



Impact Report 2017

Transforming the lives of
the UK's most vulnerable children

Believe in
children
 **Barnardo's**

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The Chief Executive's Statement



I am proud to present our third annual Impact Report.

This report shows just how far Barnardo's has grown; from Dr Thomas Barnardo's work, helping the street children of East London over 150 years ago, to supporting over 272,000 children, young people, parents and carers across the UK today. I am delighted that, despite the tough economic challenges, last year we increased the number of services we provide to over 1,000, whilst over the past three years Barnardo's has grown by over 20 per cent.

Impressive as these numbers are, they tell us very little about how these children's lives were transformed for the better. Children such as Jaya who, with support from Barnardo's, is now able to enjoy his childhood because his mother is receiving the support she needs, or Kayleigh, a care leaver with two children, whose resilience, confidence and independence skills have improved thanks to the support from Barnardo's. This is Barnardo's real impact and to understand it we must look to the children and families we work with; to understand their goals, the barriers that they face, and the role that Barnardo's plays in overcoming them. This is the real story our 2017 Impact Report tells.

This understanding is vital if we are to continue to provide the right services, at the

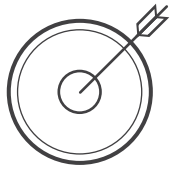
'Believing in yourself is hard but staff have believed in me and now I feel that there are lots of things I can do.' *(Bradley, Care Leavers Forum)*

time, for the children and young people that need them. It is crucial if we are to continue to be a voice for children and young people and to shape policy and legislation in their interests. It is essential if we are to help improve practice more widely and beyond our own organisational boundaries.

It is from this understanding that we know that to really transform the life chances of the most vulnerable children we need sustained interventions, over a long period of time. Children such as those leaving care with multiple disadvantages, children who have been groomed over long periods of time into abusive relationships, or children left to struggle without the right emotional and mental health support. These children's lives and the entrenched challenges they face cannot be transformed within the constrictions of short-term contracts or 'sticking plaster' interventions that have increasingly come to dominate the children's services landscape.

Looking ahead, it is clear that the way that services for the most vulnerable children in the UK are provided must fundamentally change. The unique, shared understanding that Barnardo's has with those we serve must be brought to the fore; along with those other organisations, agencies and partners each with their own unique relationships and piece of the jigsaw to complete. We all must play our part through integrated services and sustainable partnerships that have the full weight of Government support behind them. Only then will the potential that lies within our communities be unleashed and will the lives of the most vulnerable children and young people be truly transformed.

Javed Khan, Chief Executive



Our Impact in 2016-2017

We believe in children – no matter their circumstances, gender, race, disability or behaviour. And we support some of the most vulnerable children in the UK with our essential services, campaigns and research.

At the end of 2016-17 we were running over 1,000 services in local communities, and had 711 shops, 8,162 employees and 20,055 volunteers helping support our vital work. This enabled us to work with more than 272,000 children, young people, parents and carers, compared to 248,000 in 2015-16. This included:

- more than 75,000 people through individual work
- more than 14,000 through our school-based programmes
- more than 182,000 through our Children's Centres.

In total, we provided support to over 150,000 children and young people, and over 116,000 parents and carers. We are the largest children's charity in the UK and by 2025, we aim to be supporting 300,000 children, young people, parents and carers a year – 25 per cent more than in 2015. However, we know that numbers alone do not represent impact.

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, and encourage them to build their resilience and find their own voice so they can move on with their lives. We want to help them overcome the challenges they face and move towards a bright, happy 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.

As well as those we provided direct support to, we also helped many more by campaigning to change policy and public opinion, drawing on our years of extensive research and experience.

To create better outcomes for more children and families, we need to be strategically focused. We have therefore committed to three strategic aims that will help us do just that.

We will work with children, young people and their families/carers to help build:

- stronger families
- safer childhoods
- positive futures.

By focusing on these aims, we will reach out to more vulnerable children and young people, and have a greater impact on their lives.

Our impact

We make a positive impact on the lives of the UK's most vulnerable children and young people, both through our direct services for children, young people and families, and 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.

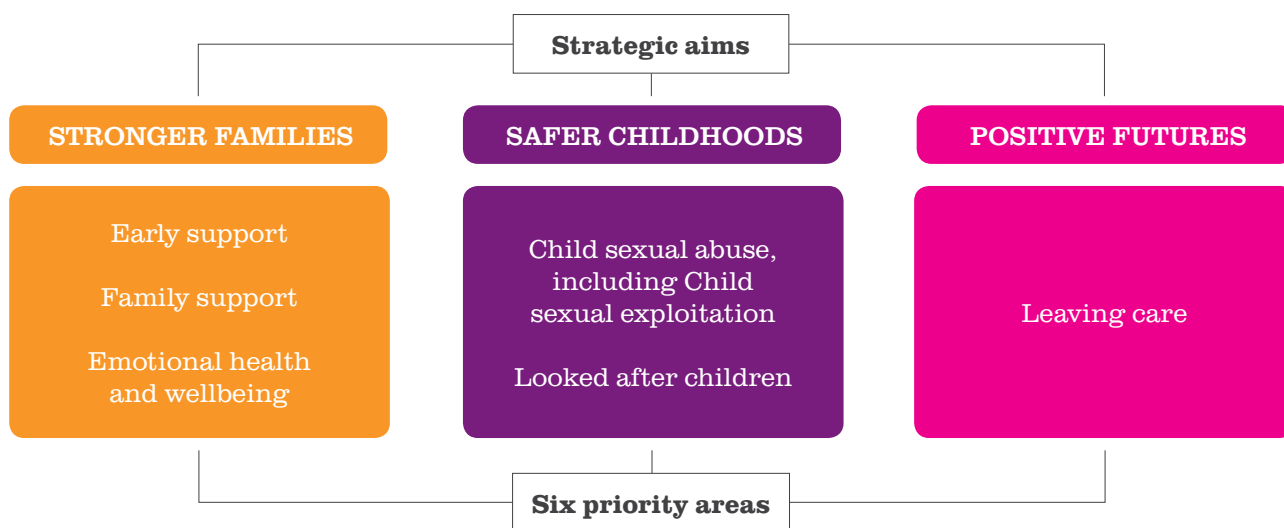
Measuring the impact we're having through our service delivery is key to understanding what works and what doesn't, for whom and why, so we can reflect on and improve the way we support children, young people and families. When we know something works, we can also have an even greater impact through influencing the wider sector. However, this is a journey, and we know we still have far to go.

We deliver over 1,000 services across the UK, working on multiple issues for children, young people, parents and carers, and reporting to different commissioners.

We know we can't use a top-down, one-size-fits-all approach to impact measurement. Instead, we need to identify which things are important to measure for the different groups receiving different support. We can do this through reviewing the latest external research and expertise, engaging with our service users and staff on the ground, and identifying opportunities to group services in a meaningful way. As we develop long-term plans within the new corporate strategy, we can also use this opportunity to review the impact we want to have, and how we can understand our part in achieving this.

This report focuses on the six priority areas of work in our new corporate strategy.

These are:



Each chapter on these priority areas describes:

- the scale of the direct work we're doing with children and families
- what we know about the outcomes¹ from our direct work
- an individual case study as an example of the difference we make
- how we've applied our knowledge and expertise to broaden our influence, through changes to policy and practice, awareness-raising, and building local partnerships with key decision-makers.

This report is a review of the first year of the 2016-2025 corporate strategy, as we plan our long-term transformational programmes. The final section of the report then articulates how we plan to move towards improving how we understand impact, so we can influence with confidence and authority based on our expertise in working with – and listening to – children and young people across the UK.

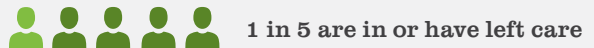
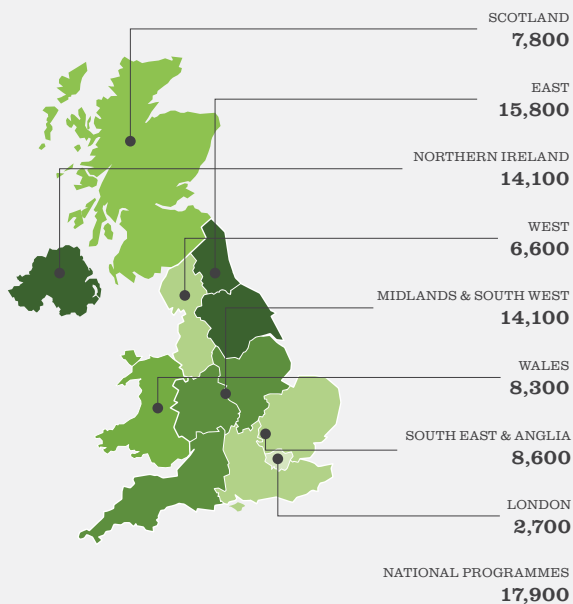
We hope this report is useful to our commissioners and all those who support the work we do, without whom we wouldn't be able to achieve any of this impact for children and young people, or to learn what really makes a difference to their lives.

¹ Where we have confidence that outcomes are being recorded robustly, or evaluation studies have been carried out.

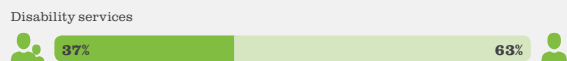
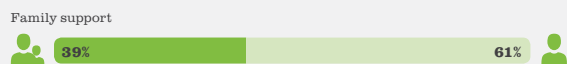
Service user growth Annual



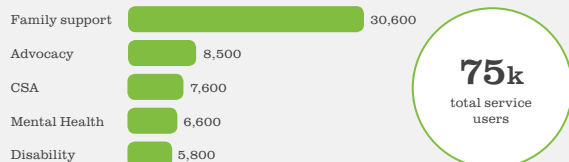
Individual work 2016-17 Service users



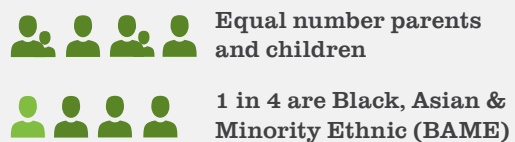
Parent/child breakdown by service area



Top 5 service areas 2016-17 By number of Service users in individual work



Children's Centre 2016-17 Service users







Stronger Families Early Support

Adverse childhood experiences are associated with negative outcomes later in life, including poor academic achievement, challenging behaviour, and emotional and psychological difficulties.

All parents need support to ensure that their children's needs are met during their early years, but a large proportion of parents often feel cut-off from friends and other forms of social support². Some parents are particularly vulnerable to becoming isolated, including parents with disabled children³, and new mothers^{4,5}. This can mean that parents miss out on the emotional and practical support they need, particularly in the early stages.

Our early support services in 2016-17

Our early support services support parents with very young children. They include Children's Centres, parenting programmes, play services and nurseries. These services offer general support to all parents, as well as tailored support to those experiencing specific challenges.

During 2016-17:

- our Children's Centres supported over 182,400 people (an increase from 162,400 in 2015-16), including 85,300 children and 97,000 parents
- our parenting programmes supported 2,521 people
- our play services supported 174 people
- our nurseries supported 644 people.

The difference we made

Children's Centres in England

We provide a wide range of support to parents and children through our Children's Centres, 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 their impact, based on the local context and the different commissioners we are working with.

Figure 1 is an example from Plymouth Children's Centre, who use the 'Family Star Plus'⁶ tool to record outcomes for parents/carers receiving home visiting support. Typically, these families are experiencing poor mental health, domestic abuse, social isolation and unemployment. Our workers provide tailored and long-term support, and often signpost families to domestic abuse services, social care, mental health services and many more support options.

