred were engaging more with schoolwork and had become more focussed in terms of education. In addition, children have also been supported to return to school and attendance has not been a problem for many since completing the support provided by the programme.

Referrers reported that engaging with school was an ongoing challenge for some children and young people. However, in most cases, they reported that SHR had made some positive progress. For example, one referrer explained how a child who they referred into SHR was still not attending lessons but had been supported to complete their mock exams in school:

> *"[The delivery partner] started having a conversation [with the child] at least once a week. That student refused to come to school because he was so scared of COVID […]. But after a while, he made his first step and did his mock exam. I felt it was beneficial for him and helped him have something in place for his future."*

Referrers reported that 'key ingredients' in helping children and young people re-engage with education included providing support with:

- Mental health and wellbeing, including practical coping strategies.
- Addressing and managing anxieties about COVID-19.
- Providing practical resources and equipment such as laptops, tablets and a stable internet connection at home. As well as helping children and young people to engage with education, referrers reported that this practical support with digital access enabled children and young people to stay in contact with friends and mitigate isolation and loneliness:

"The Grandmother, who is the carer, phoned me and said a laptop has been delivered. This has enabled the boy to complete his education and communicate with his friends."

Case Study 3: Tom's Story

One referrer, a Designated Safeguarding Lead, explained that several students at their primary school were struggling with the impact of COVID-19:

"There has been lots of anxiety around coming into school and anxiety about being restricted in their movements, due to the introduction of a one-way system."

One of their students, Tom, reportedly suffered from increased anxiety following the first national lockdown and did not feel comfortable returning to school. The referrer became concerned that Tom was missing a large amount of the school year.

"[Tom] had been off school for a substantial length of time, with real anxieties due to COVID. He had missed at least two terms of Year Six."

After doing some research, the referrer found out about SHR. They chose to refer Tom into the programme, particularly because they thought that SHR would provide suitable support for Tom's needs, and because the support could begin quickly:

"For me, it's around supporting families and children during the pandemic to get them ready for coming back into school, relieve their anxieties around what's happening during the pandemic, and all the changes. The support was available, and their need was great at that point, and I knew I could get that support almost immediately."

Through SHR, Tom and his family were provided counselling support for six weeks. The referrer commented that the type and quality of support, as well as the quick implementation were key strengths:

"Barnardo's speak to parents and look at available services to be able to support their needs. [SHR had] a quick turnaround and provided six weeks of support. Barnardo's helped [Tom and the whole family] through counselling support. The one-on-one sessions and time speaking to a professional, has made his anxieties lessen and had an improved impact on his mental health".

As a result of the programme, Tom experienced a range of positive changes, including a reduction in his anxiety about COVID-19. He has also been able to reengage in his education. His referrer commented:

> *"[Tom has] reduced anxiety about COVID and school [… and he] is now back in school. [Previously Tom] wouldn't even see a teacher on the doorstep. Now you wouldn't know he's been away. For this child, we're closing those gaps."*

Increased awareness and understanding of risks of exploitation

Referrers who had referred children and young people who faced a risk of criminal or sexual exploitation into SHR reported that the programme had made a positive difference in terms of this risk.

They suggested that the children and young people they referred into SHR tended to engage less in crime or risk-taking behaviours following their support from SHR. Referrers commented that interventions such as programmes and counselling tailored to individuals' needs supported children and young people to develop knowledge, skills, and behaviours to identify potential exploitation and seek protective help.

Referrers reported that children and families also learned about how to recognise risks online and seek support. For example, developing their understanding of risks associated with virtual communication.

Highlighting how SHR addressed many of the intersecting needs faced by children and young people, referrers reported that children and young people who were at risk of being exploited also benefited from support with their emotional wellbeing and mental health (particularly through having a professional to talk to) and with combating feelings of loneliness. One referrer commented:

> *"For the one child, it was about not being so isolated. It made a massive difference to the child. He is more aware of his emotions, more grown up with the interactions with his friends, less vulnerable and less exploited."*

Being more open to further support

> *"The child is more willing to speak to different adults. Before it would have only been specific adults. It has allowed him to open up. It has opened the eyes of the parent to get the support."*

54%[32] of referrers who responded to the e-survey reported that SHR had a high or medium impact for those they referred into the programme in terms of being open to further support from SHR or other agencies.

Referrers interviewed reported that, often, building a trusted relationship with the practitioner who delivered the support had made the children or young people they referred into SHR more open and confident in talking to professionals and interacting with support services. Case Study 4 provides an example.

Case Study 4: Vahid's Story

One referrer reported that Vahid, a 12-year-old boy, had been excluded from school multiple times due to his behaviour. At the beginning of the COVID-19 pandemic, his attendance at school was reportedly limited to one hour per day due to concerns that he would struggle to follow restrictions.

