

Evaluation of the Emotional Wellbeing Grant Programme in Sandwell

For SCVO

Final report

December 2022



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1 Introduction

This report presents the findings of an evaluation of the Emotional Wellbeing (EWB) Grant programme of funding in Sandwell during 2021-2022.

The government's Covid-19 Mental Health and Wellbeing Recovery Action Plan 2021¹ had three stated objectives:

1. To support the general population to take action and look after their mental wellbeing.
2. To prevent the onset of mental health difficulties, by taking action to address the factors which play a crucial role in shaping mental health and wellbeing outcomes for adults and children.
3. To support services to continue to expand and transform to meet the needs of people who require specialist support.

Within this context Sandwell Metropolitan Borough Council (SMBC) made a decision to channel £1,000,000 through the local voluntary and community sector (VCS) to support the mental wellbeing of children and young people in the Borough. The funding programme was managed and administered by SCVO on behalf of the Council.

The first funds were awarded in July 2021. It was initially intended that funded activities should run until the end of August 2022 at the latest, although this end date was later extended for some service providers to enable continuity of support towards the end of the year.

The purpose of the funding was to:

- Make available to all school aged children in Sandwell support that enables them to address challenges with their emotional wellbeing and mental health, and to develop personal strategies that build their confidence and resilience.
- Target those children and young people identified as requiring additional support or access to specialist services where such support is currently not provided.
- Provide support for children and young people identified as being impacted by domestic abuse, including family support where possible.
- Deliver immediate support in light of an expected surge in demand from Summer 2021 and scale up, develop, test and refine the model during delivery up until the end of August 2022.

The questions that this evaluation seeks to answer relate to its impact on the beneficiaries (the children and young people participating), the providers, and the local system:

1. What needs have been addressed and difference has been made to the lives of the young people supported through the programme?
2. What legacy will it have for the provider organisations in terms of their capacity, capability, organisational development, external relationships? What lessons have they learned?
3. What relationships have been established and what capacity has been developed within the local system that will enable partners – the council, provider organisations, partners (including schools) and SCVO to be more effective, stronger and more resilient?
4. To what extent has the support been available equitably to all children and young people in the borough? What more could be done to ensure fair and equitable access?

¹ Policy paper: Covid-19 Mental Health and Wellbeing Recovery Action Plan, updated April 2021

The evaluation framework, used to identify the data collection methods needed, is appended to this report.

The following approach was used for the evaluation:

- Initial meeting with SCVO project coordinator and follow-up correspondence to obtain information about the provider organisations and funded projects.
- Review of documents including funding applications; funding awards; monitoring reports; notes from meetings.
- Initial and regular (usually monthly) meetings with all providers to address the evaluation questions throughout the course of the programme.
- Observation of one of the projects in operation.
- Attendance at provider and panel meetings held during the course of the programme.
- Final interviews with all providers, stakeholders and the SCVO Chief Executive Officer (CEO) and Project Manager to reflect on the legacy of the programme and lessons learned.
- Analysis of the monitoring data provided by the providers to SCVO relating to the demographic profile of the children and young people participating and the impact of the intervention on them.

In the final interviews, some questions were asked regarding the funding process:

- Was the chosen approach (grants administered through SCVO) the most effective one?
- How effective was the process in promoting the opportunity and engaging credible/capable providers?
- How effective was it in making good and informed grant decisions?

While the primary focus of this report will be on the four questions (set out above) relating to the programme's *impact*, it also comments on the *process* that was adopted.

Grants totalling £993,492 were awarded under the programme. Although the programme was extended until the end of December 2022, the numerical data used in this evaluation covers the period until the end of August 2022, when expenditure of the funding totalled £708,106 and 2032 children and young people had been supported. This expenditure represented 71% of the total funding. Findings are therefore likely to represent an underestimation of the full impact of the programme.

2 The local context

Strategies, partnerships and priorities

The Emotional Wellbeing Grant programme aligns with SMBC's Corporate Plan² Ambition 4: "Our children benefit from the best start in life...".

It may also be seen as falling within Sandwell's Early Help Strategy, which was developed by representatives from a wide range of different organisations in Sandwell, including schools, health workers, voluntary and community organisations, Sandwell Police and Fire, and Sandwell Council Children's Services. 'Early Help' is defined as 'an approach to working with children and families who are below the threshold of targeted and social care intervention but require help that may involve more than one organisation that stops problems emerging and supports families to improve their situation'. The strategy's aim is for all agencies to work together more effectively and efficiently to help meet children's and families' needs at the earliest point.

² Vision 2030 Sandwell

For Public Health in Sandwell, the programme aligns with the prevention work contained in its mental health and suicide prevention strategies.

The Sandwell Children's Trust works with children from families, delivering social care where needed but also supporting children with multiple and complex needs who have not met the threshold for social care. Its ethos is about the right support at the right time, offering services they feel comfortable to access, reducing the risk that they will reach crisis point.

Sandwell CAMHS uses the THRIVE framework³ which conceives of the mental health and wellbeing needs of children, young people and families through five different needs-based groupings: Getting Advice and Signposting, Getting Help, Getting More Help, and Getting Risk Support. Emphasis is placed on the prevention and promotion of mental health and wellbeing across the whole population. Children, young people and their families are empowered through active involvement in decisions about their care, which is fundamental to the approach.

It was decided that this funding programme would address the 'getting advice and signposting' and 'getting help' aspects of the framework.

The Sandwell Wellbeing Charter is a school's opportunity to commit to improving the mental health and wellbeing of everyone connected with the school. The Charter Mark consists of three elements:

1. The Charter Mark School Audit
2. The Healthy Mind, Happy Me Curriculum
3. The Pupil Well-being Survey

The programme is co-ordinated by the Council's Educational Psychologists and is free to all schools in Sandwell. After three years a school can renew its Charter Mark. Over 90% of schools in the borough are now participating.

The Council has worked with the Anna Freud National Centre for Children and Families over a number of years. In 2019 Sandwell participated in the DFE Link Programme: a national initiative led by the Anna Freud Centre to bring together education and mental health professionals, to develop a systematic and sustainable approach to children and young people's mental health. Professionals from the health service, schools and the voluntary sector attended these events in Sandwell. A network of mental health leads in schools has emerged from this process.

The CASCADE framework⁴ is a tool developed for use with stakeholders working with children and young people (CYP) to identify levels of joint working across seven key domains. It is intended to help partners find ways of working together more effectively to better support CYP's mental health.

The framework comprises seven key domains of interagency working on which respondents are invited to rate their current levels of working.

- **Clarity** on roles, remit and responsibilities of all partners involved in supporting CYP mental health
- **Agreed** point of contact and role in schools/colleges and CYP mental health services
- **Structures** to support shared planning and collaborative working
- **Common** approach to outcome measures for young people
- **Ability** to continue to learn and draw on best practice
- **Development** of integrated working to promote rapid and better access to support
- **Evidence-based** approach to intervention

³ Thrive framework for system change (Wolpert et al, 2019)

⁴ www.annafreud.org

The VCS in Sandwell

For SCVO to take on the role of managing and administering a grant programme such as this on behalf of the Council aligns with its core mission, to *“support the Voluntary and Community Sector to grow and develop, and support the sector to forge strong links with communities and partners.”* Specifically, it contributes its strategic aim of capacity building:

A strong and responsive Voluntary and Community Sector: working with VCS providers to develop a sector offer which is as inclusive, effective and environmentally sustainable as possible

SCVO has a strong track record of building capacity of VCS organisations at every stage through understanding opportunities; preparing applications that articulate an organisation's strengths; developing a project proposal; and managing and monitoring implementation.

Early in 2021, SCVO was aware that a number of VCS providers with the skills and experience to deliver work under the EWB grant programme were struggling to maintain viable services. In March 2021 they were coming to the end of short term Covid-support funding and were facing a severe loss of income, and yet they were key to delivering emotional wellbeing support to children and young people in the borough. The funding programme represented an opportunity to safeguard the capacity, skills and experience that would be needed.

3 The EWB grant fund programme

A Project Manager was appointed by SCVO in April 2021 to administer the funding programme, with the CEO retaining oversight and overall responsibility.

In the early stages, SCVO consulted with relevant VCS providers about the emotional wellbeing issues facing children and young people arising from Covid and their capacity to respond to them.

Programme funds were awarded via a competitive grant funding application managed and administered by SCVO.

A panel of experts, convened by SCVO in May 2021, met throughout the programme, to make decisions regarding the targeting and awarding of the funds. This Steering Group, chaired by the CEO of SCVO, comprised:

- Assistant Director, Children's Commissioning, Partnership and Improvement, SMBC
- Head of Commissioning for CAMHS, Black Country Healthcare, NHS Foundation Trust
- Senior Specialist Educational and Child Psychologist for Mental Health, SMBC
- Service Manager and Clinical Lead, Black Country Healthcare, NHS Foundation Trust
- Consultant, Public Health, SMBC
- Strategic Lead for Early Help, Sandwell Children's Trust

There were three funding rounds:

1. In June 2021 selected applicants were invited to apply for up to £40,000. These applicants were selected on the basis that they would be able to begin immediately and deliver their project during the summer of 2021. This would enable services to be sustained, allowing time to recruit key staff for September. A total of £231,909 was awarded in this round.
2. In September 2021 a further round was launched without the same funding limit, open to all applicants who met the eligibility criteria (see below). A total of £456,783 was awarded in this round.
3. A Winter 2021-2022 round was launched in December 2021, targeted at providers of counselling services. A total of £304,800 was awarded in this round.

There were three criteria of eligibility to apply for funding:

1. The provider was a not-for profit organisation.
2. The provider was currently delivering activities and support to children in Sandwell.
3. The provider met stated requirements for working safely with children and young people.

Prior to the first round, SCVO identified and held meetings with those providers that were identified as meeting these criteria and potentially capable of delivering immediately, in order to assess their readiness and gain their input into designing the application process.

Prior to each of the second and third rounds, SCVO held at least one briefing workshop for potential provider applicants.

The application form asked ten questions, accompanying guidance notes were issued, and applicants were invited to contact SCVO for any assistance required in completing the form. The questions covered:

1. Amount of money requested.
2. Name of project.
3. Project description.
4. Project beneficiary description.
5. Project impact and evidence of impact.
6. Project link with other local agencies to ensure inclusive access.
7. Project budget and ability to scale up or down with a different level of funding.
8. Risks and challenges to delivery.
9. Plans for sustaining the service at the end of the funding.
10. Outline timetable of activity.

The following projects working directly with children and young people were funded through the programme.

Table 1: Funded projects

Project name	Project description	Target group	Provider
Round 1			
Blues School Programme	6 x weekly small group sessions for children reaching criteria	13-19 yrs	Action for Children
Bouncing Back	1 hour for 2 weeks whole class sessions	Years 5, 6 & 7	
Extra Time	Mentoring Plus – average of 30 hours contact time	9-18 yrs at risk of offending	Albion Foundation
Our Future	One-to-one sessions(6-10 depending on need) and group support	5-18 yrs living with domestic abuse at home	Black Country Women's Aid
BEAM	Brief interventions via telephone, online or drop-in non-clinical interventions	5-18 yrs	The Children's Society
EmpowHER	Mentoring (10 hours) and group activities	Girls aged 9-12 and 13-16	Creative Academies
B Cre-8rive	4 sessions (each 1-2 hours) of support via creative activities	8+ yrs	Kaleidoscope Plus
Emotional Wellbeing Mentor	Individual mentoring (12 sessions) and group work	9-19 yrs	Krunch
Round 2			
BEAM	Brief interventions via telephone, online or drop-in non-clinical interventions	5-18 yrs	The Children's Society
Gilrs CAN	Mentoring (10 hours) and 2 day trips	Girls aged 9-12 and 13-16	Creative Academies

Project name	Project description	Target group	Provider
Be Positive	Mentoring (6-12 sessions) and structured sport and physical activity	11-16	Sport4Life
Making a Difference	Lego/art/music therapy in 6 x 2-hour sessions	Primary and SEND children	4 Community Trust
Real Relationships	Individual mentoring and group work (6-12 sessions)	9-19 yrs	Krunch
Round 3			
Lyfeproof	10 x 1 hour counselling sessions	12-18 yrs ethnic minorities at risk of offending	Aspire4U
Counselling for Children	Therapy Dog sessions Family art therapy sessions One-to-one counselling	0-18 living in refuge	Black Country Women's Aid
Sandwell Helping Hands	Weekly group sessions and one-one counselling for four weeks	5-11 yrs with or awaiting diagnosis of ASD or ADHD	Family Action
Time for You	One-to-one counselling (6 sessions)	8-18 yrs negatively affected by Covid	Relate
Future Foundations	One-to-one counselling (6 sessions)	5-18 yrs	Murray Hall Trust

A wide diversity of support was funded, ranging from brief one-off interventions to longer term intensive work. In addition to one-to-one and small group work, some providers undertook work with large groups of children and indirect work with staff.

Black Country Women's Aid (BCWA) had been in receipt of funding from the Police and Crime Commissioner and from the Ministry of Justice (MoJ) which had enabled them to increase their capacity during Covid. However, for 2022-2023 there was a reduction in the MoJ funding of £130,000 across the borough, which meant that BCWA had to remodel its service, raising the threshold for their involvement and requiring them to refer on to other agencies those families who did not meet that threshold. An underspend in the EWB grant programme provided funding to BCWA for a Children and Young People's Independent Sexual Violence Advocate (ChISVA) in this context of financial constraint.

SCVO established a network of providers to share information and best practice and to strengthen connections within the voluntary sector. This network met online six times in the course of the programme.

4 The needs addressed and difference made to the lives of the young people supported through the programme

The impact of Covid on the mental health of children and young people

All the providers noted the impact of Covid on the children and young people they worked with, and on their expectation that these impacts would last long into the future. For a child, the period of Covid and lockdown represents a large proportion of their life. Whatever their age, they will have been deprived of the normal interaction that school and leisure activities bring to that stage of their development.

Action for Children observed that the proportion of children and young people scoring 20 or over on the CES-D⁵ score and therefore eligible for the Blues Programme, had increased from 30% before to 40% after Covid.

Families were locked down together, not being able to see their wider family and friends, perhaps with financial implications of Covid. One provider noted more disclosures by children of parents using alcohol. Where there is domestic violence and abuse, the period of lockdown created a pressurised environment for children and young people unable to go to school.

Face-to-face personal communication suffered and young people were observed to have lost confidence. Some, it was noted, appeared to have forgotten how to play with and talk to each other. As lockdown and restrictions lifted, and children needed to re-integrate into the school community, issues of anxiety and low confidence came to the surface.

As a teacher interviewed for this evaluation observed, prior to Covid emotional wellbeing issues would normally be *“handled with a chat and monitoring, but without the ability to do that they escalated and became magnified. The usual outlets for support were not available”*.

Lockdowns broke the normal daily structure for children, especially important for those with additional needs. Following lockdowns, teacher absences with Covid removed the consistency and familiarity from children that is so important for those with additional needs, causing stress and anxiety.

Covid also had an impact on the children with additional needs who would normally learn to mask their emotions at school. That ability was affected and, when they returned after lockdown, schools saw more challenging behaviour from them.

During lockdown self-harm and suicide ideation decreased because the triggers for them – academic pressure and bullying – were removed. One provider observed that they then spiked on return to school.

