



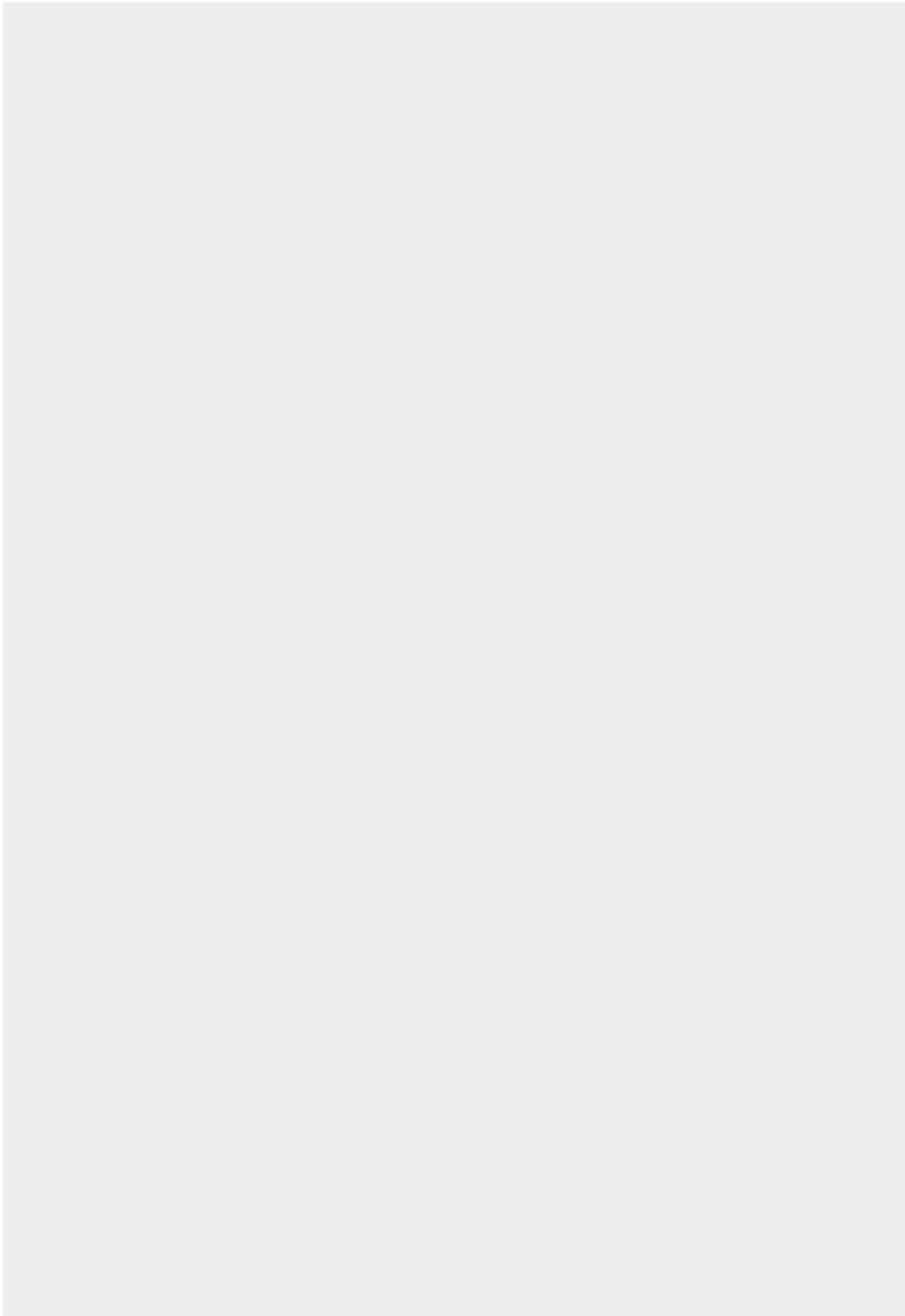
Impact Report 2018

Supporting more than ever before

Summary Report

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 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.

