

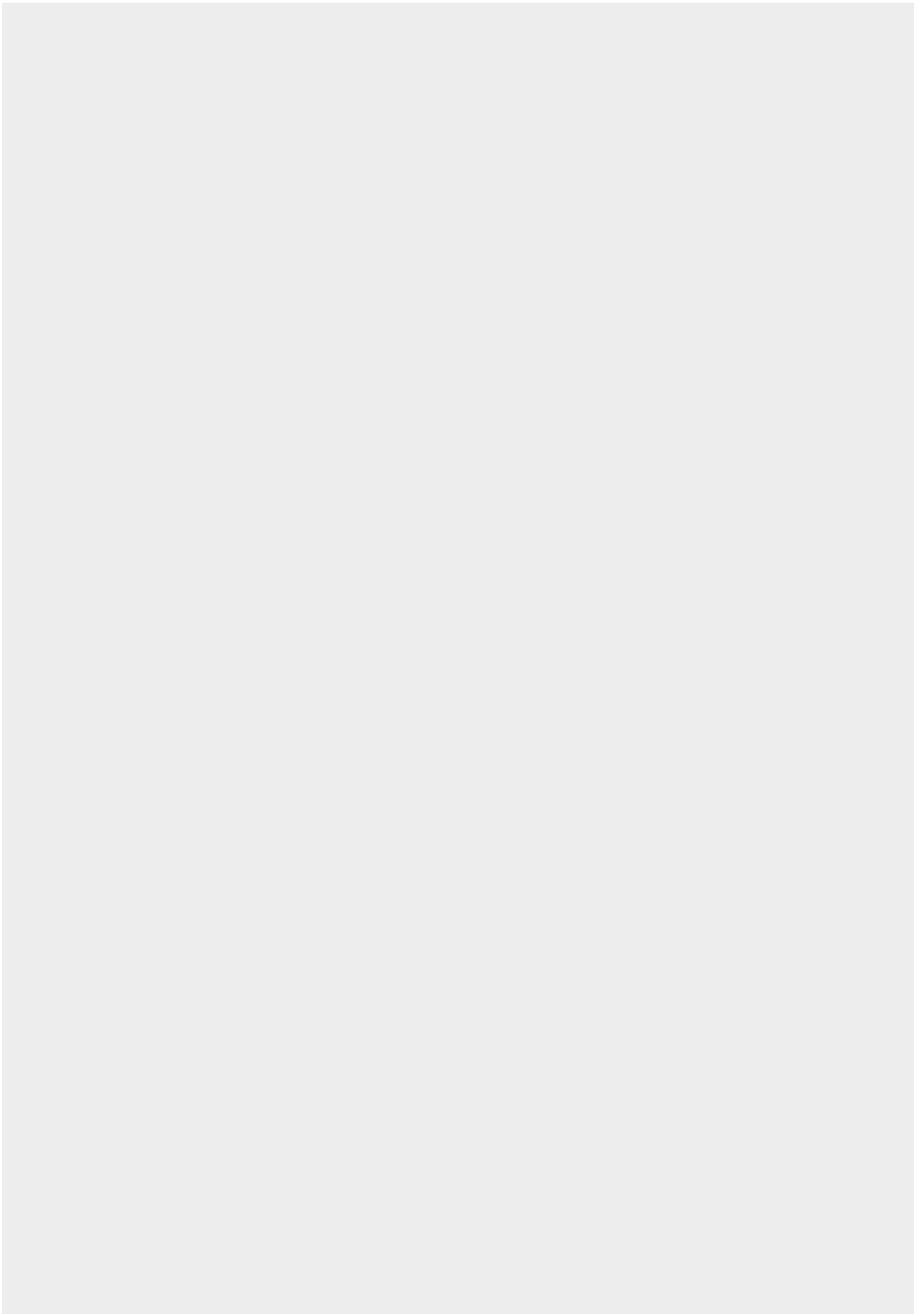


Impact Report 2018

Supporting more than ever before

Transforming the lives of the
UK's most vulnerable children

**Believe in
children**
 **Barnardo's**



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Heard and valued

Being supported by Barnardo's has been really important to me. I believed that I would never get anywhere in life, but since coming here to Barnardo's it has completely changed how I think about everything.

When my worker first came to meet me, I didn't want to know, so I ignored him. He never gave up on me and, even though it took time, we got to know each other. We did positive things together rather than just reflecting on negative experiences that I had had in my life. My worker was consistent and safe. Without Barnardo's, I don't know where I'd be.


It's been great to give back to Barnardo's, to be able to move on from my past, knowing that some good came of my experiences, as I was able to use them to help others.

Barnardo's is not afraid to take chances, for example by involving young people not only in research but also in the delivery of training, allowing their voices to be heard. Within the *Boys 2* research, Barnardo's allowed us to help in all areas, particularly within the production of resources, to make sure that services are on the right track and that they are as effective as possible in helping other children and young people.

What this report doesn't show are the relationships that have been built as part of research. Relationships are key to everything. Whilst it's great to see the big impacts, people shouldn't be discouraged from starting small and making tiny steps in the right direction. Don't look away from angry lost young people, stay positive, see the potential and strength in them. Take time and walk the hard miles. Remember destroying something is easy, but building a relationship takes time and constant maintenance. I used to smash things up so that I could start again but now I've learnt to work at things and develop things.

What being part of Barnardo's has done for me is help me to feel heard and valued. The past does not mean you are written off, and the end of intervention work does not mean the end of support. I want to thank the team for changing my life.

Sonny, one of the young men who was involved with Barnardo's and the *Boys 2* Research Project, with support from his peers on the project and the project worker.



“
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came to meet me, I
didn't want to know, so
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where I'd be.

”

Sonny, young person involved in
Boys 2 Research Project

“

Every day, our front-line professionals transform children's lives.

”

Javed Khan, Chief Executive



Better outcomes for more children



In our fourth annual Impact Report, we have captured Barnardo's impact over the last year using three key measures: Reach, Quality and Influence.

I'm delighted to announce that in 2017-18 we achieved an important milestone. For the first time, we reached more than 300,000 children, young people, parents and carers in the UK. In fact the number was 301,100. That's 11 per cent more than in 2017.

In an increasingly challenging environment, I'm incredibly proud of our 8,000 staff and over 22,000 volunteers whose passion and expertise bring hope to the children and families who need it most.

Behind the statistics are thousands of human stories. The report offers a snapshot of how Barnardo's helps some of the most vulnerable children turn their lives around.

Elise was running away from home, unable to come to terms with past trauma. Barnardo's gave her a safe space to open up and build confidence. Now she wants to become a peer mentor and help others.

Ayisha experienced neglect and sexual abuse before she was removed from her mother's care aged eight. We worked with her foster mother Amy to give her the skills and understanding she needed to help Ayisha recover and thrive.

Joel ran away from his foster family and was living in a garden shed before he was referred to one of our residential care homes, where he received support with life skills. Aged 20, Joel has now started an apprenticeship.

Every day, our front-line professionals transform children's lives. Their care and attention brings hope to those who need it most.

But at Barnardo's, we want to go further. We want to step in earlier so we can prevent harm from occurring in the first place. We know we can't do this alone, so we are working in partnership with others to solve problems and achieve a real step change in how we support children and young people.

For example, in Birmingham, we are working with the NHS to deliver *Solar*, an integrated mental health and wellbeing service for 0-19s. By getting rid of thresholds and tiers and just focusing on what children need we were able to bring down waiting lists and improve access to support.

Across the UK, children are facing complex challenges. Barnardo's is working with local partners to develop radical new solutions. We do this so that this year, next year, and every year after that, we can continue to meet our goal of achieving better outcomes for more children.

Javed Khan

Introduction

Our ten year strategy

We believe in children – no matter who they are or what they have been through. And we support some of the most vulnerable children in the UK with our services, campaigns and research.

In our 2016-2025 corporate strategy, we set out our ambition to build on our achievements. We want to support more of the most vulnerable children and young people than ever before. We want to help them overcome the challenges they face and move towards a brighter, happier future. But it doesn't end there. We want to prevent the challenges in the first place. By tackling the causes as well as the symptoms, we can create better outcomes for more children.

To create better outcomes for more children and families, we need to be strategically focused. In 2016 we developed three Strategic Aims to help us do this:



Stronger Families



Safer Childhoods



Positive Futures

We committed to investing our voluntary funding¹ into six priority areas which will help us to grow and build our expertise:

- Early Support
- Family Support Services
- Mental Health
- Child Abuse and Exploitation
- Looked After Children (e.g. family placements)
- Leaving Care / Accommodation Support.

By focusing on these service areas, we aim to reach more children and young people. However, we know that vulnerable children often have entrenched problems which we cannot fix through working solely with children and their families. To have an even greater impact we also need to influence the wider systems around children. We have invested in three Core Priority Areas to focus this work:

- Mental Health and Wellbeing
- Child Sexual Abuse
- Children In and Leaving Care.

[1] Our voluntary funding from donations and grants is unrestricted and lets us work towards our own priorities; key areas of need we have identified.

Measuring our impact

Measuring the impact we're having through our service delivery is key to understanding the difference we are making to the children, young people and families we support. When we understand what works, for whom, in what circumstances, we can have an even greater impact. However, this is a journey, and we know we still have far to go.

Our services support children, young people, parents and carers across a range of issues, and report to different commissioners. We know we can't use a top-down, one-size-fits-all indicator to measure our work. Instead, we need to identify what is important and relevant to measure for those we support.

Reach

Counting the number of people we support across our services, and how that changes over time, provides an indication of the diversity of our services and the people we are supporting. However, this does not tell us about the difference we are making. It is important that we also understand the changes that happen as a result of our work.

Quality

In this report, we include case studies of how our support has made a difference for individual young people. Alongside these powerful stories we also refer to the various tools we currently use

to measure and report impact across cohorts of children and young people in our services.

This includes:

- standardised validated tools such as Strengths and Difficulties Questionnaire
- Triangle Consulting's Outcomes Star
- Barnardo's Outcomes Monitoring Framework.²

The combination of individual stories and outcomes measures helps demonstrate our impact across a range of our services.

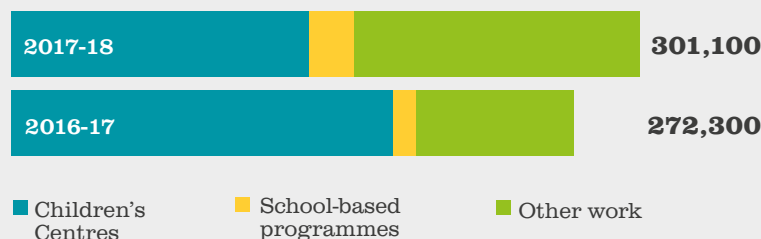
Influence

We also make a positive impact on the lives of the UK's most vulnerable children and young people by influencing policy and practice at local and national levels across England, Northern Ireland, Scotland and Wales. We make sure that others can learn from our experience, by acting as a powerful voice for children and young people when influencing public policy, and by sharing our learning with the wider sector to improve practice. We are currently exploring how we can capture the difference we make through influencing, including our work around developing strategic partnerships.

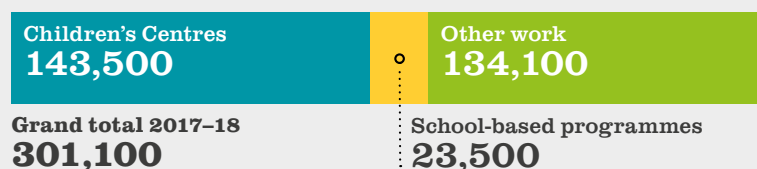
[2] Barnardo's Outcomes Monitoring Framework (BOMF) is an internally-developed distance travelled outcomes tool used to collect data on outcomes for those we support. BOMF comprises 200 outcomes, from which individual Barnardo's services can select the ones most appropriate to their service provision, or which commissioners request reporting against. Outcomes are scored by practitioners in conjunction with those receiving our support. The framework uses a scale of five to one, with a score of five representing the highest risk, and is used to track progress of service users throughout their engagement with us.

Our reach in 2017-18

In 2017-18, we worked with **301,100** children, young people, parents and carers, an **eleven percent increase** from the **272,300** we worked with in 2016-17.³



This included **143,500** through our Children's Centres, **23,500** through our school-based programmes and **134,100** through our other work.



In total, we provided support to over **163,000** children and young people, and over **123,000** parents and carers.⁴

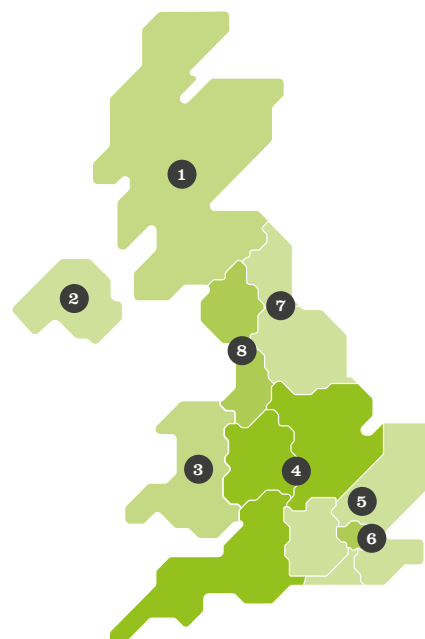
163,100 Children



123,300 Parents



Service user count by region/nation



1. Scotland 8,100	6. London 46,500
2. Northern Ireland 10,700	7. East 28,500
3. Wales 7,200	8. West 27,200
4. Midlands & South West 63,700	9. School-based programmes 23,500
5. South East & Anglia 81,800	10. National Projects 3,900

Characteristics of those we supported in 2017-18

63% female **37% male**

57% children

23% BAME⁵

12% looked after children

11% disabled

5% care leavers

[3] The increase in the number of people we supported is primarily a result of work in our Family Support Services, and School-based programmes.

[4] Parental status was unknown for 14,600 due to limited access to data from external recording systems.

[5] This includes Black, Asian, Mixed and Other Minority Ethnic Backgrounds.



1. Stronger Families

- **Early Support:**
Our Early Support services supported **146,000** people. This included our Children's Centres, which were accessed by **143,500** people last year; over **64,500** children and **70,500** parents or carers.
- **Family Support:**
We provided Family Support services to **91,800** children, young people, parents and carers, including children with a parent in prison, children with caring responsibilities, children experiencing bereavement, and families with children at risk of being taken into care.
- **Mental Health:**
We supported **32,200** children, young people, parents and carers through our commissioned Mental Health services. This included **23,500** children supported through our school-based programmes aimed at improving emotional health and wellbeing.



2. Safer Childhoods

- **Child Abuse and Exploitation:**
We supported **6,500** people through our Child Abuse and Exploitation services, including:
 - **3,300** people through our Child Sexual Exploitation services – 2,670 children and 398 parents or carers
 - **2,286** in our services for young people who go missing from home – 30 per cent of whom were in care
 - **473** people in our Trafficking services
 - **456** people in our Harmful Sexual Behaviour (HSB) services
 - **40** people through our National FGM Centre.
- **Looked After Children** (e.g. family placements):
 - Our adoption services placed **121** children with adoptive families
 - Our fostering services placed **874** children.



3. Positive Futures

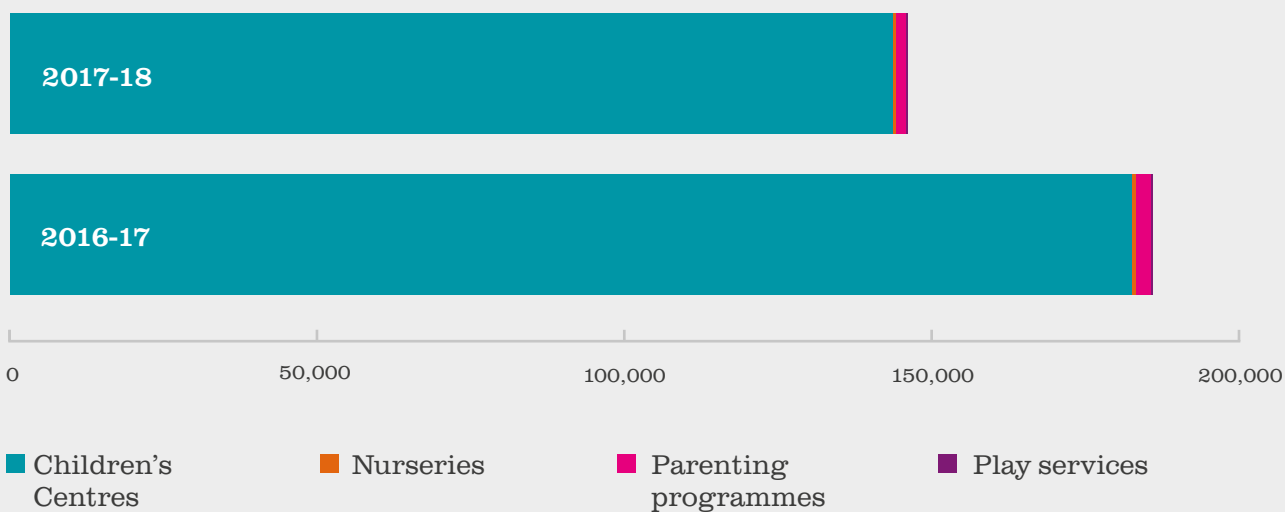
- **Leaving Care/ Accommodation Support:**
We supported **4,700** people in our Leaving Care/ Accommodation Support services. This included:
 - **2,900** in our Leaving Care services
 - **1,800** in our Housing and Homelessness services.

