# See, Hear, Respond: Final evaluation report. Executive summary

April 2021

*I feel a lot of relief. I would definitely use the word relief. Finally, I've been listened to. Because I've asked for help in so many places – my GP, schools, various agencies, but I don't feel I've been listened to or supported. The Barnardo's service has been the first service that has really listened to me and supported me to find some solutions. In supporting me, I can then deal with parenting better, because I'm being supported and listened.*

Parent/carer of child supported by SHR

## Introduction

### Overview

This report presents the findings of the final summative evaluation of the Barnardo's-led See, Hear, Respond (SHR) programme.

### About SHR

SHR was commissioned by the Department for Education (DfE) and collaboratively designed by Barnardo's and the DfE. The purpose of SHR was to bring together a consortium of national and community-based charities and other partners to work together to provide assistance to vulnerable children, young people, and their families, that have been adversely affected by the COVID-19 pandemic and the lockdown measures that have been implemented in response to the crisis.

The aim of SHR was to intervene and support children early, preventing additional harm and ensuring that needs that have been triggered by, or exacerbated during, lockdown did not escalate to become chronic and persistent to levels that cause long lasting harm to children and families and require costly long term multi-specialist support[1].

Stakeholders, including from Barnardo's, its partners and the DfE, emphasised that SHR was an immediate, short-term response to the COVID-19 pandemic. In this respect, it did not specifically aim to resolve long-term challenges faced by children, but rather "*hold them*" and prevent additional harm, with the aim to connect young people with sustainable support when they exit SHR. For example, a key aim would be ensuring that children and young people are ready to return to education as and when schools re-open. As part of the evaluation a logic model was developed which clearly presents SHR's intended outcomes and impacts.

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

SHR was intended to run until the end of October 2020. However, it received an extension to the end of November 2020. SHR was subsequently extended into a phase 2 programme until March 2021. This evaluation focusses on phase 1 of the implementation of the programme, i.e. between June and November 2021.

SHR was designed to be open to any child, young person or family that has been adversely affected by the COVID-19 pandemic. The programme aimed to focus on supporting children and young people who were not in receipt of support from statutory services. The programme worked with families and children from six core priority groups to ensure that those likely to be most disadvantaged by the COVID-19 pandemic accessed support: (1) children under 5 with a specific focus on under-2s; (2) children and young people with Special Educational Needs and Disabilities (SEND); (3) children who may be at increased risk of abuse, neglect and exploitation inside or outside the home; (4) Black, Asian, Minority Ethnic and Refugee children; (5) young carers; and (6) children and young people with mental health and/or emotional wellbeing concerns.
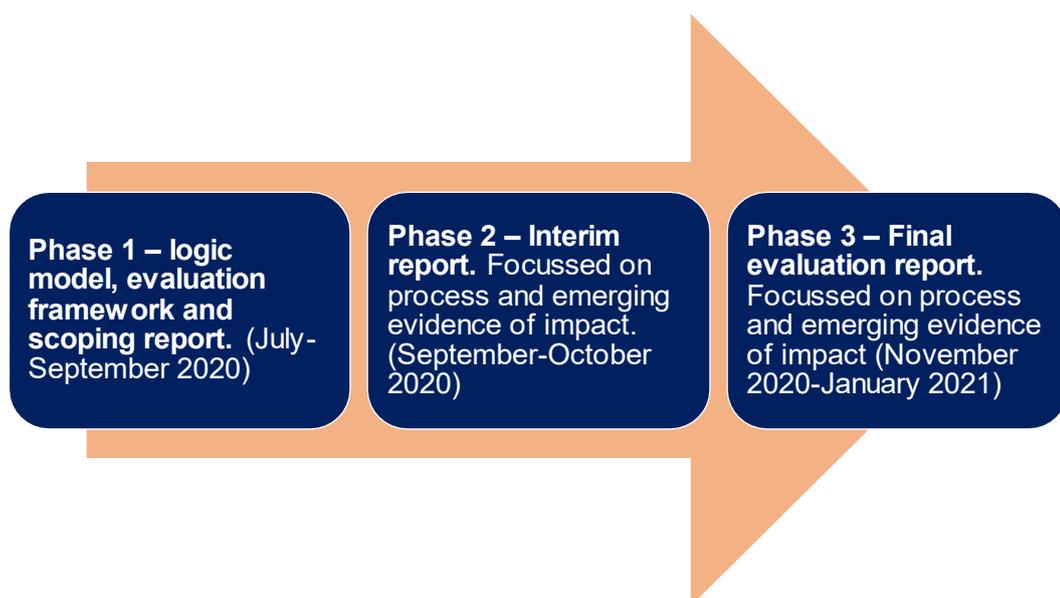
Support to families and children was provided through three SHR delivery strands:

- Online digital support

- Youth interventions including face-to-face individual, group and detached youth work

- Reintegration into education working alongside schools and statutory partners to identify those children that would benefit from additional contact or a reintegration plan.