As Vahid was struggling to engage with school and presented with mental health and emotional wellbeing needs, he was referred into SHR by a practitioner working in children's social care. The referrer described how the practitioner from the delivery partner worked with Vahid to develop trust:

> *"[Vahid has] a bad relationship with men, but this guy was just so cool and instantly built a good relationship. They gave him 12 weeks of sessions. It had a positive impact, [helping Vahid to] build trust in other people."*

Through SHR, Vahid started getting support two days a week with his learning and was added to a waiting list for further specialist support. The referrer commented that Vahid's motivation and self-confidence had increased through this new support:

> *"Within [this new support, Vahid is] able to learn carpentry skills, bricklaying, hands-on things [which is different to the learning he was doing in schools]. He's really passionate about that and saying those are the things he wants to get involved in and do an apprenticeship. I hope it's helped him to understand that being smart or clever isn't about being able to read or write."*

The delivery partner arranged to continue supporting Vahid beyond the SHR programme, but with a different worker due to capacity. The referrer reported that Vahid's willingness to engage with a new worker highlighted the positive difference that the support provided through SHR had made:

> *"The same worker couldn't continue, but they've done so much work with trust and letting [his] guard down that he was fine with*

[32] N=333, 5% rated 'low impact'; 13% rated 'no change'; 1% rated 'negative impact'; and 27% reported 'don't know'.

the other mentor. And, instead of being out in the street, Vahid [was happy with] meeting with this guy and doing actual sessions."

Being more connected to support

Referrers interviewed agreed that some children and families who were supported through SHR became connected to appropriate further support as a result. Referrers reported several reasons for this:

- **Children and parents became more open to engaging with support services**, in turn allowing them to be linked in with support they previously may not have accepted.
- **Delivery partners identified further needs** in some cases and **linked the family into appropriate support**. For example, practitioners identified signs of Autistic Spectrum Disorder (ASD) in some children and young people, then linking the family into specialist support.
- **Delivery partners advocated on behalf of the family to get access to additional support** in some cases. Referrers reported that in these cases, the knowledge, skills, and experiences of practitioners delivering support through SHR had been valuable. One referrer commented:

  "Some families tried to refer themselves to social care, but they have not got anywhere. SHR has enabled social care to take notice. They are advocates and well versed in dealing with social care to get them to provide support."

Improved family relationships

During interviews, referrers highlighted that family relationships had improved for those they had referred into SHR.

They suggested that the **whole family approach** of the support was a key ingredient. Referrers highlighted key mechanisms through which the support provided through SHR contributed to improved family relationships:

- Practitioners **sensitively addressing problems and concerns**.
- **Teaching new communication skills and techniques** to children and families.
- **Establishing routines and structure at home**.
- **Offering practical activities to whole families**. For example, parents and carers were able to take part in some activities offered through SHR, such as outdoor sports facilitated by BF Adventures. Referrers commented that

families have gained meaningful experiences and shared memories as a result, which supported positive relationships.

4.4.2 Parents and carers

Referrers interviewed agreed that SHR had made a positive difference for parents and carers in several ways, including:

- Feeling supported. Referrers commented that where parents felt more supported, this was often linked with them having received support through SHR to address their mental health and wellbeing and feelings of isolation and loneliness.
- Increased awareness of services and support in their community.
- Improved knowledge and skills in supporting their children, and themselves, during the pandemic.

In addition, referrers suggested that the support provided through SHR had made some parents more open to further support, particularly for parents who had had negative experiences with support services in the past.

Parents and carers feeling supported

> *"I think it has made life easier for parents, as they are reassured that their child has someone to speak to about their problems."*

Referrers agreed that the key ingredient in parents and carers feeling supported was being able **to talk to a professional about their concerns, both about their children's needs and how to support them during the pandemic, as well as about how to manage their own wellbeing.** Other key ingredients highlighted by referrers were:

- **The responsiveness and speed of support.** One referrer commented:

  > *"The ones [I] referred were pleased with the speed of turnaround, usually it takes six months but they were able to take notice and something has happened as a result. [It] makes them feel more empowered as they have been listened to, [there is] someone who is there."*

- **SHR providing a respite from looking after children at home**. Referrers commented that for parents struggling with the impact of the lockdown, SHR professionals have been able to take child(ren) out of the house and provide some respite from parenting and caring. One referrer commented:

  > *"Parents have been given some hope and feeling listened to as well. Some of the child's needs have been met, taking the pressure off them as they're at home with extra responsibilities. They know there is someone there providing support."*

Referrers reported that feeling supported helped **improve parents and carers' own mental health and emotional wellbeing**, which often suffered due to worry about their child(ren)'s needs during the pandemic as well as their own ability to manage these. The support provided by SHR "*helped take away the emphasis on the parent not being able to parent.*" In this way, support from SHR also **helped parents and carers feel less alone in addressing the challenges** their children were facing. One referrer stated:

> *"[SHR] helped with not feeling isolated and lonely. [It has] given them confidence in a difficult time, as well as a better understanding of how to keep her children safe."*

Improved knowledge and skills

> *"It's had an impact on parents, by equipping them with the tools they need if their child is anxious or scared. They can now support them through. [They have been] able to learn new strategies for their children and for themselves."*

Referrers interviewed reported that parents and carers had been supported by SHR to develop their knowledge and skills in supporting and caring for their child(ren), and themselves, during the pandemic.