Recording outcomes using 'Family Star Plus' helps the parent/carer and the worker identify areas within the family where they need support, and to draw up a realistic action plan together for the family to achieve positive change.

2 Action for Children (2015) Parental loneliness and the importance of Children's Centres. Available at <https://www.actionforchildren.org.uk/news-and-blogs/policy-updates/2015/september/parental-loneliness-and-the-importance-of-children-s-centres/>, accessed 31 August 2017.

3 Contact a Family (2011) Forgotten Families: the impact of isolation on families with disabled children across the UK. Available at https://www.cafamily.org.uk/media/381636/forgotten_isolation_report.pdf, accessed 31 August 2017.

4 Fenton, K. (2015) Loneliness and isolation: social relationships are key to good health. Available at <https://publichealthmatters.blog.gov.uk/2015/12/08/loneliness-and-isolation-social-relationships-are-key-to-good-health/>, accessed 31 August 2017.

5 Boots Family Trust Alliance (2013) Perinatal Mental Health: experiences of women and health professionals. Available at https://www.tommys.org/sites/default/files/Perinatal_Mental_Health_Experiences%20of%20women.pdf, accessed 31 August 2017.

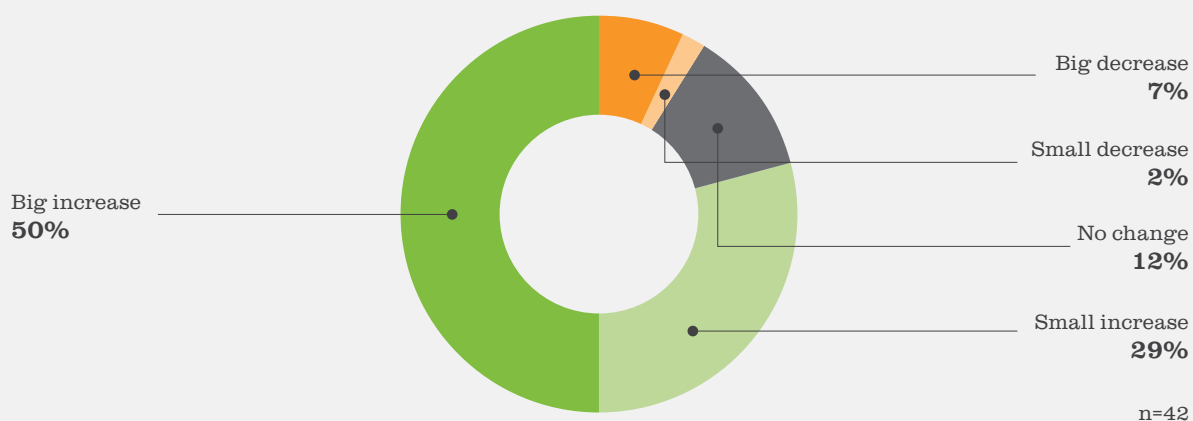
6 <http://www.outcomesstar.org.uk/>

‘It was a hard conversation to listen to, but I didn't feel that they were judging me or making out that I was a bad parent.’ (Eve, parent)

Family outcomes that Plymouth Children’s Centre tracked over the 2016-17 year included ‘keeping your child safe’, ‘social networks’, ‘physical health’ and ‘family routine’, among others. Each of these outcomes was assessed based on how parents/carers were managing to deal with issues, on a scale from ‘stuck’ to ‘self-reliant’.

Figure 1 shows that the majority of the 42 people who received home visit support achieved an improved overall outcomes score (79 per cent made either a ‘small increase’ or a ‘big increase’ in their average score across all outcomes).

Figure 1: Outcomes for families in Plymouth Children’s Centre:
Change in overall outcomes score, 2016-17



The scores indicated that, at the start, parents needed more support with ‘boundaries and behaviour’ and their own ‘emotional wellbeing’ than they did with ‘home and money’ and ‘progress to work’. These first two areas were also where they were supported to make the biggest improvements.

“I know my worker had concerns about my partner and that he might be a danger to us both by living in this house with us. It was a hard conversation to listen to, but I didn't feel that they were judging me or making out that I was a bad parent. It made me realise that I needed to put my child first. They were able to explain their concerns in a way to me that didn't make me angry even though they had to speak to social care about the situation. I still work with them now because I understand that they want to be sure that my child is safe and that's what I want too.”

(Eve, parent, Plymouth Children’s Centre)

Five to Thrive

Many of our staff across the UK have been trained in the *Five to Thrive* approach, which is a flexible approach to parenting developed by Kate Cairns Associates. This approach is based on five key activities – Respond, Cuddle, Relax, Play and Talk.

Since 2014, we have delivered *Five to Thrive* training to 3,695 staff. These workers have applied their training in different ways, in different services, and with parents and children with different needs.

During 2016-17, 440 staff completed a follow-up survey 12 months after they attended their *Five to Thrive* training. Based on their own observations, staff were asked to choose, out of a list of nine target groups, which groups of parents they felt *Five to Thrive* worked best with. Staff were most likely to think that the *Five to Thrive* approach worked best with young parents (as shown in figure 2).

Diane



Building confidence to take control: Tailored support for a parent

Diane was feeling very worried about the behaviour of her two-year-old son, who was struggling to communicate and who would get frustrated easily. She was also feeling isolated and had financial problems.

Diane was referred to one of our early support services, where she received one-to-one support at home and at her local Children's Centre. Her Barnardo's worker supported her when her son was given a diagnosis of Autism Spectrum Disorder (ASD). They helped her to understand the diagnosis, to explore new ways to play with her son, and to access a fund to buy sensory toys. The support made their lives easier at a critical time, and gave Diane the confidence she needed to move forward.

Diane now feels more in control and more able to try different strategies to meet her son's needs. She has enrolled in her local parent/carer forum so she can learn to advocate for her son. She has also started to help other parents by volunteering in the service's parent support group, which has widened her own support network too.

Parenting for Success, Northern Ireland – Parenting programme on the principles of *Five to Thrive*

A 'Parenting for Success' programme was run with a group of seven young mothers aged 15 to 18. Most of them were still living at home. While they felt confident in their parenting skills, they were struggling to feel like they were taken seriously as parents, and many felt that their families tended to 'take over' the care of their babies.

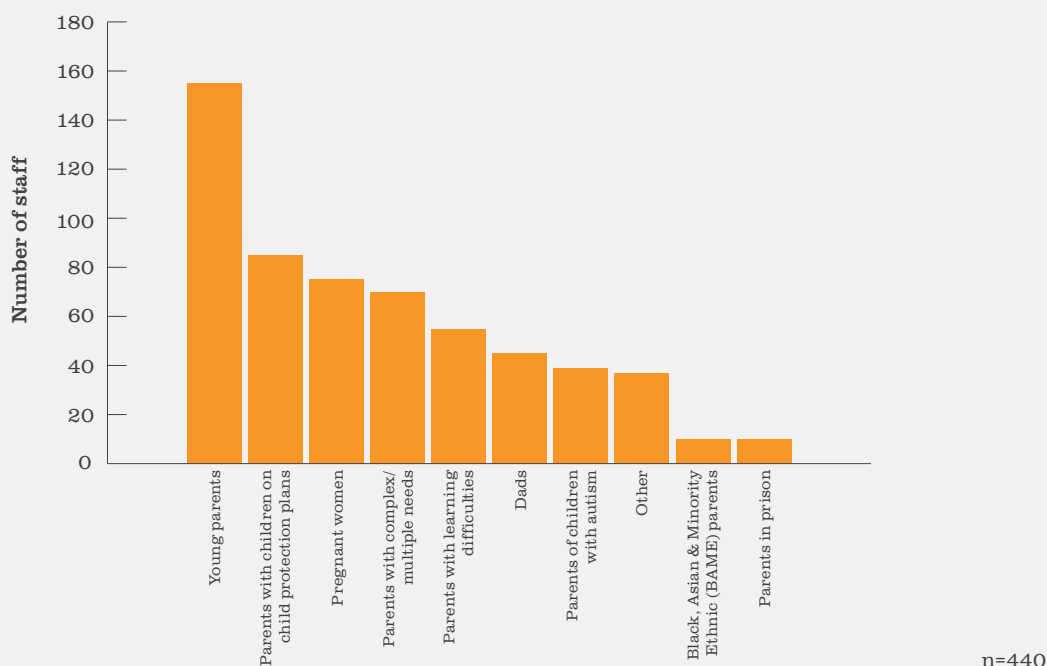
'I feel stuck between an adult's world and a child's world.' (Young parent at the start of the programme)

They'd also had bad experiences of service professionals in the past, and as a result they believed professionals to be patronising, judgemental and unsupportive.

They attended five all-day sessions of the programme, where they learned about the principles of *Five to Thrive* and child attachment. The programme also acted as a support group, as they met other young mothers and offered each other praise and encouragement.

By the end of the programme, the mothers understood more about how their interactions could affect their babies' development. They felt more empowered as parents, and they felt more able to speak up for themselves to their own families at home.

Figure 2: Which groups of parents do staff feel that *Five to Thrive* works best with?



‘The young mothers were constantly being told what to do by their families. They needed a space that was theirs and where they were respected as parents... They want to use *Five to Thrive* as the fulcrum in this, to say that they want to be responsible for their child’s development. It made them feel more confident and they felt stronger about telling their families that they wanted to be in charge.’ (Practitioner, Northern Ireland).

Key findings

Findings from one of our Children’s Centres showed that parents of young children were more likely to need support with ‘boundaries and behaviour’ and their own ‘emotional health’, than ‘home and money’ and ‘progress to work’, and our Children’s Centre was well placed to support them with these issues.

Our group work with young parents can enable them to feel more respected and recognised as parents with responsibility for raising their children.

Wider influencing activity

Influencing practice

Our experience of running Children’s Centres, and the fact that we’ve increased our work in this sector despite a context of funding cuts, have put us in a strong position to influence the wider sector. We took part in Select Committee and All Party Parliamentary Group (APPG) investigations into what Children’s Centres should look like in the future, and we had a key role in influencing the APPG’s final report recommending Family Hubs.⁷

At a practical level, work was commissioned by Warwickshire to explore a shared vision for Children’s Centres. Our engagement with Essex County Council in exploring this vision resulted in a successful contract win (VirginCare/Barnardo’s) for early intervention services across the whole of Essex, from pre-birth to 19 plus.

⁷ All Party Parliamentary Group on Children’s Centres (2016) Family Hubs: The Future of Children’s Centres: Strengthening family relationships to improve life chances for everyone. London: 4Children.



Stronger Families

Family Support

It's becoming increasingly apparent that one of the best ways to support children is by taking a 'whole family approach'⁸.

There is also a steadily increasing evidence base which shows that people who experience multiple adversities as children have an increased risk of poor outcomes later in life, particularly around emotional health and wellbeing⁹.

It has been estimated¹⁰ that two per cent (approximately 120,000) of families with children in the UK are 'at risk' in this way, which means they are experiencing five or more of the following adversities related to deprivation and poor child wellbeing¹¹:

- no parent in work
- poor quality housing
- no parent with qualifications
- mother with mental health problems
- one parent with longstanding disability/illness
- family has low income
- family cannot afford some food/clothing items
- parental offending or antisocial behaviour.

In addition, any single one of these risk factors can mean a family needs support. There are at least 195,000 young carers across the UK (under 18s in England and Wales, plus under 16s in Northern Ireland and Scotland)¹² who need family support, as they look after a family member who is sick, disabled, has mental health problems, or is misusing drugs or alcohol.

Our family support services in 2016-17

Our family support work takes many forms, and reaches families in diverse circumstances. We support 'harder to reach' families such as those with a parent in prison – helping them through difficult times and assisting with contact – and we offer therapeutic support to children and families at our bereavement services.