What this report doesn't show are the relationships that have been built. Relationships are key to everything. Whilst it's great to see the big impacts, people shouldn't be discouraged from starting small and making steps in the right direction. What being part of Barnardo's has done for me is help me to feel heard and valued.

Sonny, involved in Boys 2 Research Project

Chief Executive's Statement

Better outcomes for more children



In our fourth annual Impact Report, 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.

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.

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

“

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

”

Javed Khan, Chief Executive



Introduction

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.

To create better outcomes for more children and families, our work is focused on three aims:



-  **Stronger Families**
-  **Safer Childhoods**
-  **Positive Futures**

We know that for the most vulnerable children there are often 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

Measuring the impact we're having through our service delivery is key to understanding the difference we are making to the children 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.

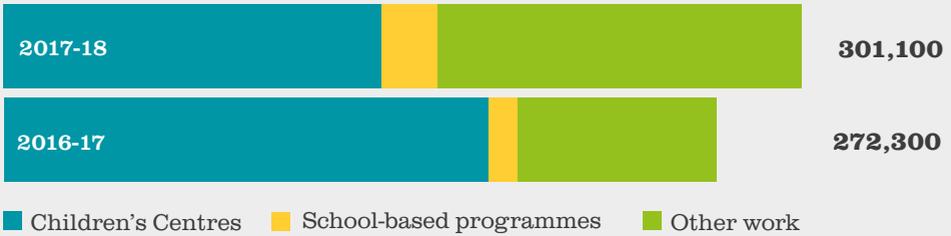
In this report, we include case studies of how our support has made a difference for individual young people. Alongside these powerful stories we also refer to the various tools we currently use to measure and report impact across cohorts of children and young people in our services.

This report is a summary of our impact report.

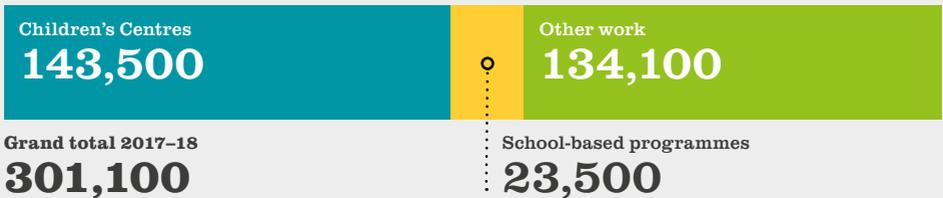
Our reach in 2017-18

At the end of 2017-18 we were running over 1,000 services in communities across the UK, and had 701 shops, 8,091 employees, and over 22,000 volunteers helping support our vital work.

In 2017-18, we worked with 301,100 children, young people, parents and carers, an eleven per cent increase from the 272,300 we worked with in 2016-17.



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

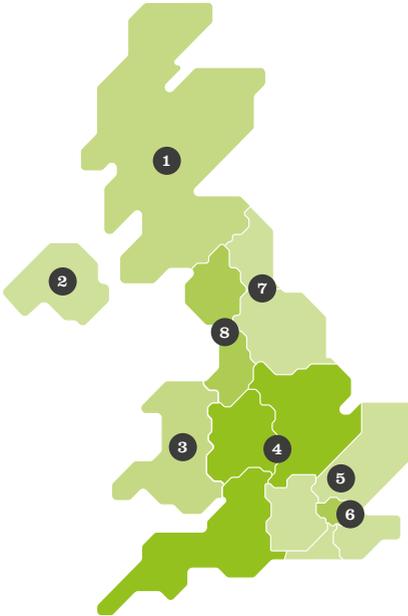


In total, we provided support to over **163,000** children and young people, and over **123,000** parents and carers¹.