Referrers reported that the support provided through SHR involved the teaching of practical skills and coping strategies to the whole family, not just children and young people. In addition, parents and carers were able to pick up knowledge, skills, and practical advice in a more informal way through speaking with the practitioner who was supporting their child through SHR.

For example, referrers reported that parents and carers were introduced to different coping mechanisms to help manage mental health, techniques to improve communication between family members, and strategies to help keep their child safe from exploitation. As a result, referrers suggested that parents have developed their understanding of a range of issues and feel more confident.

Increased awareness of available support

Referrers reported that, through SHR, parents are better informed about what support is available and how to access it. Referrers stated that this was because delivery partners reportedly often signposted parents and carers towards further support or explained where they could find out about further support. One referrer commented:

> *"Mum feels more confident taking the children out into community programmes. I think they got involved in Tai Kwando. Mum feels more confident and able to go out and find kids clubs and community groups."*

4.4.3 Referrers' agencies

Referrers agreed that SHR had made positive differences for their agency. The key differences they identified were:

- Improved awareness of local support services.
- Improved knowledge and skills.
- Referrers feeling supported.
- Improved accessibility of support and reduced waiting times.
- Improved relationships between parents and schools.

Improved awareness of local services

Referrers reported that working with SHR has increased their awareness of different services available in their area to which they could signpost or refer children as part of their work.

In some cases, referrers reported that the delivery partners were services they were previously unaware of. In other cases, SHR practitioners shared their knowledge of local services and programmes in referrers' areas. Referrers reported that, as a consequence, they and their colleagues began directly referring to organisations that they had not previously. One referrer commented:

> *"All the places the [children] were signposted to [by SHR] I had never heard of before and had never referred to. But since I've referred to Learning Partnership West and the sexual exploitation circle. I hadn't heard any of those options. I shared one of those with my partnership manager and now they're part of our link group. It has been the same for my colleagues. They've had other organisations that they were signposted to. It has opened up a few more services to us."*

Improved knowledge and skills

In some cases, referrers reported that they gained new knowledge and skills through speaking with SHR practitioners. Referrers stated that this happened in several ways:

- **During follow-up conversation with SHR co-ordinator.** Referrers reported that they received advice and guidance, or were signposted to resources, by SHR practitioners during the follow-up conversation after submitting a referral form. This happened most often in cases in which the child that was referred into the SHR was not found to be eligible for support through the programme. For example, some referrers reported that they received an information pack detailing different approaches to talking about mental health with children.
- **From delivery partners**. In other cases, referrers gained knowledge or skills via the delivery partner who supported the child(ren) they referred into SHR. For example, one referrer commented that their team members in social care

had signed up to attend new training that they became aware of through finding out about the delivery partner organisation's work in their area.

- **SHR website.** Referrers reported that they found useful resources through the SHR website, including resources tailored to each of the different Priority Groups targeted by the programme. They highlighted certain resources as particularly useful, those which focussed on supporting children and young people with: (1) SEND, (2) re-engaging with education, and (3) emotional wellbeing. Referrers reported that they found these resources useful for their own practice and were also able to share them with families.

Referrers feeling supported

Referrers agreed that they felt supported by SHR, in several ways:

- **Support offer**. Referrers suggested that it was reassuring that there was an offer of support specifically for those who had been negatively affected by the COVID-19 pandemic, including those with lower-level needs, and that this support would be available for families quickly. They found this useful in carrying out their roles and supporting children and young people.

- **SHR practitioners.** Referrers commented that they found practitioners at SHR helpful and professional, highlighting that they shared information and resources and answered questions about the programme.

- **Support from delivery partners with advocacy.** In a small number of cases, referrers were supported by SHR to advocate on behalf of children and families to access children's services.

Improved accessibility of support and reduced waiting times

Referrers reported that by offering appropriate support for children and families SHR helped to reduced waiting times for children and families that needed support.

For example, referrers working in education commented that there are waiting lists for some in-school support such as counselling and that being able to refer into SHR helped to manage the demand for this support:

> *"It's definitely improved capacity for the number of children we can support because we have this extra layer for those kids who need more specialist support."*

Improved relationships between parents and schools

In some cases, referrers reported that parents and carers whose children had been referred into SHR showed improved communication, engagement, and relationships with their child(ren)'s school.