Our family group conferencing services work to improve family-led decision-making and keep children safe, while our family contact services enable looked after children and their families to maintain contact with each other. Our young carers services seek to reduce the burden of caring and to support young carers' wellbeing, as well as engaging with their schools and colleges to reduce the risk of social exclusion or underachieving.

In 2016-17, we provided a range of family support services to 30,600 children, young people, parents and carers facing a range of difficulties. This includes:

- 4,077 parents and children accessing our young carers services
- 729 accessing our family group conferencing services
- 218 supported by our child bereavement services
- 434 accessing our family contact services
- 25,280 supported by our other family support services.

8 Davidson, G., Bunting, L., & Webb, M. A. (2012) Families experiencing multiple adversities: A review of the international literature. Belfast: Barnardo's Northern Ireland. Available at http://www.barnardos.org.uk/14796_ni_pp_briefing_paper_literature_review_lr.pdf accessed 31 August 2017.

9 Bunting, L., Webb, M. A., & Shannon, R. (2017). Looking again at troubled families: parents' perspectives on multiple adversities. *Child & Family Social Work*, 22(S3), 31-40.

10 National Centre for Social Research, Department for Work and Pensions. (2011). Families and Children Study: Waves 1-10, 1999-2008. [data collection]. 9th Edition. UK Data Service. SN: 4427, <http://doi.org/10.5255/UKDA-SN-4427-1> accessed 31 August 2017

11 Department for Communities and Local Government (2012) Troubled Family Estimates Explanatory Note. Available at <http://webarchive.nationalarchives.gov.uk/20120919132719/www.communities.gov.uk/documents/newsroom/pdf/2053538.pdf>, accessed 31 August 2017.

12 2011 census England and Wales, Scotland and NI

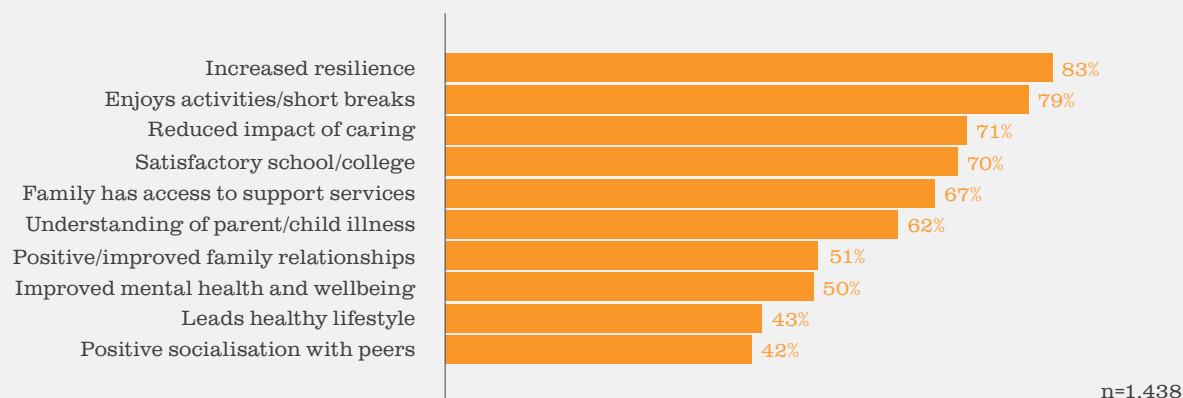
Of the 4,077 children and parents our young carers services worked with in 2016-17, 3,251 were children (5 to 17-year-olds) and 222 were young adult carers (18 to 25-year-olds).

The difference we made

Young carers

Young carers often miss out on opportunities to learn and play due to their caring responsibilities. Our young carers services work to lessen the impact of caring responsibilities, to improve external support for the relative needing care, and, sometimes, to prevent them becoming young carers in the first place.

Figure 3: Outcomes for children and parents in our young carers services:
Percentage achieving positive outcomes, 2016-17



The majority of children and parents accessing our young carers services in 2016-17 experienced improvement or stability in their outcomes, particularly resilience (where 83 per cent experienced improvement) and reduced impact of caring (where 71 per cent experienced improvement).

Supporting families with a parent in prison

Families who have a parent in prison are neither routinely identified nor provided with support in England, Wales and Northern Ireland, even though research has shown that these 200,000 children are more likely than their peers to suffer from poorer mental health and other negative outcomes¹³.

We provide targeted support for children and families of people in prison across the UK, and support even more children affected by imprisonment through our wider services. In these other services, we worked with a total of 1,319 children, young people, parents and carers with parental imprisonment as a support need during the 2016-17 year.

We assessed the outcomes for children and parents in Bristol, Essex and the Isle of Wight, all of whom had been involved with our community support for offenders' families services. Assessments at the beginning and end of their involvement with our services showed improvement across many key areas.

In figure 4, a score of 5 represents the highest support need and 1 is the lowest support need. There were particularly dramatic improvements in the parent/carer's wellbeing ('confidence/resilience/health'), and in the parent/carer's relationship with their child or children, both of which started off with low scores.

¹³ In Scotland, new legislation passed in 2015-16 requires children of prisoners to be identified at sentencing, but this is not the case in the rest of the UK.

Jaya



Taking away the worries: Preventing a child from becoming a young carer

Jaya was referred to our young carers service by his school when he was nine years old. His mother Anuradha had been diagnosed with a serious illness and needed an operation, and she was worried that he would become her sole carer; her husband had passed away a few years ago, and she had no other family in the UK.

The young carers service had recently delivered training and workshops at the school, so staff had been able to recognise that Jaya was at risk of becoming the sole carer for his mother, and had let the service know.

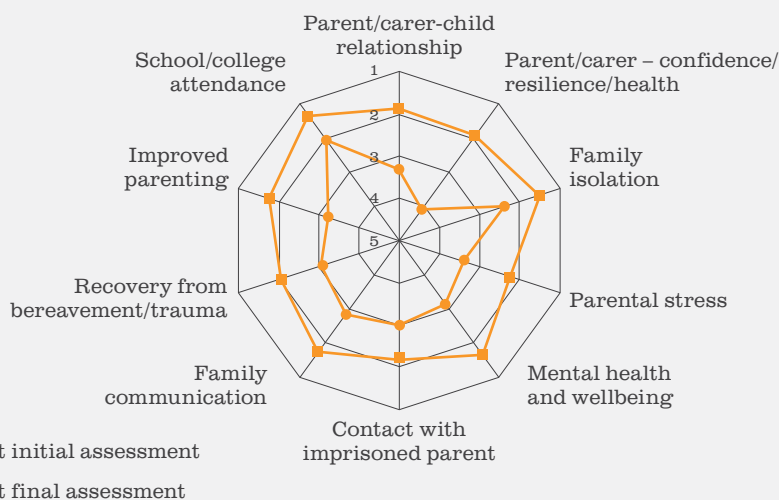
Service staff visited Anuradha in the hospital, and put everything in place to make sure Jaya wouldn't be caring for his mum by himself when she went home. When hospital staff said there was no need to arrange a package of support for Anuradha, we escalated the issue to the local authority, raised a referral to the hospital social work team, and let them know what support she would need.

Because of this, when Anuradha came home from hospital and couldn't lift anything heavy for several months, there was a re-enablement team in place to help her make breakfast and dinner, to get her ready in the morning, and to carry her shopping home.

The young carers service also worked with a range of other agencies to keep life as 'normal' as possible for Jaya. They liaised with his school, who helped out with pick-ups and drop-offs, and referred him on to another voluntary agency, who offered a befriending service to Anuradha, and helped Jaya get to his usual after-school groups.

Anuradha recently told the service that they had 'taken all her worries away', and without ever meeting Jaya they had a huge impact on his life – they prevented him from having to do an adult's job, and let him keep on being a child.

Figure 4: Outcomes for children and parents in services for children affected by parental offending: Initial and final score, 2016-17



Supporting parents to help their children with autism to sleep better¹⁴

Sleep disturbance is a common problem for children with Autism Spectrum Disorder (ASD), affecting both the quality of their own lives and those of their families¹⁵. Approximately 50-80 per cent of children with ASD will display sleep problems, compared to 9-50 per cent of children with typical development¹⁶.

In 2016-17, Barnardo's Northern Ireland funded a pilot programme that worked alongside parents of children with ASD to reduce the child's sleep difficulties and improve the quality of life for the whole family.

Autism specialists from our *Forward Steps* service trained as sleep counsellors with Sleep Scotland. Combining the training with their autism knowledge and other skills developed within *Forward Steps* over the previous fifteen years, they created multi-component tailored sleep plans to meet the specific needs of each child. Effective sleep assessments, and educating parents about the importance of setting limits around their child's sleep habits, were also critical elements of the programme.

While it's known that better sleep can lead to improved outcomes for children with ASD¹⁷, the pilot sought to explore if, by supporting children with ASD and their families to adopt better sleeping routines, it is possible to achieve better outcomes for the whole family, as well as likely knock-on benefits for society.

The evaluation of the pilot found it improved children's sleep markedly. Before starting the programme, the children's total nightly sleep varied roughly between 6 and 10 hours of broken sleep. After taking part in the pilot, that had increased to between 8 and 11 hours of continuous sleep – and parents were better able to manage other situations because of their children's improved sleep and a reduction in some of their challenging behaviours.

In addition, the pilot showed that when a suitable support system is in place in the home, it lays a critical foundation for enabling children with autism and their families to be more themselves and to function without the effects of sleep loss.

14 Kehoe, S., Crozier, B., & McCormick, K. (2017) Helping children with autism to sleep better: A Forward Steps intervention. Barnardo's Policy & Practice Briefing no. 21. Belfast: Barnardo's Northern Ireland. Available at http://www.barnardos.org.uk/pp_briefing_paper_21_sleep_intervention.pdf, accessed 31 August 2017.

15 A sleep disturbance is considered to be present when one or more of the following occur five or more nights per week: bedtime resistance problems, delayed sleep onset, sleep association problems, night-time awakenings and morning awakenings. Cf. Johnson, C. R., Turner, K. S., Folders, E., Brooks, M. M., Kronk, R., & Wiggs, L. (2013). Behavioral parent training to address sleep disturbances in young children with Autism Spectrum Disorder: a pilot trial. *Sleep medicine*, 14(10), 995-1004.

16 Reynolds, A. M., & Malow, B. A. (2011). Sleep and Autism Spectrum Disorders. *Pediatric Clinics of North America*, 58(3), 685-698.

17 Cf. Vriend, J. L., Corkum, P. V., Moon, E. C., & Smith, I. M. (2011). Behavioural interventions for sleep problems in children with Autism Spectrum Disorders: current findings and future directions. *Journal of pediatric psychology*, 36(9), 1017-1029.

'I had to grow up really quickly as a young carer. I was on the path to self-destruction before being introduced to Barnardo's.'
(Phoebe, young carer)

Key findings

Our services can have an impact on a child's life through support for both the children and their parents – such as preventing a child from becoming a young carer by supporting the parent to access the help they need.

Support in managing routines for parents of children with Autism Spectrum Disorder can also help parents to cope with and manage other areas of their lives.

Wider influencing activity

Improving assessments: Barnardo's Child and Adolescent Welfare Assessment Checklist (B-CAWAC)

In partnership with Professor Gordon Harold at the University of Sussex, Barnardo's Cymru has developed the Barnardo's Child and Adolescent Welfare Assessment Checklist (B-CAWAC), a set of assessment tools which focus 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.

