Barnardo's See, Hear, Respond

Key messages based on three thematic briefs

May 2021



1 About this summary

This summary identifies learning and good practice principles for **practitioners working with children and young people**. It is informed by the Barnardo's led See, Hear, Respond (SHR) programme - commissioned by the Department for Education – which supported children and young people during the pandemic (June 2020 to March 2021).

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

This summary is based on **case closure forms completed by SHR practitioners** during phase 1 of the programme (June-November 2020). More information can be found in the final SHR evaluation report and the three supporting Briefs:

- **Brief 1** Supporting children with Special Educational Needs and Disabilities (SEND) to reintegrate into education.
- Brief 2 Young carers with isolation & loneliness.
- **Brief 3** Children from Black, Asian, Minority Ethnic and Refugee (BAMER) groups with mental health and wellbeing needs.

2 Types of need identified

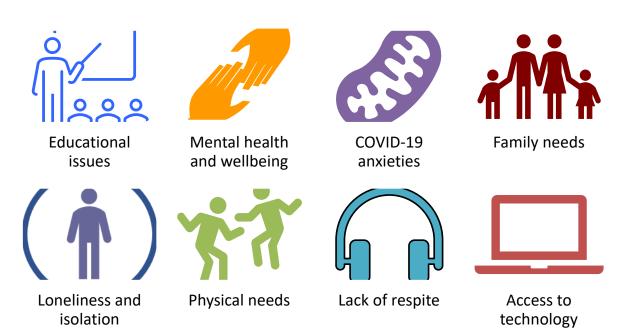
The children and young people who participated in the SHR programme mainly belonged to six target groups: **BAMER**, **SEND**, **young carers**, children under 5, children at risk of extra-familial exploitation, and those with mental health and wellbeing needs.

This summary paper focusses on the first three groups, although there was a **high degree of overlap** between the groups, with many children falling into more than one of the core priority groups.

The programme also quickly recognised that **many of the children and young people had a number of unmet needs**, which would all contribute to the overarching difficulities the child was experiencing.

The main needs identified in practitioner's notes are summarised in Figure 1:

Figure 1: Summary of main needs based on practitioner's notes



3 Good practice principles

The way that SHR was set up ensured that there was flexibility for children and their families to be referred to different support offered within the programme. This was important as often a single intervention would not address the full range of needs identified.

There were five core good practice principles which were consistent in the practitioner notes across the three themes of: supporting children with SEND to reintegrate into

education, supporting young carers with isolation and loneliness, and supporting children from BAMER groups with mental health and emotional wellbeing needs (see Figure 2).

Figure 2: Summary of good practice principles based on practitioners' notes

1	Flexible, child-centred approach	
	 Flexible approach that adapts to the child's needs. Considers need holistically (mental and physical). Going at the child's pace. 	
2	Whole family approach	
	 Supporting parents/carers to support their children. Directly addressing the needs of family members. Providing structure and routine. 	
3	Addressing immediate and practical needs	
	 Prioritising needs and removing barriers. Practical and financial support. 	
4	Building trusted relationships	
	Providing a safe space to talk with practitioners and peers.Provide support and encouragement.	
5	Joined-up support	
	 Sharing relevant information with other professionals. Linking the child and family with further support. 	

This learning was consistent across the different parts of the programme. Joined-up support was particularly important as SHR was always designed as a short-term measure to support children and young people during the COVID-19 pandemic. It was therefore important to ensure children were not 'lost' when the programme stopped.

For the different groups, specific good practice principles were also identified:

- Giving children with SEND their own space and routines.
- Using appropriate cultural tailoring for children from BAMER groups.
- Ensuring activities for young carers give them time away from responsibilities.

4 Examples of interventions

In response to the diverse set of needs, the interventions were also diverse and often were combined to address the child's issues holistically. In some cases, practical activities were used to build confidence and trust so that further interventions would be well received. Below are the range of interventions used along with some examples of how they were implemented (Figure 3).

Figure 3: Summary of interventions based on practitioner's notes

Mental health and wellbeing support	• Counselling, one to one advice, coping mechanisms
COVID-19 guidance	Building confidence, providing hygiene packs
Family support & building routines	Support for parents to support their children better
Practical and financial support	• Help with food, white goods, housing and utilities
Links and signposting to other training & support	• Links to council support, education and training opportunities
Academic support & working with schools	 Study groups, play-based learning, helping schools understand need
Practical activities	Physical activity to get children out of the house
Online safety	• Information for children and parents about being safe online

The interventions were provided using a mix of one-to-one, family and group sessions. Where appropriate these were offered virtually, by video call or telephone. Where possible face to face delivery was preferred as this got young people out of the house, helped make them more active and was more engaging. However, not all young people felt comfortable with in person support, particularly if they or their family were shielding.

Outcomes for children and young people

Practitioners reported in their notes a wide range of outcomes for the children and young people engaged in the programme.

Specifically, practitioners noted improvements in:

- Mental health and wellbeing and improved self-esteem / confidence.
- Engagement with education and training.
- Decreased isolation and loneliness and improved social skills and networks.
- Increased awareness of and access to other support services.
- Improved family relationships and families feeling support.