Referrers commented that SHR delivery partners were able to act as a liaison between the school and parents, increasing communication and addressing concerns from both sides.

Referrers also suggested that parents' engagement with their child's school improved because parents were satisfied that their child's school had helped to arrange appropriate support through referring into SHR, particularly because this support was implemented relatively quickly.

4.4.4 Children's services

Referrers reported that they had little insight into what difference SHR had made for the wider children's services sector beyond their own agency, including children's social care. However, based on their own knowledge and experience of SHR, they expected that other services would also have seen a positive difference. The key positive differences that referrers anticipated SHR making to children's services were:

- **Offering support to help meet the needs of children and families.** Referrers suggested that through offering support to meet a demand during the pandemic, SHR would have indirectly helped to alleviate the demand faced by children's services in the immediate term. They also reported that in some cases, the support provided through SHR had helped to prevent needs from escalating, which they expected would avoid future demand for more intensive services.

- **Increased awareness amongst children's services of other agencies.** Referrers reported learning about support services in their area that they previously did not know about, and developing relationships with these services, through SHR (see Section 4.4.3 above). They expected that other referrers would have also experienced this benefit, and suggested that across the range of referrers, this would amount to a positive difference for the sector.

- **Increased willingness from families to engage with services.** As discussed in Sections 4.4.1 and 4.4.2 above, referrers reported that children and parents and carers became more open to engaging with support services following a positive experience with SHR. Referrers expected that this would have a knock-on effect for children's services, particularly Early Help, as these services may be more able to support families who previously may have been unwilling to engage.

4.5 Longer term differences

Referrers struggled to comment on what the longer-term difference of support provided through SHR would be for children, young people and families. In many cases, referrers were not aware of how support had progressed for the children and families they referred into SHR, and what difference it made (see Section 4.2 above). Where referrers were aware of how support had

progressed, they found it challenging to anticipate what the longer-term impact might be because of:

- **Ongoing uncertainty about the COVID-19 pandemic**. Referrers commented that the programme ended while lockdown measures remained in place and there was still a high degree of uncertainty about the future. They acknowledged that it was challenging to anticipate how the wider context of the pandemic, and associated restrictions (which contributed to many of the needs children and young people were presenting with), would change over time. As such, referrers reported that they did not know what challenges children and young people were likely to be facing in six months' time. However, they anticipated that while restrictions in response to the pandemic continue, it is likely that children will still need support in response to this:

  "It is hard to say because we are back in lockdown. Prior to this lockdown, I would have said that all children had improved mental health and were reengaging with education. I can't say where we will be in six months […] and the impact of this lockdown on their mental health."

- **The needs of children and young people referred to SHR**. Some referrers commented that they had referred children and young people into the programme whose levels of needs meant that they were likely to still require support in the longer term, for example, six months into the future. This was particularly true of children and young people who presented with more complex mental health concerns. One referrer stated:

  "Mental health is very complex. I don't think it can be fixed with six or seven remote sessions, albeit providing a brilliant service. It needs to continue."

  Referrers found it difficult to estimate what scale of difference SHR would make for these children and young people in the longer-term, as SHR was designed as a short-term intervention to keep needs from escalating during the pandemic.

4.5.1 Children and young people

Referrers anticipated that the support provided through SHR would make a positive difference in the longer term for the children and young people they referred to the programme. They highlighted the following reasons for this:

- **Stopping lower-level needs from escalating**. Referrers agreed that the support provided through SHR for children and young people who presented with lower-level needs had often effectively met these needs and prevented them from escalating. For example, referrers were fairly confident that those children and young people who had been supported to re-engage with education would not fall behind in their learning as a result.

- **Increasing children's openness to further support**. Referrers agreed that many of the children and young people they had referred into SHR had become more open and trusting of support services as a result, which may make them more likely to ask for help and engage with support in the future if needed (see Section 4.4.1 above). Indeed, referrers anticipated that *"knowing there is support out there"* will have a lasting impact for children and young people.

- **Teaching knowledge and skills and providing resources that can be used in the future**. Referrers highlighted that much of the support provided through SHR had involved teaching children and young people practical skills and coping mechanisms, and providing them with resources, which could be adapted for different circumstances and help them tackle new challenges in the future. In this way, they expected that SHR will make a positive longer-term difference by increasing children and young people's resilience to challenges. For example, they mentioned:

    - Skills to recognise and express feelings, for example 'worry boxes'.
    - Skills and knowledge to be aware of risks and recognise them, for example, risks of sexual or criminal exploitation, and risks to online safety.
    - Coping mechanisms to manage emotions.
    - Educational resources.