### About the evaluation

The evaluation has taken a theory-based, real-time evaluation approach feeding evaluation findings into the programme early to support decision-making and programme development. It was delivered across three phases summarised in Figure 1.

*Figure 1 A three phased evaluation approach*



**Phase 1 – logic model, evaluation framework and scoping report.** (July-September 2020)

**Phase 2 – Interim report.** Focussed on process and emerging evidence of impact. (September-October 2020)

**Phase 3 – Final evaluation report.** Focussed on process and emerging evidence of impact (November 2020-January 2021)

During phase 1 of the evaluation, we co-designed an evaluation framework with key SHR stakeholders including representatives from Barnardo's and the DfE. Stakeholders identified three key areas of focus for the evaluation:

- The difference that SHR has made on outcomes for children and families.

- The effectiveness of the delivery of SHR, including learning from the partnership approach.

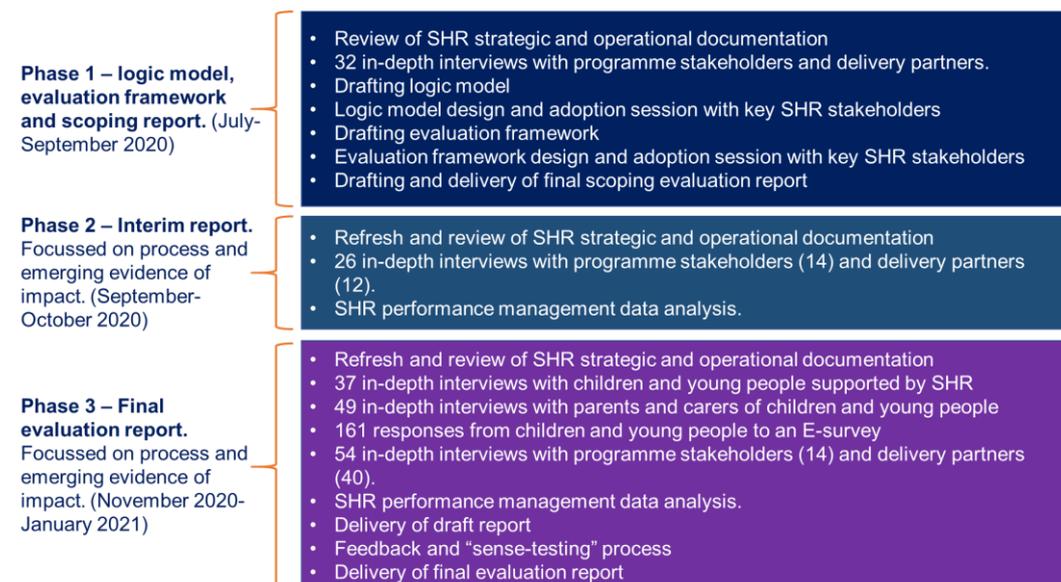- Wider learning to inform the recovery of Children's Services.

The co-designed evaluation framework set out six clear evaluation questions:

- What difference has SHR made for children and young people?

- What difference has SHR made for parents, carers and families?

- What difference has SHR made for staff and professionals delivering the programme?

- What difference has SHR made for the Children's Services sector?

- How effectively has the SHR programme been delivered?

- Has SHR been value for money?

## Methods

Figure 2 provides a summary of key evaluation methods undertaken during each phase of the evaluation.

*Figure 2 Summary of key evaluation methods*



**Phase 1 – logic model, evaluation framework and scoping report.** (July-September 2020)
- Review of SHR strategic and operational documentation
- 32 in-depth interviews with programme stakeholders and delivery partners.
- Drafting logic model
- Logic model design and adoption session with key SHR stakeholders
- Drafting evaluation framework
- Evaluation framework design and adoption session with key SHR stakeholders
- Drafting and delivery of final scoping evaluation report

**Phase 2 – Interim report.** Focussed on process and emerging evidence of impact. (September-October 2020)
- Refresh and review of SHR strategic and operational documentation
- 26 in-depth interviews with programme stakeholders (14) and delivery partners (12).
- SHR performance management data analysis.