At the end of 2017-18 we were running over **1,000 services** in local communities, and had **701 shops**, **8,091⁶ employees**, and over **22,000 volunteers** helping support our vital work.

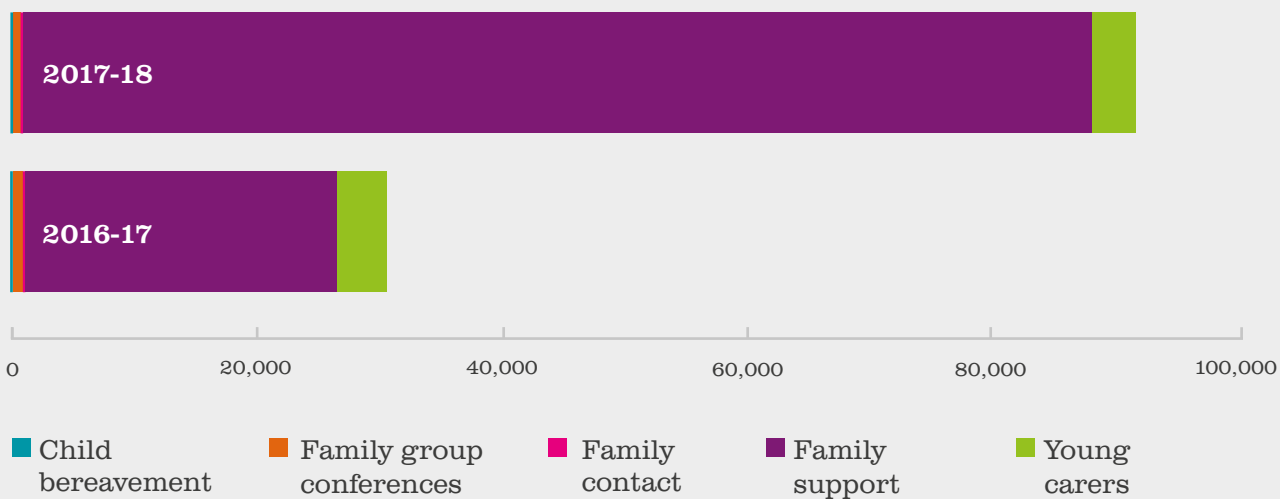
[6] Full-time, part-time, and as-and-when staff.

Change in the number of people supported

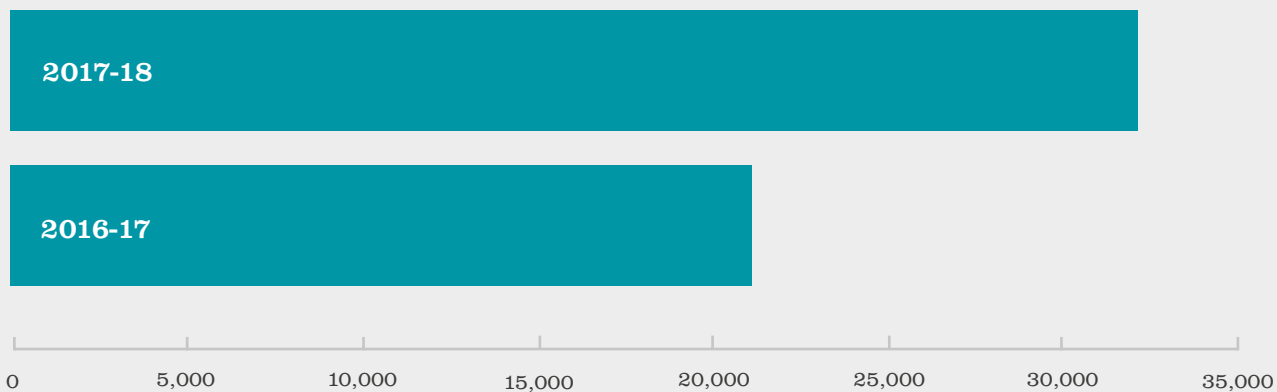
Early Support Services



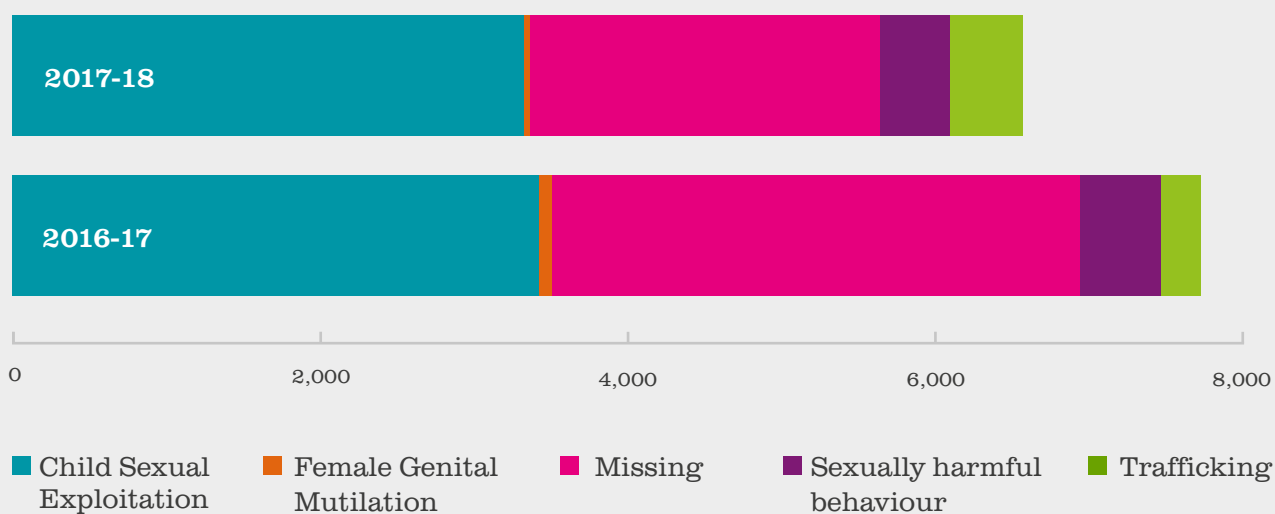
Family Support Services



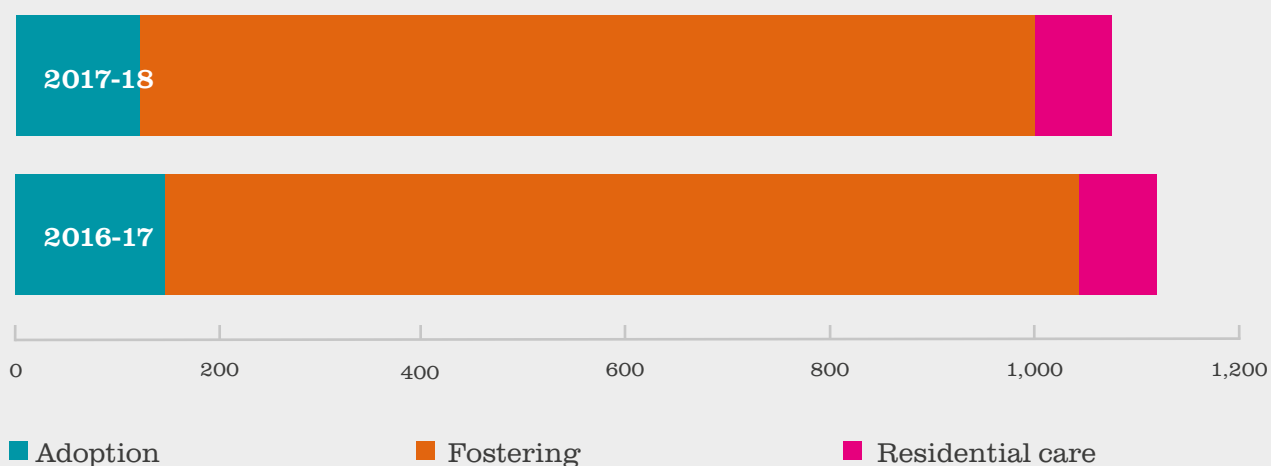
Mental Health Services



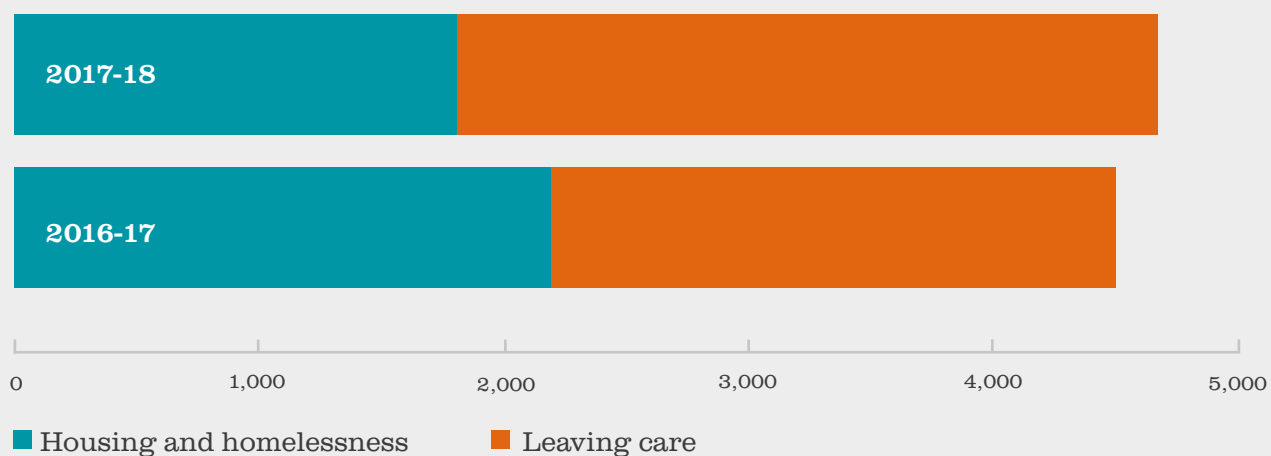
Child Abuse and Exploitation Services



Looked after Children Services



Leaving Care / Accommodation Support Services



Strategic aim

Stronger Families



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Introduction

We believe that children and young people thrive with the love and support of their families. Every family faces challenges. We help families, who may have additional barriers or be particularly isolated, to overcome obstacles and access the support they need. We recognise that many of the children, young people and families we support need help with their mental health and wellbeing.

Around one in ten children have a diagnosable mental health condition equating to roughly three children in every classroom.⁷ With half of all lifetime cases of mental illness evident by age 14, and three quarters developing by age 24⁸, there is a strong case for prevention and early intervention support for children's mental health.

Some children and young people are more likely than their peers to experience poor mental health:

- Looked after children are just over three times more likely to have a diagnosed mental health condition than disadvantaged children, and over five times more likely to have a diagnosis than non-disadvantaged children⁹
- Those with a learning disability, and those with a chronic physical health condition, are also at higher risk (between 2-6.5 times).¹⁰

Research suggests mental health and wellbeing can be shaped by individual attributes, social circumstances and the environment we live in.¹¹ These factors are complex and dynamic – that is, they regularly change and interact over time. Some groups of children and young people are more likely to experience poor mental health for a number of reasons, such as those children living in areas of high socio-economic deprivation, minority groups and children exposed to or displaced by war or conflict, such

as unaccompanied asylum seeking children. In early childhood, risk factors include experience of abuse and neglect, experience of bullying and living in poor housing conditions.

Some of the children Barnardo's works with may need tailored help with their mental health, including young carers, looked after children, LGBTQ young people, ethnic minority groups, those involved in the youth justice system, those not in employment, education or training and young parents.

Research suggests that families with experience of Adverse Childhood Experiences (ACEs)¹² are also at increased risk of poor mental health, including depression and suicide.



[7] Green, H., McGinnity, Á., Meltzer, H., Ford, T., & Goodman, R. (2005). *Mental health of children and young people in Great Britain, 2004*. Hampshire/ New York: Palgrave Macmillan.

[8] Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, 62(6), 593-602.

[9] Bazalgette, L., Rahilly, T., & Trevelyan, G. (2015) *Achieving emotional wellbeing for looked after children: a whole system approach*. London: NSPCC.

[10] Public Health England (2016). *The Mental Health of Children and Young People in England*. London: Public Health England.

[11] WHO (2012) *Risks to mental health: an overview of vulnerabilities and risk factors*. Background paper by WHO secretariat for the development of a comprehensive mental health action plan. [Online] Available at http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf.

[12] ACEs are certain traumatic experiences that occur during childhood and are remembered throughout adulthood. These experiences range from suffering verbal, mental or physical abuse, to being raised in a household where domestic violence, alcohol or drug abuse, parental incarceration or parental separation is present. We recognise that comparing ACE 'scores' assumes that each adversity carries the same 'weight', and that the standard 'ACEs list' does not include the diversity of potential adverse experiences during childhood. For more information, see Public Health Wales online resources at <http://www.wales.nhs.uk/sitesplus/888/page/88524>.

Still Hidden, Still Ignored – Who cares for young carers?

In our research into support needs for young carers, *Still Hidden, Still Ignored – Who cares for young carers?*¹³, over 50 per cent of the 79 young carers who responded to our survey felt that being a young carer had impacted on their emotional and mental health, with 56 per cent saying that being a young carer made them feel anxious or worried, and just under 40 per cent saying it made them feel like they couldn't cope.

This evidence was also supported by a survey of 40 Barnardo's practitioners, where 76 per cent felt that most or all of the young carers they worked with suffered from anxiety, anger and isolation. All practitioners had worked with young carers who self-harmed, 97 per cent worked with young carers who had panic attacks, and 94 per cent had worked with young carers who had eating disorders.



The Adverse Childhood Experiences of children supported by Barnardo's AXIS service

Our *AXIS* service in Lanarkshire works with young people aged 11 to 21 (26 if the young person has left care) who have been impacted by parental, or their own, substance misuse, and who have complex issues. We also work with the families of the young people we support. One-to-one support is provided twice per week, alongside group work programmes and family support.

Of the 58 young people that received support from *AXIS* in 2017-18, 41 (71 per cent) had experienced four or more ACEs, and 22 (38 per cent) had experienced seven or more.¹⁴



[13] Barnardo's (2017) *Still hidden, still ignored: who cares for young carers?* Barkingaside: Barnardo's.

[14] The research on ACEs does not include all traumatic experiences during childhood. Children in this sample were likely to have experienced other traumas that were not captured as an ACE in this study, and it is a wider limitation of the ACEs research field that a narrow group of experiences have been honed in on. However, we are aware that what is regarded as an ACE is slowly expanding.

The Adverse Childhood Experiences of children supported by Barnardo's *Here and Now* service, HM Young Offenders Institution (YOI) Polmont¹⁵

Our *Here and Now* service at HMYOI Polmont provides specialist assessment and direct intervention to young people affected by trauma, bereavement and loss. Depending on need, young people are supported either through a psycho-educational intervention, for up to 12 weeks, offering structured personal learning regarding trauma, bereavement and loss experiences, or a psychotherapeutic intervention for up to 30 weeks with individual progress assessed at five week intervals.

In our *Here and Now* service, 82 per cent of 70 females supported by the service in 2017-18 had experienced four or more ACEs; 36 per cent had experienced eight or more. Most common were parental separation, substance misuse, mental ill health, and emotional neglect. Of the 80 males in custody we supported, 62 per cent had experienced four or more ACEs; 23 per cent had experienced eight or more. Most common were parental separation, mental ill health, parental imprisonment and domestic violence.

Research also tells us that:

- Child and Adolescent Mental Health Services (CAMHS) are turning almost a quarter (23 per cent) of children away from accessing support because their condition is not considered sufficiently serious¹⁶
- Waiting times for treatment have almost doubled since 2011-12; the average maximum waiting time for CAMHS increased to six months for a first appointment and almost ten months until the start of treatment¹⁷
- Only 0.7 per cent of NHS funding in England is spent on young people's mental health, and only 16 per cent of this on early intervention.¹⁸

Audit of rejected referrals to Child and Adolescent Mental Health Services

In a review of almost 3,000 case files, Barnardo's highlighted that 50 per cent of young people being supported by our services in Scotland were presenting with a mental health issue; however three quarters were not receiving support from CAMHS.

Our Audit of rejected referrals to Child and Adolescent Mental Health Services in Scotland report¹⁹ included insight from interviews with 40 Barnardo's practitioners in Scotland, and highlights five key reasons for referrals to CAMHS being rejected.

- Lack of stability – Children and young people who do not present as stable or who are not in a stable placement are likely to be rejected by CAMHS for treatment
- Lack of engagement – Children and young people who do not engage with CAMHS or fail to attend appointments can be rejected for treatment
- Presenting symptoms not seen as severe enough – Referrals are often rejected because young people are not presenting with severe enough clinical problems; behavioural and emotional problems tend to be outside the remit of CAMHS
- Lack of clarity around who can refer and why – A lack of clarity around the criteria and thresholds for those referring into CAMHS results in inappropriate referrals and rejections for young people
- Service already being provided by another organisation – Young people can be rejected for treatment with CAMHS because they are already receiving support from another organisation (e.g. Barnardo's).