Bad behaviour, including in therapy sessions, was observed by some workers. Younger children were pushing boundaries, perhaps as a result of being out of school so much, at home with parents who were unable to set house rules. Young people were observed to be joking and *“being comedians”*, thinking that causing disruption is acceptable.

There were some evident developmental delays for children as they came out of Covid. Many had been at home with parents who left them to their own devices, so that they did not know the behaviour that would be expected of them in school. This may be particularly noticeable for the early years, ages four to seven. Hence, when they returned to school full-time aged seven, they had not had the expectations established in them of normal, acceptable behaviour. Some did not understand that fighting with other children is not acceptable; some may not be fully toilet trained, some may have speech delays.

For children in their transition years, Covid came at an important developmental stage of growing independence. Messages of it being ‘unsafe’ to leave home can have a substantial impact on their confidence.

In 2020 the transition programme for Year 6 pupils, in which they would have visited their new schools and classrooms and met their new teachers, was postponed. That cohort studied at home for much of 2021 and then started in Year 8 as they moved into becoming teenagers.

⁵ Center for Epidemiological Studies – Depression

While many providers were able to adapt their method of service delivery during Covid, reaching children by remotely through technology, the problem was especially acute for children under 11 who agencies had no access to.

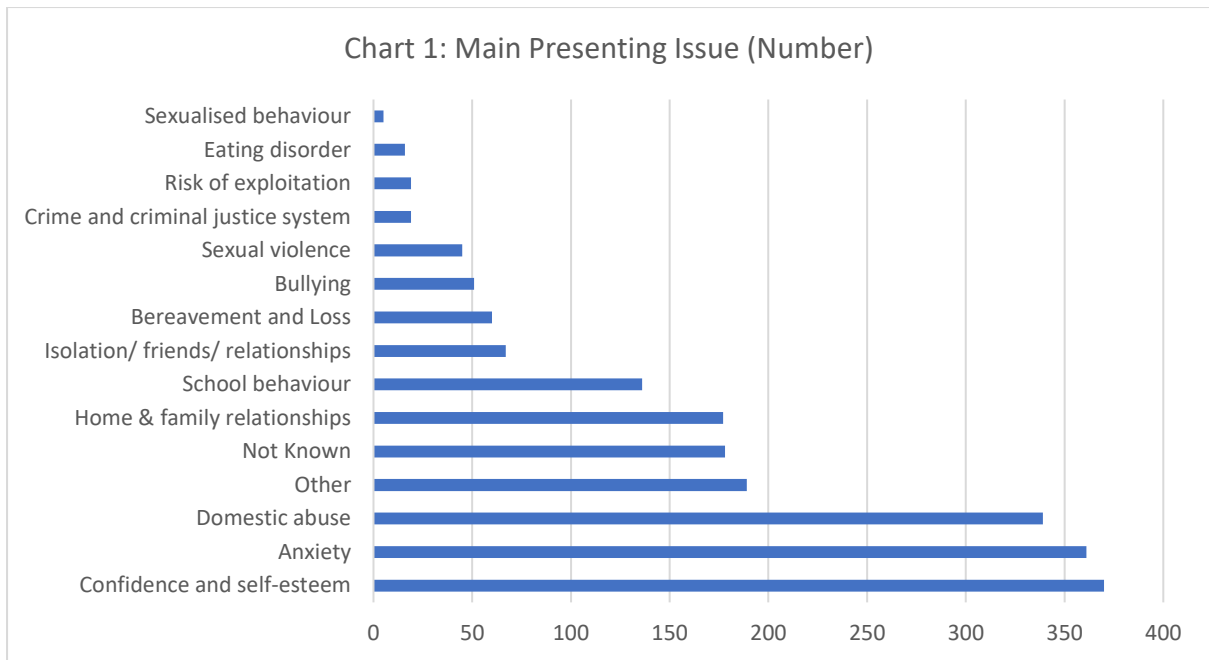
Information about Covid in mainstream and social media raised children's awareness of illness, risk and mortality. As several providers observed, children now knew about viruses in a way they would not normally, placing a pressure and a worry on them that would previously have been confined to adults. One provider saw this worry being compounded by news of the war in Ukraine, which removed an assumed sense of security for children, creating a context that 'anything could happen'. Children pick up their parents' fears from them but may not be able to express them to each other.

Several providers, at the end of the programme, referred to parents' financial worries, which children were made aware of during lockdown and are likely to be heightened in the current economic climate.

The data collected from providers reveals that, of the 2032 children and young people who were supported by the programme the primary issue or concern presented by them was recorded as 'confidence and self-esteem'. This issue was recorded against 370 children and young people or 18.2 % of the total. 'Anxiety' was recorded against 361 (17.8%) of those referred followed by 'domestic abuse' which was recorded against 339 or 16.7% of referrals (Table 2, Chart 1).

Table 2: Main presenting issue

Presenting Issue	Number	%
Anxiety	361	17.8
Bereavement and Loss	60	3.0
Bullying	51	2.5
Confidence and self-esteem	370	18.2
Crime and criminal justice system	19	0.9
Domestic abuse	339	16.7
Eating disorder	16	0.8
Home & family relationships	177	8.7
Isolation/ friends/ relationships	67	3.3
Risk of exploitation	19	0.9
School behaviour	136	6.7
Sexual violence	45	2.2
Sexualised behaviour	5	0.2
Other	189	9.3
Not Known	178	8.8
Total	2032	



For the analysis, ages were grouped into broader categories: pre-school (0-4 years); primary (5-9 years); transitional (10-11 years); secondary (12-16 years); sixth form (17-18 years) and post-school (19-25 years).

Charts 2 - 12 present the results of cross tabulations of presenting issue data by age, gender and ethnicity. Tables presenting the full data are to be found in the Appendix.

From these it can be seen that, for the pre-school age children, the most significant presenting issue is 'home and family relationships', for the primary age group it is 'domestic abuse', for the transitional age group it is 'confidence and self-esteem' and for the secondary age group and the sixth form age group it is 'anxiety'.

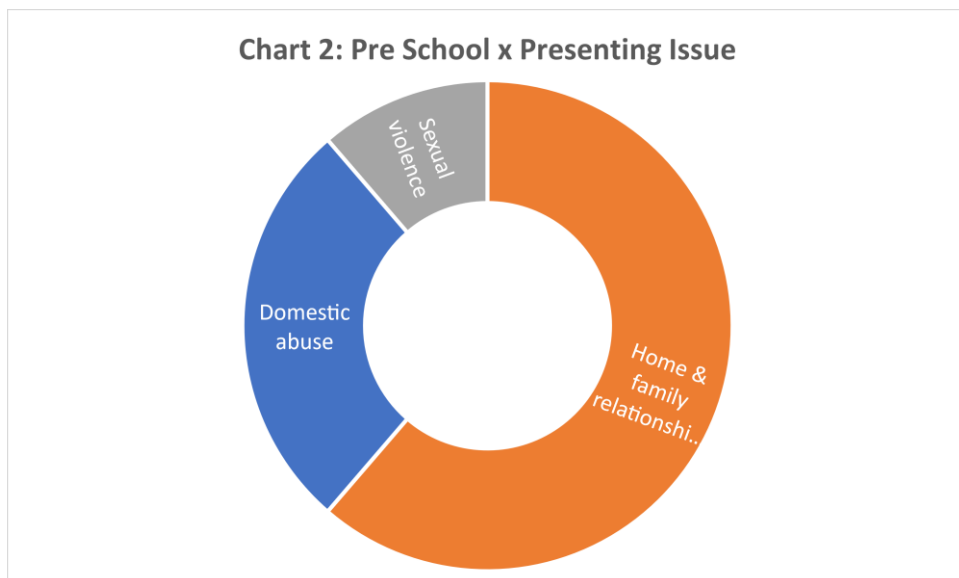


Chart 3: Primary School x Presenting Issue

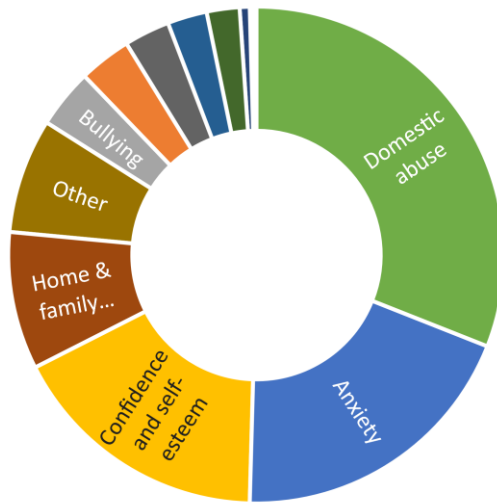


Chart 4: Transitional Years x Presenting Issue

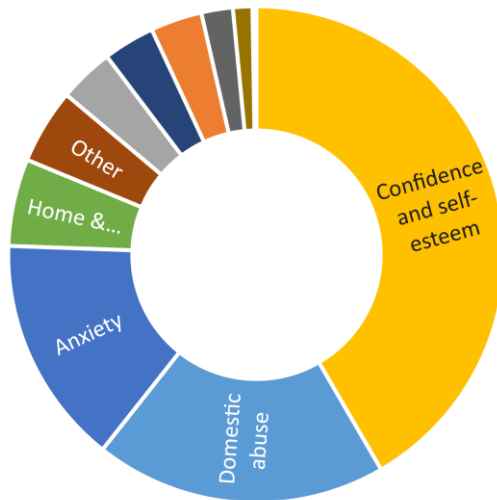


Chart 5: Secondary School x Presenting Issue

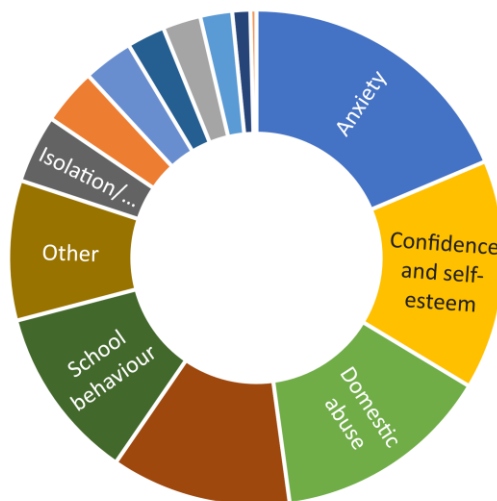
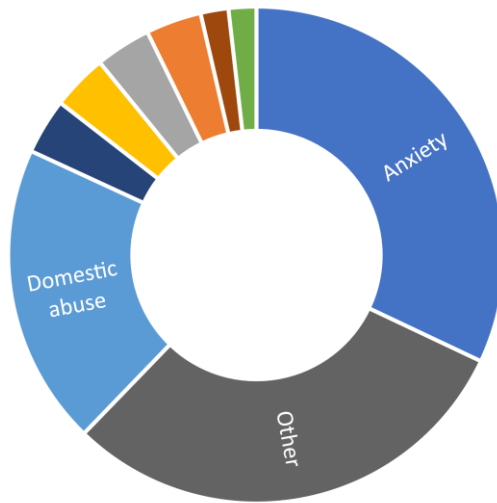


Chart 6: Sixth Form x Presenting Issue



For girls and young women, the most significant presenting issue was 'confidence and self-esteem', but for boys and young men it was 'domestic abuse'.

Chart 7: Females x Presenting Issue

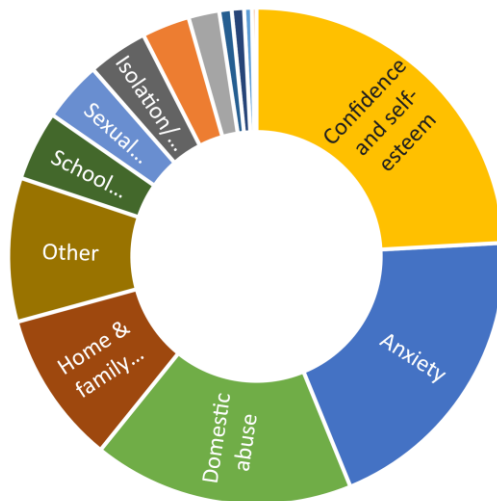
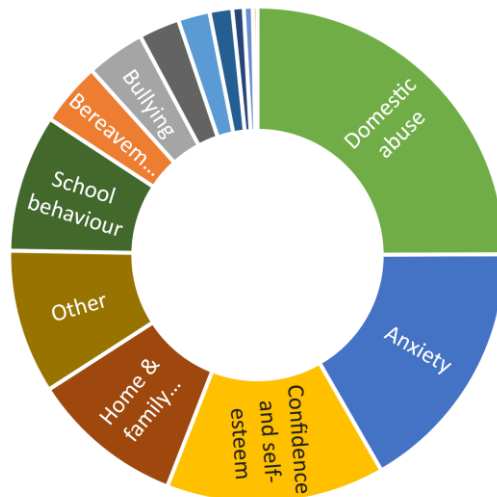


Chart 8: Males x Presenting Issue



For the analysis, ethnic categories were grouped as follows:

- 'Asian' includes Asian British Bangladeshi; Asian British Chinese; Asian British Indian; Asian British Pakistani; Asian other.
- 'Black' includes Black African; Black Caribbean; other Black, Black British or Caribbean background.
- 'Mixed' includes Mixed White and Asian; Mixed White and African; Mixed White and Caribbean.
- 'White' includes White English, Welsh, Scottish, Northern Irish or British; White Irish; White Roma; Other White background.

For children and young people within the combined Asian ethnicity group the largest presenting issue was 'domestic abuse' as it was for the combined Mixed ethnicity group. For the combined Black group, it was 'confidence and self-esteem'. For children and young people within the combined White group two presenting issues carried equal weight, namely 'domestic abuse' and 'anxiety'.

Chart 9: Asian (all) x Presenting Issue

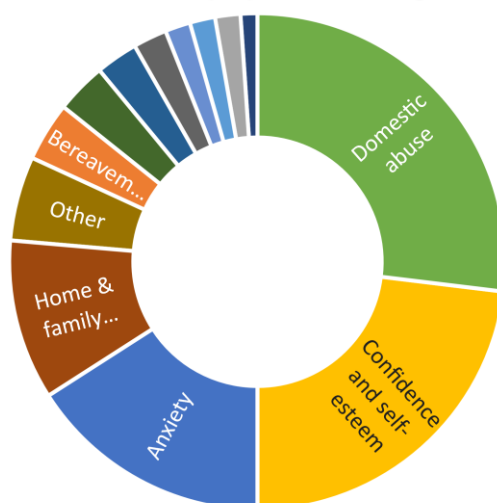


Chart 10: Black (all) x Presenting Issue

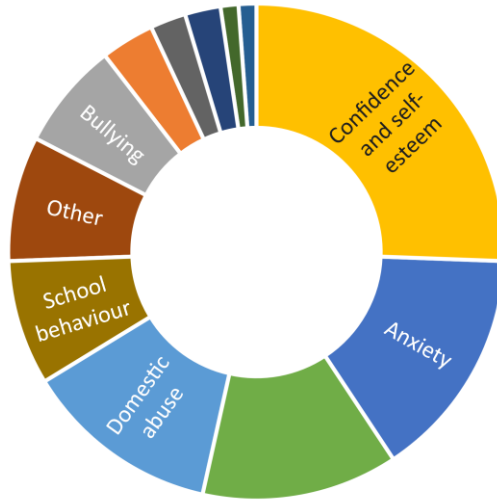
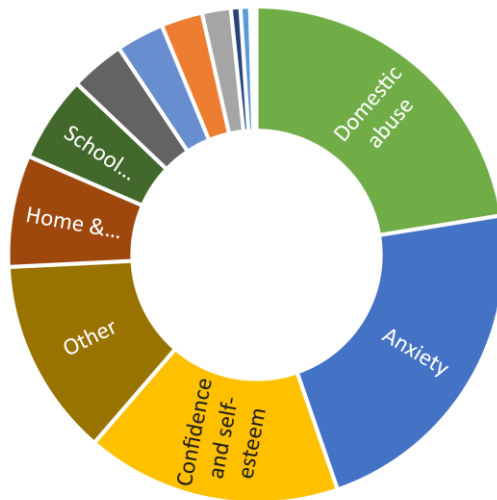


Chart 11: Mixed (all) x Presenting Issue



Chart 12: White (all) x Presenting Issue



Monitoring reach and impact of the programme

Through the application process, providers were asked to describe their methods for evidencing the reach (i.e. demographic profile) and outcomes of their intervention. In order to support providers in getting activities up and running without undue delay, it was felt to be preferable to allow them to use their existing monitoring systems rather than impose new ones upon them.