B-CAWAC will be used across a range of services to help our workers assess children from the ages of 2 to 10, while older children aged 10 to 16 and above can self-report. Information is collected about:

- child mental health and peer relations
- family functioning, including conflict between parents, parent-child relationships, and the risk of domestic abuse
- parental mental health and substance misuse.

In profiling the needs of children and families, B-CAWAC will help us identify times where we can use targeted family conflict interventions to improve children's outcomes, rather than relying on more generalised relationship support where the main focus is on the parents.

Influencing policy

The UK Government decision to exempt a number of vulnerable groups from their planned cap on housing benefit followed a campaign we were jointly involved in as part of the Social Security Consortium, and work we did as an individual organisation with officials from the Department for Work and Pensions (DWP). We met with DWP officials soon after the Welfare Reform Bill, and were part of Social Security Consortium delegations that met with the minister responsible for the Bill. Details of the exempt groups were provided in guidance to accompany the Welfare Reform Bill, which was published recently. Those exempted include care leavers and children with disabilities.





Stronger Families

Emotional Health and Wellbeing

It's estimated that 10 per cent of 5 to 16-year-olds in Great Britain have a clinically diagnosable mental health problem^{18,19}. For young people aged 11-16 years, the rate of mental health problems is 13 per cent for boys and 10 per cent for girls²⁰.

Our emotional health and wellbeing services in 2016-17

Supporting children's emotional health and wellbeing underpins all the diverse work we do, and we also provide specialist mental health and therapeutic support for children, young people, parents and carers. This includes child psychotherapy, therapeutic play, art therapy, group therapy and schools-based counselling services, among other approaches and models of delivery.

In 2016-17, we provided specialised mental health and emotional wellbeing support to 21,100 children, young people, parents and carers.

This encompassed over 14,500 children supported through our school-based programmes aimed at improving emotional health and wellbeing, known as 'Paths', 'All Stars' and 'Lifeskills'.

It also included 6,594 children, young people, parents and carers who we helped through our mental health services.

The difference we made

Time 4 Me in Northern Irish schools

Barnardo's Northern Ireland established the Time 4 Me service in 2007, to provide individual counselling for primary school children and wraparound support for parents/carers and school staff. The focus of the service is on improving pupils' emotional wellbeing by helping them cope better with life problems, with the aim of increasing their capacity to learn.

Children taking part in Time 4 Me are assessed using the CORS/ORS tool, which provides an indication of how the child sees their own wellbeing/emotional distress. Results from 2016-17 showed that the majority (86 per cent) of the 145 children who began the programme with a low CORS/ORS score in the 'clinical distress range' – which generally indicates the need for therapeutic work – had moved up out of that range by the end of the programme²¹.

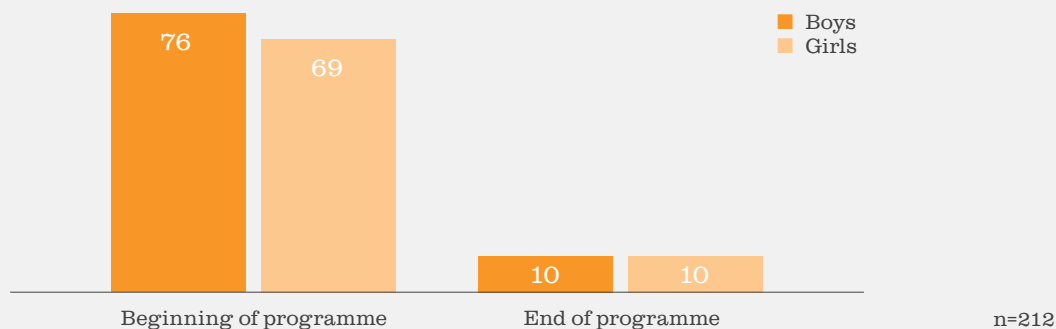
18 Green, H., McGinnity, Á., Meltzer, H., Ford, T., & Goodman, R. (2005). Mental health of children and young people in Great Britain, 2004. London: HM Stationery Office.

19 Much of the UK data on children and young people's mental health is outdated (over 10 years old) or piecemeal, although an update on the 2004 survey *Mental Health of Children and Young People* will be published next year and this will provide a vital update.

20 Green et al. (2005) *ibid*

21 There are four domains in the scoring: 'self', 'family', 'school' and 'everything', and each is scored out of 10. Therefore, if a child scores themselves low in, for example, family, it can provide a way into a conversation and work in that area of their lives. The ongoing, session-by-session scoring, and the narrative attached to it, can help the therapists to decide if specialist CAMHS (child and adolescent mental health services) are the right route to go down, or if counselling within our own service is appropriate.

Figure 5: Children in the 'clinical distress range' at the beginning and end of Time 4 Me programme, 2016-17



Using their voices to improve mental health support: The CAMHS *Article 12* youth forum

Our partnership with Oxford Health Trust involves participation work with young people, including the *Article 12*²¹ youth forum.

Article 12 meets monthly. It includes young people currently receiving support for their mental health through child and adolescent mental health services (CAMHS), as well as those who have transitioned to adult services and would like to continue their involvement through participation. It's a non-judgemental, welcoming space, and *Article 12* has helped transform CAMHS provision for their peers in important ways.

One of their main projects in 2016-17 was redesigning the Buckinghamshire CAMHS website. When they started working on it, it was hard to navigate and full of jargon which wasn't accessible to young people.

The new website²² was launched in April 2016, and the number of visitors has grown steadily since then. Importantly, the number of visitors exiting the site after viewing the homepage has decreased, suggesting that the site is now more accessible, and young people are not put off by the homepage.

Young people who tested the website said it was now 'really easy to find what I was looking for', that the site was 'very simple and to the point', and that '*Crisis* is in red, and it is really clear about how to get help in an emergency'. CAMHS staff who showed the website to their clients praised the directory of resources, as well as the 'recommended apps' and 'self-help techniques' sections.

Article 12's participation and outreach activities have had a positive impact on mental health support for young people, and also on the young people in the forum – empowering them to speak out, supporting their own recoveries, and inspiring them to take further action.

As one young person said: 'my voice has been heard by attending *Article 12*, and it's eye-opening to see the difference that's been made. It's amazing seeing the difference my voice makes, and we've not even been working together a year.'

'Good mental health is having a good balance between good and bad days, and the ability to cope with stressful situations. It is also feeling positive about yourself and having a positive self-concept and self-esteem.' (*Misha, young person supported by Barnardo's service*)

²² A reference to Article 12 of the UN Convention on the Rights of the Child, which relates to a child's right to have a voice and be heard.

²³ <http://www.oxfordhealth.nhs.uk/fresh/>

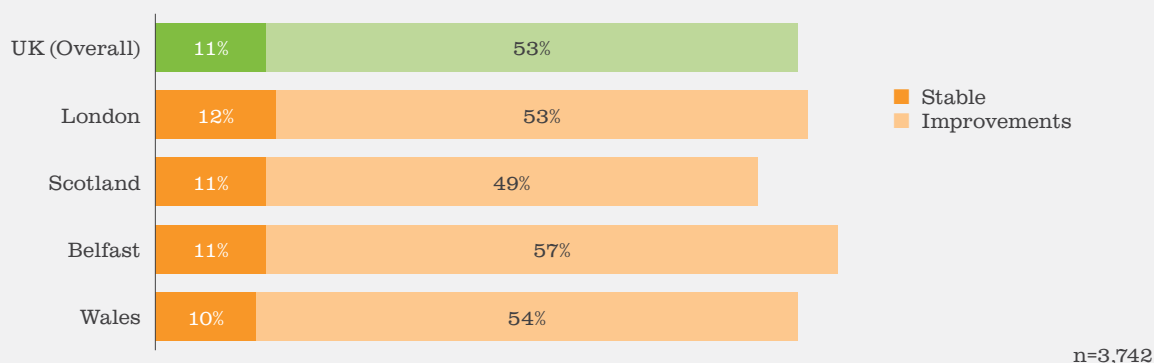
Key findings from the PATHS® Plus programme delivered by Barnardo's in the UK²⁴

The *PATHS® Plus* approach combines *PATHS®* – a whole-school prevention programme taught by teachers during the school day, with *Friendship Group* (FG), a programme for children who are experiencing social problems in the classroom, delivered by our staff and a co-leader from the school. *Friendship Group* builds on the skills taught through *PATHS®* and offers children the opportunity to learn and practice social skills in a small, supportive peer group with adult guidance.

In 2016, a variety of methods were used to evaluate the impact of *PATHS® Plus* in schools across the UK²⁵. This feedback revealed:

- **Improved mental health:** improved or stable scores of 64 per cent for *PATHS®* and 59 per cent for *Friendship Group*.
- **Improved emotional regulation:** improved or stable scores of 61 per cent for *PATHS®* and 66 per cent for *Friendship Group*.
- **Improved self-management:** 85 per cent of children reported improved ability to manage their emotions.
- **Reduced aggression:** improved or stable scores of 71 per cent for *PATHS®* and 67 per cent for *Friendship Group*.
- **Reduced hyperactivity:** combined improved or stable score of 67 per cent for *PATHS®* and 62 per cent for *Friendship Group*.
- **Improved social awareness,** 67 per cent of children reported that *PATHS®* had helped them to understand other people's emotions either 'very much' or a 'great deal'.
- **Improved relationship skills,** improved or stable score of 70 per cent for *PATHS®* and 69 per cent for *Friendship Group*.

Figure 6: Children's mental health progress after *PATHS® Plus* 2016-17



In addition, 91 per cent of senior school leaders reported that *PATHS® Plus* had either some impact, good impact or a profound impact on reducing the amount of time spent resolving conflict at their schools, and 100 per cent reported that *PATHS® Plus* had a positive impact on 'children's ability to stop and calm down'.

Trauma-informed support for bereaved young people in custody: an evaluation of Our Lives With Others at HMYOI Polmont

In addition to other vulnerabilities, young people in custody experience higher rates of bereavement than the general population, and are also more likely to experience multiple and traumatic

24 Barnardo's (2016) Key findings from the *PATHS® Plus* programme delivered by Barnardo's in the UK. Belfast: Barnardo's Northern Ireland. Available at http://www.barnardos.org.uk/barnardos-pathsbriefingpaper_web.pdf, accessed 31 August 2017.

25 Including 'Realising Ambition' surveys with 4,139 children and *PATHS®* surveys with 730 children, before and after they went through the programme.

bereavements²⁶. HMYOI Polmont – a young offender institution in Scotland – sought to respond to this with a prison-wide approach to supporting these young men.

As part of this approach, we piloted a service called *Here & Now*, providing specialist assessment and direct work with young men (aged 16 to 22) affected by a range of traumatic experiences: bereavement, including parental suicide; sexual abuse; abandonment; and sexual assault of a family member. They also provided awareness-raising training for all staff at HMYOI Polmont, regardless of their role at the prison, to help them understand the impact of bereavement and trauma.

In an evaluation carried out by researchers from the Centre for Youth & Criminal Justice at the University of Strathclyde, outcomes were positive for the young men: all but one (95 per cent) experienced a level of recovery across every trauma symptom measured²⁷, particularly those relating to dissociation ('not having any feelings'), worrying, and anger. Also, all but one of the young people interviewed for the evaluation spoke of gaining new knowledge, understanding and skills to help them begin to process or live with their experiences.

Staff also experienced positive change, including a significant increase in confidence around their understanding of trauma and bereavement. The main things they learned included: a better awareness of the prevalence and impact of trauma and bereavement (65 per cent); an understanding of the effects of trauma on brain development (34 per cent); and improved theoretical knowledge about trauma and bereavement (31 per cent).