[15] Centre for Youth and Criminal Justice (2016) *Our Lives with Others: an evaluation of trauma, bereavement and loss developments at HMYOI Polmont*. [Online] Available at <http://www.cycj.org.uk/wp-content/uploads/2016/11/Our-Lives-with-Others-Evaluation-Report-.pdf>.

[16] Frith, E. (2016) CentreForum commission on children and young people's mental health: state of the nation. London: CentreForum.

[17] *ibid*.

[18] *ibid*.

[19] Barnardo's (2018) *Audit of rejected referrals to Child and Adolescent Mental Health Services in Scotland: experiences of Barnardo's Scotland staff working in children's services*. [Online] Available at <https://www.barnardos.org.uk/report-rejected-referrals-camhs-services-scotland.pdf>.

Our overall objectives for Mental Health and Wellbeing

Our Mental Health and Wellbeing Core Priority Programme aims to:

- address the underlying determinants of poor mental health
- build resilience within children and young people
- provide specialist support
- support people around the child including families, teachers, and front-line practitioners
- be an agent for systems change, focused on an ecological model of support
- influence wider policy and practice so that the risks of poor mental health and wellbeing are reduced, and children and young people achieve their full potential.

Our approaches

Our services support children and families across an ecological model. This means there are services that support mental health and wellbeing in each of the environments (family, schools and community) that affect how a child grows and develops. We also recognise the importance of building resilience, supporting families to 'self-care' and look after each other, and enabling our staff to respond to need in a trauma-informed way, focusing on 'what's happened to you?' rather than 'what's wrong with you?' Our approach is based on an understanding of the importance of relationships and connections.

Our work focuses on building relationships in order to develop a 'whole-system approach', with shared responsibility for improving mental health and wellbeing across wider society.

Outcomes

This section will provide examples of our direct work in improving mental health through: building resilience, providing specialist support, supporting people around the child and systems change.

Building Resilience

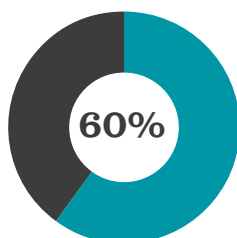
Promoting Alternative Thinking Strategies (PATHS®)

The *Promoting Alternative Thinking Strategies* (PATHS®) Curriculum is a school-based programme which aims to improve emotional and social competencies in primary school pupils. During regular taught lessons, pupils engage in a range of activities aimed at improving their social and emotional competence, and reducing aggressive behaviours.

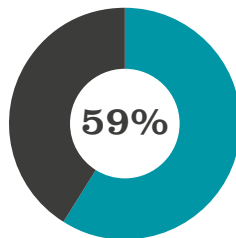
In 2017, the impact of PATHS® was evaluated via a variety of methods including: 'pre and post' teacher surveys, pupil voice, and senior leadership team surveys.

PATHS® Northern Ireland Teacher Rating Scale, 2017

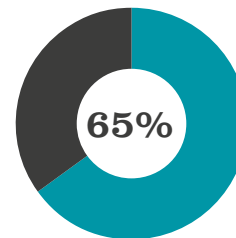
n=2,354



Reduces aggression and disruptive behaviour



Improved concentration and attention



Improved social and emotional competence



“

Before learning about PATHS® I would have got really angry, really quickly. I have learnt how to calm down and try to think through the problem. PATHS® has really helped me in the playground and in class. I also use it at home when mum makes me do something that I don't want to do!

”

Dani, Pupil

“

PATHS® has helped improve relationships in the school between adults and children... it is a very worthwhile programme.

”

Vice Principal



100%

of Senior Leadership Teams reported that PATHS® has had a positive impact on pupil relationships.



95%

of teachers agreed that children are using a wide range of emotional vocabulary to talk openly about how they are feeling.



93%

of teachers reported that PATHS® has had a positive impact on the children in their class.

Case Study

Kyle

At age 11, Kyle experienced anxiety leading to depression. Further anxieties around academic performance surfaced in year 10 (age 14), following which Kyle was diagnosed with Attention Deficit Disorder.

By the end of year 11 (age 15), Kyle was on a vastly reduced timetable. Kyle left school after taking his GCSEs and became very low. He was referred to CAMHS but refused to engage with the Clinician, talking therapies, or discussions around medication. Two years later he was referred to *Barnardo's Buddies*, but again did not want to engage. He would sleep until 5pm, play online games all night and hardly left the house for six months.

The CAMHS clinician wanted the Barnardo's Buddy to maintain contact with Kyle by emailing and texting him to start with,

allowing Kyle to realise himself that he wanted things to be different. The Barnardo's Buddy support was then able to take place, using a mixture of cognitive behavioural approaches and solution-focused work to identify areas for change. Kyle began to identify educational goals and increase his motivation, develop short and long-term plans, and started to engage with a youth worker to identify appropriate opportunities.

Following Buddy support, Kyle is now in full-time education and has an active social life. Kyle's sleep patterns have improved and at the time of discharge from CAMHS he consistently rated his mood as being 8 out of 10. He is managing his sleep and mood without needing to use medication. Kyle plans to go on to university at the end of his college course.

Feedback from Kyle's family was that allowing him to "come around" to the idea of change and knowing that there was someone ready to support him was key.





Wellness Recovery Action Plan (WRAP)

Barnardo's was one of the first to pioneer WRAP for young people in the UK.

WRAP is a 10-week peer support programme which aims to build resilience and promote self-care among young people. It supports young people to develop their understanding of what they are like when they are well and what they can do to keep themselves well. Young people produce a wellness toolbox, and their own plan to cope with difficult times and challenging feelings.

Once they've complete WRAP, young people are offered the opportunity to attend a peer support group for continued support.

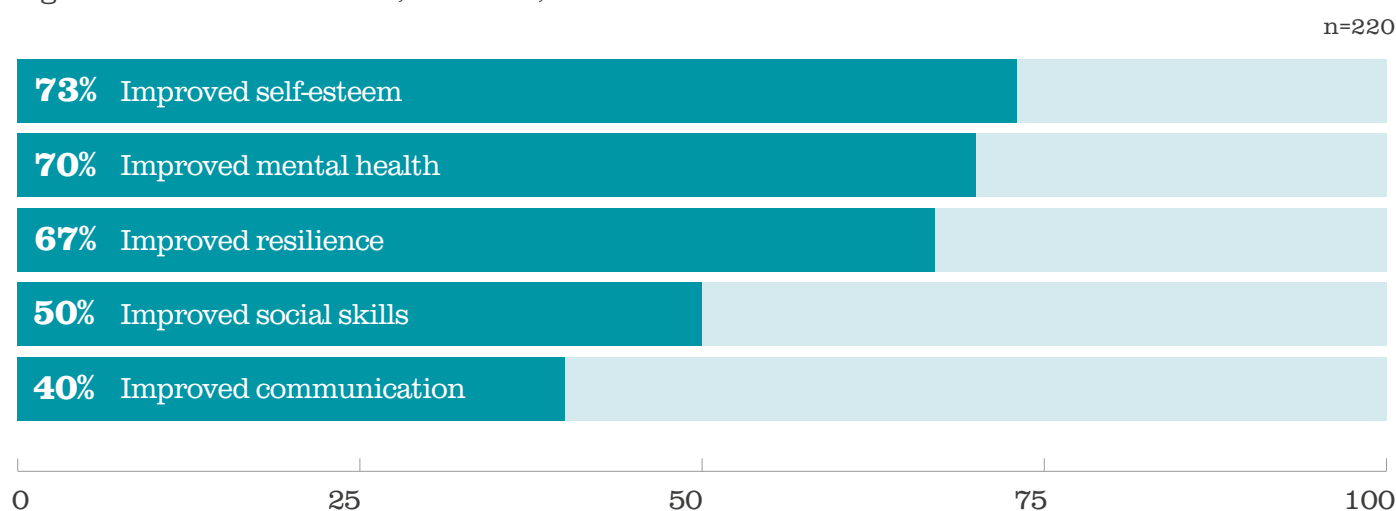
“

Before coming to WRAP, I wasn't very confident and didn't know much about my mental health. After learning about my triggers and how to cope with future issues I am now much better and feel more happy with myself. I would definitely recommend WRAP to other people.

”

Sophie, young person

Figure 1: 'WRAP' Outcomes, Bradford, 2017-18



Providing Specialist Support

Counselling for young people

Our '*Child-directed, System-focused, Strengths-based, Outcome-informed*' (C.S.S.O) approach to counselling focuses on what works for an individual young person, in their specific context. The approach draws on a range of methodologies such as person-centred counselling, cognitive behaviour therapy (CBT), play therapy, narrative therapy, and solution-focused brief therapy, enabling counsellors to tailor the intervention to an individual child's preference.

Across Northern Ireland and the West of England, the C.S.S.O Framework is embedded within Barnardo's Mental Health and Wellbeing

counselling service delivery. The impact on more than 600 children and young people has been substantial, with considerable improvements in clinical distress scores.

“

Understanding what was causing the problem helped me think about another way of dealing with it; talking about my problems and realising that some of them were not so big.

”

Liam, young person



Case Study

Elise

Elise had run away from home as she was finding it extremely difficult to cope. She was carrying a lot of guilt for what she had done in the past.

When Elise first started to attend WRAP sessions, she was quite reserved. However, during week three – where the group explored ‘wellness tools’ – Elise instantly became comfortable and relaxed, and started to engage with the group. Elise was extremely reflective and insightful. She put a lot of effort into creating her wellness box, and brought

it in each week to share with others, and shared items that were personal to her and spoke about her family. Coming to the group gave her a safe space to talk about what she was going through. The group helped her to thrive and recognise that she was not alone. It allowed her to speak about personal things that she wouldn’t do otherwise. Elise reported feeling more confident as a result of attending, and she is now a lot more aware of her own mental health. Elise also expressed interest in becoming a WRAP facilitator and providing peer support to others.

Supporting people around the child

Holistic Support for Families

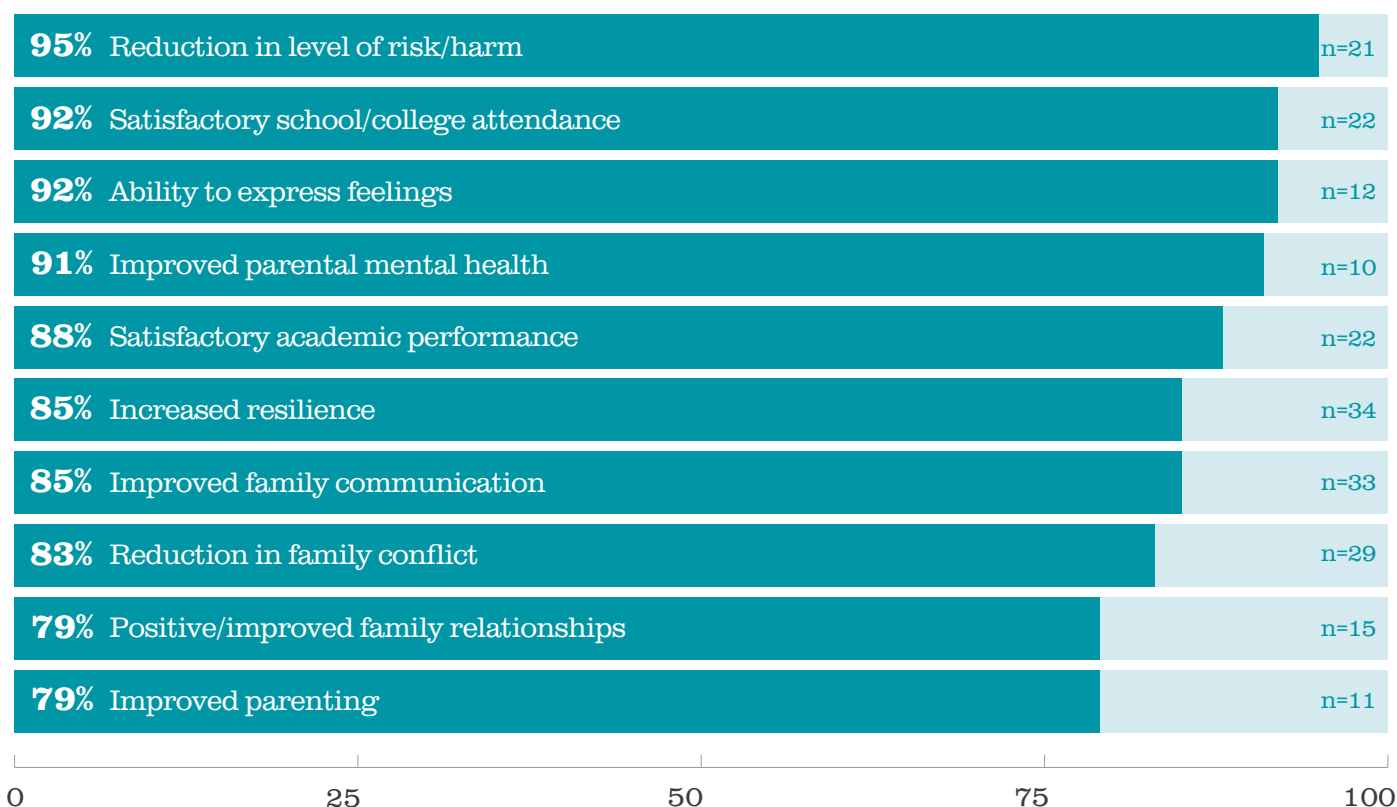
Our *Big Manchester* project – led by Barnardo's, working together with Mind, Women's Aid, CGL (drug and alcohol service) and Homestart (family support) – has successfully developed a new voluntary sector approach to working with families. The project provides support for children aged 5–11 years old, and their parents, where domestic abuse, mental ill health, or substance misuse is present, to mitigate risk and build family strength and resilience. The focus is on simultaneously addressing needs of parents and children, and building meaningful relationships based on trust, honesty, support and challenge. This approach, when underpinned by a high level of engagement from families, can lead to sustained change for the whole family.

The impact of the project is measured using Barnardo's Outcomes Monitoring Framework². Figure 2 shows outcomes for 40 individuals whose cases closed in 2017-18, showing particular improvements in:

- reduction in level of risk/harm
- children's school attendance
- ability to express feelings.

Big Manchester was cited as a best practice example by the Early Intervention Foundation.²⁰

Figure 2: Outcomes for 'Big Manchester' service, 2017-18



[20] Early Intervention Foundation (n.d) Big Manchester (Improving futures) [Online] Available at <http://www.eif.org.uk/case-study/big-manchester/>.

Therapeutic Support for Families

Our *Mandala* service in the South West of England has been providing creative therapies for traumatised or abused children and their families for over ten years. It was evaluated by the Institute of Public Care through both qualitative and quantitative research.²¹ The evaluation reported that in a number of cases, exposure to trauma was chronic (i.e. sustained over a long period), with children witnessing domestic abuse (including physical harm to a parent), neglect, physical harm by a parent, sexual abuse, parents/carers with substance misuse issues and bereavement of a parent). Many children display challenging, disruptive or internalised behaviours (e.g. anxiety and fear), with some also displaying signs of an insecure or disorganised attachment.

The evaluation found that *Mandala* provided children with a calm, safe, and nurturing space. Children are listened to and believed, and some disclose abuse, indicating a high level of trust with therapists.

Outcomes recorded for the children included:

- Ability to express their emotions (and acceptance that it's good to express yourself)
- Improved behaviour control (where this was an issue at the start)
- Improved self-confidence and self-esteem (less guilt and frustration)
- Increased 'day-to-day resilience'
- Improved ability to understand complex overwhelming emotions.

Children and families experiencing a less significant or less extensive positive impact were very likely to be experiencing ongoing trauma.

The interim evaluation highlighted that it is important to consider the extent to which parents and carers can be encouraged to become more involved in one-to-one therapy, as appropriate; and how most effectively to address the potential of ongoing child exposure to trauma during the intervention period.



[21] Institute of Public Care (2018). Evaluation of the Barnardo's Mandala Creative Therapies Service. Oxford: Oxford Brookes University.

Systems Change

Solar Emotional Wellbeing Service

In partnership with Birmingham and Solihull Mental Health NHS Foundation Trust and Autism West Midlands, we provide the *Solar* service which delivers emotional wellbeing and mental health services for children and young people aged 0 to 19 in Solihull.

Solar was set up to provide timely access to appropriate support in line with children and young people's needs, rather than being bound by thresholds or tiers. *Solar* aimed to create a comprehensive system, designed around the needs of children and young people, to keep them healthy as well as treating those who are ill. *Solar* prioritises resilience, partnership, and co-production.