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

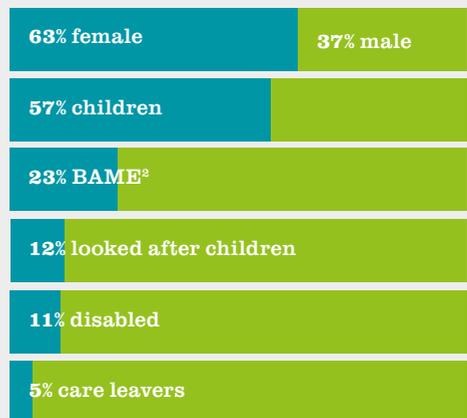
Service user count by region/nation



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

- We supported **32,200** children, young people, parents and carers through our **Mental Health** services. This included **23,500** children supported through our **school-based programmes**, aimed at improving emotional health and wellbeing.
- We supported **6,500** people through our **Child Abuse and Exploitation** services, including **3,300** people through our **Child Sexual Exploitation** services.
- We supported **4,700** people in our **Leaving Care/Accommodation Support** services.

Characteristics of those we supported in 2017-18



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

Mental Health and Wellbeing

Many of the children, young people and families we support need help with their mental health and wellbeing.

Some of the children Barnardo's works with may need tailored help with their mental health, including looked after children, those with a learning disability, those with a chronic physical health condition, young carers, children living in poverty, young offenders, those not in employment, education or training (NEET), ethnic minority groups, Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) young people, young parents, and those with experience of adverse childhood experiences.³

[3] 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>.

Objectives

We aim 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 agents for systems change, focusing 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.

Approach

Our services support the mental health and wellbeing of children within their families, schools, and communities. 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?'

Outcomes

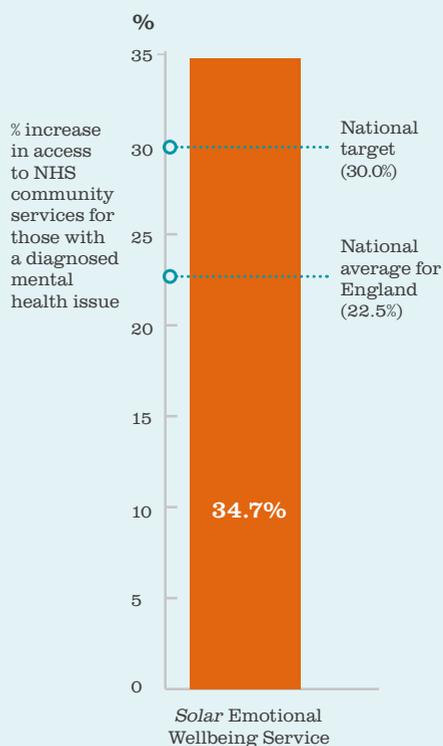
Our *Solar* service, provided in partnership with Birmingham and Solihull Mental Health NHS Foundation Trust and Autism West Midlands, was set up to deliver timely access to appropriate support in line with children and young people’s needs, rather than being bound by thresholds or tiers.

Solar aims 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.

- 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 outcomes measures
- The service played a significant role influencing the NHS on Child and Adolescent Mental Health Services delivery
- Waiting times upwards of 12 months were reduced to less than three months for most interventions.

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.

Mental Health Service % increase in Access Rates





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 we 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 is 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.

Child Sexual Abuse

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

Sexual abuse can result in children and young people experiencing debilitating levels of trauma, which can have both an immediate and long-lasting impact. It cannot be assumed that children have the power, and emotional and material resources to alter or control a perpetrator's behaviour, and therefore all children must be considered susceptible to risk of sexual abuse.

Objectives

We aim to:

- disrupt and prevent child sexual abuse (CSA)
- identify children and young people impacted by CSA
- improve outcomes for children and young people impacted by CSA.

Approach

We draw upon a wide range of theoretical perspectives in order to tackle both the causes and symptoms of the range of abuse and exploitation that children and young people experience, in order to provide comprehensive support.

Our increasing recognition of interlinked factors influences how we understand and respond to safeguarding issues. We increasingly focus our work on a 'whole child' approach, and not simply on one aspect such as child sexual abuse or harmful sexual behaviours (HSB).