While the authors assert that 'it should not be left to a young offenders' institution to pick up the pieces of childhood trauma, loss and bereavement,' and that universal bereavement, grief and loss education is needed from a young age, they were encouraged to find that targeted interventions – even at this late stage – can benefit organisations and, most importantly, young people in prison²⁸.

Key findings

School-based programmes can have a positive impact on the emotional health and wellbeing of children they engage with at the time, particularly children who are at risk of mental health difficulties.

Involving young people with experience of mental health difficulties in the design and promotion of CAMHS services can be beneficial for those young people, as well as for professionals and other young people seeking support.

Understanding the impacts of early trauma can inform our direct support for children and young people, including later, or more targeted, interventions.

Wider influencing activity

Influencing practice

Following extensive media coverage of our public calls for a review of rejected referrals to Child and Adolescent Mental Health Services, the First Minister announced that the Scottish Government Mental Health Strategy will include plans to commission an audit of rejected referrals to CAMHS. The Mental Health Strategy, including this pledge, has now been published (April 2017)²⁹.

26 Finlay, I. G., & Jones, N. K. (2000). Unresolved grief in young offenders in prison. *Br J Gen Pract*, 50(456), 569-570.; Vaswani, N. (2014). The ripples of death: Exploring the bereavement experiences and mental health of young men in custody. *The Howard Journal of Crime and Justice*, 53(4), 341-359.

27 Adapted from the Child Trauma Symptom Checklist. Cf. Briere J. (1996) *Trauma Symptom Checklist for Children (TSCC)*. Professional Manual. Odessa, FL: Psychological Assessment Resources.

28 Vaswani, N; Paul, S; Papadodimitraki, Y (2016) *Our Lives with Others: An evaluation of trauma, bereavement and loss developments at HMYOI Polmont*. Available at <http://www.cycj.org.uk/wp-content/uploads/2016/11/Our-Lives-with-Others-Evaluation-Report-.pdf>, accessed 31 August 2017.

29 Scottish Government (2017) *Mental Health Strategy, 2017-2027 – a 10 year vision*. Edinburgh: The Scottish Government. Available at <http://www.gov.scot/Publications/2017/03/1750> accessed 31 August 2017



Safer Childhoods

Child Sexual Abuse, including Child Sexual Exploitation

Over the last year, we have focused much of the work we do around Child Sexual Abuse (CSA) on Child Sexual Exploitation (CSE). CSE is a form of Child Sexual Abuse (CSA) ‘where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator³⁰.’

CSA can have far-reaching negative impacts on children’s physical and emotional health, education and training, family and relationships. The devastating and long-lasting consequences for young people and their families is compounded when victims, or those at risk of abuse, do not receive appropriate, immediate and ongoing support.

The hidden nature of CSA means that prevalence data is hard to ascertain. However, it’s clear that child sexual exploitation is occurring across the UK.

Our CSA services in 2016-17

In 2016-17 we supported:

- 3,430 people through our child sexual exploitation direct support services (compared to 2,486 in 2015-16)
- 3,444 people in our services for missing young people (compared to 2,257 in 2015-16)
- 261 in our trafficking services (compared to 238 in 2015-16)
- 530 in our harmful sexual behaviour (HSB) services
- 86 in our female genital mutilation (FGM) services.

In 2016-17, we continued to develop the work of our CSE direct support services, which work with children and young people experiencing – or at risk of – CSE, as well as developing our work in related services, which are likely to identify risk and vulnerability to abuse and exploitation.

Meeting the needs of children and young people involved in, or at risk of, CSA requires a coordinated, multi-agency approach. Therefore, in addition to direct work with children and young people, we also work in partnership with a range of non-statutory and statutory agencies, including health, housing, police, substance misuse services, and children’s services.

Throughout 2016-17, we’ve continued to provide services at many different levels, from prevention, early intervention, and awareness raising, through to supporting the recovery of young victims and witnesses of CSA. Our work focuses on reducing the immediate risk of harm to children and young people, and developing longer-term strategies to improve their outcomes.

In 2016-17 we also commissioned a programme of research exploring the available evidence in relation to three key areas of our CSE work³¹:

- preventative education initiatives
- outreach work
- direct support for children and young people affected by CSE.

The publications bring together key messages from research about what works, and identify the features that underpin effective work with young people. These will be used to inform our service delivery going forward.

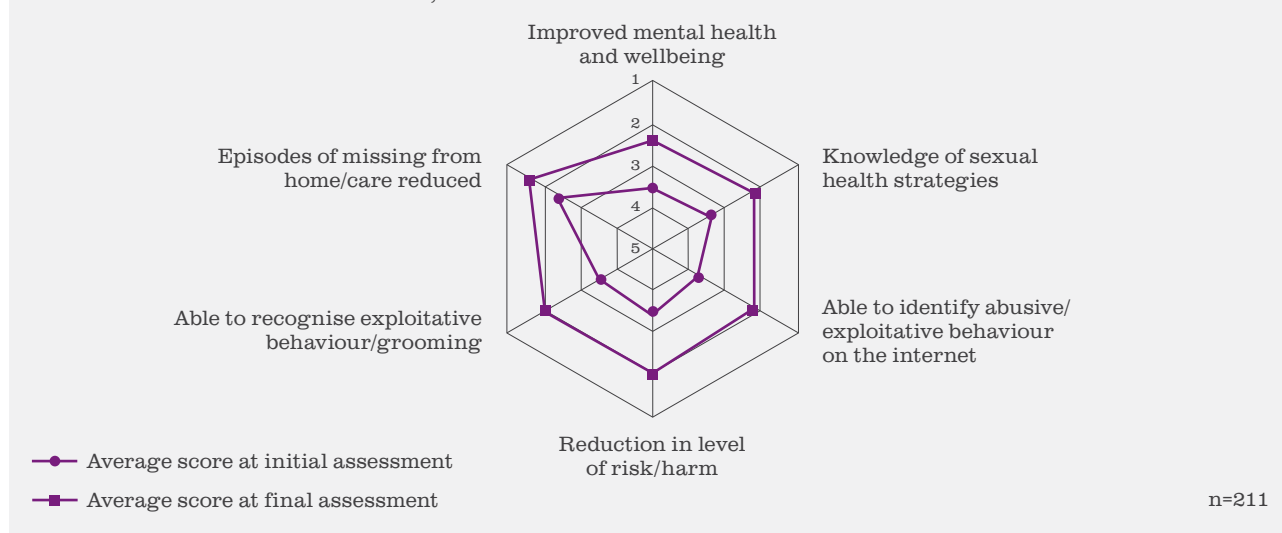
30 Department for Education (2017) Child sexual exploitation: definition and guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf, accessed 31 August 2017.

31 Bovarnick, S., Scott, S., McNeisha, D., & Pearce, J. (2017) Rapid Evidence Assessments: Child Sexual Exploitation. Available at http://www.barnardos.org.uk/resources/research_and_publications/rapid-evidence-assessments-child-sexual-exploitation/publication-view.jsp?pid=PUB-2960, accessed 31 August 2017.

The difference we made

Figure 7 shows the outcomes for those we supported in 2016-17 through our West Midlands CSE/A 'Hub and Spoke' services – a score of 5 represents the highest support need, and 1 is the lowest support need. As shown, assessment at the beginning and end of a child or parent's involvement with one of our West Midlands CSE/A services shows improvement across key outcomes. There is particularly strong improvement in relation to being able to identify abusive/exploitative behaviour – of the 130 people this outcome was recorded for, 90 experienced a positive change.

Figure 7: Outcomes for people supported through West Midlands CSA/E Hub and Spoke services: Initial and final score, 2016-17



ReachOut – Rotherham

An example of our early intervention work is our *ReachOut* service in Rotherham. This service works within schools and communities, and with individual children, to help raise awareness of CSE – particularly among children identified as most vulnerable. We work in partnership with statutory and voluntary agencies including Rotherham Council, the KPMG Foundation, the Department for Education (DfE), and the Department for Communities and Local Government (DCLG).

Interim evaluation findings³² from this work show that:

- The project has been successful in reaching large numbers of people – specifically, the educational work in schools reaches large numbers of young people who might not otherwise have received this input.
- *ReachOut's* contribution to community events has helped to convey the message that preventing CSE is everyone's responsibility.

The main resource used by *ReachOut* in school-based prevention work is Barnardo's *Real Love Rocks* (RLR) programme³³. Over the first year of service delivery³⁴, a total of 1,735 children and young people have received the RLR programme. Feedback from school pupils³⁵ and school staff indicates that the programme is well received:

³² The University of Bedfordshire & DMSS Research and Consultancy have been commissioned to evaluate this work. At time of printing this is as yet unpublished.

³³ RLR sessions cover consent, grooming, safety online and in the community, and where to go for help. For secondary school students, there is also some input around sexual exploitation and pornography. In most instances, the work in schools involves a series of four sessions by *ReachOut* staff, delivered to year six children in primary and year eight in secondary.

³⁴ February 2016 to January 2017.

³⁵ Over the course of the year, feedback questionnaires were completed by 351 secondary school students (95 per cent of whom were in year 8) and 509 primary school pupils (99 per cent of whom were in year 6).

- Over 62 per cent of primary children felt they had ‘learned a lot’ in relation to all the RLR learning outcomes – the concept of ‘grooming’ was new to many of them, and they had therefore learned the most about this (76 per cent had ‘learned a lot’ about this topic).
- Over 57 per cent of secondary students felt they had ‘learned a lot’ in relation to all the RLR learning outcomes – this was particularly so for grooming and sexual exploitation (69 per cent had ‘learned a lot’), and where to go for help (67 per cent had ‘learned a lot’).

In terms of direct support work with children and young people identified as being most vulnerable, over the first year of service delivery³⁶, *ReachOut* received 160 referrals – 143 (89 per cent) of these were girls and young women; 15 (9 per cent) were boys and young men³⁷. The young people referred ranged in age from 8 to 20, with the majority (69 per cent) aged between 13 and 16 years.

The majority of referrals were triggered by concerns over young people’s online activity (primarily sharing inappropriate images of themselves with adults, or having inappropriate contact with adults). However, most of those referred were identified as having a range of underlying issues considered to heighten their potential vulnerability.

Worker assessment of outcomes for young people suggests that *ReachOut* successfully increased young people’s ability to recognise exploitative behaviour – particularly when this occurred on the internet. A wider range of resilience-building outcomes were achieved for some young people, including considerable improvements in self-esteem and confidence, improved relationships with parents, and re-engagement with education.

Supporting young victims of CSA/CSE through criminal justice processes³⁸

Some of our services support victims and witnesses throughout and beyond their involvement in police investigations and trials relating to CSA. We undertook

research to explore the ways in which our workers support and promote the wellbeing of young victims and witnesses involved in such cases. The research findings build the evidence base for all children and young people involved in criminal justice processes related to CSA to receive or be offered one-to-one support from an independent, child-focused worker, in order to promote their wellbeing and support them on their recovery pathway.

Services for young people who have gone missing from home

Additionally, in 2016-17, research was undertaken as part of an evaluation of our Buckinghamshire return interview (RI) service that explored experiences of both professionals and young people, in order to inform evidence-based practice in safeguarding this vulnerable group. The report presents nine recommendations, including that the voluntary nature of RIs should be recognised as a tool for facilitating engagement with young people as much as a guided response to young people reported missing, and that all strategic partners should ensure this is adequately conveyed and understood by all agencies supporting young people.