Results from *Solar* show:

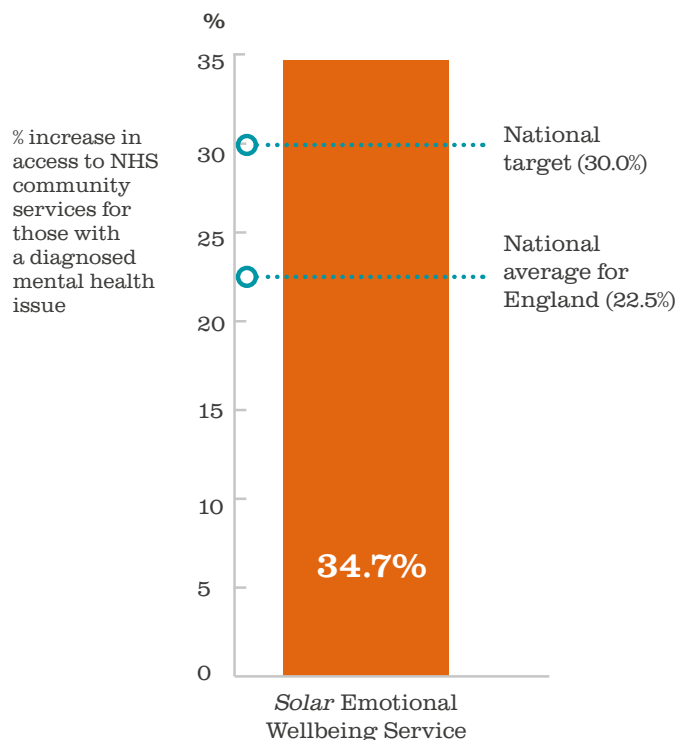
- Over 1,500 children and young people were supported with their emotional wellbeing and mental health
- All children and young people showed improvements on their outcome measures
- The service played a significant role influencing the NHS on CAMHS delivery
- Waiting times upwards of 12 months for most interventions were reduced to less than three months.

The *Solar* Parenting Support Programme 'Understanding Your Child's Behaviour' aims to help reduce parents' anxieties, improve parent-child relationships, and positively impact on child behaviour. Evidence from the service has shown improvements in child mental health, as measured by the Strengths and Difficulties Questionnaire (SDQ). Other research (in particular a report by Pro Bono Economics^[22]) has used changes in SDQ scores to calculate the potential economic impacts associated with changes in children's mental health.

Replicating the methodology in the Pro Bono Economics paper, we calculate that every £1 spent on the *Solar* Parenting Support Programme delivers long-term benefits of £5.50, in the form of higher earnings for the individual and a lower cost to the taxpayer.^[23]

Latest figures from the National Mental Health Data Set show that *Solar* is the only community mental health service in England to have met the national target of a 30 per cent increase in access to NHS community services for those with a diagnosed mental health issue – hitting 34.7 per cent.

Figure 3: Mental Health Service % increase in Access Rates



[22] Pro Bono Economics (2018) Economic evaluation of Place2Be's Counselling Service in Primary Schools [Online] Available at: <https://www.place2be.org.uk/media/878320/economic-evaluation-of-place2bes-counselling-service-in-primary-schools.pdf>.

[23] Cost-benefit analysis of the Solar Parenting Support Programme – internal report.

Influencing wider policy and practice

In addition to our direct support work, we inform, influence and campaign on mental health and wellbeing and related issues locally, regionally and nationally.

Barnardo's Inaugural Lecture on Adverse Childhood Experiences (ACEs)

In 2018, we hosted our Inaugural Lecture on Adverse Childhood Experiences. The event aimed to increase awareness of ACEs as a key factor affecting children's mental health, and highlight the work we are doing to implement change to reduce the life course impacts of ACEs. Professor Gordon Harold, Professor of Child and Adolescent Mental Health at the University of Sussex gave the keynote speech, highlighting his work with Barnardo's Cymru to develop the Barnardo's Child and Adolescent Welfare Assessment Checklist. B-CAWAC is a set of assessment tools focusing on early identification of the psychological impacts of parental conflict, adult substance misuse, and adult mental health problems on children's mental health and wellbeing.

Parliamentary Inquiries, Reviews and Government Consultations

In England, we submitted evidence to support a number of parliamentary inquiries, including:

- the Science and Technology Committee on the impact of social media and screen-use on young people's health
- the House of Commons Science and Technology Committee on Evidence-based early-years intervention inquiry, which had a focus on ACEs
- the Education and Health Select Committee on the scope and implementation of the proposals in the Government's *'Transforming Children and Young People's Mental Health Provision: a green paper.'*

Wider learning about achieving Stronger Families

Children's Centres

Through our Children's Centres, we provide a wide range of support to children and parents, including health services, social care, and parental and family support – for example breastfeeding support, baby massage, and parenting support groups.

Our Children's Centres use different tools to measure impact, based on their local context and the requirements of commissioners.

Figure 4 is an example from our Bournemouth Children's Centre, which uses 'Family Star'²⁴ to record outcomes for parents and carers receiving home visiting support. We provide tailored and long-term support, and often signpost families to other support options, including domestic abuse services, social care, and mental health services.

“

My support worker also helped me to become a better parent... really opened my mind. Life is better.

”

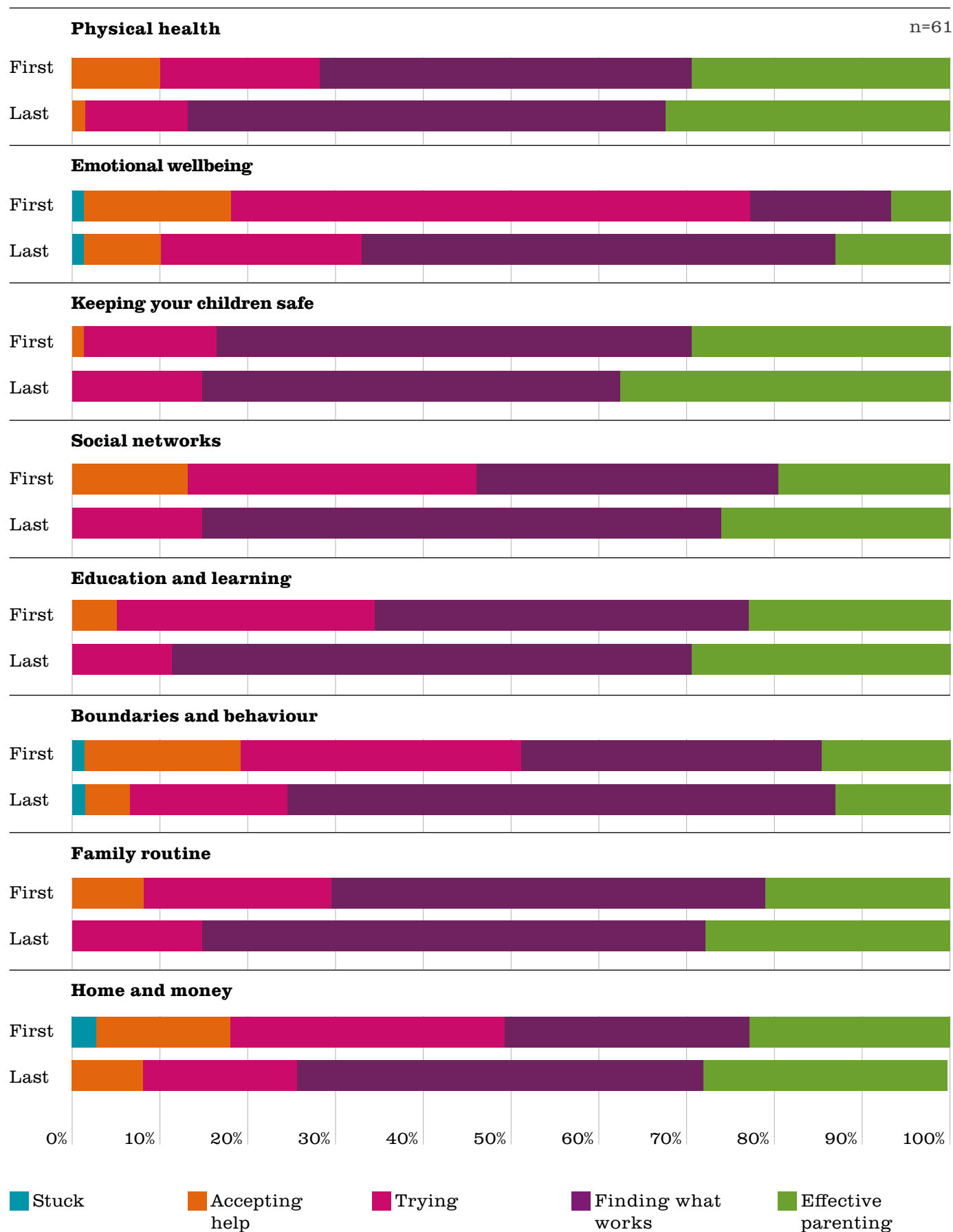
Maya, parent

Recording outcomes using 'Family Star' helps identify aspects where families can be supported, and helps us to work with parents and carers to draw up action plans for achieving positive change.

Outcomes from 61 parents, carers and children supported by Bournemouth Children's Centre indicated that, at the time of a first Star recording, parents needed more support with 'home and money', their emotional wellbeing, and 'boundaries and behaviour'. These areas were also where they were supported to make the biggest improvements, by time of last Star recording.

[24] Developed by Triangle Consulting Social Enterprise. For further details see https://www.staronline.org.uk/star_mock_homepage.asp?section=160.

Figure 4: Family Star Outcomes for Bournemouth Children's Centre, 2017-2018



Reflect Service

Reflect aims to provide practical and emotional support to women and their partners who have experienced the compulsory and permanent removal of a child from their care. We provide this support in partnership with Newport City Council and Aneurin Bevan Health Board. An interim evaluation funded by Public Health Wales and Barnardo's²⁵ found that substance misuse, domestic violence, offending behaviour and risk of sexual exploitation were prevalent amongst those experiencing the removal of a child. Eleven parents accessing the service were experiencing depression, with some also experiencing anxiety, self-harm and suicidal ideation. Prior to *Reflect*, parents were often socially isolated and typically had limited options with regard to accessing support.

The feedback for *Reflect* was overwhelmingly positive. Parents particularly appreciated:

- the responsive, flexible approach, with the opportunity to talk to someone who was non-judgemental and supportive
- the variety of support available, including workers 'just being there', provision of housing and welfare support, encouragement of self-care, assistance with child contact, as well as provision of a safe space to help make sense of past experiences.

“

Being someone to talk to...
having their voice heard really,
because a lot of people just...
especially because of their
experience of social services, feel
like people don't listen to them...
I think that's why they get so
angry a lot of the time, because
they don't have that person just
to offload to, because they don't
have very good support... A lot
of them don't have a support
network around them, and they
just need that one person... to
speak to.

”

Reflect Worker

[25] Roberts, L., Maxwell, N. & Palmer, C. (2018) Evaluation of *Reflect* in Gwent: phase 1 report [Manuscript unpublished].

Strategic aim

Safer Childhoods



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Introduction

We believe that all children and young people should live safe from violence or abuse of any kind, and no child or young person should have to suffer from the impact of it.

Sadly, however, it is not always the case that children live safe from harm. Some children and young people's childhood experiences limit their freedom and potential, and violate their human rights.

Child sexual abuse (CSA) is one such example of this. Sexual abuse can result in children and young people experiencing debilitating levels of trauma, which can have both an immediate and long-lasting impact.

While our 'safer childhoods' work spans a wide range of services focused on keeping children safe from harm, in 2017-18 we have continued to focus on helping eradicate CSA, and improving outcomes for children and young people who are impacted by it.

Estimates suggest that one in 20 children in the UK experience CSA before the age of 18.^[26] However, the true scale of CSA will always remain unknown, and this figure is likely to significantly underestimate the true scale of the problem.

From existing research evidence, the only groups currently identified as being more likely to experience CSA are those who are disabled or in residential care.^[27] However, it cannot be assumed that any group of children have the power, and emotional and material resources to alter or control a perpetrator's behaviour, and therefore all children should be considered to be at risk of sexual abuse.

Interconnected Vulnerabilities

A substantial proportion of the children and young people we work with in our CSA services have significant trauma histories, including sexual abuse, physical abuse, emotional abuse, neglect, and domestic abuse. Sizeable numbers have experienced more than one of these – often interconnected – issues.

In our *Better Futures* CSA provision in Wales, in 2017-18, for example:



52%

of cases referred due to harmful sexual behaviour (HSB), latterly had CSE identified as a dual concern.



[26] Radford, L. et al (2011) Child abuse and neglect in the UK today. London: NSPCC.

[27] Brown, S., Brady, G., Franklin, A., Bradley, L., Kerrigan, N., & Sealey, C. (2016). Child Sexual Abuse and Exploitation: Understanding Risk and Vulnerability. London: Early Intervention Foundation.

Our overall objectives for Child Sexual Abuse (CSA)

Our overarching objectives are to improve:

- disruption and prevention of CSA
- identification of children and young people impacted by CSA
- outcomes for children and young people impacted by CSA.

We remain committed to eradicating CSA in all its forms. We also work to ensure that all children and young people impacted by it receive the highest quality support.

CSA is complex and we believe that to be effective we have to work with all parts of the system, and all types of abuse. We therefore also support children and young people who display concerning sexual behaviours towards others. These children and young people have often experienced abuse themselves, and require safeguarding and support.

Our approaches

We deliver a range of services for children and young people impacted by abuse, exploitation, or other violence or harm.

In addition to supporting children and young people directly, we work in partnership with families, carers, and other voluntary sector and statutory sector organisations, in order to promote joined-up responses and strong support networks.

We continue to learn and build upon the most effective ways of addressing CSA. Over the course of 2017-18, we have piloted and adapted our approaches, including through:

Convergence services – we have increasingly found ourselves working alongside children and young people experiencing a range of vulnerabilities and who experience a number of – often interconnected – issues. This has led us to recognise there are complex interactions between various types of exploitation and abuse, and in order to effectively address them we require services which work within this wider understanding. This stands in contrast to traditional responses, which have tended to focus on support regarding a single type of harm, e.g. CSE or HSB, resulting in fragmented approaches. Our work in this respect is showcased through our *Better Futures* provision in Wales.

Trauma-informed and trauma-focused services – CSA can often result in children experiencing debilitating levels of trauma. Service responses must be designed to recognise the trauma that has occurred, while ensuring against re-traumatisation. Our growing understanding of the role and impact of trauma in this sphere of our work has led us to focus on improving and expanding this aspect of our service provision. Our work in this respect is showcased through our *TIGER* pilot in London.

Systems based capacity models – to effectively address CSA, it is necessary to work in partnership across a range of services and sectors. Given our long history in supporting children and young people, and the learning this has provided us with, we are increasingly focusing on developing not only our own skills and abilities in addressing relevant issues, but also in strengthening the skills and resources of other key partners and influencing wider systems change. This work is showcased through our CSE/A work in Walsall.

Outcomes

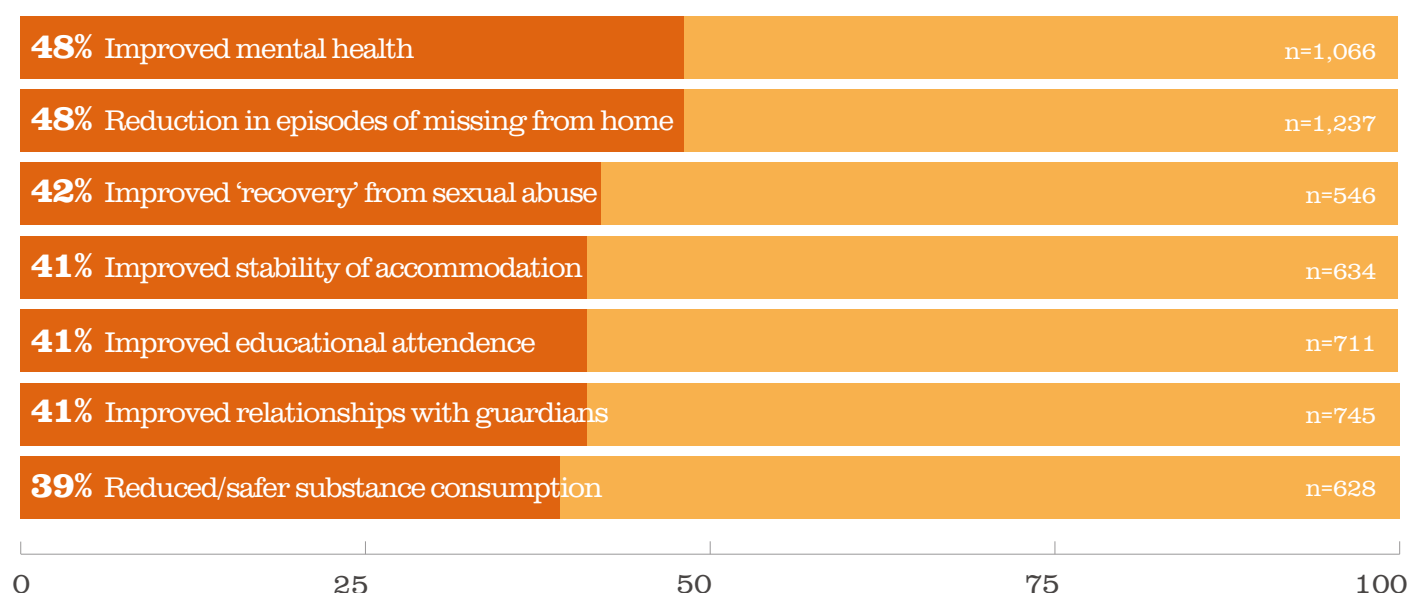
In this section we provide overall outcomes of our CSE direct support services, and three examples of our CSA work, to help demonstrate some of our impact throughout 2017-18:

- a joined-up response to children with histories of sexual harm
- a trauma-informed growth and empowered recovery model
- a child-focused multi-agency response to complex safeguarding.