**Phase 3 – Final evaluation report.** Focussed on process and emerging evidence of impact. (November 2020-January 2021)
- Refresh and review of SHR strategic and operational documentation
- 37 in-depth interviews with children and young people supported by SHR
- 49 in-depth interviews with parents and carers of children and young people
- 161 responses from children and young people to an E-survey
- 54 in-depth interviews with programme stakeholders (14) and delivery partners (40).
- SHR performance management data analysis.
- Delivery of draft report
- Feedback and "sense-testing" process
- Delivery of final evaluation report

The evaluation took a mixed methods approach, including consultation with programme stakeholders (i.e. DfE staff, Barnardo's staff, members of the programme board), delivery partners, children and young people and parents and carers (See Figure 2 for information about sample sizes). This qualitative data was triangulated with performance management data collected by SHR delivery partners. This data included information on needs, SHR activity and outcomes reported both by delivery partners practitioners and parents/carers. In addition, the findings include evidence from an E-survey of 161 children and young people about the difference SHR made to them.

## Implementation of SHR

> *It's been an exemplar programme for collaboration between central government, a national charity, and local or regional charities. The fact it's been pulled together so quickly is even more impressive.*

See, Hear, Respond (SHR) programme stakeholder

Between 17 June and 30 November, SHR was designed and implemented at pace and scale. During this period, the programme has provided support to 43,114 vulnerable children and their families who were adversely impacted by the COVID-19 pandemic and associated lock-down restrictions. SHR was able to achieve this because of the following:

**1) SHR was collaboratively designed and established rapidly.**

Stakeholders reported that SHR was designed and implemented at pace including agreeing a model of support, implementing the necessary governance, accountability and programme management infrastructure, commissioning a network of providers, establishing a range of referral pathways; and setting up performance management systems. Stakeholders reported that the strengths of this process included: (1) Effective and robust governance, accountability and project management infrastructure; (2) Visible and strong leadership; (3) Collaborative approach to partnership working between the DfE, Barnardo's and the delivery partners; (4) The flexibility of the delivery model to reflect emerging evidence around needs, and; (5) Effective capacity building with delivery partners.

Stakeholders reported that challenges to establishing SHR rapidly included: (1) Creating a model that does not duplicate other support provided by other services in the system; (2) Communicating and explaining the role of the programme to wider partners in a short period of time; (3) Creating a geographically equitable service offer; (4) Supporting smaller organisations to join the delivery partner network, and; (5) Contract managing a larger than anticipated delivery partner network.

**2) Identifying children and families requiring support.**

SHR generated 15,950 individual referrals for individual support, group work and support for reintegration to education[2]. Stakeholders reported that the partnership approach was critical to this success. SHR made effective use of smaller delivery partners and their

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[2] This figure does not include children who were supported via detached youth work. Since this work was conducted in the community, individual children's details were not recorded and therefore they are not included in analysis of needs or outcomes.

networks within communities to reach children and families. Local promotion of SHR was reported to be a more effective approach than national campaigns. Stakeholders also reported that schools played an important role referring children to delivery partners. The programme was effectively targeted, with individual referrals data showing that 98% of children displaying characteristics which met the criteria of at least one of SHR's six priority cohorts.

SHR supported children with a wide range of challenges. According to SHR performance management data for 14,448 children, the most prevalent challenges faced by children were mental health needs (59%, 8,569 children), followed by isolation and loneliness (51%, 7,331 children), barriers to reintegration to education (34%, 4,912 children) and parenting support (34%, 4,859 children). It should be noted that many children experienced more than one challenge (i.e. may have experienced mental health need *and* isolation and loneliness).

**3) Effective delivery of support.**

SHR successfully met or exceeded its targets for the number of packages of support delivered and children supported by each work strand. Stakeholders and delivery partners stated that this was possible due to the flexible and effective approach of SHR.