In March 2022, the providers were asked to provide evidence of reach and impact, based on their data collected to date, in order to assess the potential to read across and enable analysis of the whole of the programme. At this point it became apparent that no such analysis would be possible using providers' existing systems, and so SCVO created a monitoring spreadsheet with common fields for demographic profile data, tailored to each provider individually for their outcome data, to enable a programme-wide analysis.

For demographic profile data, this spreadsheet requested for each participant:

- Age
- Sex
- Ethnicity
- Home post code
- School attended
- Presenting issue

For outcome data, the spreadsheets listed the outcome measures and required information on 'distance travelled' (i.e. difference in score before and after) for each participant.

For the purposes of analysis, in order to assess the overall effectiveness of the programme in achieving its aims, these outcome measures have been grouped into the following five overarching outcomes:

- Reduced isolation
- Reduced anxiety
- Improved confidence and self esteem
- Improved resilience
- Improved safety in the home

For each of these totals have been calculated for those participants who have reported a higher score at the end, those who have reported a lower one, and those who have stayed the same. Given the different scoring mechanisms employed by the various providers, the actual 'distance travelled' in terms of the number of points has not been used.

While the data produced by providers enables analysis of the overall reach and impact of this funding programme, the following limitations should be noted:

- The 'distance travelled' was measured immediately following the intervention/activity and, although this may have been sustained, there is no evidence regarding this.
- As some providers acknowledged, there is a tendency for children to wish to please, thus reporting an improvement.
- The fact that a participant reported a lower score immediately following the intervention/activity may be as a result of feelings raised and confronted, which may lead to improvement in the longer term.
- The interventions varied enormously in nature and scale (e.g. creative or physical activity, counselling and mentoring; individual and group work; one-off and longer-term). This evaluation does not claim to assess the quality of an individual intervention or compare one with another and should not be used for that purpose.

- There was no control group and therefore no counterfactual to assess what the results may have been for a comparable group of children and young people who were not reached through the programme.

It was noted through the interviews with stakeholders that there was no observable reduction in numbers referred to CAMHS during the period that the programme was in operation. However, as has already been noted, Covid is believed to have had a damaging impact on the mental wellbeing of many children and young people, and so it may have been expected that numbers of referrals would otherwise have risen during this period.

Moreover, a number of the children and young people who were reached by the programme are likely to have been experiencing 'low level' emotional wellbeing issues that would not ordinarily have come to the attention of CAMHS. It is possible (but cannot be proven) that participation in this programme has given them the tools and resilience that will reduce the likelihood of them needing the services of CAMHS in the future.

Results: the impact of the programme

Table 3 and Charts 13 to 17 set out information regarding the impact of the whole programme on the emotional wellbeing of the children and young people it supported.

Provider outcome measures were mapped against the five themes:

- Isolation
- Anxiety
- Confidence and self esteem
- Resilience
- Safety at home

Table 3: Outcome measures

	Isolation		Resilience		Confidence and self esteem		Anxiety		Safety at Home	
	No.	%	No.	%	No.	%	No.	%	No.	%
Improve (>0)	928	94	1009	90	1067	81	998	77	40	46
Decline (<0)	14	1	11	1	40	3	42	3	7	8
No Change (=0)	45	5	102	9	211	16	257	20	40	46
Total	987	100	1122	100	1318	100	1297	100	87	100

Chart 13: Impact on isolation %

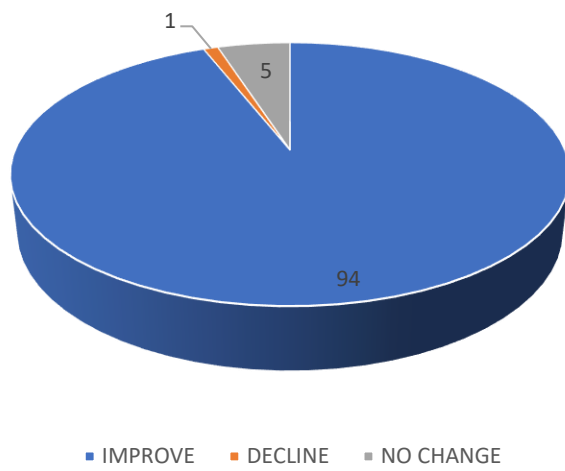


Chart 14: Impact on resilience %

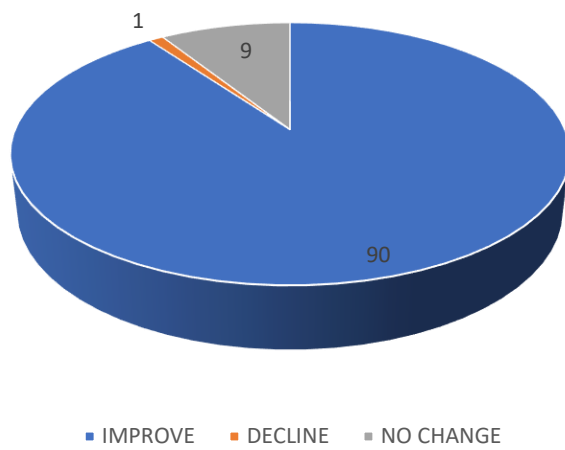
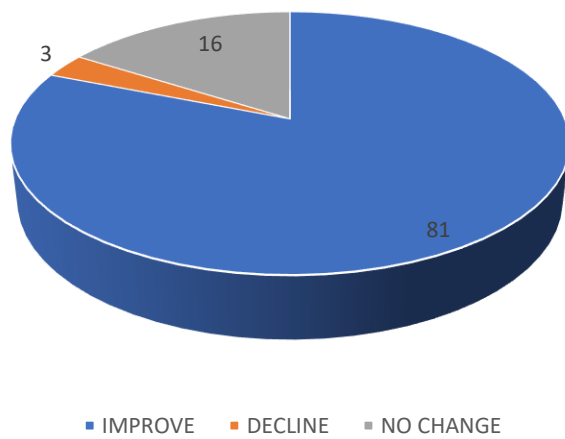
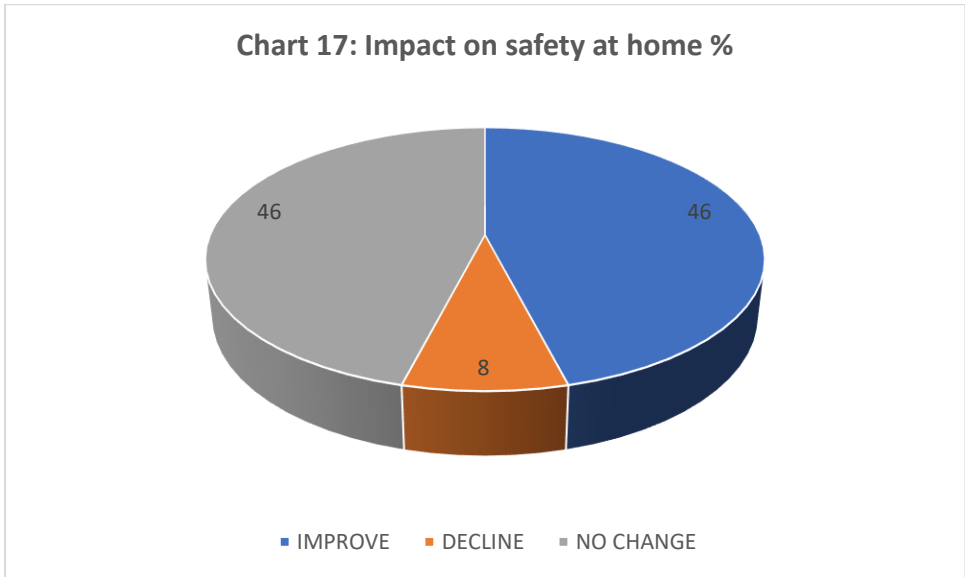
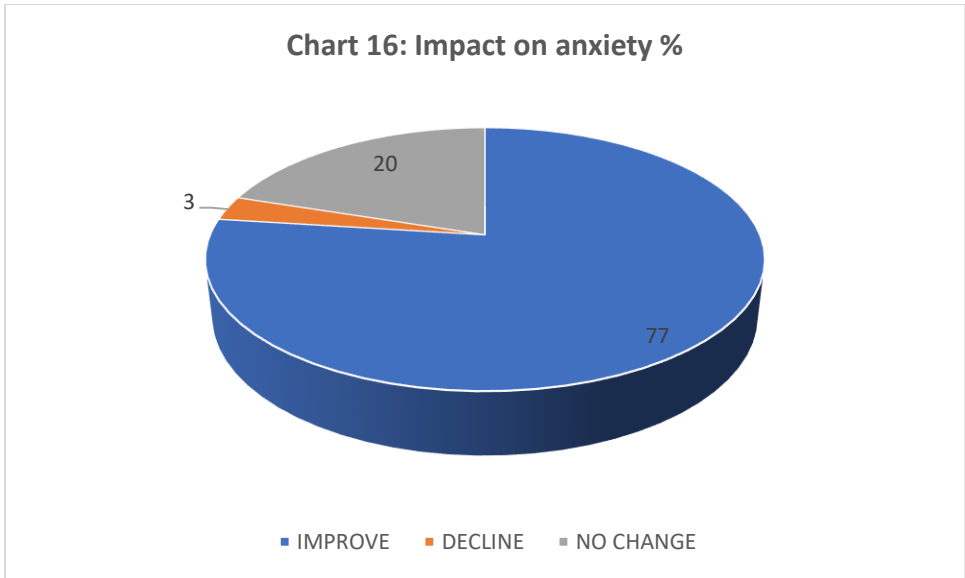


Chart 15: Impact on confidence and self esteem %





It can be seen that significant improvement across four of the five themes has been achieved by the programme.

'Confidence and self-esteem' improved by 81%, 'anxiety' reduced by 77%, 'resilience' increased by 90%, and 'isolation' reduced by 94%.

In terms of the 'safety at home' of beneficiaries the results are less conclusive with 46% of beneficiaries showing an improvement in this regard but 46% also showing no change. In only 8% of cases however did the situation worsen.

This category relates to the emotional wellbeing of children who are subject and/or witness to domestic violence, which, as has been discussed elsewhere in this report was significantly impacted by the Covid lockdowns. It may well be that the negative impacts on children and young people's emotional wellbeing that arise out of domestic violence take longer to be ameliorated than some of the other issues being measured, such as confidence and resilience. The domestic circumstances in which the violence and abuse occurred may also be more resistant to change and thereby continue to impact on the children and young people concerned despite the interventions offered through the programme.

Case studies illustrating the impact of the programme are provided below:

C, a 13-year-old girl, had a history of self-harm and presented with anger issues. In the first session she revealed suicide ideation and the counsellor worked with her on developing a protective behaviour plan so she knew what to do in a crisis. In following sessions, CBT-based interventions were used to help with the anger including mindfulness techniques, trigger recognition, and changes in the body. C said she believed that having someone listen without judgment made the biggest impact on the way she coped, to the point that she no longer had suicidal thoughts.

E, a 15-year-old girl, had witnessed domestic abuse over a number of years and her grandmother, who had been an important support to her, had recently died. She felt sad when she thought about the past and the effect that it had had on her mother. Her father, struggling with anger and known for drug use, was still present in her life. The sessions included helping her to understand and express her emotions and drawing up a safety plan in response to her father's behaviour. As a result, E learned to express her emotions and came to terms with changes in her family life. She learned how to keep herself safe and who she could talk to if she felt unsafe or anxious.

S, an 8-year-old girl, suffered with anxiety and was very worried that her grandfather, who was seriously ill, would die. At first she was unable to talk about it and the counsellor used a 'blob tree' to help her choose an animation of an emotion without trying to discuss it first. Subsequent sessions focused on helping her to express her emotions, which she did through drawing 'worry monsters' to show what her worry looked like. She was then able to show these to her parents. To help her with panic attacks she was shown breathing techniques as well as focusing on the five senses. With the counsellor she drew a support map to understand the people who could support and guide her.

A had an autism spectrum disorder diagnosis and was selectively mute, only speaking at home. She struggled with her feelings and emotions at school. During her first session she started to build a relationship with the key worker and read from the 'mood monster' card. She attended all sessions and engaged well, taking part in activities, both writing and verbalising her responses. She completed a 'helping hand', naming people she could go to for support if she needed to, both at school and at home. In the final celebration group event she spoke about her time in the sessions.

P, a girl in Year 6, had recently moved with her family to a new home and school to get away from a violent father. She was anxious, especially about her mother who was unwell. Over six sessions she was given time and space to express her worries and it was apparent that she gained self-awareness in regard to her emotions. The school reported that they saw a transformation in her over this period, managing her emotions, talking about her feelings and getting involved in social activities. The support had aided her transition to secondary school.

K presented with anxiety issues around using public transport. She described buses and trains as 'claustrophobic' and had experienced panic attacks in relation to her anxieties. Over five sessions (three by phone, two face-to-face), she developed a plan which involved taking some short, manageable journeys at first, with the goal of being able to go on a family holiday that had been pre-planned. In her final session she was pleased to report that she had been on a school trip which she had enjoyed, taking an aisle seat on the coach so that there was enough space around her.

J had an autism spectrum disorder diagnosis and struggled with his feelings, leading him to becoming very distressed, tearful and frustrated. After completing a 'volcano in my tummy' activity he described how feelings in his tummy sent signals to his brain, and sometimes getting a headache when he was angry, hitting his head on the table. J

described a train journey, using this analogy to describe his emotions at the different stations he passed through.

M had previously been living with her mother who was an alcoholic. She had recently moved to live with her father and stepmother. She found showering and bathing to be traumatic, became angry and lashed out in anger at home, and struggled to go to school. She attended the first session with her father and had difficulty in communicating with the counsellor. Over the course of the three sessions she became happy to talk and progressed to discussing her feelings using a 'how full is the water bottle' metaphor.