Figure 5 shows outcomes achieved by those supported through our CSE direct support services in 2017-18. This is based on outcomes within Barnardo's Outcomes Monitoring Framework². These outcomes are often requested by service commissioners, so a number of our CSE direct support services assess them. As shown, the outcome scores recorded indicate that the biggest changes are in improving mental health and wellbeing, and reducing episodes of children going missing.

These figures demonstrate the reality of the complexity of this work, and reflect the fact that many of these outcome domains are impacted by wider systems and processes outwith the control of either young people, or Barnardo's, alone. This is why we continue to work to improve our own approaches to supporting children and young people impacted by CSA, as well as building capacity in wider systems.

Figure 5: Outcomes for our CSE direct support services, 2017-18



A joined-up response to children with histories of sexual harm

Better Futures

Our *Better Futures* service in Wales draws together our CSE and HSB provision, in order to provide a joined-up response for children and young people. *Better Futures* provides assessment and longer-term therapeutic support to children and young people. Our practitioners aim to develop relationships with children, characterised by empathy, trust, connectedness, and, feeling safe. We adopt a positive, solution-focused, strengths-based, and child-centred philosophy.

At the outset of engagement, we focus on establishing a meaningful connection, in which children and young people feel valued. We use attunement activities²⁸ to help reinforce positive attachments within our relationships, and once a trusting relationship is established we commence work on addressing issues in an encouraging, supportive, and non-blaming way.

In 2017-18 *Better Futures* has supported 186 children and young people.

Young people who attend *Better Futures* complete a range of psychometric tests and questionnaires, measuring a range of relevant aspects²⁹ pre and post-intervention. The questionnaires have been developed by *Better Futures* in partnership with a Consultant Clinical and Forensic Psychologist. Measures used include Trauma Symptom Checklist for Children (TSCC)³⁰ and the Strengths and Difficulties Questionnaire (SDQ).³¹



Much of our work at *Better Futures* focuses on helping children and young people with concepts and skills to understand and develop pro-social attitudes and behaviours. We also focus on wider aspects of development and enhancing a child or young person's broader life skills, which are transferable to other social settings, and might help children in later life. For example, we help address issues such as social isolation, accessing appropriate opportunities in education, addressing wider issues families may be facing, and improving relationships, communication and social skills. In supporting young people to reconcile and process their past trauma, we are able to help them go on to increase their abilities to form healthy romantic and sexual relationships, thereby reducing risk and need in this context.

[28] Attunement describes how reactive a person is to another's emotional needs and moods. A person who is well attuned will respond with appropriate language and behaviours based on another person's emotional state.

[29] Aspects measured include: impact of trauma; personality; attitudes towards sexual and non-sexual relationships; ability to manage personal distress and problem solving skills; sexual attitudes; and, victim impact. These aspects are all identified in the somewhat fragmented and incomplete research evidence base as being useful components to consider in helping manage sexualised behaviours in children and young people. Evidence from available research studies also demonstrates that wider parent/carer and family engagement is crucial, and can help to reinforce messages outwith sessions, thereby sustaining positive effects post-intervention. Therefore, where possible, we engage other family members in our interventions.

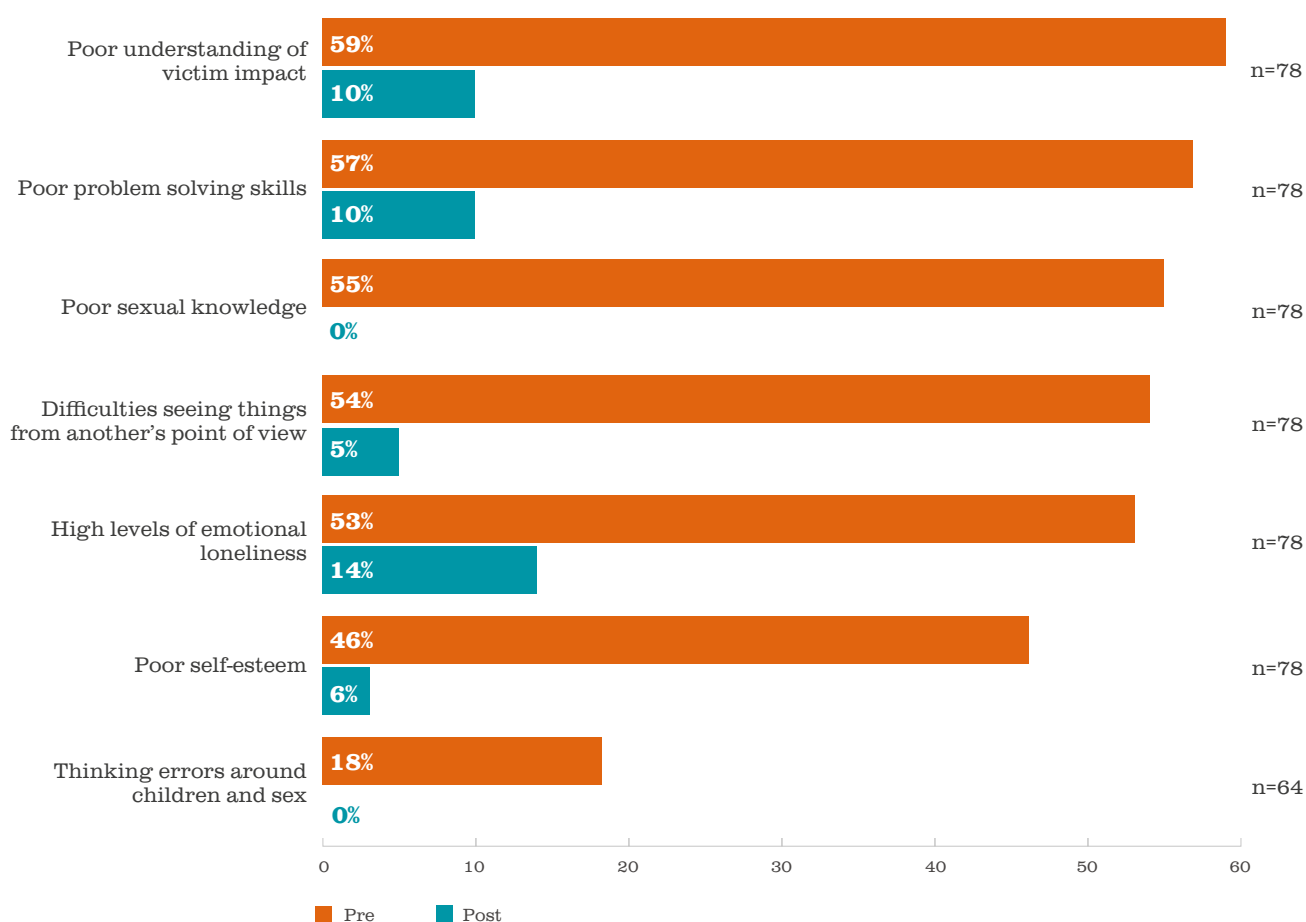
[30] Briere, J. (1996) Trauma Symptom Checklist for Children (TSCC), Professional manual. Odessa, FL: Psychological Assessment Resources.

[31] Goodman, A., & Goodman, R. (2009). Strengths and difficulties questionnaire as a dimensional measure of child mental health. *Journal of the American Academy of Child & Adolescent Psychiatry*, 48(4), 400-403.

As shown in Figure 6, in our *Better Futures* work with children who display harmful sexual behaviours, we are particularly successful at:

- improving sexual knowledge
- decreasing thinking errors.³²

Figure 6: Outcomes for 'Better Futures', 2017-18



[32] Thinking errors (also called cognitive distortions or cognitive biases) are irrational patterns of thinking that can both cause depression and be caused by depression – the more someone experiences thinking errors the more depressed they feel, the more depressed someone feels the more they experience thinking errors.

Case Study

Ryan

Ryan was 15 years old when he was referred to *Better Futures*, having sexually touched his younger brother. Ryan had his own experiences of being abused, and had also been exposed to violence in his mother's relationships.

We undertook a thorough assessment with Ryan, which identified that he: had poor self-esteem; had high levels of emotional loneliness when compared to other boys his age; held higher levels of thinking errors³³ around children and sex than is found in the general adolescent population; and, appeared to perceive his brother and cousin as being compliant in their abuse, and unharmed by his behaviour.

Over a number of months, we worked with Ryan on a weekly basis. We helped him understand more about consent and the misuse of power in the abuse of his brother. Over time, Ryan began to understand more about his behaviour, and how his own experience of abuse had influenced

his thinking about sex. Ryan developed a greater insight into the impact of his behaviour upon his brother. Ryan felt very bad about what had happened, and we supported him around these feelings too.

Throughout our engagement with Ryan, his mother was very supportive and engaged well with us and the family's social worker as to the best way to keep everyone safe while we worked with Ryan.

At the end of our intervention with Ryan, the questionnaires were re-administered to him. The results showed:

- a positive shift in his thinking towards children and sexual behaviour, with indication that he was no longer presenting with thinking errors in this area
- he presented as having greater insight into the harm caused by sexual abuse
- he had a better understanding of how his own experiences of abuse had impacted upon him
- he had improved self-esteem
- he was being supported to get involved in safe community activities as well as having some ambition for his future.

[33] Irrational patterns of thinking that can both cause depression and be caused by depression.



“

Undertaking the work at Better Futures was challenging, but it has helped me a lot. I know how to manage myself to avoid anything like this happening again and feel much more hopeful about my future.

”

“

My mother told me to be honest about what happened, I didn't think I would be able to talk about it at all, but the worker at *Better Futures* had a way that just helped me to open up.

”

“

I guess at the time I didn't really understand what the problem was. Things like that had happened to me too and at the time I thought most kids knew about sex and that they were ok with what I was doing.

”



A trauma-informed growth empowered model

TIGER Pilot

In September 2017, we launched our Trauma Informed Growth and Empowered Recovery (*TIGER*) pilot, in London. *TIGER* focuses on trauma, and adopts an approach which empowers children, by coaching them and helping them regain a sense of agency.

Key components of *TIGER* are:

- promoting emotional regulation, and ensuring that *TIGER* workers support children to speak about traumatic events if they wish to
- re-empowering children and young people through expert coaching
- promoting recovery through a proven cognitive model of trauma
- supporting children to understand how abuse has affected the way that they think – which is important when adaptive behaviours have become maladaptive over time
- supporting parents and carers in strengthening their relationships to help enable positive, long-term change.

While we work directly with children where we can, we are aware that some children can have multiple professional networks around them, and can be mistrustful of professional support. In some cases, we have worked only with a parent or carer, in order to upskill them to provide support. This flexible approach characterises the *TIGER* philosophy; if a child has a relationship with a trusted adult, we can engage that adult as a conduit for our work (i.e. based on a team around the child approach).

Between service set up in September 2017 and March 2018, *TIGER* has worked with 38 people – 23 young people and 15 parents or carers.

To ensure we learn from this approach, *TIGER* will be evaluated by the Anna Freud Centre.

“

I'm happy to have the space to talk about difficult things, but also to think about my goals, and what changes I want to make and what I want to do in the future.

”

Chloe, young person

“

Thankful that you understand what my child has been through, I feel like I can talk openly to you where other people just judge me.

”

Alex, parent

“

TIGER is one of few services that offer both young people and family support in one package.

”

Practitioner

Case Study

Ayisha

Ayisha (13) was eight years old when she was removed from her mother, due to high level neglect, trauma and suspected sexual abuse. She was placed with her current foster carer, Amy, at the age of 10.

Ayisha and Amy were referred to *TIGER* due to concerns around Ayisha's potential exposure to sexual harm and the impact this had on her language and behaviour, including frequent missing episodes. Amy had a good relationship with Ayisha but felt out of her depth in relation to supporting some of her behaviours.

Ayisha was unwilling to engage with *TIGER*. However, concerns about her remained, and Amy was keen to access support.

Amy struggled to understand why Ayisha wouldn't engage with *TIGER*. We worked with

Amy to enable her to better understand Ayisha's trauma symptoms and support needs.

During the course of the work Amy gained greater empathy for Ayisha, and now understands why Ayisha was so reluctant to bring yet another professional into her life. Amy now has a better understanding of Ayisha and their relationship is much stronger. With the support of her *TIGER* worker, Amy was able to develop a safety plan with Ayisha. Ayisha has responded positively to her safety plan.

With arm's length support from *TIGER*, Ayisha has also become more open to expressing and exploring her feelings and traumatic memories with Amy, and Amy now understands that by the very nature of listening empathically to Ayisha, she is helping her wrap a narrative around traumatic memories and thus facilitating her recovery.



Developing and supporting a child-focused integrated response to CSA

Walsall CSA/E

Our Walsall CSA/E service was set up in July 2017, initially as a six month emergency, capacity-building, and safety-planning response to an ongoing police operation. At the time of set up, we anticipated that longer-term support would be required, and as this has proven to be the case, our work is still ongoing.

Our approach is based on evidence³⁴ suggesting that supporting sexually exploited young people and disrupting perpetrators are complex processes that require appropriate and co-ordinated interventions from a range of stakeholders.

In addition to undertaking trauma-informed direct work with children and young people, we also work in partnership with foster carers, and a range of statutory and non-statutory agencies, including health, housing, police, substance misuse services and children's services. We aim to improve capacity building and skills, in order to initiate wider systems change to further support children and young people where there are exploitation, abuse, or other safeguarding concerns.



Our work has involved:

Direct support for children and young people

- supporting children around disclosure and police investigation processes
- trauma-informed therapeutic interventions such as play therapy
- addressing sexual behaviour, coercive control, grooming and enforced peer-on-peer abuse
- safety planning
- work around managing feelings and behaviours and developing safe coping strategies
- building protective networks
- reducing the impact of trauma.

Additionally, we completed work with children to help them understand the processes they are involved in, and possible future timescales. As part of this, children were supported to complete 'victim support plans', to help ensure their voices are heard in relation to the processes they are involved in.

Carer support – we provided training and support to foster carers looking after children involved in the police investigation. The carers are employed by an independent fostering agency; all are new to fostering, with different levels of skills, expertise, and previous training. We delivered an evidence-informed 12-week specialist foster carer training programme, and supported with psycho-educative work around:

- understanding the impact of CSA
- understanding trauma-informed responses
- managing children's sexual behaviours
- managing missing episodes, and developing robust responses to these
- online safety.

We also supported carers emotionally – through one-to-one and group support sessions – to develop their resilience and confidence around caring, in order that they can best support children and young people who have

[34] Sharp-Jeffs, N., Coy, M. & Kelly, L. (2017) Key messages from research on child sexual exploitation: Multi-agency working. [Online] Available at https://www.csacentre.org.uk/index.cfm/_api/render/file/?method=inline&fileID=64A5B430-87FE-4B4D-822FE4A7954974EE.

experienced trauma, and alleviate the likelihood of further abuse or exploitation.

Workforce support and development work – we provided case consultation and supervision to the various workforces involved in the cases. This involved promoting understanding of the impact of abuse and trauma-informed practice; management of disclosures; team building; and, one-to-one and group support for allocated workers, to ameliorate the impact of vicarious trauma,³⁵ and help staff manage the challenges of working with victims of abuse.

Our work has provided opportunity to support children and young people affected by CSA in a more coordinated way than traditional service provision tends to provide for.

Since service set up, we have supported:

15 children

- all children received child-focused victim support plans which capture their voice in relation to their support needs, the legal process, and team around them

10 foster carers

- foster carers received our 12-week foster carer development programme, to help them understand the complexities of working with trauma, and develop their own resilience in relation to this

8 professionals

- professionals involved in the cases received support around employing trauma-informed case management responses; support to develop robust risk-assessments; and, support to develop strategies to manage the effects of vicarious trauma.

As a result of our work:

Children:

- demonstrate a better understanding of the care processes around them
- report increased agency

- report feeling that they are having their views heard and feelings taken into account
- experience a reduction in episodes of missing from home.

Carers:

- report increased knowledge in managing challenging behaviours
- evidence an increased understanding of harmful sexual behaviours
- evidence an increased understanding of trauma-informed responses
- report a reduction in displays of challenging behaviour by children.

Professionals:

- report that they have increased resilience in their role
- report having received improved access to best practice resources in CSA, CSE and HSB.



[35] Vicarious trauma is a process of change resulting from empathetic engagement with trauma survivors. Anyone who engages empathetically with survivors of traumatic incidents, torture, and material relating to their trauma is potentially affected. (www.bma.org.uk).



“

I thought it was helpful to have [Barnardo's] working with us as; although I think we are already child-focused it was helpful to have the support around that reminds us of the needs of the children. I think also that it's hard to work co-located with another service, your experience of multi-agency working helped to encourage that to go smoothly. I found it helpful being able to talk things over and mull things through that sometimes I didn't need an answer to or a way forward but needed to air it out.