This approach included the following key characteristics: (1) The speed of response to families who needed support; (2) The experience, expertise and diverse range of delivery partners in the SHR network. In particular, stakeholders noted the importance of smaller VCS organisations which were able to rapidly deploy their resources and reach communities which it was felt SHR may otherwise have not reached. Stakeholders particularly noted the success that smaller community organisations had in identifying, engaging and working with children and young people from BAMER communities; (3) A child-centred, creative approach to delivering support; (4) Support that focussed on empowering children and families; (5) Provision of a trusted adult from outside the home; (6) Deployment of online and in person individual, group and detached youth work support.

However, some delivery partners identified that it had been challenging to adapt support to work within the tight time parameters required of SHR's work strands. This is reflected by SHR performance management activity data which shows that children were often provided multiple packages of the same work strands of support. Several stakeholders suggested that for some children this may have been due to the complexity of needs that some children had. In some cases, this need was more complex than had been anticipated in the initial set up of the SHR programme.

**4) Good quality support.**

Feedback from children and families and delivery partner case closure forms indicates that the support provided by SHR was appropriate and of high quality. Stakeholders reported that SHR's mixed economy of organisations, work strands and support packages meant that children and families could engage in a variety of ways tailored to their needs. Feedback from around 3,000 families collected by delivery partners suggests that support was of high quality: It showed that: 2,979 (98%, n=3,040) respondents felt listened to; 2,902 (95%, n=3,040) felt respected; 2,596 (89%, n=2,907) felt that they had a say in decisions made about their support, and; 3,372 (98%, n=3,436) said that the support was helpful. In addition, '*Needs met*' was the reason for case closure recorded for 11,961

(84%, n=14,180) children, reinforcing family feedback that suggests support delivered was appropriate and effective.

**5) Exit Planning.**

An exit plan was developed and implemented for SHR, although the programme has continued to a second phase which will last from December 2020 until March 2021. Overall, stakeholders reported that they were confident that appropriate resource was made available to ensure a safe exit for all children. Some stakeholders reported that smaller delivery partners had experienced difficulties in accessing local early help services for children and young people to transition to. Stakeholders also reported that for delivery partners and Barnardo's planning how to safely close the service had been challenging while the future of the programme was uncertain. This in part reflects the ongoing uncertainty and nature of the COVID-19 pandemic.

## Impact of SHR

*Yeah, it built my confidence to go back to school, because I was scared to go outside because I didn't want to catch corona, and I've not been in contact with people for so long, so being in contact with people before going back to school made it less awkward. When I did go back to school, I felt more normal, and everything that I wanted was back to normal. Everything was as normal as it could be.*

Young person supported by SHR

### *Children and young people*

Evidence from consultation with children and young people, parents and carers, delivery partners, key stakeholders and quantitative data from the E-survey of children and SHR case closure forms shows that in the short-term, SHR has achieved the following intended impacts including:

- **Children felt more supported.** For example, 91% (135, n=149) of children who responded to the E-survey reported that they found the support provided by SHR useful.

- **Children experienced reduced feelings of isolation or loneliness.** Analysis of outcomes data recorded by delivery partners in case closure forms showed that 7,331 (51%, n=14,448) children receiving individual support from SHR had reduced isolation and loneliness.

- **Children were successfully supported to reintegrate to education.** 2,263 (80%, n=2,833) families who provided feedback to SHR delivery partners reported that their child(ren) was more settled at school. 79% (119, n=150) children responding to the E-survey felt more supported to go to school or college since working with SHR.

- **Children were supported to access additional services and community support.** 2,547 (84%, n=3,037) families who provided feedback to delivery partners reported that their child was more connected to services. 72% (107, n=149) children who responded to the E-survey reported that since working with SHR they have felt supported to get

the extra help they may need. Delivery partners reported that 5,274 (39%, n=13,483) children they worked with were better connected to services, and 3,561 (26%, n=13,483) were better connected to family or community support.

Programme stakeholders and delivery partners also reported that involvement in SHR supported a range of additional short-term outcomes including: (1) improved inter-familial relationships; (2) increased self-confidence; (3) improved safety, and; (4) improved knowledge about COVID-19 and how to stay safe during the pandemic.

Programme stakeholders and delivery partners reported that longer term impacts may have been achieved through: (1) early and timely intervention which had likely prevented crises for families and therefore escalation to CAMHS, Early Help and statutory children's social care services, and; (2) families' resilience increasing because they have learnt skills and strategies for managing difficult situations through SHR and have greater confidence and awareness about how to access support.