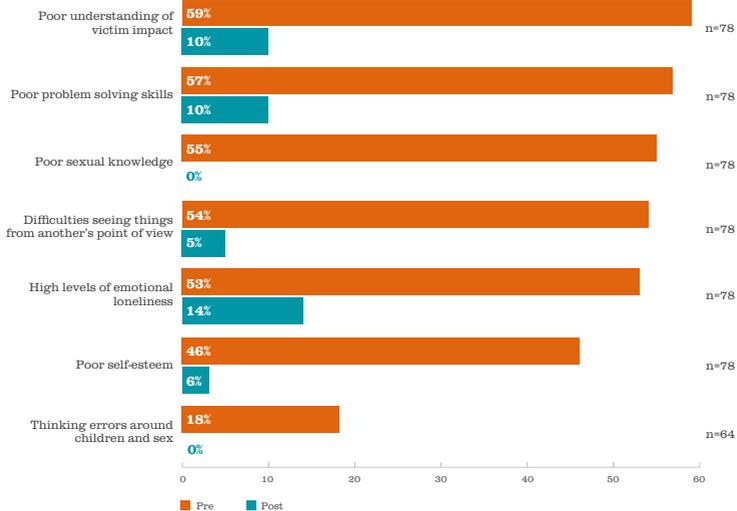
Outcomes

Our *Better Futures* service in Wales draws together our child sexual exploitation (CSE) and harmful sexual behaviour (HSB) provision, in order to provide a joined-up response for children and young people with histories of sexual harm. In our work with children who display harmful sexual behaviours, we are particularly successful at:

- improving sexual knowledge
- decreasing thinking errors.⁴



Outcomes for 'Better Futures', 2017-18



[4] 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 Barnardo's, having sexually touched his younger brother. He had his own experiences of being abused, and had been exposed to violence in his mother's relationships.

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. Ryan began to understand more about his behaviour, and how his own experience of abuse had influenced his thinking about sex. He developed greater insight into the impact of his

behaviour upon his brother. Ryan felt bad about what had happened, and we supported him around these feelings too.

At the end of our intervention with Ryan, he:

- showed a positive shift in his thinking towards children and sexual behaviour
- presented as having a greater insight into the harm caused by sexual abuse
- better understood how his own experiences of abuse had impacted upon him
- had improved self-esteem
- was being supported to get involved in safe community activities, as well as having some ambition for his future.

“

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.

”

Children In and Leaving Care

Every year we work with thousands of children and young people who have come into the care system, mainly as a result of having experienced abuse or neglect.

Children in care are more likely than non-care experienced children to require help across a range of issues such as support with their mental health and wellbeing, stability in relationships, a trusted adult on their side, help with school, college and eventually work and training as they get older.

In 2017-18 we supported:

7,900 children in care 

3,200 care leavers 

Objectives

We will work to improve the care journey so that children leaving care are as likely to be in employment, education or training at ages 19-21, compared to their non-care experienced peers.

Approach

We support care leavers to make the transition from care to living on their own across a range of services. We provide services such as: advocacy; accommodation; mental health & wellbeing support; and employment, training and skills.

Outcomes

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 on their own. We use Triangle Consulting's 'Young Person's Star' to agree what level of need a young person may be at, across eight domains.⁵

- All young people, 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 improvement from first to last Star reading

Money and rent	23%
Accommodation	28%
Practical life skills	30%

n=73



[5] Eight domains: Accommodation, Work and learning, People and support, Health, How you feel, Choices and behaviour, Money and rent, and Practical life skills.



“

Barnardo's gave me a place to find my feet and start to realise who I am. The staff respected me as a person and I didn't feel like I was being punished anymore...

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. It's made me more confident and competent too.

”

Case Study

Joel

Joel was 14 when he first came in to foster care, having lived away from home due to strained relationships with his family.

He was referred to Barnardo's where we provided him with therapeutic and emotional support and introduced him to new activities to boost his self-confidence.

We encouraged him to address the issues that were leading to his anger and emotional problems, as well as providing support around life skills and finding an apprenticeship. Aged 20, Joel receives ongoing support from us and will shortly be moving into supported accommodation.

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 children who are vulnerable.

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.

“

Barnardo’s allowed us to help in all areas 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.

”

Sonny, young person involved in
Boys 2 Research Project



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