T, a girl in Year 13, had been struggling with low moods, lacked motivation, and had poor personal hygiene as a result. She was falling behind with her school work, which had been causing anxiety and frustration. She had tried setting herself a plan for the week but this had made her feel overwhelmed. As a result of one session, she felt able to set herself just one or two small goals, as small as having a shower or brushing her teeth, each day. She felt pleased to have been able to share what was going on and was eager to focus on solutions and strategies.

Children and young people taking part in the programme made the following responses:

"Talking to someone...someone who understands and does not judge"

"My anger has got less and I am able to speak about how I feel"

"I feel that these sessions really helped me as it made me feel that it is ok to have bad days and it is ok that you need to speak to someone"

"I have been able to cope more with my emotions. I have been given methods on how to calm myself down when going through worry or my panic attacks"

"You listen and take in what I'm saying and can understand and relate"

"You're really easy to talk to and open up to"

"It has definitely helped my self confidence"

"I love doing this because it helps with stress and anger"

"My favourite bit of the session was breathing"

"I liked the positivity jar"

Asked about the impact of the programme on a group of children in her school, a teacher responded:

"We found something that works, made an impact. You could really see a difference!"

The Director of Children's Services and Education, interviewed for this evaluation, wished to express his appreciation for the work done by all concerned to achieve these outcomes:

"I'd like to recognise and thank the partners who have stepped up to the plate. They have worked tirelessly, creatively and flexibly to deliver better and sustained outcomes for young people. That's hugely appreciated."

5 The legacy for provider organisations

Capacity

Some of the provider organisations needed to recruit new staff in order to deliver the service to the level that they had bid for. One used the funding to build on their established team;

some of the new staff having additional languages. The new staff bring skills and experience that enrich the organisation.

Another provider used the funding to train an existing member of staff to the required level, hence giving them greater capacity to deliver in the longer term. They were also able to recruit an administrator, enabling front-line staff to focus on delivery and improving the organisation's efficiency.

One provider was able, through the funding, to offer more work to their existing staff who have been able to develop their experience.

For BCWA the funding enabled them to maintain their capacity, providing an essential bridge between funding rounds from the Ministry of Justice.

Capability

This funding programme was focused on organisations bidding for funds to deliver projects and services that they already had a track record in. However, several of the providers used this to extend their work in some way, including piloting new approaches. One provider undertook more individual mentoring in addition to the group work that they had focused on in the past. Another took the decision to focus on younger children, where there was a lack of provision but for whom demand was high. A third learned new skills through adapting its approach by working with migrant children.

Many of the providers referred to having offered their services remotely in order to keep them going during lockdowns. A few observed that Zoom has opened up a new channel of working with service users, some of whom have fully embraced it.

Pre-booked video or phone calls enable a young person to use their booking as evidence of an appointment to allow them to book out of school. Young people can engage more easily at home and do not have to negotiate absence from home with their parents.

However, while most children are happy to use Zoom for counselling some may lack the technology or private space (i.e. their own bedroom). For the 5-11 year age group, remote working may be problematic because the worker cannot be sure who else may be in the room at the time.

Organisational development

During Covid, one of the provider organisations had closed its base in Oldbury but the work generated by the EWB funding programme gave it the impetus to reopen it. It has been in conversation with other VCS organisations, including other providers, to explore creating a network of potential bases.

Several of the providers had been forced by the pressure placed on them to deliver for the EWB programme to develop new approaches to their work. One has reviewed the organisation's work force planning so that everyone has some capacity to take on new work, meaning that in future they will be able to start with minimal delay. Another has reviewed its referral, screening and review process so that it can take on, allocate, and make onward referrals more efficiently.

A provider that had experienced staff churn has ensured that their staff are able to work across all projects. This ensures there is workload balance across the organisation between staff working with more and less challenging young people and minimises the risk to loss of service when staff leave.

Another provider evolved a service so that when a parent attends they are now seen and briefed separately from the young person. This means that expectations of what the service

can provide are made clear and any issues that the parent may have are identified at the outset. If the parent requires support they can be referred on appropriately.

One provider has used the experience of having to adapt to changed expectations regarding the flow of referrals to their service as a learning experience. They are using this to inform their construction of a delivery timetable for another funding bid that they are preparing.

Several providers have developed tools to support their interventions, including online resources.

External relationships

A number of the providers referred to the fact that delivering this programme of work had created opportunities to build their presence across the borough, through both their relationship with schools and the visibility of the programme to agencies such as CAMHS.

While most providers, because of the time pressures to deliver, had worked with schools where they already had a relationship, a number had invested time in developing relationships with new schools, building their profile and reputation in the process. Several of these schools have come back asking for more support.

Some providers developed new relationships with schools as a result of taking referrals from another provider whose waiting list prevented them from doing the work.

One provider referred to having "*developed a deeper relationship with schools and reignited old relationships*" through the funding.

Another provider has, through this programme, been able to demonstrate to the schools they work with their wider offer and the benefit that the children derive from these activities.

One who had not worked with these particular schools before had received very positive feedback and hoped that working with them "*has set a seed for the future*".

Some providers reported that the funding had allowed them the flexibility to work in community venues as well as schools. One had engaged with children through scouts and guides, community centres, youth centres, churches and faith centres. Through their activities, another provider has been able to engage with community centres and colleges in the borough.

One provider had used the funding to develop its work with an arts therapist and an animal (dog) therapist. This had proved to be a productive relationship which is likely to be developed in the future.

Several providers used the programme to extend their reach to parents. For some this was targeted, but for one at least it evolved as some parents chose to stay and watch the session, leading to the facilitator doing some work with them too.

Sustainability

A number of providers noted that, early successes often led to the school concerned and, in some cases, other schools, valuing their contribution and asking for further delivery:

"the positive feedback we received from this project helped open the doors to schools we hadn't worked with before".

One used case study examples to encourage take-up by other schools.

Several providers referred to the fact that they are able to use the work delivered under this programme as part of their track record when applying in future for funding for similar projects.

Several providers observed that a secondary school is more likely to use them again, once they have seen the positive impact of activities on their pupils.

One provider was funded to work with a primary school that has since commissioned them independently to provide support to pupils. They now have a staff member at the school one day per week throughout the academic year.

Another has already secured funding from one source to continue their work until early 2023 and has submitted an application to another source for this to be extended further.

One provider reported that they now have the confidence to charge for their work. They realise that there is a demand that they cannot meet without requiring income.

One provider while delivering work under this funding programme, was asked by a social worker to provide respite support to give parents a break. In addition to the income, this will provide a track record and credibility to do this work in future.

BCWA, recognising that it is notoriously difficult to secure funds for counselling for domestic violence and abuse, hopes to include therapeutic work as part of the core service of the refuge. They have also produced a document that will enable professionals to understand what they can do to support a child living in an abusive household, recognising the importance of this in the event that they may not be funded to offer this support themselves.

Several providers have held workshops which may also be attended by parents and professionals. This will enable them to know where to go to in future when issues affect the children and young people in their care. They will be able to recognise what is needed and know how to access support so that the situation is less likely to escalate into a crisis.

6 Relationships established and capacity developed within the local system

The provider network

The main mechanism by which providers were brought into contact with each other was through the provider meetings convened by SCVO. These were held remotely and were well attended.

A number of providers remarked on the fact that being online made it less of a time commitment and therefore easier to attend. One, however, observed that meetings held on Teams do not allow for the kind of informal conversations and networking that can take place at meetings held in-person.

The meetings were universally welcomed as a means by which providers got to know about the services that each other provided and enabled them to put a face to a name. While the Chief Officers of the provider organisations may have had knowledge of and contact with each other, this was a rare opportunity for managers and practitioners at operational level to have contact and share information about each other's activities:

"I have a much better understanding of what support is out there for young people and there is clearly a great breadth and depth of support for young people".

Several providers have made contact with each other subsequently, outside these meetings, including to explore potential opportunities for collaboration.

One provider described developing *"strong and positive relationships with other community organisations"*.

The provider meetings were highly participative, inviting attendees to share information about their activities, what was going well and any challenges they were encountering. Several providers interviewed for this evaluation remarked on the fact that this generated a sense of collaboration rather than competition:

"It helped bridge the gaps between us all and has been done without the usual sense of competition that pervades the voluntary sector".

"The usual atmosphere of competitiveness...wasn't around and people were genuinely keen to try and support each other's efforts".

However, while this was the majority view, one provider remarked that *"the meetings felt less like networking and more like 'peacocking' – everyone showing off"*. It may be that this was at least in part a result of the meetings being remote rather than in-person, when there is more potential for networking.

As a result of these meetings and the improved understanding of other organisations' activities, several providers were able to make subsequent referrals to each other. One provider meeting was used to encourage referrals to The Children's Society BEAM service, and the Project Manager convened a special meeting for the round 3 counselling service providers to facilitate referrals from BCWA to other providers of cases that fell below their new threshold.

Two providers collaborated, as a result of their involvement in this programme, to put together a funding bid to create a video. While this was unsuccessful, the groundwork has been done for any future similar opportunities that may arise.

A number of providers referred to the role that the Project Manager has played behind the scenes in effecting introductions between providers.

A survey of seven providers at the July 2022 provider meeting identified that five would like such meetings to continue in future if there is a further funding programme, provided they were a funded provider. A further two would attend whether or not they were funded. Most would like such meetings to address their understanding of the needs of local young people and their families and how they are changing; the bigger picture of strategic discussions and commissioned activity; and improving linkages with larger partners such as the council, Children's Fund and Health.

Should the network continue to meet, one provider felt that more use could be made of Teams, allowing providers to upload information for each other to access.

One provider identified that more could be done to coordinate their efforts in order to avoid duplication and maximise coverage. The development of a common consent form was suggested by one provider, to minimise delay in the event of onward referral to another provider.

Another more ambitiously still, envisaged the development of a consortium, led by SCVO, to enable this group of small providers to build on this experience and bid for other funding.

The wider system

Overall, there was evidence of improved understanding of and confidence in other agencies and the whole system as a result of engagement in this programme.

Several stakeholders expressed an aspiration that the system should be more dynamic, responsive and tactical, able to shift and flex in response to changing needs. It was generally felt that, while this had not been fully achieved through the programme (largely because the data was lacking), there were early signs of promise:

"We're moving in the right direction".

"EWB is one small part of a larger agenda where we need to be joining up, and although we have made progress there is still more progress to be made".

Specifically, there was some concern that more 'joining up' is needed between the CAMHS Single Point of Access (SPA) and providers. One provider approached the SPA for referrals and received a substantial number from them, an outcome that was considered beneficial to both parties as well as to the children and young people concerned.

However, this relationship between the SPA and providers was not established across the piece, which may be seen as a missed opportunity for this funding programme. The SPA was not informed of all the providers and their offer, which meant that they were not only unable to make referrals to them, but did not signpost on any children or young people who did not meet their threshold. Thus, some shortcomings in communication within as well as between agencies may have impacted on the full effectiveness of the programme.

Also, with regard to effective 'joining up', the issue of records was also raised. One stakeholder was concerned that there will be no record of the work done by VCS providers who were working with children also known to CAMHS. The need for families to formally agree to information sharing was identified, so that CAMHS would be notified of the outcome of the referral.

The Council's Senior Transformation Lead for Emotional Wellbeing and Mental Health was referred to by one provider as *"a great advocate...and is already making a difference"*. Another, however, expressed disappointment with the *"lack of connectors – those in positions of influence who can act as conduits for the VCS to gain access to children and young people who need them"*.

One provider developed a relationship with the school nurse service, who they needed to reach out to girls for conversations about issues such as puberty and body changes but did not feel qualified to deliver. It transpired that this work is part of the school nurse curriculum, but that school nurses had not been invited into particular schools. The provider was able to facilitate an introduction to those schools, enabling the school nurses to gain access.

Several providers referred to contacting GPs directly in order to encourage referrals, and one provider noted that they have received a number of referrals from agencies such as the police and Social Services.

SCVO's oversight of the programme appears to have played a central role in facilitating the link between the VCS providers and other agencies in the system. Examples include:

- Brook was struggling with its waiting list for working with young people on relationships. This came to the attention of Public Health. The SCVO Project Manager had supplied her with a list of the funded projects and so she approached Krunch to see whether they could take any young people from the Brook waiting list. This meant that the young people were seen considerably earlier than they would otherwise have been.
- Relate was introduced by the EWB Project Manager to Public Health who will now be sending out information about the counselling offer to Head Teachers.
- Relate attended the Smethwick Town meeting run by a member of SCVO staff. This enabled her to raise Relate's profile and hand out leaflets. As a result, she established contact with Sport 4 Life who offer a walk to school service. This may be a useful thing to be able to offer to children who need to regain their confidence in returning to school.

The Children's Society recently prepared a paper to Cabinet, presenting an action plan for Zero Tolerance for Suicide by 2030. This will be a way in which this programme has legacy beyond the young people currently being directly worked with. If the action plan is agreed, it

will filter back to the strategic bodies and from there into the ways in which services are delivered and how they can be enhanced. They are also on Black Country Mental Health Service Suicide Prevention Board so able to influence policy and practice beyond delivery of BEAM.

7 The extent to which support has been available equitably across the borough

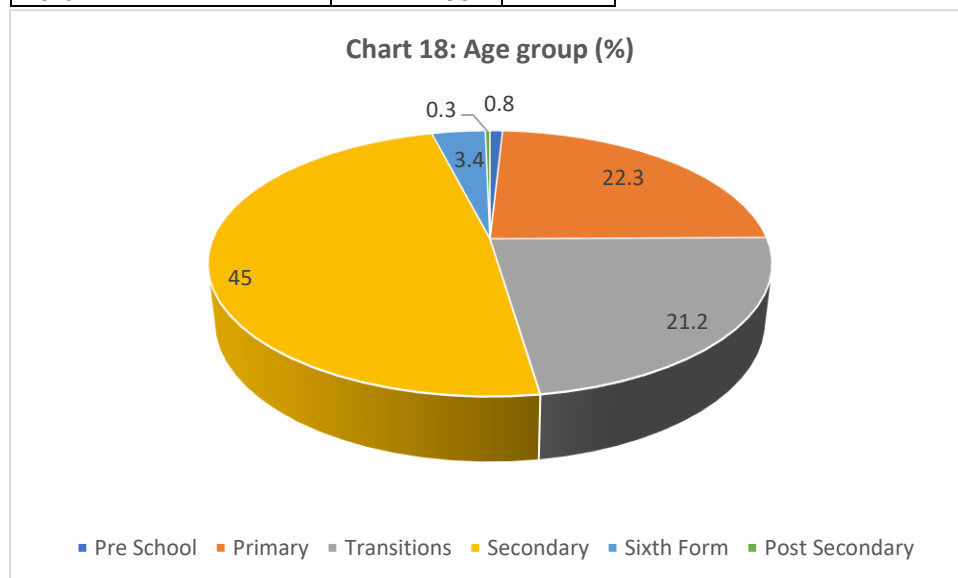
Overall, there were 2032 children and young people who benefited from support through the EWB Grant programme.

Some of the following tables have been simplified for presentational purposes. Tables showing the detailed results breaking down the age bands, ethnic groups and home post codes are provided in the Appendix.