### *Parents and carers*

SHR was not designed to specifically support or improve outcomes for parents and carers. However, during the co-design of the SHR logic model stakeholders recognised that by improving outcomes for parents and carers the programme would further support outcomes improvement for children and young people. There is a range of evidence that SHR has improved outcomes for parents and carers including: (1) delivery partners reported the parents/carers of 3,583 (27%, n=13,483) children who received individual support, had improved mental health and wellbeing; (2) Feedback from around 3,000 families collected by delivery partners shows that in over 70% of cases, parents and carers of children supported by SHR reported being:

- Happier (2,804 parents/carers, n=2,804)

- More connected to services (1,877 parents/carers, n=2,462)

- Safer (1,593 parents/carers, n=2,290)

- Supported to help their child settle at school (1,614 parents/carers, n=2,292)

Additionally, programme stakeholders, delivery partners and parents and carers interviewed reported that SHR has supported parents and carers to: (1) Combat feelings of isolation or loneliness during the pandemic; (2) Engage with their children's school or college to facilitate their return to school, education or training; (3) Access support for their children and themselves from other services and the community; (4) Keep themselves and their children safe during the pandemic; (5) Support their own and their children's mental health and wellbeing needs, and (6) Maintain their own and their children's mental health and wellbeing needs during the pandemic.

### Lessons and implications

- **Improved understanding of need relating to the impact of the pandemic on young people and families which can be used to inform future planning.** SHR and this evaluation has developed a rich evidence-base of the needs of over 14,000 vulnerable children who have been impacted by the pandemic. The analysis details the

nature and the extent of the needs of this cohort, providing an indication about the negative impact that many children and young people – and their families – have experienced linked to the pandemic. Analysis of this data, including the analysis presented in this report, can be instructive about the areas which government, the VCS and other organisations responsible for supporting children may wish to focus on as the pandemic evolves.

- **Further research is needed on the accessibility of support services for children, young people and families.** This evaluation has identified that programme stakeholders and delivery partners have concerns about the accessibility of Early Help services due to variable thresholds across England. Overall, the evaluation suggests that further research may be necessary to understand the accessibility of support services such as Early Help and CAMHS, their thresholds and any gaps across England.

- **Potential for a longitudinal study.** Evidence about the long-term impact of COVID-19 on vulnerable children is not yet available. There is the opportunity to use the data collected by SHR to develop a longitudinal study, which would increase understanding of the long-term impact of the COVID-19 pandemic on vulnerable children, young peoples' and families' outcomes. These types of study are valuable in supporting evidence-informed policy responses.

- **Similar programmes would benefit from developing a theory of change before implementing a performance management approach.** Future programmes could be further strengthened by developing a theory of change prior to designing and implementing performance management data systems to ensure that all relevant outcomes are captured. This was not possible for SHR due to the pace at which it was designed and implemented.

- **Collaborative approaches to commissioning work.** The DfE and Barnardo's took a collaborative approach to partnership working. This approach included closer cooperation than a traditional commissioner-service provider model. Dedicated project management and detailed performance management data, alongside a commitment to working collaboratively meant that the SHR programme could be adapted flexibly to meet the changing needs of children and families. This is a model of commissioning and programme management which would be of value to other projects.

- **The VCS has an important role to play working in coordinated ways to support outcomes improvement for children and young people.** SHR has demonstrated the role that the VCS can play supporting children and young people, working as part of a coordinated network of partners. This has included the important role that delivery partners played in engaging communities as well as the value of a diverse offer of support. To capitalise on this, further research should be conducted into the levers and barriers to supporting the involvement and leadership of VCS organisations in supporting outcomes improvement for children. This should explore how the VCS can work more collaboratively with statutory partners and vice versa.

  Wider consideration should be given to how VCS networks could be harnessed to support children facing challenges and what infrastructure would be required to facilitate this type of collaboration.

- **Consideration should be given to what future ongoing forms of communication and/or collaboration should be pursued by the SHR delivery partner network and how this could support outcomes improvement for children, young people and families.** Stakeholders hoped that a legacy of the programme would be that this system of working could be repeated in the future. One stakeholder stated:

  *That would be a great thing to happen. Having come up with a formula that works, it would be a shame for that to be forgotten and not used again. […] The fact the programme has been able to deliver through 85 delivery partners is an impressive achievement. It's a future model for how we make use of the third sector.*