Female Genital Mutilation centre

Along with the Local Government Association (LGA), and with support from the Department for Education (DfE), we continued to work in partnership with public health, education, police, local authorities and other voluntary sector organisations, as the National Female Genital Mutilation (FGM) centre. The centre continues to provide integrated services that coordinate action and share learning to prevent, protect, and treat girls and women affected by FGM. Emerging findings from the evaluation of the second phase of the Centre’s delivery show that the majority of referrals to the centre come from health agencies. Women affected by FGM are therefore coming to local authority attention most often when they access health services. This highlights the need for sensitive, informed care and transparency about any onward referral to social care.

36 February 2016 to January 2017.

37 Gender was not recorded in two cases.

38 Marsden, H. (2017) Journey to Justice: Prioritising the wellbeing of children involved in criminal justice processes relating to sexual exploitation and abuse. Barnardo’s. Available at http://www.barnardos.org.uk/journey_to_justice_full_report.pdf Accessed 27 September 2017

Key findings

We've successfully reached large numbers of children, parents/carers, and wider communities with CSE prevention messages. This has helped to convey the message that tackling CSE is the responsibility of everyone, and has **increased ability to recognise and respond to signs of exploitative behaviour.**

Our CSE services working directly with young people can lead to particularly strong improvements in their ability to identify abusive/exploitative behaviour.

Supporting young people affected by CSE through criminal justice processes can help limit potential re-traumatisation by **promoting their wellbeing throughout the young person's journey.**

Wider influencing activity

Increasing awareness in communities

In 2016-17, the final evaluation report for our *Nightwatch* project was published³⁹. *Nightwatch* is designed to raise confidence and awareness around the issue of CSE and how to identify it among night-time economy (NTE) workers. As a result of the initiative, in the locations where it's been implemented, the NTE is better equipped to identify and respond to signs of CSE, and children and young people have been safeguarded from exploitation and abuse.

Evaluation data⁴⁰ shows an increase in self-perceived confidence following the training, with the vast majority of training participants (73 per cent) reporting that they would react differently as a result of receiving the training.

Influencing practice

Throughout 2016-17, we have continued to raise awareness of exploitation, abuse, trauma, and their impact on young people's behaviour.

For example:

- We undertook research in our services in Wales⁴¹, which identified a number of barriers to identifying boys at risk of, or experiencing, CSE. We have therefore called for better training and awareness-raising around CSE in Wales, and a more gender-balanced and inclusive approach in services addressing CSE, including the development of more targeted practice approaches to address the needs of sexually-exploited boys and young men.
- In Scotland, we launched a joint report⁴² with the Centre for Youth and Criminal Justice (CYCJ) on research into professionals' responses to sexting.
- Among the different professional stakeholders we work with in relation to CSE investigations and trials, we have raised awareness around the complex attachment that some victims of CSE may appear to show towards perpetrators. It is particularly important that criminal justice professionals and juries understand this, in order for them to recognise, for example, that the erratic behaviour children and young people can display in a criminal trial may be a direct result of the trauma they have experienced, and that children and young people are groomed by their abusers, and are unable, therefore, to consent to their own abuse.

On receiving the *Nightwatch* training, a group of staff working at a hotel recalled their concerns about the wellbeing of a young woman who spent 20 minutes crying in the bathroom before going to a room with an older man. At the time, they didn't report the incident because they were not sure what to do. Following the training they reported full details of the man in question to the police, who investigated the matter further.

'A lot of control's already been taken away from you, so I think it's important to give the young person a choice.' (Amber)

39 D'Arcy, K. & Thomas, R. (2016) *Nightwatch: CSE in Plain Sight*. Luton: University of Bedfordshire. Available at https://www.barnardos.org.uk/nightwatch_cse_in_plain_sight.pdf, accessed 31 August 2017.

40 Barnardo's collected training evaluation feedback from 4,523 training participants

41 Thomas, M., & Speyer, E. (2017) 'I Never Spoke About It': Supporting sexually exploited boys and young men in Wales. Cardiff: Barnardo's Cymru. Available at http://www.barnardos.org.uk/17595_bs_i_never_spoke_about_it_cse_report_e.pdf, accessed 31 August 2017.

42 CYCJ and Barnardo's Scotland (2017) *Over the Internet, Under the Radar: Prevention of Online Child Sexual Abuse and Exploitation in Scotland*. Available at http://www.barnardos.org.uk/over_the_internet_under_the_radar_report.pdf, accessed 31 August 2017.

Since providing the Secretariat for the first Parliamentary Inquiry into harmful sexual behaviour (HSB) displayed by children and young people, during 2016-17, HSB has become more prominent in public debate and policy making, and we have continued to highlight the importance of effective responses to, and prevention of, HSB, as part of our ongoing fight to stop child sexual abuse and exploitation. This is a vital aspect of our work around child sexual abuse and exploitation, as we are increasingly aware of the links between children displaying concerning or harmful sexual behaviours, and they themselves being sexually exploited or abused.

Influencing policy

Relationships and sex education (RSE) campaign

We have long called for all children to have access to high quality, age-appropriate sex and relationships education in schools. The aims of RSE are to help children make informed choices and understand the importance of respecting individual autonomy, in order to help them respect both themselves and others, and to lead healthy, happy, safe and successful lives. To coincide with the Children and Social Work Bill, in England we launched a campaign calling on our supporters to write to their MP calling for statutory RSE. This was supported by a social media campaign and media work. We also worked with a number of MPs to advise on the wording of an amendment that would secure this change via the Bill. After attracting cross-party support, the amendment provided the foundation for the UK Government to introduce an amendment of their own. We will now focus on making sure that the changes are as effective as possible, and improve the lives of children and young people across England.

Strengthening taxi and private hire licensing

Using evidence from our service provision, which showed that taxis and private hire vehicles often feature in CSE cases, we campaigned in alliance with other organisations for the UK Government to place a duty on licensing authorities to consider how they can protect children from harm, including training for drivers on how to spot the signs of abuse. We met with UK Government officials, and secured a commitment to a change in the

law, which came into effect in January 2017 through the Policing and Crime Act 2017.

Age verification measures – We successfully lobbied for the Digital Economy Act 2017 to mandate age verification measures be placed on pornographic websites, to help prevent underage visitors to these sites. This marks an important first step towards protecting young people from encountering disturbing or inappropriate material online, just as they would be in the offline world. We intend to continue working closely with the UK Government and industry, to build on this through tackling other online issues affecting young people – such as inappropriate content distributed via social media.

Roll out of the independent child trafficking advocates service

We have been campaigning for all trafficked children to be provided with an independent, specialist worker to help them navigate through the complex immigration, social care and criminal justice systems. In 2015-16, the Home Office funded us to provide a pilot independent child trafficking advocates service. Using the evidence from the pilot⁴³, we campaigned for the service to be rolled out across England and Wales. The UK Government committed to this in July 2016, and began roll-out in three areas in England and Wales, ahead of a planned national roll-out in 2019.

Centre of Expertise on Child Sexual Abuse

2016-17 saw the launch of the Centre of Expertise on Child Sexual Abuse (CSA), funded by the Home Office. The Centre, led by us, has been established to help bring about significant and system-wide change in local and national responses to CSA. This will be done by identifying, generating, and sharing high-quality evidence on what works to prevent and tackle CSA, and focusing on turning evidence into practical solutions for frontline practitioners and commissioners across the variety of relevant sectors. This much-needed investment in services will help ensure availability of the best evidence possible about preventing, tackling and helping victims to recover from CSE/CSA. The Centre recently published four key message briefings, which bring together current research on CSE, with implications for practice and strategic commissioning⁴⁴.

43 Kohli, R. K. S., Hynes, P., Connolly, H., Thurnham, A., Westlake, D., & D'Arcy, K. (2015) Evaluation of Independent Child Trafficking Advocates trial: Final Report. Research report 86. Home Office, London. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486138/icta-horr86.pdf

44 Centre of Expertise on Child Sexual Abuse (2017) Key messages from research on child sexual exploitation. Available at <https://www.csacentre.org.uk/briefings>, accessed 31 August 2017

Malaika



‘You put me on the right track’: Supporting a young victim of CSA/CSE through criminal justice processes

Malaika was 14 when she was referred to us by a school teacher concerned by her spending time with adults, using cannabis, and going missing from home. She was allocated a Barnardo’s worker, Sarah.

Malaika developed a friendship with another young person at risk of CSE, who introduced her to older males who gave her cannabis. Malaika started having lots of arguments with her parents, and was increasingly going missing from home.

Police had concerns that Malaika may have been sexually assaulted during one of her overnight missing episodes. Malaika did not feel able to tell the police what had happened to her, but was able to tell Sarah that she had been raped. Malaika agreed that Sarah could tell the police this, but that she didn’t feel able to do an interview. Malaika didn’t want to talk to the police because she was scared of the consequences, and was worried about getting into trouble and being blamed for what had happened.

Over time, with support from Sarah, Malaika was able write down what had happened, in order for Sarah to pass this on to the police. Eventually, around a year after the incident, Malaika agreed to a police interview by video. Malaika said that she was really glad to have finally *‘got it all out’*, and that she felt *‘as if a weight had been lifted’*.

When the case went to court, Malaika gave evidence by video link, and the man who had raped her was jailed. Malaika continued to receive support from us throughout – and beyond – the trial.

Malaika said that the support she received from us was helpful, as she never felt judged, and was never told what to do or not to do, but instead was supported to make safe choices for herself.

Reflecting on the support she received from us, Malaika said: *‘you put me on the right track, and made me a better person, by supporting me and teaching me about keeping safe’*. Malaika said that it had helped to have someone there for her throughout the criminal justice process. Someone who knew and understood what she was going through, and who was able to support her in working with the police. Malaika said that in the absence of support from us, she would not have done a video interview or gone to court.

Malaika has made a lot of positive changes in her life. She now has much improved relationships with her parents, has a long-term boyfriend, has been attending school regularly, and will soon be starting a new training course.



Safer Childhoods Looked After Children

On any given day, nearly 64,000 children are living with foster carers across the UK – and they make up around 80 per cent of children who are in care away from their family homes⁴⁵. There is a desperate shortage of foster carers to care for these children – estimates show that an additional 7,180 foster carers are needed in the next 12 months alone, to ensure that the 30,000 children who come into foster care each year can live with a suitable family⁴⁶.

In 2016, 5,030 looked after children were adopted from care in England and Wales⁴⁷, a marked decrease from the 5,713 children adopted in 2015. At 31 March 2017, there were 2,410 children in England who had a placement order for adoption but were still waiting to be adopted – down from 3,030 children in 2015⁴⁸. Around 71 per cent of children with an adoption order waiting to be placed are considered ‘harder to place’⁴⁹.

Our services for looked after children in 2016-17

In addition to providing adoptive homes and foster placements for ‘harder to place’ children, we provide post-adoption counselling and support to adopters and adoptees, and residential care for children and young people who are not able to live in a foster placement or at home.

We work directly with looked after children through our independent visitor services, which provide support from an independent adult, and through our advocacy services for looked after children – which support their right to be heard and involved in decisions that affect them via one-to-one support from trained advocates.

Our fostering services provided foster placements for 893 children in 2016-17, and we placed 147 children for adoption. We also provided post-adoption support to 1,069 adults – both adopters and adoptees – across the UK, and cared for 76 children in residential homes.

Our advocacy services for looked after children worked with 3,670 children in 2016-17, and our independent visitor services worked with 297 children. In addition, we provided advocacy services to 3,725 young people in prisons across England and Wales⁵⁰.

Across all our services we provided support to 7,200 looked after children in 2016-17. This equates to 16 per cent of children we supported where their care status was known.