”

Social Worker involved in Walsall
CSE/A provision

“

I valued Barnardo's as a safety net with the training and support offered... The support given was flexible; at times being twice-weekly, while at others easing off when less support was required.... At first we thought 'oh my god, they're going to sack us' if we voiced our fears or any concerns about the placement. No-one put any blame on us and we weren't seen as a failure.... The skills I have learnt are transferable to any children I care for in future.... Yes we can be foster carers but now we feel we are good foster carers. The role of a foster carer is not like it is on paper. We were able to explore the role, being analytical, self-critical and reflective.

”

Foster carer supported by Walsall CSE/A provision

Influencing wider policy and practice

In addition to our direct support work, we inform, influence and campaign on CSA and related issues locally, regionally and nationally.

Boys 2: Increasing opportunities for boys and young men to engage in support

In 2017-18, we received Home Office funding to develop *Boys 2*. With boys and young men as co-creators, *Boys 2* focused on identifying approaches to increase opportunities for boys and young men who have been abused to engage in support.³⁶

Boys 2 culminated in development of a workbook, co-produced with the boys and young men, and designed to be used by professionals supporting boys and young men considered to be at risk of CSE, in order to support them to move towards healthy adult relationships. The workbook focuses on areas that were highlighted in the research as key areas of targeted intervention and support to help reduce risk of CSE and other forms of exploitation.

An overarching theme from the *Boys 2* project is that relationships matter when engaging with boys and young men at risk of CSE. The boys involved in the project were clear that while they would engage in support to reduce risk and build resilience, they would only progress to engaging in direct intervention if a secure and trusted relationship had been formed, to allow them to feel safe enough to do so. It was important to the boys that they felt accepted by those offering support, and that there was an investment in workers getting to know them without the focus being on the concerns present.

[36] This work was informed by our previous research indicating that boys and young men impacted by CSA experience a number of barriers to being identified or disclosing abuse, and in accessing support services, and are under-represented in services supporting abuse victims, while over-represented within the criminal justice system.

Centre of expertise on Child Sexual Abuse

The Centre of Expertise on Child Sexual Abuse comprises a multi-disciplinary team, funded by the Home Office and hosted by Barnardo's. The Centre's aim is to create a future where children are able to live free from the threat and harm of sexual abuse, by radically improving how we prevent and respond to the issue through thorough understanding of its causes, scale, scope, and impact.

This is achieved through working closely with our key partners, to identify, generate and share high quality evidence of what works to prevent and tackle CSA, to inform policy and practice at both operational and strategic levels.

Over 2017-18 the Centre has continued to focus on building knowledge and understanding by:

- collating and analysing existing research, policy, practice and experiences of those affected, and filling identified gaps with new research, insights and analysis
- using that evidence and insight to challenge and improve existing policy and practice, develop new approaches, and increase knowledge and confidence in effectively tackling the issue.

A range of resources and reports are available at www.csacentre.org.uk.

Influencing government

Drawing on our service delivery experience and wider learning, throughout 2017-18, we have continued to provide evidence to government inquiries and consultations around CSA and related issues, across the nations of the UK. This has included:

- providing evidence to the UK government's Home Affairs Select Committee inquiry into *Policing for the Future* – we highlighted the particular needs around young people who display HSB, and the policing response they require
- contributing evidence to the Independent Inquiry into Child Sexual Abuse (IICSA) in England – we focused on the often negative and distressing experiences of children and young people involved in the criminal justice system in relation to CSA
- inputting into Department of Health guidance on CSA and Department for Education guidance on sexual violence and harassment in schools

- lobbying for the Department for Education guidance on HSB in schools to have a focus on viewing young people who display HSB as victims
- involvement in the Review of *All Wales Child Protection Practice and Protocols*, specifically, having representation on CSE and HSB task and finish groups, and also inputting in relation to criminal exploitation; online exploitation; and, trafficking.

In 2017-18, we launched a media campaign in England, along with a coalition of partners, to lobby the Criminal Injuries Compensation Authority (CICA) to change guidance accusing children who have experienced sexual exploitation of consenting to their own abuse. We strongly argued that no child can have ever consented to sexual abuse. The guidance was changed, which should ensure that child victims are not denied compensation on the mistaken grounds that they 'consented' to or complied with their abuse.

Wider learning about achieving Safer Childhoods

Domestic abuse and violence

In Scotland, we worked with Scottish Government officials and a variety of other stakeholders on the development of the Domestic Abuse (Scotland) Bill. Drawing heavily on experiences from our service base, alongside the wider research evidence base, we worked to ensure that the resulting legislation accurately reflects the way that women and children experience domestic abuse, and holds abusers to account for the harm their behaviours cause to both women and children. We noted two key issues:

- the proposed provisions did not fully reflect the harmful impact that domestic abuse can have on children – i.e. a child does not have to witness (e.g. be physically present for) domestic abuse in order to be adversely affected
- non-harassment orders were not able to protect children in domestic abuse situations, which often allows abusers to continue to abuse women and children, even after conviction.

Amendments were successfully introduced to address these issues.

Relationships and sex education

Over the course of 2017-18 we have fed into government consultations and guidance on healthy relationships education:

- in England, we carried out research with a small number of young people (including care leavers, young parents, and LGBT young people) accessing our services, to explore their views on what should be taught in relationships and sex education (RSE), and how it should be taught.³⁷ Our study adds to the existing knowledge on young people's needs and preferences in this regard, supplementing existing insight on the topics, and providing 'practice considerations' for RSE educators. The research report was submitted as evidence to the Department for Education consultation on what the new guidance for schools (upon introduction of statutory RSE in England in September 2019) should contain. As part of our work on RSE, three young people were invited to give their opinions on RSE to MPs in the UK Parliament
- in Wales, we were represented on the Welsh Government Sex and Relationships Education Expert Panel. The report from this work was produced in May 2017, with recommendations for statutory provision for healthy relationships education in the new curriculum. The curriculum has been reviewed, and work is currently ongoing to develop new content and structure.³⁸

“

To me, good quality RSE should be taught by a professional and explained in detail. They should also teach that it is ok to like the same sex or to like both males and females because in my opinion, young people will struggle to open up about this.³⁹

”

Libby, young person

National FGM Centre

Leading on the National Female Genital Mutilation (FGM) Centre,⁴⁰ we help prevent and support recovery from instances of child abuse linked to faith or belief. Our vision is to end new cases of FGM in the UK by 2030, and safeguard children from other harmful practices. In 2017-18, our funding was extended, and our remit was widened to include breast ironing/flattening and child abuse linked to faith or belief.

In 2017-18, in addition to our direct support, we shared learning through our **online knowledge hub**, consultancy, and practice development support.

We have developed FGM multi-agency referral pathways and child protection procedures, working towards transforming how cases are responded to. We have been involved in obtaining six Female Genital Mutilation Protection Orders (FGMPOs) – meaning we have been involved in more applications than any other children's charity.

Over 2017-18 we have made a concerted effort to focus on professional development and training. We partnered with the Sentencing Council to review the sentencing guidance on child cruelty, which includes FGM. Our input has led to a number of amendments being made. Over this period we delivered CPD-accredited FGM training to over 140 professionals.

[37] Barnardo's (2018) Involve us, respect us. [Online] Available at http://www.barnardos.org.uk/involve_us_respect_us_web.pdf.

[38] For further information, see: www.gov.wales/topics/educationandskills/publications/reports/future-of-the-sex-and-relationships-education-curriculum-in-wales/?lang=en.

[39] Evidence given by a young person supported by Barnardo's to a session in Parliament (15th November 2017) hosted by Sarah Champion MP and Maria Miller MP on what young people want RSE to include, and what it means to them.

[40] A partnership between Barnardo's and the Local Government Association (LGA), we work closely with key partners from local authorities, health, education, police, and the voluntary sector.

Strategic aim

Positive Futures



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Introduction

We want young people to achieve their full potential in life. We want to focus in particular on young people leaving care, helping them achieve what they want.

For some of the looked after children and young people we work with, what happened to them during childhood means they have been through significant and often traumatic experiences. Coming into and leaving the care system can be disruptive and may bring a sense of loss and instability.

Just under 100,000 children are looked after across the UK.⁴¹ While each of the four nations collect information on children leaving care slightly differently, the latest data available shows that over 40,000 children leave the care system every year.

Numbers of children leaving care each year, by nation

Rates of care leavers are not published.

37,720 England
as of 31 March 2017



5,653 Scotland
as of 31 July 2017



582 Northern Ireland
as of 31 March 2017



495 Wales
as of 31 March 2016



Based on our years of expertise working with children and young people in and leaving care we know they often have a range of support needs including:

- being involved in decisions about their care
- help with their physical or mental health
- consistency in relationships – particularly an adult they can trust
- help with transitioning to living on their own, including finding suitable accommodation

- support with entering and staying in education, employment and training
- support with parenting.

The majority of children who become looked after do so because they have been abused or neglected. However, they are not a homogenous group in terms of their experiences and needs. In 2017, we conducted an analysis of the profiles of children referred to our fostering services in England, which shows a diverse range of issues among those being referred, from having been a victim of sexual exploitation, to child trafficking.



Profile of Children referred to Barnardo's fostering services in England⁴²

We analysed referrals from a selection of local authorities in England in 2016.

Our report showed that 16 per cent of children referred were experiencing issues related to sexual exploitation, 17 per cent of children referred were unaccompanied asylum seekers or had been trafficked, and six per cent of referrals indicated harmful sexual behaviour.

As a result of the analysis we recommended that the needs of the most vulnerable children must be given priority, for example through provision of specialist services and higher intensity support for carers.

[41] CoramBAAF (2017) Looked after children, adoption & fostering statistics. [Online] Available at <https://corambaaf.org.uk/fostering-adoption/looked-after-children-adoption-fostering-statistics>.

[42] Barnardo's (2017) A profile of children referred to Barnardo's fostering services in England. [Online] Available at http://www.barnardos.org.uk/resources/research_and_publications/a-profile-of-children-referred-to-barnardos-fostering-service-in-england/publication-view.jsp?pid=PUB-3040. We analysed the characteristics of a sample of 1,482 children who were referred for foster placement (about 10 per cent of all the referrals we received in 2016), and did an in-depth analysis on 630 of them.

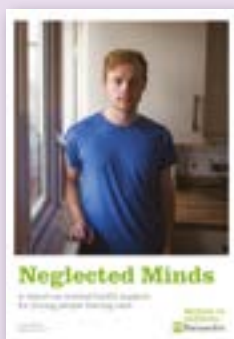
Wider research on the needs of children in care suggests that they are more likely than their non-care experienced peers to have a diagnosable mental health condition.⁴³ Placement moves and breakdowns can negatively impact their sense of identity and self-esteem, and their experience of, and access to, education and health services.⁴⁴ While research suggests that the majority of children in care experience 'overall' positive outcomes,⁴⁵ data indicates that care leavers are still less likely to be in education, employment or training, and more likely to be involved in the youth justice system, or experience homelessness and social isolation, than their non-care experienced peers.⁴⁶

Neglected Minds: our report on mental health support for younger people leaving care⁴⁷

There are stark differences in the rates of mental ill-health among looked after children compared to their non-care experienced peers.

In 2017, we conducted a small scale study⁴⁸ in some of our leaving care services in England and found that:

- 46 per cent of the care leaver cases which were reviewed as part of this research involved young people, who in the opinion of their personal adviser, had mental health needs
- a quarter of the case files involved a young person who had faced a mental health crisis since leaving care
- 65 per cent of young people whom workers identified as having mental health needs



were not currently receiving any statutory service

- professionals often do not have sufficient understanding of mental health and how to support young people
- the mental health services which are available are too inflexible to meet the specific needs of care leavers.

In 2017-18, we supported **3,200** young people leaving care, and **7,900** children in care, across a range of services. Of the care leavers we supported, 2,200 were supported through our Leaving Care services.

Of our service users:

- 22 per cent of looked after children and 26 per cent of care leavers we supported were recorded as having a disability
- 26 per cent of the female care leavers and 11 per cent of the male care leavers we supported were young parents.⁴⁹

[43] Bazalgette, L., Rahilly, T. and Trevelyan, G. (2015) Achieving emotional wellbeing for looked after children: a whole system approach. London: NSPCC.

[44] NICE (2015) Looked-after children and young people: public health guideline PH28. [Online] Available at <https://www.nice.org.uk/guidance/ph28/chapter/3-considerations#needs-of-looked-after-children-and-young-people>.

[45] Burch, K., Daru, J. and Taylor, V. (2018) Analysis of outcomes for children and young people 4 to 5 years after a final Care Order. Oxford: Institute of Public Care.

[46] Gypen, L., Vanderfaellie, J., De Maeyer, S., Belenger, L., & Van Holen, F. (2017) Outcomes of children who grew up in foster care: Systematic-review. Children and Youth Services Review, 76, 74-83.

[47] Barnardo's (2017) Neglected Minds. Barnardo's: Barkingside. Available online http://www.barnardos.org.uk/19222_neglect_minds_a_report_on_mental_health_2.pdf.

[48] This review took place between October 2016 and March 2017 in a sample of our services in England. Semi-structured interviews with staff were conducted across five services, and case file analysis of 274 care leavers who were supported by Barnardo's at the time of the study were drawn from two services (Derbyshire and Lincolnshire) which provide personal adviser support on behalf of the local authority. Personal advisers reviewed their current workload and provided data in answer to a number of questions.

[49] Parental status was not known for a proportion of care leavers accessing our services.

Lives to be proud of: Support for care-experienced young people – Merthyr Tydfil⁵⁰

In Wales, we consulted with 19 young people aged 19-25, to gain their views on the how we can effectively support this age group. The research focused on the role of Personal Advisers and Pathway Plans⁵¹ for 21-25 year olds, which the Welsh Government has agreed to provide for children leaving care up until the age of 25.

The findings show that the support available during this transition period needs to be

tailored to each individual and is likely to change at different points in the journey. In order of importance, young people said they wanted help with managing money, housing, filling in forms, and advice on where to go for more support finding a job.

In addition, support with making sure young people's voices are heard; attending appointments with a young person; independent living skills; and emotional support were reported to be important.

Rates of young people in education, employment and training

England

88 per cent of all young people aged 18-20 were in EET⁵²

88%

50%

compared to **50 per cent** of those leaving care aged 19-21⁵³

Scotland

91 per cent of all young people aged 16-19 were in EET⁵⁴

91%

28%

compared to **28 per cent** of those leaving care aged 19-21⁵⁵

Northern Ireland

Approximately **90 per cent** of 16-24 year olds in Northern Ireland were in EET⁵⁶

90%

61%

compared to **61 per cent** of those leaving care aged 19⁵⁷

Wales

84 per cent of all young people aged 16-24 were in EET⁵⁸

84%

57%

compared to **57 per cent** of those leaving care aged 19 aged 19-21⁵⁹

[50] Barnardo's Cymru (2018). 'Lives to be proud of.' How to support young people from Merthyr Tydfil after they have left care when they are aged 21-25.' [Manuscript unpublished]. 19 young people took part; 2 were 19 years old, the rest were over 21. Eleven filled in an online survey and eight participated in focus groups in Merthyr Tydfil.

[51] A Personal Adviser helps ensure every young person gets the right level of support according to their needs. A Pathway Plan details the support a young person needs (following a proper assessment) which covers many aspects of the care leaver's life from health and relationships to jobs and housing.

[52] ONS (2018) People aged 16 to 17, 18 to 20 and 21 to 24, not in education, employment or training (NEET) - JM18 [Online] Available at <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/adhocs/008482peopleaged16to1718to20and21to24notineducationemploymentortrainingneetjm18>. Note this was an ad-hoc data request, as routinely published participation figures cover 16-18 year olds in England only, and quarterly NEET statistics cover 16-24 year olds. This ad-hoc request presents the closest comparable age group.

[53] Department for Education (2017) Children looked after in England (including adoption) year ending 31 March 2017. Table F1. [Online] Available at <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2016-to-2017>.

[54] Skills Development Scotland (2017) Annual Participation Measure for 16 – 19 year olds in Scotland 2017 [Online] Available at https://www.skillsdevelopmentscotland.co.uk/media/43580/2017_annual-participation-measure-report-29th-august-2017.pdf.

[55] Scottish Government (2018) Children's Social Work Statistics 2016/17. Edinburgh: Scottish Government. Note this is a measure of those young people eligible for aftercare services. The economic activity of 16% was not known, and 26% were not receiving aftercare services.

[56] NISRA (2018) Quarterly Supplement to the Labour Market Report January to March 2018. [Online] Available at <https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Quarterly-Supplement-to-the-Labour-Market-Report-JM18.PDF>. Based on the figure 10.2% of 16-24 year olds in Northern Ireland were NEET in this reporting period.

[57] Department of Health NI (2018) Northern Ireland Care Leavers 2016/17. Belfast: Department of Health.

[58] StatsWales (2018) Participation of young people in education and the labour market: Year end 2016 and 2017 (provisional) [Online] Available at <https://gov.wales/docs/statistics/2018/180726-participation-young-people-education-labour-market-2016-2017-provisional-en.pdf>. Based on 16.2% of 19-24 year olds NEET in 2017 (provisional).

[59] StatsWales (2016) Care leavers on their 19th birthday during year ending 31 March by local authority and activity [Online] Available at <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/Care-Leavers-at-19th-Birthday/care-leavers-at-19th-birthday-careleaversontheir19thbirthdayduringyearending31march-by-localauthority-activity>.