Age

Table 4: Age of beneficiaries

Age	Number	%
1 – 4 (pre-school)	19	0.8
5 – 9 (primary)	455	22.3
10 – 11 (transitional)	431	21.2
12 – 16 (secondary)	915	45.0
17 – 18 (sixth form)	70	3.4
19 – 25 (post school)	10	0.3
Not known	132	6.5
Total	2032	



In terms of age groups, the majority of those supported were of secondary school age (12 to 16 years inclusive) accounting for 45% of the total, with children of primary school age (5 to 9 years inclusive) the next largest group, accounting for 22.3% of the total. However, the programme recognised the significant challenges experienced by children aged 10 and 11 years old who were in the transitional years between primary and secondary education. This transitional period can be an emotionally difficult time for children under normal circumstances, but was made even more so by the impact of the Covid pandemic as discussed earlier in this report.

As can be seen 21.2% of the total group supported by the programme were children from this transitional age group.

Gender

Of the 2032 children and young people supported by the programme, well over half (55.4%) identified as female with 40.6% identifying as male. The larger proportion of female beneficiaries may be accounted for by the fact that some of the projects specifically targeted girls and young women. A small proportion (3.1%) of children and young people identified as Other, which includes those who preferred not to specify their gender.

Table 5: Gender

Gender	Number	%
Female	1125	55.4
Male	824	40.6
Other	63	3.1
Not Known	20	1.0
Grand Total	2032	100

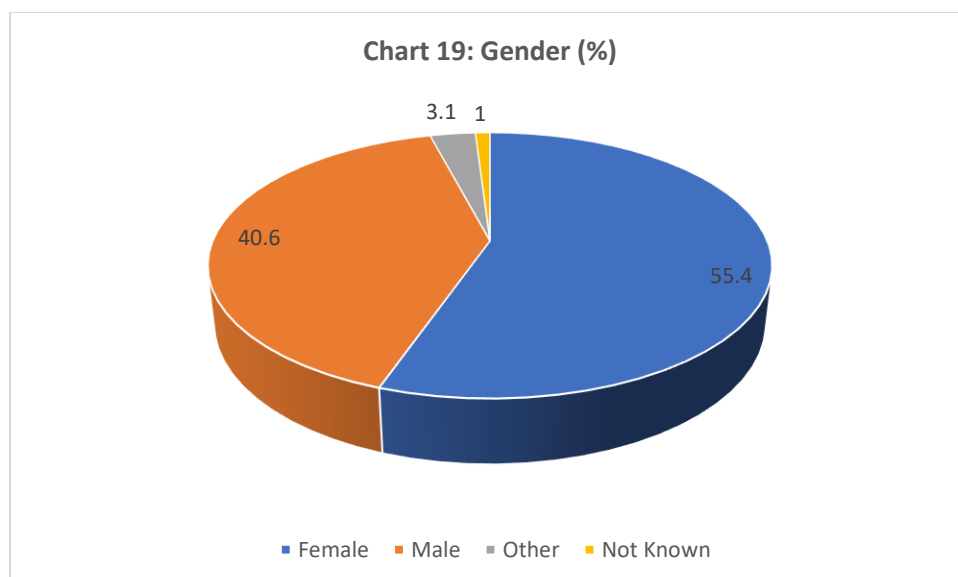
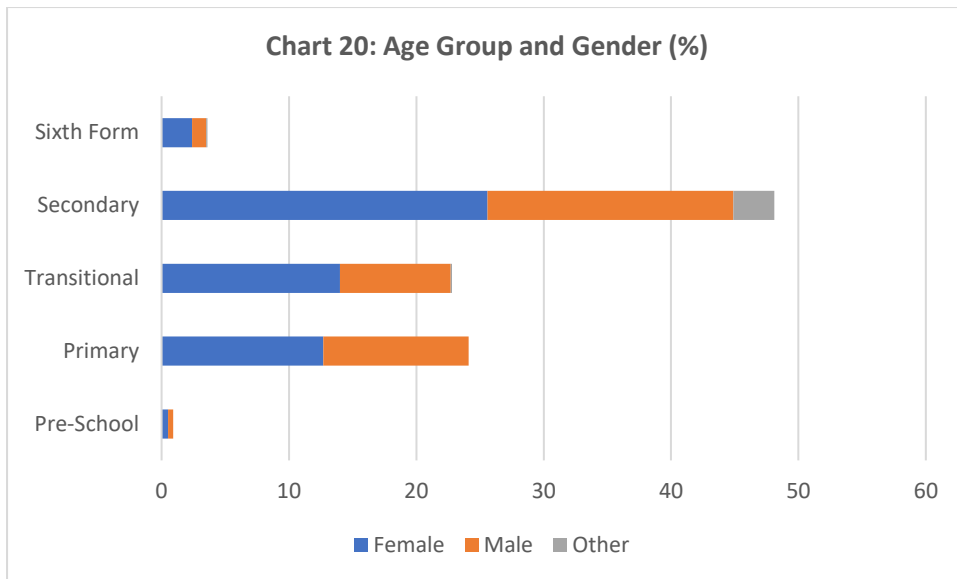


Table 6 and Chart 20 present a cross tabulation of age and gender and this shows that, in the largest overall age group (secondary), 25.6% of the beneficiaries were female and 19.3% were male. In the primary age group 12.7% of the beneficiaries were female and 11.4% male and in the transitional age group 14% were female and 8% were male. The substantial majority (61) of the 63 children and young people identifying as Other were in the secondary age group.

Table 6: Age and gender

	Female %	Male %	Other %	Total %
Pre-school	0.5	0.4	0.0	0.9
Primary	12.7	11.4	0.0	24.1
Transitional	14.0	8.7	0.1	22.8
Secondary	25.6	19.3	3.2	48.1
Sixth form	2.4	1.1	0.1	3.6
Total	55.2	40.9	3.4	

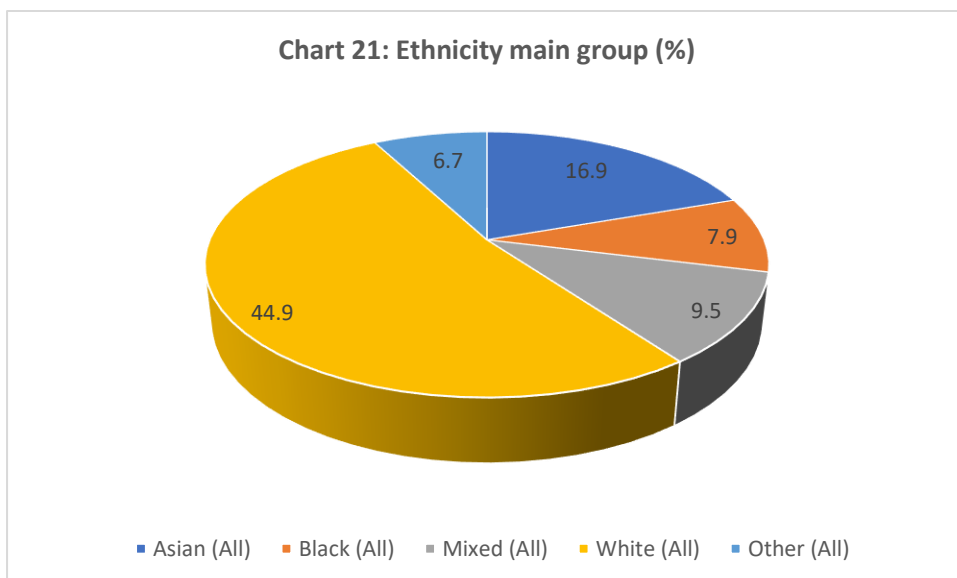


Ethnicity

The ethnicity categories used in this report were taken from the 2021 Census. There was significant variance in classifications used by provider organisations to record ethnicity and those that differed from the Census categories were reallocated accordingly. One provider organisation did not record ethnicity at all.

Table 7: Ethnicity

Ethnicity	Number	%
Asian	345	17.2
Black	161	7.9
Mixed	195	9.5
White	913	44.9
Other	137	6.8
Not known	281	13.8
Total	2032	



Of the 2032 children and young people supported by the programme, the largest group came from a white background which accounted for 44.9 % of the total. The largest single group within the overall white group was the White English, Welsh, Scottish, Northern Irish or

British group which accounted for 42.7% of all of the children and young people supported by the programme.

The largest number of non-white beneficiaries came from the combined Asian group who made up 17.2% of the total, with those from the combined Mixed background group the next largest at 9.5% followed by the combined Black group at 7.9%.

Given the high proportion of beneficiaries (13.8%) whose ethnicity is not known, comparison with the wider population of Sandwell as revealed by the 2021 Census is problematic. However, it does appear to broadly reflect the wider community which (as revealed by the 2021 Census) is 57.3% White, 25.8% Asian; 9.8% Mixed, 3.7% Black and 3.4% Other.

It should be noted that 281 children and young people, or 13.8% of the total, were recorded as 'not known' in terms of their ethnicity. This may be due in large part to the challenges of securing an individual's profile information when the activity concerned does not provide an easy means of so doing (for example a whole class activity). Nevertheless, it is an issue that warrants further consideration going forward.

Table 8 and Chart 22 present a cross tabulation of the age and ethnicity data and this shows that in the largest overall age group (secondary), young people from combined Asian backgrounds accounted for 8.6% of the total number of beneficiaries. Young people from combined Black backgrounds accounted for 3.7%, young people from combined White backgrounds accounted for 25.1% and young people from combined Mixed backgrounds accounted for 6% of the total of all beneficiaries.

Table 8: Age and ethnicity

	All Asian %	All Black %	All Mixed %	All White %	All Other %	Total %
Pre-school	0.4	0.2	0.3	0.1	0.0	1.0
Primary	4.3	2.8	2.8	12.8	1.0	23.7
Transitional	5.5	2.1	1.9	12.2	1.6	23.3
Secondary	8.6	3.7	6.0	25.1	4.6	48.0
Sixth form	1.1	0.5	0.3	2.0	0.2	4.0
Total	19.9	9.3	11.3	52.2	7.4	

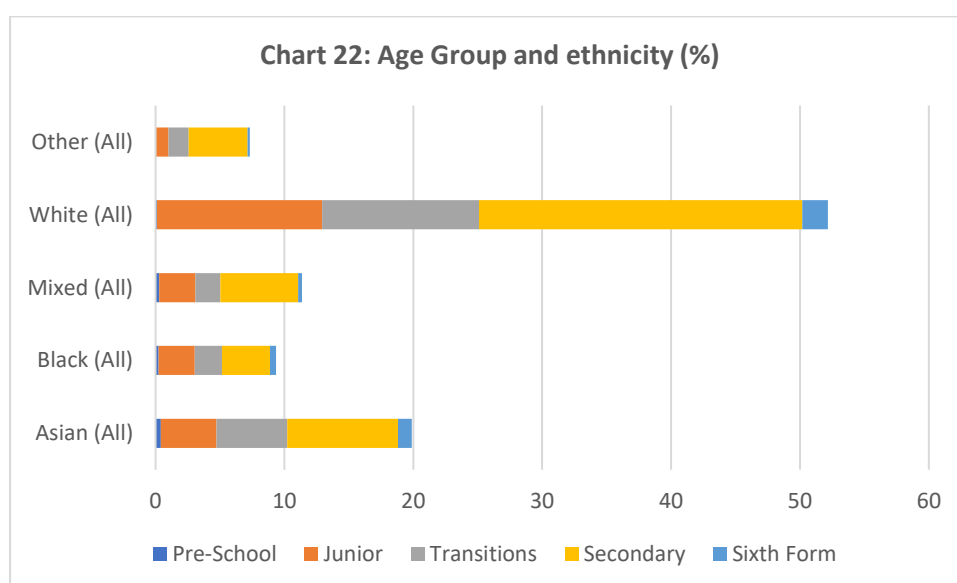
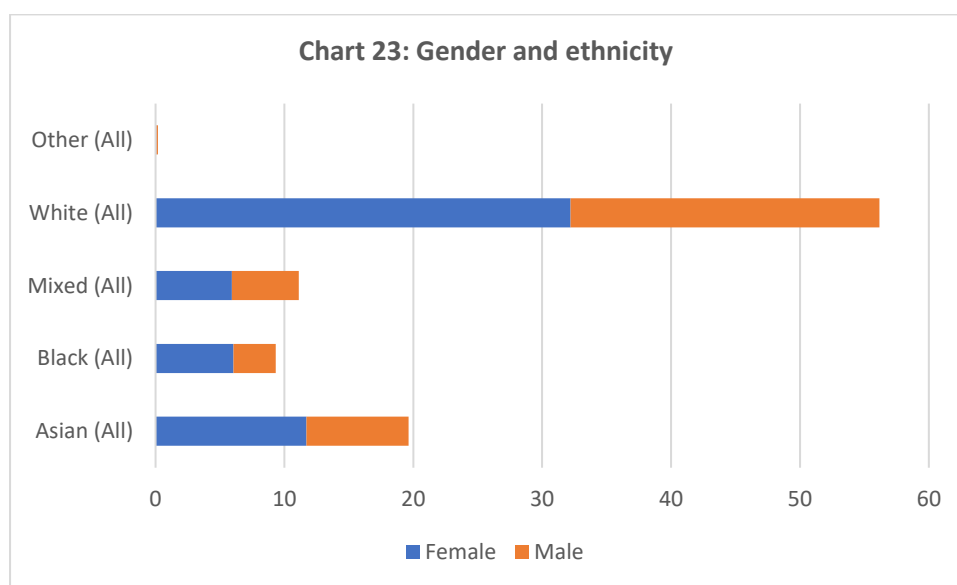


Table 9 and Chart 23 present a cross tabulation of gender and ethnicity data, showing that within the combined Asian group 12% of all the beneficiaries were female and 8% were male, whilst in the combined Black group 6% were female and 3% were male and in the

combined White group 32% were female and 24% were male. In the combined Mixed ethnicity group, 6% of all of the beneficiaries were female and 5% were male.

Table 9: Gender and ethnicity

	All Asian	All Black	All Mixed	All White	All Other	Total
Female	11.7	6.1	5.9	32.2	0.1	56.0
Male	7.9	3.3	5.2	24.0	0.1	40.5
Other	0.1	0.0	0.0	3.5	0.0	4.0
Total	19.7	9.4	11.1	59.7	0.2	

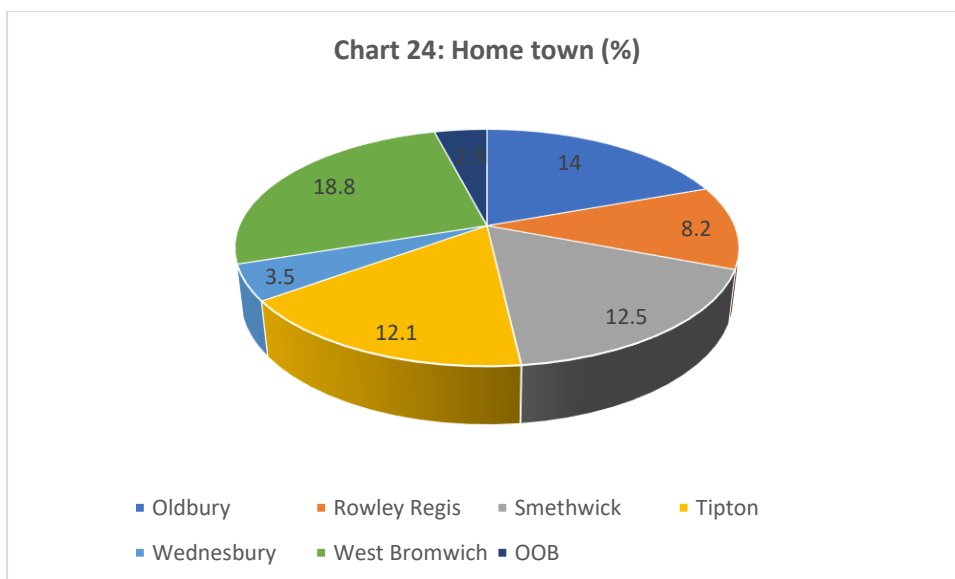


Home town

Of the 2032 children and young people supported by the programme, the largest number were recorded as having a home post code within the town of West Bromwich (18.8%). Oldbury provided the next largest cohort at 14%, followed by Smethwick at 12.5% and Tipton at 12.1%. Children and young people from Rowley Regis accounted for 8.2% with those from Wednesbury accounting for only 3.5% of the total. There were 64 children and young people (2.9%) whose home post code fell outside of the Borough of Sandwell, but this number is accounted for by the fact that some beneficiaries live in neighbouring authorities but attend Sandwell schools.