- **Linking children into further support**. Referrers reported that children and young people with ongoing support needs had been signposted or linked into further support by SHR, including in some cases as a result of SHR advocating for access to statutory children's services, (see Section 4.4 above). They anticipated that this would have a positive longer-term impact for these children and young people, as there would not be a drop-off in support once SHR comes to an end.

4.5.2 Parents and carers

Referrers anticipated that for parents and carers, similarly to children and young people, the support provided through SHR would make a positive difference in the longer-term. They reported the following reasons for this:

- **Stopping lower-level needs from escalating**. As with children and young people, referrers reported that through addressing some parents and carers' lower-level needs during the pandemic, SHR had helped to prevent these needs from escalating over time and requiring support in the future. Referrers commented:

    "[SHR] was a stop-gap when it was difficult to get support from other places. […] Lots of families might not have been in crisis, but it could have made the difference that prevented them from reaching a higher crisis point or needing statutory services."

    "[The] family were safeguarded. This is a long-term thing. It's likely helped avoid trauma. As services, we care but there is not always practical support there. We are limited, we can't get funding or

provide certain things which SHR did. The long term impact is hard to put into a sentence."

- **Teaching knowledge and skills and providing resources that can be used in the future**. As with children and young people, referrers reported that parents and carers were taught knowledge and skills, and given resources, which they could use in the future when facing new or returning challenges. These included strategies for coping with their own mental health, communicating with their child(ren) and other family members, and helping their child(ren) to stay safe online (see Section 4.4.2 above for further discussion). Referrers also reported that for parents and carers, gaining these skills and information and discussing their concerns with practitioners had led to increases in their confidence, which referrers anticipated would help them in the longer term:

  "Knowing that the child has the support. Most parents have no idea where to begin in supporting their child with mental health… [SHR] was able to recommend the right things. It is going to impact them long term through reassurance as well as coping strategies."

- **Increased awareness of available support.** Referrers agreed that many parents and carers had learned about support services available in their area or online, and how to access them, via SHR. They anticipated that this knowledge would help parents and carers in the longer term if they need support again.

5 The legacy of SHR

5.1 Key messages

- Referrers suggested some key ways in which SHR could support a smooth transition across children's services when it comes to an end. These were: (1) providing a written update to referrers about those they had referred into SHR, at the point of case closure, covering the support that was delivered, any differences made, and any further support needs, (2) sharing a directory of delivery partners with referrers, to ensure they are aware of all the services available in their area, and (3) sharing any practical guidance on best practice for supporting children and families.

- Referrers highlighted some lessons from SHR that could be useful more widely, particularly: (1) the referral process, comprising a brief referral form and a follow-up conversation with an SHR practitioner, and (2) the SHR model, made up of a network of delivery partners delivering a range of support, co-ordinated through a central organisation.

5.2 Overview

This section discusses referrers' views on the legacy of SHR, including:

- Referrers' views on what will support a smooth transition across children's services.

- Lessons for the VCS and statutory sector from SHR.

5.3 Smooth transition when SHR comes to an end

Referrers interviewed close to the period when SHR came to an end reported that this transition had been handled well. A key strength of this process, according to referrers, was that SHR gave referrers adequate advance notice that the programme would be coming to an end and when it would close for referrals.

However, referrers did suggest several other ways in which SHR could further support a smooth transition across children's services:

- **Updating referrers on support progress and outcomes at the point of case closure.** Referrers reported that they would find it useful to receive a written summary of the support provided and the difference made once cases are closed by SHR (see Section 4.2 above for further discussion).

- **Sharing a directory of services with referrers.** Referrers agreed that SHR had worked with a wide range of agencies to deliver support, including some which referrers had not previously been aware of. To benefit from Barnardo's knowledge of support services, referrers would find it useful for Barnardo's to

share a directory of "*local and national agencies"*, including any information Barnardo's holds on their availability and the type of support they offer. Referrers suggested this would help them be able to refer children and families to suitable services.

- **Sharing best practice resources with referrers.** Though referrers praised the resources on the SHR website, some commented that they would like to receive more practical tips on supporting children and families for professionals.

5.4 Effective practice lessons

Referrers highlighted some key lessons from SHR which should be considered by future programmes. In terms of how SHR was designed and implemented, referrers highlighted:

- **Referral process**. Referrers reported that the referral process into SHR was a key strength, particularly the short online referral form (see Section 3.6 for further discussion). They suggested that the SHR referral process demonstrated that, through a short form and a follow-up conversation, all the necessary information for referring into a support service can be covered. Referrers recommended that other services adopt similar referral forms, which they suggested would make it quicker and easier to refer in.