The difference we made

Evaluation of the LINK service⁵¹

In early 2017, we published an independent evaluation of our LINK service, which provides post-adoption support, via therapeutic

45 51,850 children in England, 5,392 in Scotland, 4,264 in Wales, and 2,212 in Northern Ireland. Cf. The Fostering Network (2016) Fostering statistics. Available at <https://www.thefosteringnetwork.org.uk/advice-information/all-about-fostering/fostering-statistics>, accessed 31 August 2017.

46 The Fostering Network (2016) *ibid*

47 4,690 in England, 340 in Wales. Comparable data is not available for Scotland. Cf. CoramBAAF (2017) Looked after children, adoption and fostering statistics. Available at <https://corambaaf.org.uk/fostering-adoption/looked-after-children-adoption-fostering-statistics> accessed 31 August 2017

48 Department for Education (2017) Children looked after in England including adoption: 2015-2016. Available at <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2015-to-2016>, accessed 31 August 2017.

49 This means the child is any of the following: five years or over; BAME; disabled, or part of a sibling group.

50 Under s. 104(1) of LASPO (the Legal Aid, Sentencing and Punishment of Offenders) Act 2012, a child who is remanded to youth detention is to be treated as ‘Looked After’ by a designated local authority.

51 Ludvigsen, A. (2017) Barnardo's LINK Adoption Support Services: An Evaluation. Barking: Barnardo's. Available at <http://www.barnardos.org.uk/publication-view.jsp?pid=PUB-2980>, accessed 31 August 2017.

counselling and attachment-focused therapy, to birth family members, adopted children (both over and under 18) and adopters throughout the South East of England.

This research sought to identify and share the LINK adoption support model, and to assess the impact of the service on the individuals it supports.

The evaluation findings strongly suggest that therapeutic counselling has a positive impact both in the short-term and in the longer term; the majority of research participants said that counselling made them more relaxed or calm (71 per cent), had boosted their confidence (63 per cent), and that they understood themselves better as a result of counselling (63 per cent) – these outcomes were sustained over a longer period, after sessions had ended.

While the evaluation demonstrates the positive impact therapeutic counselling can have on our service users, it also highlights that some adoption placements need high levels of support, and that adopters and adoptees on the whole value ongoing adoption support.

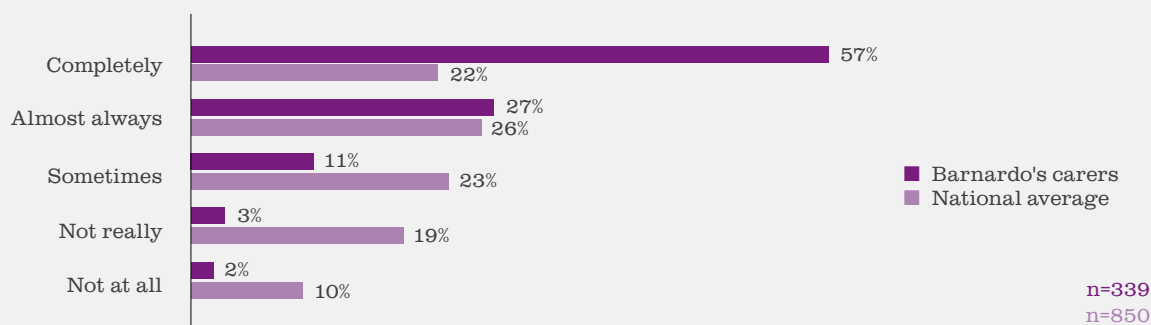
Valued members of the team: a survey of Barnardo's foster carers⁵²

There is extensive evidence on the importance of stability for children in care. Foster carers who are well trained, supported and who feel valued as a professional are a key component in achieving stable placements for fostered children⁵³. To this end, in 2016 we carried out a survey that would allow comparison with other foster carers in the UK, using the Fostering Network's 'State of the Nation's Foster Care' survey as a benchmark⁵⁴.

This questionnaire was sent to all our foster carers across the UK⁵⁵, and found that our foster carers were consistently more positive about their fostering service than the national average:

- **84 per cent** of our carers said they were 'completely' or 'almost always' treated as a valued member of the team by their fostering service, compared to **48 per cent** of carers in the Fostering Network survey.
- **89 per cent** of our carers said they were 'completely' or 'almost always' given all the information they needed about a foster child before the child moved in, compared to **42 per cent** of carers in the Fostering Network survey.
- **79 per cent** of our carers described out-of-hours support at their service as 'good' or 'very good', compared to **44 per cent** of carers in the Fostering Network survey.

Figure 8: Are you treated as a valued member of the team with responsibility for the child(ren) in your care?



52 Cooke, S. (2016) A valued part of the team: a survey of Barnardo's foster carers. [Manuscript unpublished]. Please contact Susan Cooke susan.cooke@barnardos.org.uk for more information.

53 Cf. Norgate, R., Warhurst, A., Osborne, C., Traill, M., & Hayden, C. (2012). Social workers' perspectives on the placement instability of looked after children. *Adoption & Fostering*, 36(2), 4-18; Barber, J. G., & Delfabbro, P. H. (2003). Placement stability and the psychosocial well-being of children in foster care. *Research on Social Work Practice*, 13(4), 415-431.

54 Ward, D., & Sanders, J. (2014) The state of the nation's foster care: what foster carers think and feel about fostering. London: The Fostering Network. Available at <https://www.thefosteringnetwork.org.uk/sites/www.fostering.net/files/state-of-the-nations-foster-care-2014.pdf>, accessed 31 August 2017.

55 The survey was sent to 593 fostering households and 361 completed the survey, generating a 61 per cent response rate.

Hailey



Learning to trust: Foster placement for a victim of child sexual exploitation

When she was 16, Hailey was referred to us for an emergency foster placement because she was being sexually exploited by a group of men in her local area.

Hailey did not want to attend meetings with the missing and sexual exploitation (MASE) service or talk to professionals about the exploitation she was experiencing; nor did she want to stay in the foster placement with Linda, her Barnardo's foster carer.

She also would not admit that she was a victim of child sexual exploitation (CSE), and would frequently go missing and meet up with her abusers – who continued to manipulate her via phone calls, social media, and messages delivered through her friends.

However, Linda gradually gained Hailey's trust, providing unconditional positive support and consistent boundaries. She supported Hailey to recognise that her relationship with these men was not a caring one, and that she was being abused. Finally, Hailey agreed to end all contact with them.

During the placement, Hailey met a new boyfriend who did not pose a risk to her, and Linda worked with her to understand the difference between positive and negative relationships.

Her trust in Linda enabled Hailey to begin trusting other professionals and, with Linda's support, she was able to speak at her MASE meetings about the trauma she had experienced, and even identify some of the perpetrators.

In addition to helping Hailey to take part in MASE meetings, Linda supported her to attend college and to develop her social and independent living skills, such as cooking, shopping, budgeting and other day-to-day tasks.

After the placement finished, Linda continued to support Hailey – alongside social care professionals and police – to act as a witness against her abusers, and helped her through the ordeal of appearing in court.

The judge in the case (which resulted in a successful prosecution), praised Linda's support to Hailey throughout the process, telling the court that, without people like Linda 'the world would be a poorer place'.

'Being part of this group is one of the most amazing things I've done as I've learnt new skills. I proved the doubters wrong.'

(Josh, young person in care)

Key findings

Support needs, particularly around mental health and emotional wellbeing, do not disappear when a child is placed for adoption; many children who are adopted have high levels of need – and their family should be supported accordingly.

Our foster carers are well placed to provide stable placements for children and young people, because they feel supported by their fostering service, and part of the team around the child they are fostering – more so than other foster carers.

Wider influencing activity

Influencing policy

Through our influencing activity around the Children and Social Work Bill, we – as part of the Alliance for Children in Care and Care Leavers – lobbied the UK Government to introduce regulations around mental health assessments for looked after children. In response, the UK Government committed to piloting mental health assessments for looked after children, and amended the new corporate parenting principles⁵⁶ in the Bill to refer specifically to children's mental health, as well as their physical health.



⁵⁶ Guidelines which enshrine in law the responsibilities of a 'corporate parent'.



Positive Futures Leaving Care

Most young people's parents help them on their journey to becoming independent adults. But often care leavers don't have that support. For many, leaving care can be a frightening and bewildering time.

Without the right support, young people leaving care can easily:

- drop out of education, training or employment
- end up homeless
- struggle to cope with the costs of living independently
- suffer health and social problems.

However, with the right support at the right time, we know we can impact on young people's experiences of leaving care, and help ensure that they receive the support they need in order to fulfil their potential, and go on to lead fulfilling adult lives.

Eight care-experienced young people were trained to become action researchers, to explore how we can support young people to become part of our 'family firm'⁵⁷. The young researchers conducted interviews with 38 care-experienced young people in 21 locations across Scotland. They found that⁵⁸:

- young people consider a stable home life and stable accommodation as a vital starting point for engaging in employment
- very few young people talked about needing financial support, but when they did, it was to assist with childcare costs, travel expenses, and workplace clothing.

The majority of young people felt it would be useful to have:

- a supportive manager who understood the issues that care-experienced young people could face
- a workplace mentor, who could help them settle in, would look out for them, and would be available to talk things through with them.

The main barriers to employment faced by care-experienced young people, as identified by the young researchers, were: complicated paperwork (e.g. contracts and application forms); lack of qualifications and experience; the stigma of being care-experienced; having a criminal record, and mental health issues.

Our leaving care services in 2016-17

In 2016-17, we supported 3,200 care leavers – 1,815 in our leaving care services and 1,385 across our other services.

We've continued to focus our work with care leavers on three of the issues they tell us matter to them the most:

- employment, training and skills
- accommodation
- mental health and emotional wellbeing.

'Because you're in care, it does not mean to say you're not human, and people just like sort of fear it. They put themselves down because someone else has done it.' (Lee, care leaver)

57 A 'family firm' is defined as 'an employer that offers a broad range of support and opportunities to progress positive economic destinations'. This might include work experience, employment and training, or building capacity and skills individually or in groups by preparing job applications or developing interview skills.

58 Barnardo's Scotland (2016) Family Firm Action Research Report. Available at http://www.barnardos.org.uk/family_firm_action_research_report_pdf.pdf, accessed 31 August 2017

The difference we made

Since April 2016, we've been trialling 'Young Person's Outcomes Star'⁵⁹ with young people living in some of our supported lodgings placements⁶⁰. The Star is a tool for supporting and measuring change when working with people⁶¹. Our supported lodgings services can offer care leavers a vital stepping stone to independence – a safe living environment in which young people can learn practical life skills – and the Star measures the progress they make along the way.