Table 10: Home town

Town	Number	%
Oldbury	283	14
Rowley Regis	167	8.2
Smethwick	256	12.5
Tipton	246	12.1
Wednesbury	71	3.5
West Bromwich	382	18.8
Out of borough	64	2.9
Not known	563	27.7
Total	2032	



An objective of the EWB Grant programme was to ensure equality of access and distribution to all children and young people in the Borough, achievement of which might be measured in terms of how well the programme beneficiary home post code profile matches that of the residential profile of those aged 0 to 18 years in Sandwell as recorded in the 2021 Census. If so, there are some discrepancies which would suggest that further work needs to be done on this objective should the funding programme be extended.

Census data for 2021 shows that the total population of Sandwell aged 0 to 18 years is 86,871, which when broken down into the child and young person population of the six towns in Sandwell is as follows:

- West Bromwich 20,596 (24%)
- Smethwick 18,419 (21%)
- Oldbury 13,621 (16%)
- Rowley Regis 12,829 (15%)
- Tipton 11,089 (13%)
- Wednesbury 10,317 (12%)

Schools

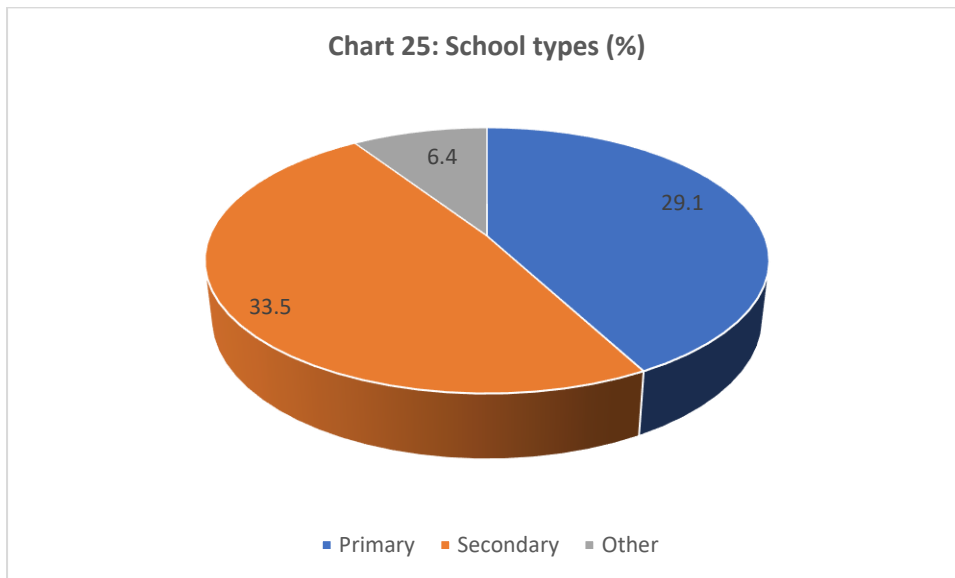
Schools were identified as the key vehicle through which to both identify and engage the prospective beneficiaries of the EWG programme. Provider organisations went to great lengths to market their services to schools and to work with schools to ensure that any educational and logistical challenges encountered by schools through their engagement with the programme were minimised.

The programme was delivered within 105 schools in the borough overall made up of 67 primary schools (64%) and 38 secondary schools (36%). In total there are 150 primary and secondary schools in Sandwell so the EWG programme has been successful in engaging with 70% of all schools in the Borough. The full list of schools is provided in the Appendix.

There were 132 children and young people (6.4% of the total) who accessed support from the programme via a community group or other non-school environment.

Table 11: Schools

School type	Number	%
Primary	592	29.1
Secondary	680	33.5
Other	132	6.4
Not Known	628	30.9
Total		2032



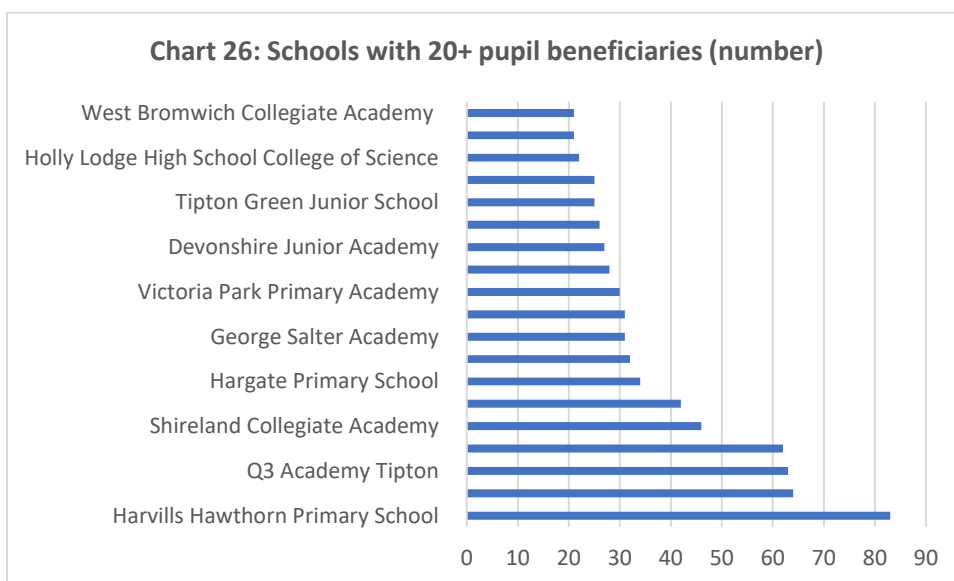
Over 600 beneficiaries had a recording of 'not known' when it came to the school they attended, almost 31% of the overall total. Given the focus of the programme was centred around schools in Sandwell, this 'not known' figure is disappointing and, as with the recording of beneficiaries' ethnicity as referenced above, is an issue that should be addressed going forward.

Of the schools engaged with the programme, most pupil beneficiaries (83) attended Harvill Hawthorn Primary School, representing 4.1 % of all the children and young people supported. The Q3 Academies in Langley and Tipton and St Michael's Church of England High School each provided just over 3% of all the pupil beneficiaries with beneficiary numbers from these schools being 64, 63 and 62 respectively.

Table 12: Schools with Most Pupil Beneficiaries (20+)

School	Number	%
Harvills Hawthorn Primary School	83	4.1
Q3 Academy Langley	64	3.1
Q3 Academy Tipton	63	3.1
St Michael's Church of England High School	62	3.1
Shireland Collegiate Academy	46	2.3
Oldbury Academy	42	2.1
Hargate Primary School	34	1.7
Summerhill Primary Academy	32	1.6
George Salter Academy	31	1.5
Sandwell Valley School - Sandwell LA	31	1.5

School	Number	%
Victoria Park Primary Academy	30	1.5
Ormiston Forge Academy	28	1.4
Devonshire Junior Academy	27	1.3
Stuart Bathurst Catholic High School, College of Performing Arts	26	1.3
Tipton Green Junior School	25	1.2
Health Futures Universal Technical College	25	1.2
Holly Lodge High School College of Science	22	1.1
Phoenix Collegiate	21	1
West Bromwich Collegiate Academy	21	1



Extending the reach

Broadly speaking, the initial aspiration for the programme was that it should reach as many children and young people as possible to respond to the surge in demand for emotional wellbeing support in the context of a system that was already overstretched. It was hoped that more services would be provided at an earlier stage than would be expected to require a referral to CAMHS.

The programme was designed to provide localised, responsive support and to build an infrastructure that would bring capacity to the system. Overall, these aspirations were felt by stakeholders to have been achieved.

The lack of time and resource for marketing the programme was, however, identified as a factor limiting its reach beyond those schools already working with the providers, and the need for this to be incorporated in any future programme. One stakeholder identified the Sandwell Inclusion Service as key to getting information about any future programme to schools.

Several stakeholders referred to children who are educated at home and the need to ensure that they are able to access support. It was pointed out that in school there is a range of adults to offer some form of support.

It was also recognised that mental health still carries a stigma for some, and that some children and young people may prefer not to associate themselves with an emotional wellbeing service that is offered through school.

For children not in school, or preferring not to access support through school, a number of stakeholders and providers identified the diverse range of small community-based organisations as providing a potential point of access. However, it was also noted that it would be important to know who and where these children were, and which organisations were most likely to be able to reach them.

The Children's Society BEAM service was noted to be a community-based service with the potential to reach such children. A BEAM session was observed for this evaluation and a report of this is provided in the Appendix.

For a more lasting impact, one stakeholder felt that in future, support should be extended beyond the child to their family:

"If you want anxiety or low mood to be resolved and that to be maintained, you need to support the families to manage their children".

One stakeholder, however, expressed concern about the short-term non-recurrent nature of the funding, pointing out that this means that *"our young people are saying we don't know what there is and we will never be able to tell them!"*

Targeting the funding

Both stakeholders and providers acknowledged that, as a result of the 'broad brush' approach that had been adopted to delivery, driven by the tight timescale and lack of data, the offer had not been accessed equitably in all parts of the borough. Indeed, schools that providers had worked with in the past tended to benefit from that pre-existing relationship. One provider had noted that one school had three providers working with them on projects funded by this programme.

There appears to be a lack of comprehensive data at present by which current provision of emotional wellbeing support in school can be mapped. Several stakeholders highlighted this as an essential prerequisite to targeting.

A stakeholder observed that the Educational Psychologists (through the Charter Mark) and Public Health both held data relating to the existing support in schools, that could be deployed to developing such a map.

Another observed:

"Between us all we have a lot of information but there is no one place you can look for it...And it should be a collaborative picture and it should be maintained and owned".

Several stakeholders highlighted the importance of raising awareness of emotional wellbeing and its impact on the child's performance in those schools that do not currently take up the offer:

"They think that school is school and emotional wellbeing isn't their issue".

"It's trying to get schools to understand that if you can get a child's emotional health and wellbeing right, then the impact will be that the child will be aspirational and will achieve things".

It was also noted, however, that targeting schools that had not benefited from the funding should not be at the expense of those with the greatest need, irrespective of whether they have benefited in the past.

One stakeholder suggested that CAMHS data should be used to develop a profile of the young people most in need of support. This could be used to target future funding, not only through schools but also potentially through the local community organisations that serve them.

The point was made by several providers that, in future, the application process should identify the target groups (e.g. by age, sex, ethnicity, school) to be worked with so that this could be incorporated by providers into their project plan.

8 The process

Management, delivery and oversight of the grant programme

While the Council's decision to administer the grant programme through SCVO was largely pragmatic, based on the need to get the money out to those who needed it quickly, all of the stakeholders involved believed on reflection that it was also the right decision in terms of the outcomes achieved. It did indeed mean that the money was spent, something that several stakeholders commented as being an achievement in itself. A procurement process would have been time consuming, more expensive and the Council did not have the capacity to manage it.

SCVO was also acknowledged to have a track record in programme management and, specifically, overseeing and administering grants. Their knowledge of and relationship with the local VCS was observed by several stakeholders to be critical:

"Their ear is very close to the ground to pick up the issues and respond in a non-bureaucratic way".

"In Sandwell SCVO are the people who know what is going on on the ground so it was the right thing to do".

"They have reach into services and organisations that statutory services would never be able to access".

The decision to use the local voluntary sector (as opposed to national VCS organisations with no current local presence) was also welcomed by stakeholders:

"Local providers should be able to identify clearly the needs of the local population, especially if they've been there for some time".

One statutory sector stakeholder also welcomed the additional perspective that the VCS can bring:

"We've all got our professional identities that we are rooted in, but the VCS can rise above that".

It was also pointed out that, from a corporate responsibility point of view, local organisations will recruit locally and take on local volunteers. Larger organisations from outside the area may talk about match funding, but they may not offer a local model, relying instead on a model that they use elsewhere.

One stakeholder did, however, raise the question of whether a large award to a single provider might have given the programme greater visibility, particularly for schools.

From their own perspective, SCVO was pleased to be able to use their knowledge of and relationship with the sector to be able to influence the funding process. However, unlike in previous grant funding programmes, they were required this time to be proactive and adopt a leadership role. Whereas on previous occasions, the purpose, scope, activities, target cohort and outcomes for a grant funding programme would have been dictated to them by

the commissioner (in this case the Council), on this occasion it was left to SCVO to take on this leadership role.

SCVO recognised that decisions would be needed about the priorities for awarding the funds and that it was by no means an expert in young people's emotional wellbeing. Hence, the CEO held meetings in the first few weeks with the Council officer initially involved, then consulted with relevant stakeholders including the VCS providers already delivering the work that was envisaged:

"We brought together the partners who had an understanding of the issues. We couldn't go to one place, we needed to be the convenor of those conversations".

While not unwelcome, the role necessitated a degree of *"asking, running, chasing, convening"*.

At times SCVO made mechanistic decisions about the application and award process, but at each stage took care to build consensus amongst the stakeholders. This partnership approach was fully endorsed (and indeed expected) by the Council, recognising the importance of the input from specialists and the need to work strategically across Sandwell.

While stakeholders generally welcomed the process by which they came together and, through discussion, reached agreement, some expressed some concern that there remained a problem of tangible evidence for all their decisions:

"I'm left with a niggling worry about what we understand about the need...How do we know we are responding in the right way with this money?"

"We have brought our professional opinions but do we always have the evidence to base this on?"

"We had lots of mentoring in the offer this time but we don't have a framework as to what good mentoring looks like".

Several stakeholders referred to the pace of decision-making, recognised as having been necessitated by the deadlines that had been set. In spite of that, SCVO and the Steering Group took advantage of opportunities for learning as the programme developed. For example, that lack of clarity that became evident in the first iteration of the application form was improved in the next version; and gaps in provision that emerged following the award of grants in the second round were addressed through the third.

It was initially envisaged that, aside from the small allocation of funds in the first round to ensure that activity could take place during the summer holiday 2021, the rest of the funding would be awarded in the September funding round. This would have meant awarding around £150,000 to each of five or six organisations. However, as it transpired, provider organisations lacked the appetite for such a large piece of work, realising that they lacked the capacity to deliver on this scale and preferring more incremental, sustainable growth.

Stakeholders interviewed for this evaluation endorsed the partnership approach that was developed for overseeing the process. The organisations represented covered the areas of expertise needed and individuals brought complementary perspectives.