Our overall objectives for Children In and Leaving Care

Barnardo's plans to transform the care journey so that outcomes for young people who have been in care are improved.

We recognise that many improvements can be made while children are still in care, which is why we are focusing on the whole journey rather than just at the stage of leaving care.

Our priority is to reduce the gap between the proportion of care-experienced and non-care experienced young people in Education, Employment and Training (EET) (at 19-21 years old), as we believe this is an important imbalance to address and is symptomatic of the challenges children in and leaving care have to face compared to their peers. Doing this means making systemic changes, for example to the number and quality of opportunities available, and to the support available to children in and leaving care.

Our approaches

We have services throughout the UK supporting looked after children and young people and those leaving the care system. We also have a network of Independent Visitors who volunteer to be there as a constant support to children in care, and can help them get involved in activities they enjoy or just be there to listen in times of need.

Our support for children leaving care includes services such as advocacy; help with accommodation; mental health & wellbeing support; and employment, training and skills. We help care leavers make the transition from care to living on their own.

Outcomes

In this section we provide examples of our work in improving the care journey, providing housing support to care leavers and supporting those leaving care in accessing education, employment and training to demonstrate our impact in 2017-18.

Improving the Care Journey

Supporting our foster carers

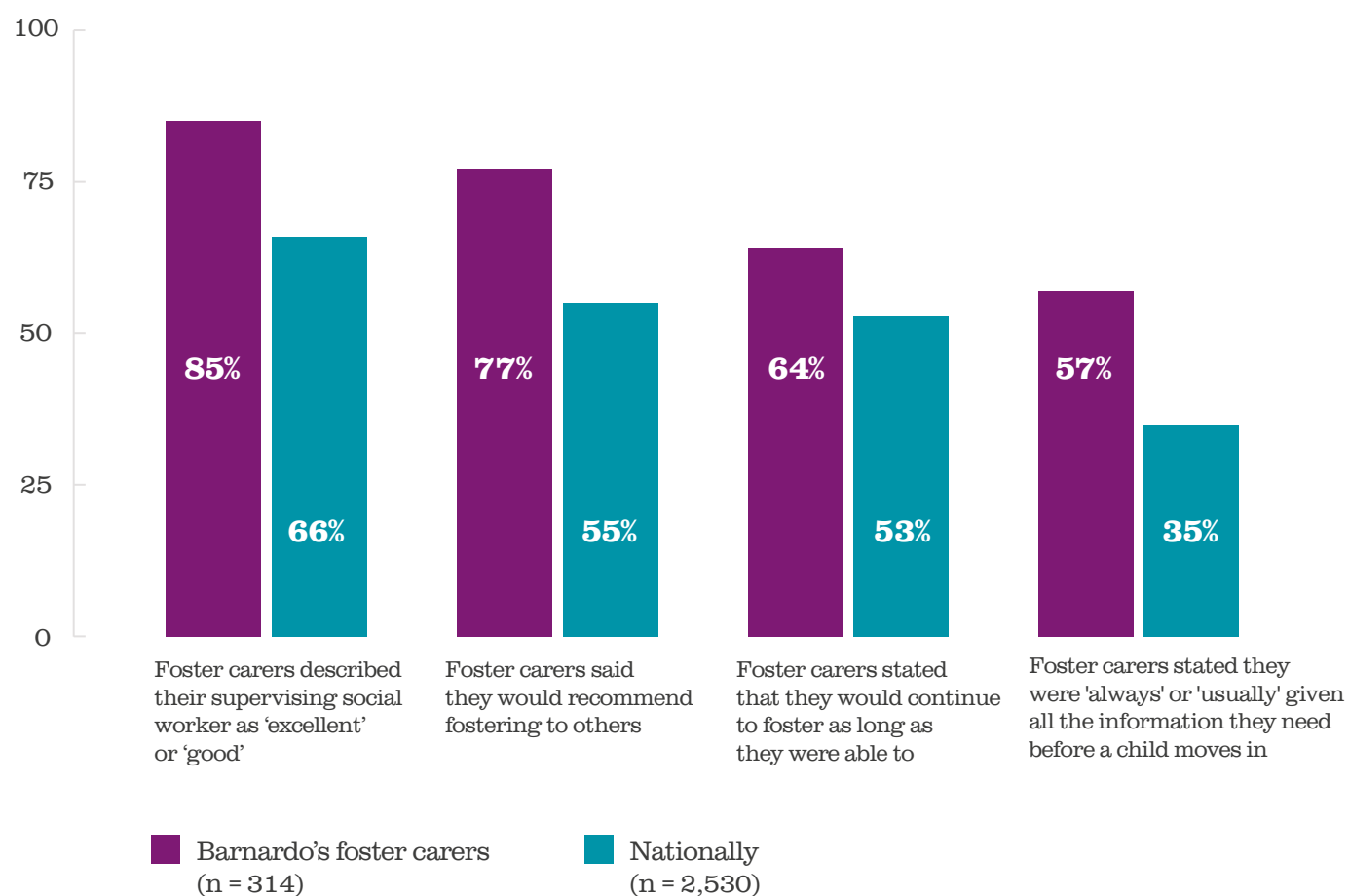
As the majority of looked after children are in foster care, choosing suitable matches and supporting foster carers can be important components of achieving stable and successful placements for children in care.⁶⁰

Our annual foster carer survey allows us to compare the experiences of Barnardo's foster carers with the experiences of other foster carers, using the Fostering Network's 'State of the Nation's Foster Care' 2016 survey.⁶¹



[60] Baginsky, M., Gorin, S. & Sands, C. (2017) The fostering system in England: an evidence review. King's College London/ Quest Research and Evaluation Ltd. [Online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/629383/The_fostering_system_in_England_Evidence_review.pdf.

[61] Lawson, K and Cann, R (2017). State of the Nation's Foster Care 2016: what foster carers think and feel about fostering. London: The Fostering Network. [Online] Available online at <https://www.thefosteringnetwork.org.uk/sites/www.fostering.net/files/content/stateofthenationsfostercare2016.pdf>.

Figure 7: Foster carer satisfaction survey, 2017⁶²

[62] Barnardo's (2017) Barnardo's foster carer survey [Unpublished manuscript]. 314 foster carers completed the survey in December 2017, representing the views of 54 per cent of Barnardo's foster carers.



Case Study

Joel

Joel struggled with his emotional wellbeing and was placed into foster care when he was 14 years old. He had anger management issues and found it difficult to maintain a healthy relationship with his family.

Joel reflects that his behaviour was anti-social and he had gone “off the rails”. He ended up staying at friends’ houses, and even in a garden shed, before being placed in secure accommodation and then a care home.

Joel was referred to Thomas House, where his worker provided therapeutic and emotional support, and taught Joel important life-skills including budgeting, cooking and shopping. They introduced him to new activities, such as sailing, which provided a massive boost to his self-confidence and self-esteem, and supported him to adopt a healthier lifestyle through exercise. Joel was encouraged to address the issues behind his behaviour, and the number of outbursts subsequently decreased.

At the age of 20, Joel enrolled on an apprenticeship and will shortly move into supported accommodation, although he will still receive regular home visits and ongoing support from Barnardo’s.

“
Life had been rocky
ever since I was
young. I was wild...I
didn’t care about
anything...
Barnardo’s gave me a
place to find my feet
and start to realise
who I am.

“
The staff respected
me as a person...
I didn’t feel like I
was being punished
anymore. It’s the way
they spoke to me, the
positive energy and
the positive thoughts.
They were impartial
and non-judgmental...
It felt like a family.

“
It’s changed me
in every way. I’ve
learned to be more
responsible and more
mature, to weigh up
the pros and cons
and think about the
consequences of my
actions.

Improving Housing for Care Leavers

Young people in supported lodgings

Our supported lodgings services offer accommodation for young people leaving care or facing homelessness, in a number of areas across the UK. In supported lodgings placements, young people are encouraged to learn essential skills in a safe environment, to help them on their way to living independently.

Our staff use Triangle Consulting's 'Young Person's Star' to agree what level of need a young person may be at, across eight domains.⁶³

The graph shows the outcomes for young people in our supported lodgings services where two or more Star readings were recorded.

Most young people in our supported lodgings services need support because they were homeless/temporarily housed (51 per cent), are leaving care (40 per cent), or are refugee/seeking asylum (25 per cent).

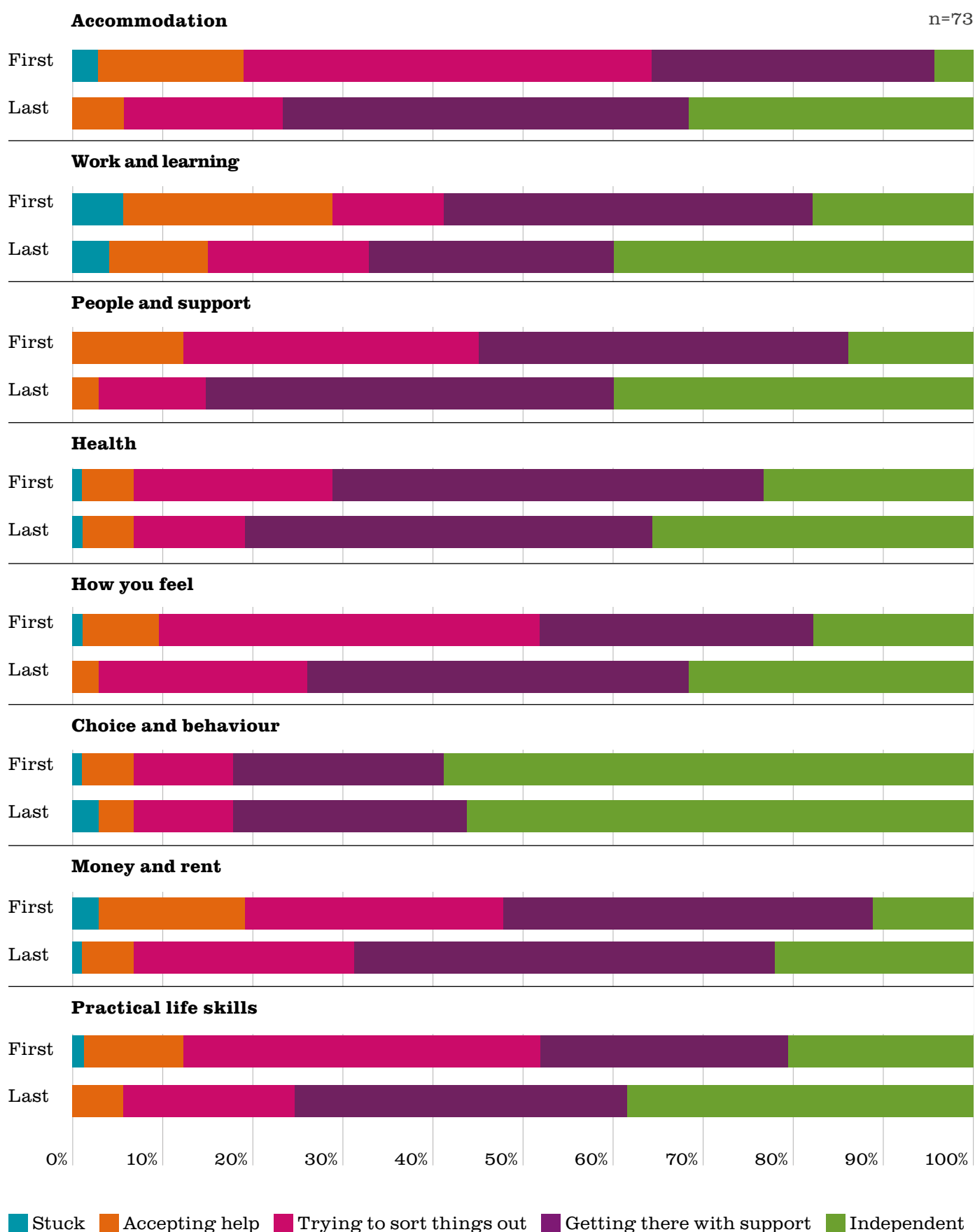
Key findings:

- All 73 young people with two or more Star readings recorded an improvement from first to last Star across all eight domains
- At the time of first Star reading, young people felt they needed the most help with 'Money & rent' and 'Accommodation' (average reading of 3.3 for each area). By the last Star recording, this had improved for both domains
- Of the eight domains, the most noticeable average improvement was in 'Practical life skills', which saw a 30 per cent improvement from first to last Star reading (from 3.4 to 4.4).



[63] These are measured on a scale from young people feeling 'stuck' – where they need lots of support and guidance, to 'independent' – where they are confident and capable, and need little, if any, extra help.

Figure 8: Outcomes for young people in Barnardo's supported lodgings services, 2017-18



Employment, training and skills (ETS) support for looked after children and care leavers

ETS Discovering Your Potential: Care Leaver Employability Programme in Scotland

In 2017-18, in Scotland, we piloted a unique programme of employability support for care experienced young people aged 16-29, to help them achieve positive destinations and close the attainment gap with their non-care experienced peers.

Working in partnership with Action for Children and the Princes Trust, in 2017-18, we aimed to support 270 care experienced young people by providing:

- Up to a year of flexible, tailored, intensive support for 150 young people
- Princes Trust Team programme for 120 young people seeking a personal development opportunity.

We also offered support to increase resilience, ensuring each young person was supported and developed in their journey towards sustained employment, education or training.

In 2017-18, we successfully engaged with a total of 316 young people between the Team programme and intensive support – the Team programme has reached 166 young people across 15 local authority areas.

Evidence shows that the majority of young people are sustaining participation, with those who drop out having the opportunity to re-join at a later stage, and we have successfully re-engaged with most of those young people who had previously dropped out. At the interim stage⁶⁴ 90 of the 316 young people had moved into education, employment or training.

Professionals delivering the service are keen to highlight the positive impact that having a trusted professional has on the chances that young people coming through the programme participate, sustain, and achieve where they might otherwise have given up.

Influencing wider policy and practice

We promote the role that independent fostering agencies such as ourselves play in providing high quality placements for some of the most vulnerable children and young people. Our work has helped raise the importance of getting the correct placement for a child. The findings from our report on the profile of children referred to our fostering services have been used to contribute to recent debates about the future of fostering in England, including the Government's independent review *Foster Care in England* and the Education Select committee's report on the same subject.

The Scottish Government have prioritised supporting young people from groups that are under-represented in employment and in accessing apprenticeships. This is enshrined in the Youth Employment strategy *Developing the Young Workforce*.⁶⁵ We met regularly with government officials to look at possible solutions to supporting care-experienced young people into employment. The government were keen to explore a partnership approach, recognising that Barnardo's, Princes Trust and Action for Children were working closely through our programme 'Discovering Your Potential'. We were able to demonstrate that we could deliver this partnership approach at scale and implement it quickly. As a result we gained approval to pilot our multi-agency approach in 2017-18. We have consequently secured funding for a second year to deliver the unique pilot to care-experienced young people, and will continue to advocate for system-wide changes to improve outcomes for these young people.

[64] As this is a year-long programme, the final figures won't be known until 30th September 2018, however we are on track to achieve the target outcomes.

[65] Scottish Government (2014) *Developing the Young Workforce - Scotland's Youth Employment Strategy*. [Online] Available online at <http://www.gov.scot/Resource/0046/00466386.pdf>.

Wider learning about achieving Positive Futures

Employment, training and skills

Barnardo's employment, training and skills (ETS) services also equip young people with the skills, confidence and ambition to find work and pursue a career.

ETS (Employment, Training & Skills) On Track Project in Basingstoke & Birmingham

Since 2016, we have partnered with Santander to transform the lives of unemployed young people across the UK, with a particular focus on those with learning difficulties, young people with mental health issues, and care leavers. Together, we established two *On Track* services in Basingstoke and Birmingham.

In 2017-18, we ran 16 flagship employability activities with local employers, and delivered over 600 hours of one-to-one coaching and group skills sessions. Employability activities included a four-week 'Young Women in Business' course in Birmingham, focusing on positive self-image, career and life goals, and interview skills techniques.

117 young people commenced the programme, with 100 progressing into a positive destination, of which 79 have stayed in their role for over 12 weeks.

We conducted an internal cost-benefit analysis of our *On Track* support, and found that for every £1 of investment, the benefit to the government and the wider economy is between £1.90 to £2.40.⁶⁶ This is likely to represent a significant underestimate given the assumptions and approach taken. The benefits pertain to young people getting and keeping a job, including volunteering roles.