Data from the first year of the trial shows:

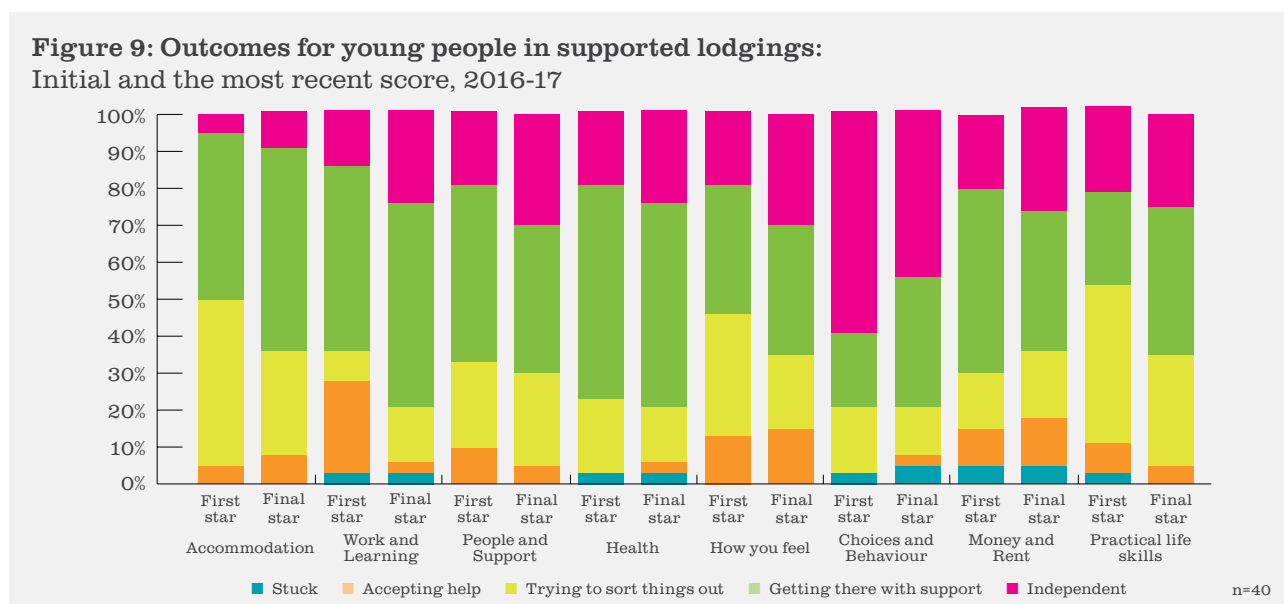
- 89 per cent of young people started their supported lodgings placement with at least one outcome area at the level of 'Trying to sort things out' or below (an initial Star reading of 1-3)

Of those with at least two Star readings (40 young people):

- 83 per cent improved in at least one outcome area between their first and most recent Star readings – this indicates that young people (and their Barnardo's worker) noticed an improvement in at least one area of their life.
- 55 per cent experienced improvement in two or more areas.
- Averaged across outcome areas, 50 per cent of those starting at 'accepting help' (an initial reading of 2), moved forward at least one 'Journey of Change' stage.
- For young people showing support needs (a reading of 1-3 on first Star), the average change for the 'work and learning' area was the highest (1.29). 36 per cent of young people showed support needs in this area on their first Star reading, with 86 per cent of these showing improvement.

Figure 9 shows the percentage of service users at each Journey of Change stage, at first and most recent Star readings (the graphic only includes the 40 service users with more than one Star reading).

As shown in figure 9, 54 per cent of young people had a 'practical life skills' support need (a reading of 1-3) at the time of their first Star reading, compared with 35 per cent at time of final Star reading.



59 The Star is usually conducted collaboratively between a young person and their Barnardo's worker. Young Person's Outcomes Star measures progress towards independent living, across eight outcome areas: accommodation; work & learning; people & support; health; how you feel; choices & behaviour; money & rent; and, practical life skills. For each outcome area, progress is measured on a five-point scale where 1 is 'stuck', 2 is 'accepting help', 3 is 'trying to sort things out', 4 is 'getting there with support', and 5 is 'independent'.

60 In supported lodgings, a young person is provided with a room of their own in a private home. The young person is a member of the household, but is not expected to become a member of the family. At least one adult in the household is trained to provide practical and emotional support to assist a young person in developing the confidence and capability to live an independent adult life.

61 Initial Star readings have been completed for 75 young people. Forty of them (53 per cent) have completed a second Star reading.

Kayleigh



Looking forward to the future: Supporting a young parent who was previously looked after

Kayleigh, a mother of two children was referred to Barnardo's *Start Smart* by a local authority children and families social worker when she was 19 years old. She had been looked after by the local authority. Her eldest child (aged two) had been removed because of domestic abuse and her inability to keep her child safe. She had recently had another baby who was subject to a child in need (CiN) plan.

Kayleigh was socially isolated, and had very little contact with her family. She was distrusting of agencies because of her experiences of being in care and the removal of her eldest child. She was also on medication for post-natal depression.

The service built up a positive relationship with Kayleigh, meeting regularly. Kayleigh shared that she felt bullied and intimidated by her landlord and that she was in debt and was struggling to manage financially due to her benefits being stopped.

She was supported to register with 'property pool' which led to her being rehoused. A financial review was arranged to ensure that she was receiving the right benefits and funding, and that she could afford the flat. The service also supported Kayleigh to attend meetings to ensure her voice was heard.

Five to Thrive resources helped to build on Kayleigh's parenting skills and develop her confidence as a parent. Through staff modelling positive behaviours, Kayleigh's confidence and skills in communication and self-advocacy improved. Staff also encouraged Kayleigh to pay attention to her own health and wellbeing.

Kayleigh's baby is no longer on a CiN plan, and her older child was returned to her care on a phased return. Her mental health has improved and she is less isolated as she feels more able to go out with her children. Her resilience, confidence and independence skills have improved. She is able to advocate for herself and her children. She is looking forward to the future, planning to go to college, and no longer requires support from us.

'Barnardo's made me feel so welcome, and actually made me achieve the things I needed to.'
Kayleigh

In 2016, we undertook a study of our employment and training support for care leavers in Lincolnshire⁶². The study provided insights into care leavers' expectations and experiences of early working life, and highlighted the importance of the following in effectively supporting care leavers into Employment, Training and Skills (ETS) opportunities:

- Pre-employment work preparation with care leavers – with a focus on support with both soft/emotional skills and training on workplace skills.
- Not only preparing care leavers for their transition into work or training, but supporting them throughout the process
- Looking beyond the immediate employment-related challenges or barriers care leavers may face, to understand their broader circumstances, so as to ensure that any challenges or barriers in other aspects of their lives are identified and tackled, to minimise the impact these might have on their ability to engage with ETS.

Wider influencing activity

In 2016-17 we continued to increase knowledge and improve skills among workers supporting care leavers, and advocated for change by briefing and working with the media and parliamentarians.

Influencing practice

Ofsted inspections of care leaver services across England have found that two-thirds 'require improvement' or are 'inadequate'. We designed an accredited training package for personal advisers (PAs)⁶³, and began piloting it. We know that the quality of support care leavers receive can have a profound impact on whether they make a successful transition to adulthood, and that the role of the PA is critical to this.

With regard to accommodation, we have worked with a range of organisations to adapt the care leavers accommodation and support framework for a Welsh context, and have continued to support local authorities in England to implement the care leavers accommodation and support framework, which we developed in partnership with other organisations in 2015. We have used the framework to bring together housing and children's services, and to focus

Key findings

Within our supported lodgings provision, we can have more impact on care leavers' **practical life skills**, and on supporting them in their **work and learning**, than we can on supporting them to adopt positive changes to their behaviour.

Effectively supporting **care leavers into employment and training** opportunities involves pre-employment work preparation, continuing support throughout the early stages of employment or training, and a commitment to **understanding their broader circumstances**.

Care-experienced young people value support from **workplace managers who understand the issues** that they can face, as well as support from a workplace mentor.

on solutions to the housing problems that care leavers experience.

Influencing policy

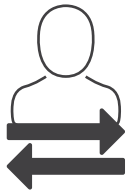
As a lead member of the Alliance for Children in Care and Care Leavers, we undertook work to help develop an amendment to the Children and Social Work Bill, requiring local authorities to proactively offer support to every care leaver at least every 12 months, rather than waiting for a care leaver to request it. The UK Government introduced an amendment to the Bill, to expressly clarify that local authorities must offer this support. This change will help ensure that all care leavers feel they can receive support between the ages of 21 and 25, even if they previously indicated that they would not need it.

We have undertaken work to raise awareness of the serious barriers care leavers can face in becoming apprentices, and helped drive change to ensure that care leavers do not miss out on opportunities to access and achieve apprenticeships.

In 2016, the UK Government announced that employers taking on care leavers as apprentices, up to the age of 25, would be paid the amount they would be for 16 to 18-year-olds – which is a slightly higher rate than for their non-care leaving peers.

62 Sewel, K. (2016) Supporting care leavers in employment and training opportunities. [Unpublished manuscript] Please contact kate.sewel@barnardos.org.uk for further information

63 Personal advisers are 'mentors, advocates and friends' to care leavers, and have the role of providing personal support to them, and being a 'gateway' to leaving care service provision from the local authority.



Strategic Direction



Since the launch of the corporate strategy, we've already made progress in increasing the number of children, young people, parents and carers we support each year through our direct support services by 10 per cent, and we collect a range of evidence to demonstrate the immediate outcomes of this work for the individuals we support. However, we know that there is much more work to do to address the persistent issues affecting the most vulnerable children and young people. We recognise that there are wider opportunities for us to build on our expertise and engagement with service users to have an even greater impact, through understanding the key problems and prioritising the opportunities to make a real sustainable difference.

From the six priority groups, the following were agreed as strategic priorities where we felt there was scope to have significant wider influence and bring about transformative change:

- mental health and wellbeing
- child sexual abuse (CSA)
- in care and leaving care.

The overall vision across these three areas is that:

- all children and young people have improved outcomes because their mental health and wellbeing is improved or their risk of poor mental health and wellbeing is reduced
- risks of CSA are reduced, and children and young people who have experienced CSA have improved outcomes
- children in care and those leaving care have improved outcomes.

We are currently supporting these three areas by reviewing the existing research, engaging with our service staff and service users, reviewing what currently works within our services, and identifying the key barriers and enablers to achieving our vision.

'If you don't understand what our goals are, you won't be able to support us.' (*Iqra, Linx, Lancashire Children in Care Council*)



Looking to the Future

Our new corporate strategy outlines an organisational commitment to strengthening how research and evaluation can inform our learning and the decisions we make. This can be achieved through improving the data we collect, and the measures we use to provide evidence of our impact, as well as identifying areas to research in more detail.

Theory of change

A theory of change articulates what we are trying to achieve, and how we intend to get there. A good theory of change is supported by evidence or a 'theory' of why the activity would lead to that change and takes into account the needs of **diverse** communities. This is an iterative process so that, as we learn more, this can be fed into the model. We will develop initial theories of change for the three strategic priority areas, and over time we can provide evidence that increases our knowledge and understanding of what works, why it works, and for whom.

Data improvements

We have started a new programme addressing the data issues in our organisation. This will allow us to measure the difference we are making over time, and to review how resources can be used more effectively to create more value to children, young people and families. The data model project will enable us to identify the key inputs, outputs and outcomes to collect robustly and systematically, using appropriate **digital** technology, across our diverse services.

Identifying gaps in research

We will continue to commission and carry out research and evaluation studies to fill gaps in our knowledge and understanding.

It is vital that the benefits of our research must always outweigh the risk of harm, and that appropriate levels of rigour are applied depending on the decisions that will be taken as a result of the findings. We will work to

'Learning is key to always getting better and making services even more effective.'

(Emma, POWAR, Children with Disabilities Council)

ensure that all research we carry out or commission can be of significant value to children and young people.

Strategic partnerships

Much of our data reporting is informed by the requirements of our commissioners. This can limit the extent to which we can measure outcomes that we know are important across groups of our services and service users, and understand which service models are most effective. We have started to develop strategic partnerships with local authorities, NHS, the police and others from the statutory, voluntary and commercial sectors so that we can develop shared understandings on what needs to change and how we should measure this. This enables us to make the most of our diverse expertise and experience of working holistically with children and young people.

Learning

As we implement new ways of delivering support, we hope to bring together resources effectively across the organisation, to learn what works, and to act quickly on insights to improve the support we provide to children and young people. We want to ensure that we are really involving children, young people and their parents and carers, so they can directly influence the support we provide. We also want to work with others to build on research, evaluation and insight, and to have a wider influence so that families outside our direct service provision can also benefit from our learning and expertise. This will ensure that we really do achieve our vision of better outcomes for more children.

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