However, several stakeholders noted, retrospectively, that they had lacked the young person's perspective, and one suggested that in future consideration should be given to consulting with the SHAPE programme⁶ over young people's representation on the Steering Group and involving them in programme design in future. Another stakeholder suggested that representation from Education might have played a useful role.

⁶ <https://www.justyouth.org.uk/shape>

The award process was felt by stakeholders to have been robust and transparent. There was healthy discussion and challenge with a view to reaching decisions that would have the best outcomes.

This funding programme sat within a broader framework of delivery and partnership working as outlined above. Nonetheless, it was noted by stakeholders that the process of coming together as a small group of individuals to make decisions generated a stronger sense of partnership and mutual understanding:

"You really learn about each other and take ownership of the decisions".

"We're working closer because of this than before".

"It's been an opportunity to work together to make a difference".

That said, it emerged from some of the interviews that, as a result of people wanting to work effectively but at pace, some differences in approach and working styles emerged, resulting in silo working or without a truly cohesive approach. It was felt that there may be scope to attend to some of the different working styles:

"I don't think we are yet working in a cohesive way".

"You have to work at those differences and misunderstandings".

A number of stakeholders applauded SCVO for its management of the whole programme:

"In terms of the coordination and roll out of the programme, SCVO has been phenomenal in what it has achieved in a short time; the professionalism with which they do it and the challenge that they give partners. They have been fundamental to its success. If it had been done without them we may not be in the strong position that we are".

"They were able to pull it off, so it's a thank you to them for managing it all. They did a good job. And keeping people to task – they always brought meetings back to the decisions that needed to be made."

Several remarked on the importance of the Project Manager role in providing the necessary information to the panel; steering them through the paperwork; and reminding them as necessary about "what was in and what was out" of the funding purview.

The application process

On the whole, those providers who were interviewed for this evaluation had been directly involved in writing the application for their organisation. One commented on the value of this in giving 'ownership' of delivery. Several highlighted the particular importance of involving people who know what was viable in terms of targets and timescales for delivery. However, there did not appear to be a correlation between those applications where deliverers were not involved in the bid writing and those projects that had experienced problems in their ability to manage the project effectively.

Providers who had been involved generally found the application process to be "not too long", clear and straightforward. Several referred to the fact that it was similar to their previous experience of working with SCVO and that this familiarity was useful. The fact that there was a named person to contact with any queries was appreciated.

A few providers referred to the fact that they had been invited to negotiate the details of their application following its initial submission. For most this was accepted as part of the process of refining their application, although one of these expressed bewilderment, and saw it as time consuming without fully understanding the thinking behind it. For the Steering Group, this element of negotiation was important in ensuring that proposals were robust and cost effective, offering value for money.

A number referred to the fact that their bid was based on a tried and tested approach, which made preparing the application more straightforward.

One provider, however, found that the application form was designed for service delivery rather than for a salary, and that there was therefore a challenge in establishing KPIs against salary hours. It was suggested that in future an application form should incorporate different or additional questions for those asking for funds to cover a salary.

Another provider understood from the call for applications that there was a ready demand for support and based their application on that premise, so that they framed their application *"in 'action' rather than 'development' terms."* They later discovered that no such flow of referrals was forthcoming, so had to do more development work than had been anticipated.

Several referred to the *"quick turnaround"* but, as one commented, *"that's not unusual"*.

A notable learning for SCVO was the need to establish with an applicant how quickly they could mobilise their resources to begin delivery. This was especially important in the first round, although the tight timescale meant that it was also a feature in future rounds. Applicants, keen to secure the funding, may be tempted to over-state their ability to begin work quickly, and the panel needed to be able to assess how realistic they were in this assertion.

"We need them to be up front with us; how do we encourage real and honest conversations about that? Because that affects the viability of the programme."

Applicants were asked to assess the implications on their costings of scaling their provision up or down, depending on availability of funding. This brought into focus the provider's approach to calculating its budget, distinguishing between fixed and variable costs.

One stakeholder felt that more could have been done at the application stage to ensure that the provider had the necessary contract management processes in place, along with performance and outcome monitoring.

Effective delivery

The timing of the award decision was a factor for several providers. For one, because there were some delays in the application being finally agreed, some self-employed staff that had been engaged had moved on to other work.

Two other providers received their award too late in the term to set anything up until after the forthcoming school holiday. For one provider this did not give them enough time because delivery itself needed to start at the beginning of the term in order to have the necessary number or weeks for completion.

A number of providers commented on the short-term nature of the funding and the impact this had on their ability to recruit and retain staff. One pointed out that, for such a short-term position, most applications were from people *"fresh out of university"* lacking the skills and experience for what is generally understood to be a demanding and stressful role. A number referred to staff leaving during the course of the project, a likely contributory factor being the need to secure a more permanent (or at least a longer-term) appointment.

Two providers experienced difficulties in getting the referrals that they had been expecting, based on their understanding of the need (in terms of increased need for mental health support for children and young people in the borough) and previous experience of delivering the service.

One indicated that there had been a mis-communication at the outset, leading to their understanding that there was a waiting list of children and young people needing support

ant that there would be an immediate flow of referrals from a SPA. They had an expectation that there would be a “*partnership – or network – of providers, creating an energy and synergy, an infrastructure for referring on and receiving referrals*”.

The other referred to a tendency for agencies to refer ‘upwards’ (escalating the level of support) rather than consider a more preventive approach as an option. It was also noted that they had not received any referrals from other VCS providers, with the possibility that this was a result of protectionism over caseloads and funding.

More positively, providers were able to identify some of the features of effective delivery. Several mentioned the launch of the Early Help website which was used to network with other providers and market their project to schools and other organisations and generate referrals.

Many providers referred to the difficulty in getting into schools and the consequent tendency to work with those where they already had an established relationship. One provider targeted schools that had signed up to the Charter Mark. This was partly a factor of time: the pressure to get started with delivery as soon as possible.

Communication with secondary schools was generally felt to be harder than with primary schools, largely because of size and the fact that any message is likely to pass through several hands.

Several providers reported on the difficulty of getting secondary schools to release pupils in the lead-up to exams. One commented that, while the school appeared to be giving priority to academic achievement over emotional wellbeing, this may be short-sighted in that an emotionally healthy child may actually achieve more.

One provider noted that, while secondary schools may be reluctant to engage during the run-up to exams, primary schools were generally open to support. They have more children with additional needs but not enough funds for additional support, so they welcomed this provision.

One provider noted that they had found it historically difficult to gain access to faith schools. Some, who already feel mistrustful of external agencies, may fear being judged.

It was also noted that schools at this time were struggling to manage the risk of Covid, and there was a reluctance from some to invite external staff into the building.

Finding the right person in the school and using them as a single point of contact was identified by many providers as being crucial to access. This might be the SENCO, the lead for mental health or safeguarding, or in secondary schools the pastoral head.

A number experienced problems of communication with schools, even after their presence was agreed. Several referred to rooms (or appropriate rooms) not being booked; children not being reminded of the session or released to attend. One provider referred to an occasion when no room had been booked, it then took half an hour to find a vacant one, and the room was unsuitable for group work. The same provider described another occasion when the school brought six children along for the session but, when the provider returned to their office where they kept their records, it transpired that one of the children was not on their list.

It was suggested that spending time at the outset, laying down the foundations with the school with regard to working practices, safeguarding and confidentiality could help to avoid problems arising. One provider noted that the relationship with the school, however, requires constant attention throughout. Several providers, on reflection, would wish to have appointed their own administrator to organise the logistics of delivery.

One provider suggested having a programme 'champion' at SCVO who could take part in initial meetings with schools in order to establish expectations on both sides, including a requirement for the school to have a named key contact. The presence of the funder at such a meeting had been found by them to be 'really useful' in another locality where they operate.

On the whole, once in the school, the project staff were treated respectfully and several providers reported that schools had come to value their presence and asked for further provision. However, there was one instance of a mentor with a criminal record being identified as a safeguarding risk, being excluded from the school and notifying the safeguarding lead about him.

Monitoring reach and impact

For the Steering Group, the ability to measure the reach and impact of the funding was, of course, important to knowing the difference it had made to the lives of children and young people in Sandwell. That said, there was an acknowledgement articulated by one member, that the level of effort and sophistication of monitoring procedures needs to be proportionate to the level of funding. While one might expect a sophisticated measurement of the impact of £1m of funding, it is important to remember that for the providers, most of the funding awards were for under £50,000; some of these for around £20,000.

There was general agreement amongst providers that clarity around what was expected of them in terms of monitoring would have been welcomed from the outset. Those involved in rounds 1 and 2 were particularly affected by the decision, in March 2022, to require providers to complete an excel spreadsheet provided for them by SCVO rather than to submit their return in their own format.

From SCVO's perspective, the lack of monitoring data being submitted by providers throughout the programme hindered their ability to monitor outputs and outcomes throughout its duration, and hence their ability to make modifications as responsively as they would have wished.

There was general agreement that a common data set for demographic information should be required of providers and dismay that this may not already be collected by all. However, one provider pointed out that, when working with large groups (e.g. whole classes) they do not routinely collect such data for individuals attending.

There was also general agreement (with a few notable exceptions) about the need to provide good quality outcome data and that, for a funding programme such as this, that it is reasonable for the funder to require this in a common format.

The most common view was that, in future, SCVO should make clear from the outset the outcomes that it wants providers to achieve through their intervention. The provider should then assess their outcome measures and identify those that relate to those outcomes so that these can be monitored and reported to SCVO. They may also continue to use their other measures for their own purposes. The proposed measures should be submitted at the outset for agreement by SCVO to avoid any problems later on.

As one provider observed, *"it's not about quantity but quality"* and that *"data serves a strategic purpose"*.

A few providers, however, did not feel that the value of common measures was justified *"because this reflects the diversity of the work everyone is doing"*.

One provider pointed out that the impact of a brief intervention is more difficult to measure than that of a longer-term engagement, and – by implication – that there may be an inherent flaw in any attempt to devise a common measurement across the programme.

Several providers raised the challenges involved in gathering data, especially in the sensitive context of emotional wellbeing. For example, it may feel discordant to end a positive therapeutic experience by getting participants to complete a form:

"You have to balance the need for evaluation – adding in questions – with the impact it may have on the quality of delivery".

The issue was raised of who should be asked about the impact of an interaction. The child or young person may feel obliged to be positive in order to please the service provider. One provider suggested that parent(s) may provide useful additional perspective. Another experienced specific difficulties in getting very young children to complete any form of monitoring and relied upon the views of professionals (other than those who had been involved in the interaction itself).

Another provider, however, emphasised the need for the voice of young people themselves to be heard: *"professional views should always be backed up by the view of the young person"*.

A stakeholder endorsed this view:

"The child's voice needs to be triangulated with the family's and the school's, so that it isn't just about them saying they feel better, but others seeing the evidence. So that we know that the help and support will be long lasting and not just a sticking plaster".

In terms of improvements to the data collection requirements, one provider suggested that a common spreadsheet should be used for children of all ages, even when the service had been delivered separately in primary and secondary schools. It was pointed out that this would avoid the risk of duplication if a child who received the service moved up from Year 6 to Year 7, and avoid confusion if the child was aged 11.

Another provider felt that it would be useful to monitor referral sources and onward referrals, to assist in any assessment as to the true value of the network of providers.

A number of providers emphasised the need for qualitative data in the form of quotes and case studies in addition to the quantitative data that needs to be collected.

9 Conclusions and recommendations

Conclusions

The VCS provider organisations delivered support to over two thousand children and young people of all ages and broadly reflective of the ethnic composition of the local community, across the borough of Sandwell, widely acknowledged as an impressive achievement.

As the Director of Children's Services and Education remarked:

"I'd like to recognise and thank the partners who have stepped up to the plate. They have worked tirelessly, creatively and flexibly to deliver better and sustained outcomes for young people. That's hugely appreciated."

Reaching pupils in over 70% of schools and some community venues in the borough, the programme has made a substantial impact on its stated outcomes of reducing isolation and anxiety, improving confidence and self-esteem, and building resilience. The programme also targeted children living with domestic violence and abuse, and made an impact, albeit more limited, on their feelings of safety at home.

The thirteen provider organisations themselves were strengthened from the experience, gaining capacity, capability and developing important relationships with each other, with schools, and with other agencies.

SCVO led a partnership of key agencies from the statutory and voluntary sectors in driving the process.

Recommendations

1. Any future programme should be informed by the data regarding need, which should make use of CAMHS data as well as that obtained through this programme.
2. Grant awards should be dependent on the applicants' capacity and ability to:
 - a. Demonstrate that their proposed intervention will address the programme's stated outcomes.
 - b. Identify the measures that they will use to monitor those outcomes.
 - c. Triangulate their findings, drawing on feedback from family and schools in addition to the beneficiaries themselves.
 - d. Provide regular (e.g. monthly) monitoring data to trigger enable the award of further funds to be responsive.
3. With regard to monitoring requirements:
 - a. A common language and classifications should be used when recording profile data, especially ethnicity. This can be achieved by the mandatory use of drop-down menus.
 - b. The 'not known' category and any blank spaces on spreadsheets should be eliminated so that providers are required to provide full information for each child.
4. Considerations should be given to involving children and young people in co-production of any future programme.

Appendix 1

Evaluation framework

Evaluation question	Data to be collected	Data collection methods
<p>What needs have been addressed and difference has been made to the lives of the young people supported through the programme?</p>	<ul style="list-style-type: none"> • Outcome data produced by providers 	<ul style="list-style-type: none"> • Initial meeting with SCVO project coordinator • Initial meeting with each provider • Bi-monthly check-in with each provider • Visits to sample of activities
<p>What legacy will it have for the provider organisations in terms of their capacity, capability, organisational development, external relationships?</p>	<ul style="list-style-type: none"> • Project plans • Project materials • Organisational charts • Training and professional development records • Staff and management reflections 	<ul style="list-style-type: none"> • Bi-monthly check-in with each provider • 6-weekly provider meetings • Final interviews with project managers and delivery staff
<p>What relationships have been established and what capacity has been developed within the local system that will enable partners – the council, provider organisations, partners (including schools) and SCVO to be more effective, stronger and more resilient?</p>	<ul style="list-style-type: none"> • Notes of panel meetings • Notes of provider meetings • Participant reflections 	<ul style="list-style-type: none"> • Meeting(s) with panel • 6-weekly provider meetings • Individual interviews with council and SCVO managers and staff

Evaluation question	Data to be collected	Data collection methods
<p>To what extent has the support been available equitably to all children and young people in the borough? What more could be done to ensure fair and equitable access?</p>	<ul style="list-style-type: none"> • Output data • Activity mapping • Participant reflections 	<ul style="list-style-type: none"> • Bi-monthly check-in with each provider • Analysis of output data • Meeting(s) with panel • Individual interviews with council and SCVO managers and staff • Final interviews with project managers and delivery staff

Appendix 2

The Children's Society: BEAM

Observation report

About BEAM

BEAM is a drop-in service for young people (0-25 years) with emotional health and wellbeing issues. The ethos is to move the children and young people on, helping them to develop the skills to build their own resilience. The model is one of coaching and challenging rather than counselling.

During the pandemic the service was provided over the phone and bounded by 20-30 minutes (except in cases of crisis or safeguarding) to help the team manage the resource and the young person to understand the value of time.