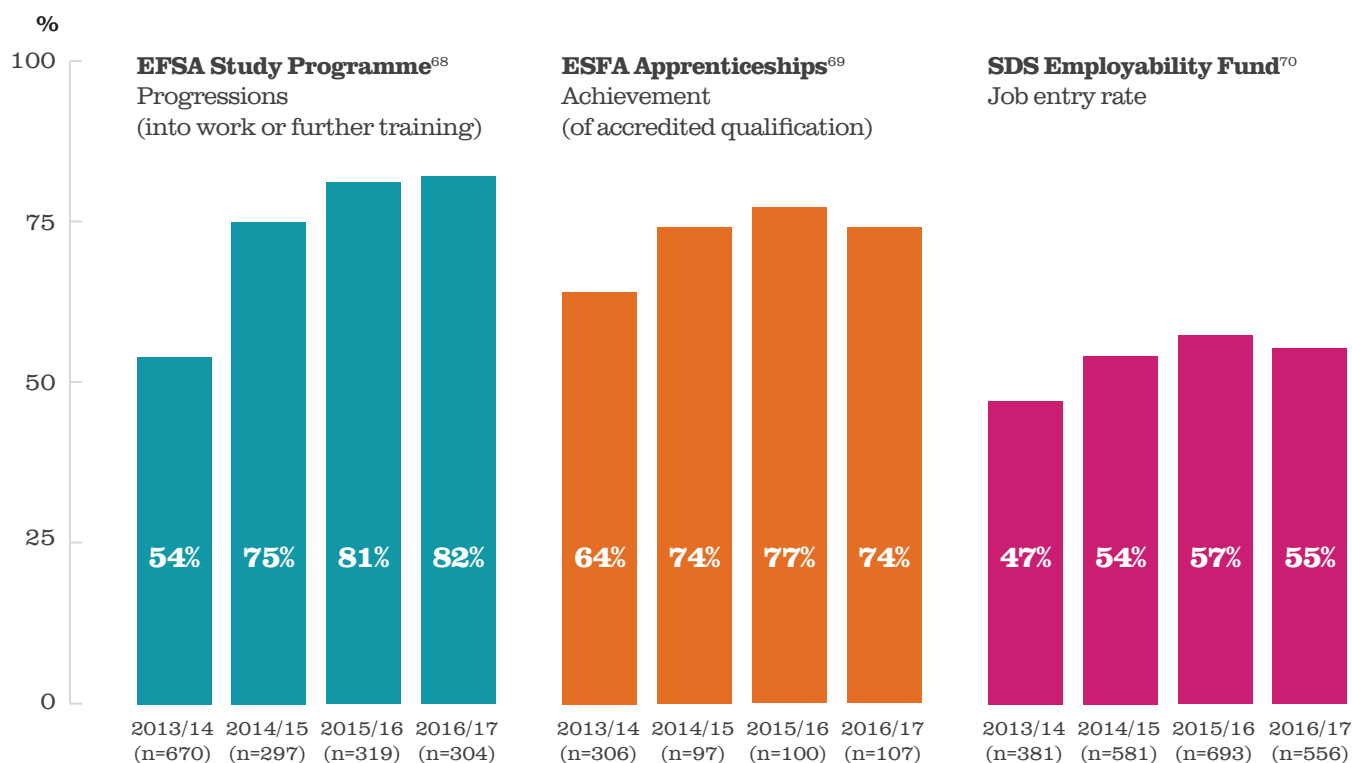


[66] Barnardo's (2017) *On Track* project annual report [Unpublished manuscript].

Barnardo's ETS services

Between 2013/14 and 2016/17 we have seen considerable growth in success rates across our Study Programme, Apprenticeship, and Employability Fund provision. In 2017-18, 375 young people commenced our Skills Development Scotland (SDS) Employability Fund provision. The job entry rate was 60 per cent.⁶⁷

Figure 9: Our ETS Success Rates 2013/14-2016/17



[67] Due to the nature of the contracts, data for the Employability Fund is available for 2017-18, but data for Study Programme and Apprenticeships for 2017-18 will only be available from January 2019.

[68] Study Programme is an alternative education programme for young people aged 16-19, most have left mainstream education with little or no qualifications and are not in education, employment or training (NEET). The programme provides work experience, maths and English and a vocational qualification. Positive destinations include a job, an apprenticeship or further education.

[69] Apprenticeships provide a real job with real training for young people and are an ideal progression route from other ETS programmes.

[70] Employability Fund supports young people in Scotland who are NEET and includes a work placement and a recognised accredited qualification – the certificate of work readiness. The outcome for the young person is a job or a Modern Apprenticeship.



Building our Capabilities to Deliver Greater Impact

Our corporate strategy set out our ambition for better outcomes for more children. To achieve our new ambition, we must be proactive, efficient, and forward-thinking. We aim to do this by becoming a digital, diverse, learning organisation, so we are even better equipped to reach and support more vulnerable children.

Digital

By making the best use of digital technology and communications in all aspects of our work, we aim to reach out to and support more vulnerable children.

We are developing new approaches to meeting needs, based on service design principles.

Examples include our work on:

- Piloting a new service to provide care leavers with resources, tools and support to become more self sufficient
- Piloting a new service to connect foster children online and build resilience
- Discovery of what constitutes safe spaces online
- Discovery of young people's attitudes and expectations of mental health related technology.

Diverse

We make sure equality, diversity and inclusion run through everything we do – from the way we support people, to who comes to work or volunteer for us. We aim to make the services we offer as accessible and inclusive as possible.

- 23 per cent (49,900) of our service users in 2017-18 were BAME^[71] – Staff declaration as BAME at end of March 2018 was 9 per cent,
- 11 per cent (14,500) of our service users in 2017-18 were recorded as having a disability^[72] – Staff declaration of having a disability at end of March 2018 was 4 per cent,
- We worked with over 1,500 children and young people with disabilities and their families through the 'Independent Support Programme' working with partners in 16 local authorities in the West, as well as the service also being delivered in the East and London.
- LGBT Youth awareness training designed in partnership with LGBT Youth Scotland has been delivered to over 300 staff across the organisation. Feedback from managers has highlighted the benefit of a team culture that means that the needs of LGBT staff and young people are recognised within policy reviews and service and building design.

Learning

Learning from our experiences in delivering services across the UK will help to improve our support and impact. We are taking every opportunity to find new ways – and the best ways – to support more children and have a greater impact

- In 2017-18, 89 per cent of our eligible staff were recorded as achieving at least three days learning. We shared new evidence and research with our staff through digital channels and online communities. We also

[71] Where ethnicity was recorded. BAME includes Black, Asian, Mixed and Other Minority Ethnic Backgrounds.

[72] Where disability status was recorded.

ensured that potential benefits of research with our service users outweigh the risks of harm through Barnardo's Research Ethics Committee (BREC)

- We have launched a new Talent Management Initiative for staff consisting of two programmes; one will include a focus on staff Mental Health and Wellbeing, training managers to support the mental health and wellbeing of their teams both for their own benefit and that of the young people we work with. The second, our 'Emerging Leaders Programme' is aimed at developing leadership potential within Barnardo's
- We are expanding the range of learning opportunities for the children and young people we work with to support them to develop their skills and fulfil their potential.

Volunteers in our shops

Volunteers play a vital role in our work. Our retail

operation has 11,532 volunteers who give 56,168 hours (or 8,024 days) of their time to support our stores, helping fund our front-line work with children.

We have diversified our volunteer base through exploring the range of motivations and aspirations of volunteers, whether that is the achievement of the Duke of Edinburgh Award, a desire to contribute to the community or a personal affinity with the work of Barnardo's.

Barnardo's Retail provides a variety of positive outcomes such as learning vital skills and gaining the confidence to work towards paid employment. Indeed, in 2017-18, 25 per cent of our retail volunteers left because they gained paid employment.⁷³ Job seeking volunteers have regularly reported that giving their time at a Barnardo's store has improved self-esteem, and communication skills, as well as developing team-working, problem-solving, organisational, and numeracy skills.



[73] Taken from 263 respondents from our Leavers Survey.



Case Study

Jordan

Jordan was 16 years old, and due to an emergency situation, her family had to move suddenly and this meant Jordan was living in a very remote area over 200 miles from the life she knew, her school and friends.

It was a traumatic time for Jordan and she missed out on her exams due to it. Jordan joined an employability project as part of the Barnardo's Works programme and was on a placement in the local Retail Store to introduce and develop employability skills. Jordan was quite withdrawn at the start of the placement and never initiated a conversation.

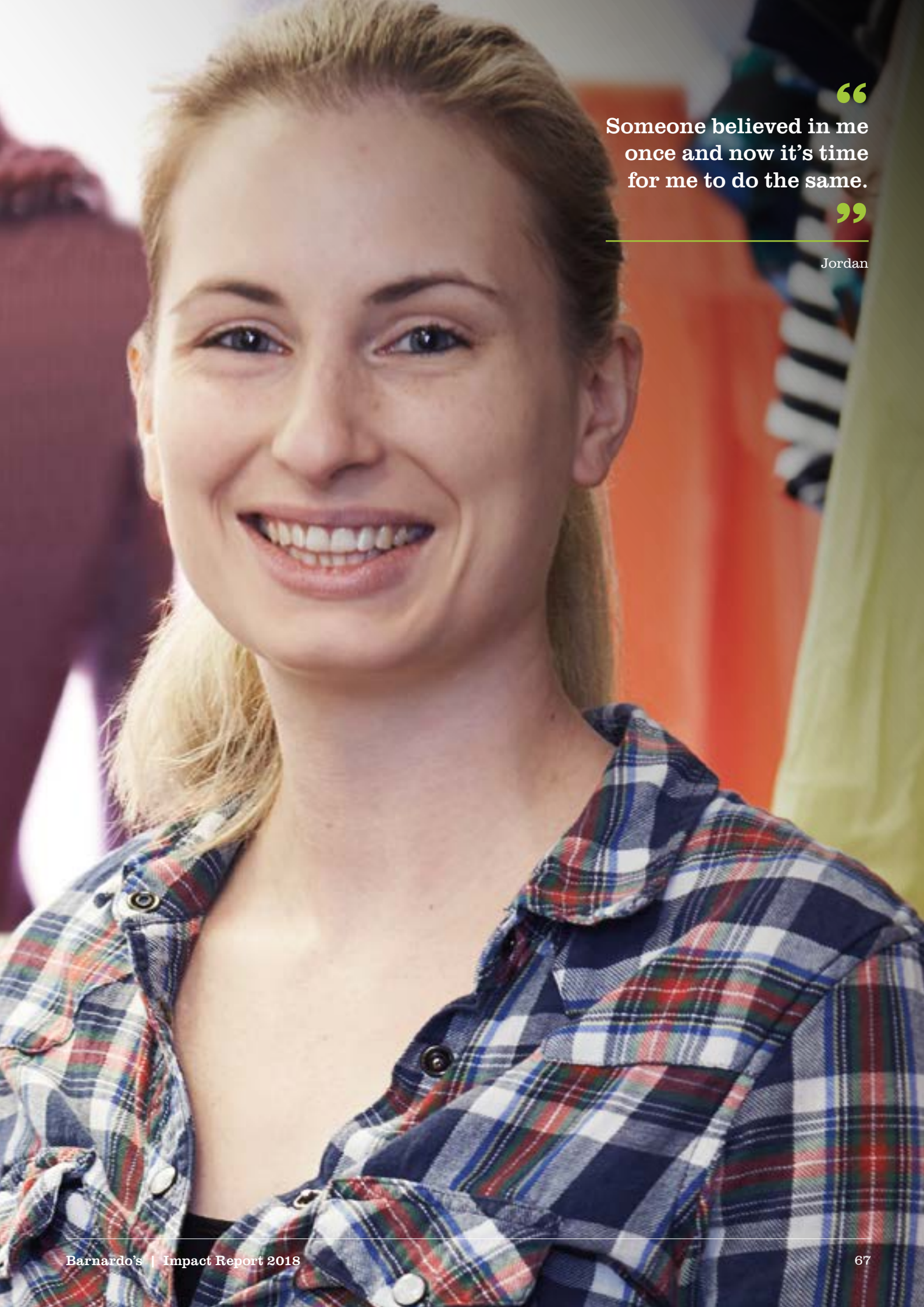
The store manager spent extra time with her and showed her that they all believed in her. Jordan was extremely creative, which resulted in her being given the task of creating window

displays and merchandising areas in the store. As her confidence grew, Jordan took on increased responsibility in the store. When her placement drew to a close she continued to volunteer five days a week in the store.

In March 2016 a vacancy for part-time Store Associate arose. Jordan applied and was successfully recruited. She continued to work as Store Associate but was so keen to develop that she also volunteered (unpaid) in the store for a further day or two each week.

In July 2017 Jordan became the Seconded Store Manager of the store, managing 27 volunteers and two paid staff.

At our 2017-18 Retail Roadshow for Scotland and Ireland, Jordan won an award for all her hard work. Jordan and her store team have also won numerous local customer service awards.



“
Someone believed in me
once and now it’s time
for me to do the same.
”

Jordan

Listening to children

We believe that participation is a value of Barnardo's and participatory practice is integral to our way of working. Listening to and supporting young people to have a say in decisions that affect their lives is also an essential principle that should be applied to all arenas – from homes to government, from local to national levels. We aim to:

- increase our accountability to children and young people
- enable children and young people's voices to be heard within Barnardo's, their communities and beyond on issues that affect them
- enable children and young people's views to influence the design, implementation and monitoring of our programmes
- ensure that children and young people are able to comment on and influence the decisions that shape the organisation's governance, strategic directions and advance its purpose
- ensure that participatory practice is built in, not bolted on.

Cumbria Summit

The 2017 Cumbria Summit was designed to facilitate young people meeting with key decision makers in the County, to share their experiences of what it is like to be a child living in Cumbria.

A survey, gathering the views of children aged eight to 12 at the Summit, allowed them to share their views and experiences. Over 6,000 children responded.

This important insight from young people has been used in service design and planning across Cumbria, including informing a Heritage Lottery Fund bid for South Lakeland where children are designing and evaluating the bid activities.



Strategic partnering

We are developing our approach to strategic partnering to enable us to achieve transformational systems-level change, improving outcomes for more children, in line with our corporate strategy. We are currently involved in around 50 alliances across our regions and nations with local authorities, NHS trusts, police forces, other charities and partners from other sectors. We are developing frameworks to enable us to capture learning on the impact of our partnerships on children, young people and families.

Collective Impact

One of the aims of Collective Impact was to build the capacity of practitioners to support the social and emotional wellbeing of young people. The Community Resilience Programme is a professional development programme for people working with 8-14 year olds and their families in North Belfast and Antrim. This programme was a key element of Northern Ireland's Collective Impact work.



The two main aims of the programme were:

- building the capacity of practitioners to support young people's resilience
- facilitating collaboration between participating organisations.

In order to measure improvement in collaboration among participating organisations before and after the year-long programme, a survey and a level of collaboration scale was adapted from existing models and instruments.⁷⁴

“

The programme not only equipped me to help young people build resilience but showed me how communities can and need to work together to help those in need. I enjoyed swapping experiences, stories and gained invaluable contacts with others in the field.

”

Participant, Action Mental Health

Twelve out of 26 participating organisations completed both questionnaires. These consisted of three primary schools, one post primary school and eight youth and community groups. Findings indicated that as a result of the Community Resilience Programme:

- 80 per cent increased the sharing of knowledge and practice
- 80 per cent felt there was increased willingness to work together to build resilience
- 70 per cent felt better connected to each other
- 60 per cent had regular opportunities to meet
- 50 per cent were currently working collaboratively to build resilience.

An additional evaluation will also be carried out to measure the capacity-building element of the programme and the impact that it has had on practice.

[74] Borden, L.M. & Perkins, D.F. (1999) Assessing your collaboration: a self-assessment tool. *Journal of Extension*, 37(2).

Emerging Vulnerabilities

Over 2017-18 we have increasingly found ourselves working alongside children experiencing a range of vulnerabilities, and experiencing a range of – often interconnected – issues. This has led us to recognise there are complex interactions between various types of exploitation and abuse and other childhood experiences. Most recently, for example, in a survey of our front-line service managers representing over 370 services, almost 60 per cent of those who responded said that they had supported young people involved in criminal activity over the last year. Approximately 75 per cent of those said that they thought the young people may have been coerced, or manipulated into criminal activity, and around 60 per cent said that in their experience, criminal exploitation also involved sexual abuse.

While it is important to have clear priorities, we also ensure that we are continuously looking out for new or changing issues affecting children and young people, to ensure that they can be appropriately supported.

Next Steps

We are focusing our resources on increasing our understanding and improving our approaches to the core priority area objectives in Mental Health and Wellbeing, Child Sexual Abuse and Children In and Leaving Care. We are doing this through analysis of the research evidence base, and taking into account views of children and young people, practice issues identified across our services, and views and experience of our partners and subject matter experts.

Adopting a service design approach, we have begun to:

- undertake a programme of ‘discovery’ in a number of areas we have identified as priorities for our CSA work, which are either based on existing evidence, or have a clear rationale for emerging areas of practice where evidence does not yet exist
- develop a place-based whole-systems approach to ‘discovery’ within strategic partnerships for Mental Health and Wellbeing, and Children In and Leaving Care to ultimately help us improve practice, campaign for policy change, or develop new integrated sustainable services.

In the Core Priority Areas we have started to develop the key outcomes we want to affect for children, young people, and families in order to achieve Stronger Families, Safer Childhoods, and Positive Futures. Our aim is to work alongside commissioners and others to develop a shared understanding of how we can best evidence the changes for the children and young people we support. We also want to be able to bring our data together so we can learn what works across different models of support for different groups of children. We plan to test and pilot this approach during 2018-19, before considering roll-out across other services.

We are also rolling out trauma-informed training across our services so that all our staff are confident in understanding and addressing trauma.

We will continue to share learning on what works and why, so that we can develop our workforce, expand good practice, and ensure that our resources are allocated to create greater impact for children and young people.



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