- **The SHR model**. Referrers agreed that the SHR delivery model, in which support is provided by a range of delivery partners managed by a central organisation, was a key strength of the programme because it enabled them to refer into one programme for a variety of support needs. Referrers also commented that this model supported them to improve their awareness of multiple support services in their area, and to build relationships with them (see Section 4.4.3 above).

Referrers also highlighted some cross-cutting effective practice lessons relating to the support delivered through SHR:

- **Whole-family approach**. Referrers agreed that the whole-family approach of the support delivered through SHR, which involved considering and addressing the need of family members together, was a key strength. They noted that it had been helpful to be able to refer both children and parents to one place.

- **Flexible, child-centred approach**. Referrers reported that the flexible and child-centred approach used in the delivery of SHR was a key strength. They highlighted how delivery partners adapted their approach to each child's needs and circumstances, helping children and families feel comfortable and supported.

6 Conclusions

6.1 Overview

The aim of this research was to capture referrers' perspectives on SHR, and in particular to find out:

- How and why education, health, and social care practitioners referred children to SHR.
- How referrers first heard of SHR.
- Referrers' experience of SHR, including what worked well and what could be improved.
- What may be required by referrers to support the transition once SHR comes to an end.

The evidence of this research suggests the following conclusions to these questions.

6.2 Practitioners' referral reasons

Referrers into SHR were practitioners from a range of sectors and agencies, including education, health, social care and Early Help, youth justice, youth work, domestic abuse, and others. Referrers came from the public, third, and private sectors.

The key reasons for referring into SHR, reported by referrers, were:

- **The support offer matched the needs of children referrers were working with.** The most common reason for referring into SHR was that the child or family had a need which the referrer felt SHR would be able to offer support for. In particular, referrers highlighted that the support offer of SHR was targeted to meeting needs that had arisen or worsened during the pandemic, such as deteriorated emotional wellbeing and mental health or disengagement from education. The main needs that the children and young people who referrers referred into the programme presented with were:
    - Mental health and emotional wellbeing
    - Disengagement with education
    - SEND
    - Risk of exploitation
    - Domestic issues
    - Poverty
    - Digital exclusion
- **Immediate and timely availability and accessibility of support.** The responsiveness of SHR in terms of offering support was a key factor for

referrers, who were concerned about the children and families' situations deteriorating if they were not able to get support quickly. For referrers, this distinguished SHR from many other services, which tended to have longer waiting lists.

- **Limited availability of alternative support during the pandemic.** Due to restrictions associated with the COVID-19 pandemic, referrers noticed that the availability of support for children and young people was reduced. This was particularly true of face-to-face support, as many services shifted to online service delivery after a period of transition and/or reduced the number of children they offered support to. As a result, referrers reported that SHR was "*filling a gap"* in terms of the availability of support.

- **Broad referral criteria.** Referrers reported and recognised that SHR had wider referral criteria than many other services, and, in particular, was open to children and families with lower need levels than the thresholds for Early Help, CAMHS, and statutory Children's Social Care services. This broad referral criteria was seen as a real strength of SHR. The programme was seen by referrers as an opportunity to "*bridge the gap"*, especially in terms of providing early intervention to address lower-level mental health concerns.

- **Whole-family support.** Referrers were positive about SHR being able to provide support to the whole family. On occasion, they referred to the programme specifically to get support for parents.

6.3 Where referrers heard about SHR

Referrers reported hearing about SHR from a range of sources, most often from their colleagues or their own agency, but also from other professionals or from Barnardo's, for example, through programme advertising.

There was some suggestion from referrers that more advertising of the programme would have been beneficial, because:

- Many referrers heard about the programme second hand or through word of mouth and were concerned that they easily could have missed this.

- Some referrers reported that they heard about SHR several weeks or months into the programme, and commented that they could have referred more children and families into the programme had they known about it earlier.

6.4 Referrers' understandings of the aims of SHR

Referrers had a good understanding of SHR's core aim, to support children and young people during the COVID-19 pandemic. However, beyond this core aim referrers had different understandings of who the programme was intended to support and in what ways. In particular, some referrers were not aware that SHR:

- Was a time-limited programme in response to COVID-19.

- Offered support for a range of types of need and to a range of groups.

6.5 Views on the referral process

There is evidence that referrers found the referral process into SHR to be a key strength. Over 80% of referrers who responded to the survey rated the referral process as good or excellent in terms of ease, timeliness, friendliness, responsiveness, and communication.

During interviews, referrers also reported that the referral process into SHR was a key strength, and highlighted that the:

- **Short online form was quick and easy to complete**, minimising the burden on referrers' time. Referrers commented that it would be useful if other programmes adopted a similar referral form design.

- **Follow-up conversation with a practitioner at SHR was useful** for sharing extra information about those they were referring, finding out more about SHR and asking any questions, picking up practical advice and knowledge, and providing a human touch.

Referrers suggested some areas for improvement: (1) scheduling the follow-up conversation in advance, (2) providing referrers with a copy of their referral once it has been submitted, and (3) ensuring referrers can easily get back in contact with the practitioner with whom they had their follow-up conversation if needed.

6.6 The difference made by SHR

6.6.1 Overview

Referrers did not always stay updated about how the support progressed for those they referred into SHR, and what difference it made. This was due to a combination of: (1) SHR and delivery partners not routinely updating referrers on the progress with support and any outcomes during the support or at the point of case closure, and (2) referrers tending not to chase for this information. This reflects that SHR was set up at pace and supported a large number of children, and therefore it was not possible to provide detailed feedback to referrers on each child's progress.

Therefore, only a subsection of the referrers who were consulted were able to comment on the difference made by SHR. This tended to be based on their ongoing contact with the child or family through their work, for example at school.

Referrers who did have insight into the difference made by SHR reported a range of positive differences for:

- Children and young people.

- Parents and carers.

- Referrers' own agencies.

Indeed, referrers stated that the quality of support provided through SHR had been high, with the majority of referrers who responded to the e-survey rating the support provided through SHR as either 'excellent' (42%) or 'good' (26%)[33].

6.6.2 Differences for children and young people

Referrers who had insight into the difference made by SHR agreed that it had made a positive difference for children and young people.

Referrers who responded to the e-survey most commonly stated that the quality of the impact for the children and young people they referred into SHR had been high or medium, in terms of:

- Feeling more supported.
- Mental and emotional wellbeing, including:
    - Being provided strategies to help maintain their health and wellbeing during the pandemic.
    - Being helped to combat feelings of isolation and loneliness.
- Being open to and connected to support, including:
    - Feeling open to support from SHR and other agencies.
    - Being provided information and when and how to access support from SHR or other agencies.
    - Being helped to access additional services.
- Returning to education or training, including:
    - Being helped to return to school, education, or training.
    - Feeling ready to return to school.

Referrers who were interviewed reported the same positive differences for children and young people, and some reported that the children and young people they referred saw also had:

- Improved awareness and understanding of the risks of exploitation.
- Improved relationships with other family members.

During interviews, referrers identified several 'key ingredients' of the support provided by SHR that helped to make these positive differences for children and young people. These included:

[33] N=317, 6% reported support was 'poor' or 'very poor', and 25% reported 'don't know'

- Timely support which was delivered quickly.
- Support that was appropriate and responsive to children's needs, particularly needs which developed or worsened during the pandemic such as disengagement with education. Taken together, referrers' comments on the difference made for those that they referred into SHR indicate that a 'mixed economy' of support enabled positive differences to be made for children and families who presented with a varied range of needs and challenges.
- Having an adult outside of the home to talk to and build a trusted relationship with.
- Being taught practical skills and coping strategies.
- Information and resources, e.g., how to stay safe online.
- Practical and financial support, e.g., laptops.
- A whole-family approach, addressing the interacting needs of children and parents and carers.

Referrers found it challenging to estimate what the longer-term impact of SHR would be for children and young people, particularly because of ongoing uncertainty about the COVID-19 pandemic. However, referrers anticipated that SHR will translate to positive longer-term difference for some children and young people due to the following:

- Addressing lower-level needs. Referrers suggested that the support provided through SHR had helped prevent lower-level needs from escalating for some children and young people, avoiding the need for more intensive support in the future.
- Increasing children and young people's openness to further support. Referrers suggested that the children and young people they referred into SHR would be more open to engaging with services in future if they needed support.
- Linking children and young people into further support.
- Providing children and young people with knowledge, skills, and resources which could support them in the future when facing new or returning challenges.

At the same time, referrers commented that some of the children and young people they referred into SHR who were supported by the programme had more complex needs than SHR alone was intended to address, and that these children and young people were likely to require ongoing support into the future.

6.6.3 Differences for parents and carers

Referrers agreed that **SHR had made positive differences for parents and carers** of the children and young people who were supported. They highlighted the whole-family approach as a key strength of the programme. They reported the following key differences for parents and carers:

- **Feeling supported**. Referrers reported that the 'key ingredients' to this were: giving parents and carers someone to talk to, helping them feel less alone; providing support quickly which was responsive to the challenges families were facing during the pandemic; and giving parents and carers some respite from looking after children.

- **Improved knowledge and skills**. Parents and carers learned new skills for looking after their children and themselves, referrers reported. Two key areas of learning were: mental health and emotional wellbeing, and healthy communication.

- **Increased awareness of available support services**.

As with children and young people, referrers reported that they anticipated some of the positive differences for parents and carers will be sustained in the longer term, but acknowledged that it is challenging to predict given the ongoing uncertainty of the COVID-19 pandemic.

6.6.4 Differences for referrer agencies

Referrers reported that SHR had made a positive difference to their organisation. The key positive differences were:

- **Referrers feel supported**. SHR helped referrers to feel supported through: giving referrers somewhere to refer children and families who were negatively affected by COVID-19; the knowledge and helpfulness of SHR practitioners; and delivery partners supporting referrers to advocate for the children and young people they referred.

- **Improving referrers' awareness of other services**.

- **Improving referrers' knowledge and skills**. Referrers reported gaining knowledge and skills through the SHR website and SHR practitioners, and in some cases through engaging with delivery partners.

- **Improving the accessibility of support and reduced waiting times**.

6.6.5 Children's services

Referrers had limited insight into the difference made by SHR to children's services, i.e., wider than their own organisation. However, they anticipated that SHR would make a positive difference for services through:

- **Offering support to help meet the needs of children and families**. Referrers suggested that through offering support to meet a demand during the pandemic, SHR would have helped to alleviate the demand faced by

children's services in the immediate term. They also reported that in some cases, the support provided through SHR had helped to prevent needs from escalating, which they expected would avoid future demand for more intensive services.

- **Increasing practitioners' awareness of other services.** Referrers anticipated that, as with their own agencies, it was likely that other referrers had become more aware of other services through engaging with SHR.

- **Increased families' willingness to engage with services.** Referrers reported that children and parents and carers became more open to working with services following a positive experience with SHR. They anticipated this would help services, especially Early Help, engage with more families.

6.7 Supporting a smooth transition once SHR comes to an end

Referrers suggested the following actions would support a smooth transition at the end of SHR:

- **Updating referrers on the progress made with support for those they referred, and any outcomes, at the point of case closure**. Referrers reported this would help with updating their own records and informing other relevant agencies; reflecting on what worked and any difference made; and identifying any children and families in need of further support.

- **Sharing a directory of delivery partners with referrers**, so that referrers can fully benefit from SHR's knowledge of services.

- **Sharing best practice resources with referrers.** Referrers suggested that resources and guidance shared by SHR had been useful and that any further information that the programme could share about best practice would be helpful.

6.8 Lessons and considerations for future programmes

Referrers identified key lessons from SHR which should be considered by future programmes to support outcomes improvement for children and young people. These were:

- **A network model of VCS agencies can be effective for leading and delivering support to address the needs of children and families.** Referrers reported that the SHR delivery model had worked effectively to connect children and families who presented with a diverse range of needs to appropriate support in their area, via one central organisation. They also commented that the network model had supported them to improve their awareness of other services and gather knowledge and skills.

- **SHR demonstrated that a referral process built around a short referral form can benefit referrers**. SHR demonstrated that a short and simple referral form, accompanied by a follow-up conversation to gather any further

required details, can be an effective referral process for gathering the necessary information from referrers. Referrers highlighted this referral process as a key strength, particularly the short online referral form which they found quick and easy to complete. They suggested that it would be useful for other programmes to adopt a similar process.

- **A whole-family and flexible approach can support outcomes improvement for vulnerable children and families who have been adversely affected by the COVID-19 pandemic**. Referrers reported that a whole-family approach to delivering support was often linked with positive differences for children and families, commenting on how children's needs intersected with those of parents and carers. Tailoring support to individual children's needs and circumstances was also highlighted as a key strength of SHR by referrers.

- **Programmes delivered using a network model of VCS agencies can gather useful information for practitioners about different services offering support and about effective practice.** Referrers reported that they learned about new services that they were previously unaware of and developed their knowledge and skills in supporting children and families, via engaging with SHR. Future similar programmes should consider consolidating this learning and sharing it with practitioners.

- **Future similar crisis-response programmes delivering short-term support should update other relevant practitioners, such as referrers, at the point to case closure to ensure learning is shared and support is joined up.** Referrers tended not to chase SHR for this information, but suggested that it would have been helpful for SHR to update referrers at the point of case closure about the support provided, any difference made, any further support needs, and any lessons learned, for example, what works for a particular child or family. This would enable referrers to: (1) update their records, (2) inform any other relevant agencies working with the family, (3) learn about what did or did not work, and (4) identify any further support needs.

- **Future short-term programmes which seek referrals from a wide range of practitioners should ensure there is wide and timely advertising and profile-raising of the programme.** Advertising and profile-raising is a key supporting factor to implementing a short-term programme such as SHR at pace and scale. Referrers suggested that SHR could have been advertised more widely, as some heard about the programme several weeks or months after it began. In addition, some referrers had a narrow understanding of the aims and target cohorts of the programme. Future programmes would benefit from a review of "what works" most effectively in rapidly raising the children's workforce awareness of programmes.

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