Sandwell Beam had drop-ins in Cradley Heath, Wednesday and now Smethwick. It was formerly in St Martin's Six Form College in West Bromwich but the hall was too cavernous and intimidating, and Leroy moved it to Smethwick community centre.

At each drop-in there were a minimum of three members of staff, plus other staff and trained volunteers. The Manager's presence is to manage the situation, which is unpredictable in terms of the number of young people attending, their ages and presenting issues.

The set-up is similar to a café, with each young person (and if present their parent) talking to a member of the team. There is music playing quietly so that people do not feel overheard.

The young person should not expect to come back the following week, but their return is left open. If they do come back, they should not expect to see the same member of the team. Communicating with another adult is seen as a useful skill to develop.

Notes from the observation

The observation visit took place on 23 August at Haden Cross Community Fire Station. Present that day were the Project Manager and two members of the youth work/counselling staff. All three were very enthusiastic about their work and able to provide extensive information about and insight into the operations of the project.

The observer learned that access to the support service on offer was open to all and did not require an appointment. Pre-registration of the young person was helpful but not essential as this could be completed on the day.

Therefore, the young person could present with almost any problem or presenting issue, from the mundane to the acute and be guaranteed a service.

This required the counselling staff to be very agile, adaptable, experienced and focused.

The young person would meet a counsellor for half an hour during which time they would be encouraged but not mandated to share whatever issues were troubling them. The session would always include time for reflection and agreeing the next steps, but again these steps could be small and benign or large and significant, dependent on the young person's engagement in the process.

Of particular interest to the observer was the 'built in' uncertainty in the model for both young person and counsellor. Every time the young person attended the drop s/he was likely to meet with a different member of staff, indeed this is almost the preferred

approach and runs counter intuitively to perceived models of counselling where trusting and consistent relationships are built between counsellor and client over a number of sessions.

The maximum time available for the young person and the counsellor in any session is 30 minutes and, whilst most other counselling models would set time limits on sessions, this is a particularly challenging time frame in which to make progress on what may be quite acute or entrenched issues.

However, what became clear is that this built-in uncertainty was a powerful way of making the young person focus on what was troubling them and what might be done to ameliorate the problem, putting a responsibility on them in a sense to make use of the resource and the opportunity on offer. They were entirely free to choose to not return or pursue the offer of support, but if they did choose to attend further sessions they needed to have contributed to identifying the way forward and taking action.

This model also put an onus on the counsellor to be very focused and clear with the young person, to identify their concerns and help them shape solutions and, most critically, to communicate all of that succinctly and effectively to one of their colleagues who would most likely be meeting with the young person the next time they came to the drop in. This was a challenging but also very empowering work model for those equal to the task, which the BEAM staff clearly were.

On the day the observer visited only one young person attended with their mother. This young person struggled with the disruption caused to their life and demeanour after spending time with their father, who was divorced from the mother and recently returned to the community after a spell in prison.

No personal or specific details pertaining to this case were shared with the observer and the session with the counsellor was conducted at a desk on the opposite side of a very large meeting space and was therefore essentially completely private as would be expected.

However, the observer witnessed the Project Manager skilfully engaging both the mother and the young person as they arrived and conducting his own brief assessment/triage of the issues. The young person was then introduced to the counsellor who took them to a desk across the meeting space whilst the Project Manager continued to engage and 'counsel'; the mother in an unstructured but clearly very helpful way, judging by her demeanour and positive body language.

At the end of the session both mother and young person departed seemingly happy and satisfied with the outcome.

The observer also departed at this point having spent 2 hours at the drop-in. It is not known whether there were other attendees to the drop in that day. However, whilst the delivery model has a great deal to say in its favour and is very much focused on the needs of the young people being supported, it would seem to present challenges with regard to cost effectiveness, if three or more members of staff are as regularly underutilised as they were on that occasion.

Nevertheless, the observer was greatly impressed by all concerned and came away from the visit both enthused and intrigued by the approach taken to deliver support to young people.

Appendix 3

Detailed tables

Age

	Age (Years)	Number	%
Pre School	1	5	0.2
	2	3	0.1
	3	8	0.4
	4	3	0.1
	Total	19	0.8
Primary School	5	33	1.6
	6	45	2.2
	7	75	3.7
	8	137	6.7
	9	165	8.1
	Total	455	22.3
Transitional Years	10	235	11.6
	11	196	9.6
	Total	431	21.2
Secondary School	12	174	8.6
	13	196	9.6
	14	245	12.1
	15	161	7.9
	16	139	6.8
	Total	915	45
Sixth Form	17	57	2.8
	18	13	0.6
	Total	70	3.4
Post Secondary	19	1	0.0
	20	4	0.2
	23	1	0.0
	24	1	0.0
	25	3	0.1
	Total	10	0.3
Not Known		132	6.5
	Total	132	6.5
	Grand Total	2032	100

Ethnicity

	Ethnicity	Number	%
	Asian		
A1	Asian Or Asian British Bangladeshi	22	1.1
A2	Asian Or Asian British Chinese	5	0.2
A3	Asian Or Asian British Indian	108	5.3
A4	Asian Or Asian British Pakistani	92	4.5
A5	Any other Asian Background	118	5.8
	Total	345	17.2
	Black		
B1	Black African	21	1.0
B2	Black Caribbean	30	1.5
B3	Any Other Black, Black British or Caribbean Background	110	5.4
	Total	161	7.9
	Mixed		
M1	Mixed White and Asian	35	1.7
M2	Mixed White and Black African	9	0.4
M3	Mixed White and Black Caribbean	83	4.1
M4	Any Other Mixed or Multiple Ethnic Background	68	3.3
	Total	195	9.5
	White		
W1	White English, Welsh, Scottish, Northern Irish or British	868	42.7
W2	White Irish	2	0.1
W3	White Roma	1	0.0
W4	Any Other White background	42	2.1
	Total	913	44.9
	Other		
O1	Other Ethnic Group Arab	4	0.2
O2	Any Other Ethnic Group	133	6.5
	Total	137	6.8
	Not Known	281	13.8
	Grand Total	2032	100

Home Post Code

Town	Beneficiary Home Post Code Area	Number	%
Oldbury	B68	164	8.1
	B69	119	5.9
	Total	283	14
Rowley Regis	B65	108	5.3
	B62	10	0.5
	B63	7	0.3
	B64	42	2.1
	Total	167	8.2
Smethwick	B66	109	5.4
	B67	141	6.9
	B16	1	0
	B17	3	0.1
	B18	2	0.1
	Total	256	12.5
Tipton	DY4	242	11.9
	WV14	4	0.2
	Total	246	12.1
Wednesbury	WS10	62	3.1
	WS1	9	0.4
	Total	71	3.5
West Bromwich	B70	257	12.6
	B71	125	6.2
	Total	382	18.8
Out of Borough	Total	64	2.9
Not Known	Total	563	27.7
Grand Total		2032	100

Full school list

School	Number	%
Primary Schools		
Abbey Infant School	1	0.0
Abbey Junior School	1	0.0
All Saints CE Primary School	8	0.4
Annie Lennard Primary School	6	0.3
Blackheath Primary School	13	0.6
Bleakhouse Primary School	1	0.0
Brandhall Primary School	1	0.0
Burnt Tree Primary School	13	0.6
Cape Primary School	4	0.2
Causeway Green Primary School	11	0.5
Christ Church CE Primary School	13	0.6
Crocketts Community Primary School	3	0.1
Devonshire Infant Academy	1	0.0
Devonshire Junior Academy	27	1.3
Galton Valley Primary School	6	0.3
George Betts Primary Academy	16	0.8
Glebefields Primary School	4	0.2
Great Bridge Primary School	6	0.3
Hall Green Primary School	2	0.1
Hamstead Junior School	2	0.1
Hanbury Primary School	7	0.3
Hargate Primary School	34	1.7
Harvills Hawthorn Primary School	83	4.1
Hateley Heath Primary School	1	0.0
Holy Trinity CE Primary School	15	0.7
Holyhead Primary Academy	1	0.0
Joseph Turner Primary School	17	0.8
King George V Primary School	1	0.0
Lightwoods Primary School	2	0.1
Lodge Primary School	3	0.1
Lyng Primary School	8	0.4
Moat Farm Infant School	6	0.3
Moat Farm Junior Trust School	15	0.7
Moorlands Primary School	1	0.0
Newtown Primary School	2	0.1
Oakham Primary School	2	0.1
Ocker Hill Infant School	1	0.0
Old Hill Primary School	1	0.0
Old Park Primary School	2	0.1
Our Lady and St Hubert's Catholic Primary School	4	0.2
Park Hill Primary School	7	0.3
Pennyhill Primary School	4	0.2
Perryfields Primary School	19	0.9

Reddal Hill Primary School	11	0.5
Rood End Primary School	10	0.5
Rounds Green Primary School	4	0.2
Rowley Hall Primary School	15	0.7
Ryders Green Primary School	1	0.0
Sacred Heart Primary School	15	0.7
Shireland Hall Primary Academy	2	0.1
Springfield Primary School	1	0.0
St James' CE Primary School	10	0.5
St Margaret's CE Primary School	2	0.1
St Martin's CE Primary School	3	0.1
St Matthew's CE Primary School	3	0.1
St Philip's Catholic Primary School	19	0.9
Summerhill Primary Academy	32	1.6
Tameside Primary Academy	1	0.0
Temple Meadow Primary School	2	0.1
The Priory Primary School	3	0.1
Tipton Green Junior School	25	1.2
Tividale Community Primary School	1	0.0
Tividale Hall Primary School	8	0.4
Uplands Manor Primary School	13	0.6
Victoria Park Primary Academy	30	1.5
Wood Green Junior School	4	0.2
Yew Tree Primary School	2	0.1
Total	592	29.1
Secondary Schools		
Bristnall Hall Academy	59	2.9
Corngreaves Academy	1	0
George Salter Academy	31	1.5
Gospel Oak (RSA Academy)	7	0.3
Health Futures Universal Technical College	25	1.2
Highpoint Academy	3	0.1
Holly Lodge High School College of Science	22	1.1
Impact Independent School - Dudley LA	1	0
Jubilee Park Academy	9	0.4
Mesty Croft Academy	6	0.3
Ocker Hill Academy	2	0.1
Oldbury Academy	42	2.1
Ormiston Forge Academy	28	1.4
Ormiston Sandwell Community Academy	8	0.4
Perryfields High School Specialist Maths & Computing College	18	0.9
Phoenix Collegiate	21	1
Q3 Academy	5	0.2
Q3 Academy Great Barr	5	0.2
Q3 Academy Langley	64	3.1

Q3 Academy Tipton	63	3.1
Sandwell Academy	18	0.9
Sandwell College	9	0.4
Sandwell Community School (Ages 11-16)	5	0.2
Sandwell Valley School - Sandwell LA	31	1.5
Shenstone Lodge School (Residential)	5	0.2
Shireland Collegiate Academy	46	2.3
Silvertrees Academy	4	0.2
St Michael's Church of England High School	62	3.1
St Paul's Church of England Academy	2	0.1
Stuart Bathurst Catholic High School, College of Performing Arts	26	1.3
The Brades Lodge	4	0.2
The Meadows School (Ages 9-19)	1	0
Timbertree Academy	1	0
Walsall College	1	0
Wednesbury Oak Academy	1	0
West Bromwich Collegiate Academy	21	1
Wodensborough Ormiston Academy	8	0.4
Wood Green Academy, A Specialist College of Sport, Math & Computing	15	0.7
Total	680	33.5
Other		
Other School or community group	91	4.5
Sandwell Residential Education Service	1	0
Tipton Muslim Girls Group	13	0.6
Lion Action Farm Centre	15	0.7
Looked After Children in Education (LACE)	12	0.6
Total	132	6.4
Not Known	628	30.9
Grand Total	2032	

Age group and presenting issue (%)

	Anxiety	Bereavement and Loss	Bullying	Confidence and self-esteem	Crime and criminal justice system	Domestic abuse	Eating disorder	Home & family relationships	Isolation/ friends/ relationships	Other	Risk of exploitation	School behaviour	Sexual violence	Sexualised behaviour	Grand Total
Pre School	0.00	0.00	0.00	0.00	0.00	0.29	0.00	0.65	0.00	0.00	0.00	0.00	0.12	0.00	1.06
Primary School	5.36	0.94	1.06	4.71	0.06	8.54	0.18	2.47	0.82	2.06	0.00	0.71	0.59	0.06	27.56
Transitional	3.42	0.77	0.82	9.54	0.00	4.36	0.00	1.30	0.77	1.12	0.00	0.47	0.29	0.06	22.91
Secondary	8.42	1.65	1.12	6.77	0.94	6.42	0.53	5.30	2.00	4.12	1.12	5.12	1.47	0.18	45.17
Sixth Form	1.06	0.12	0.00	0.12	0.12	0.65	0.06	0.12	0.06	1.00	0.00	0.00	0.00	0.00	3.30
Grand Total	18.26	3.47	3.00	21.14	1.12	20.26	0.77	9.84	3.65	8.30	1.12	6.30	2.47	0.29	100

Gender and presenting issue (%)

	Anxiety	Bereavement and Loss	Bullying	Confidence and self-esteem	Crime and criminal justice system	Domestic abuse	Eating disorder	Home & family relationships	Isolation/ friends/ relationships	Other	Risk of exploitation	School behaviour	Sexual violence	Sexualised behaviour	Grand Total
Female	11.3	1.8	1.2	13.8	0.3	9.7	0.5	5.7	2.2	5.4	0.5	2.6	2.2	0.2	57.2
Male	6.6	1.6	1.5	5.6	0.8	9.8	0.3	3.9	1.0	3.7	0.6	3.5	0.2	0.1	39.2
Other	0.1	0.0	0.3	1.4	0.0	0.0	0.0	0.0	0.2	0.1	0.1	1.3	0.1	0.0	3.6
Grand Total	17.9	3.4	2.9	20.8	1.1	19.5	0.8	9.6	3.5	9.1	1.1	7.4	2.6	0.3	100

Ethnicity group and presenting issue (%)

	Anxiety	Bereavement and Loss	Bullying	Confidence and self-esteem	Crime and criminal justice system	Domestic abuse	Eating disorder	Home & family relationships	Isolation/ friends/ relationships	Other	Risk of exploitation	School behaviour	Sexual violence	Sexualised behaviour	Grand Total
Asian (all)	2.9	0.7	0.3	4.2	0.3	4.9	0.2	1.9	0.4	1.0	0.5	0.6	0.3	0.0	19.7
Black (all)	1.3	0.3	0.6	2.2	0.0	1.1	0.0	1.1	0.2	0.7	0.2	0.7	0.1	0.1	9.3
Mixed (all)	1.5	0.4	0.3	1.6	0.3	2.2	0.1	0.7	0.6	0.9	0.2	0.9	0.2	0.0	11.1
White (all)	10.7	1.3	0.9	8.0	0.3	10.8	0.3	3.5	1.7	6.2	0.1	2.7	1.5	0.1	52.1
Other (all)	0.4	0.0	0.3	2.8	0.1	0.3	0.0	0.2	0.3	0.1	0.1	1.7	0.1	0.0	7.8
Total	16.7	2.6	2.3	18.8	0.9	19.2	0.6	7.4	3.2	8.9	1.0	6.5	2.2	0.2	100

Age group and full ethnicity (%)

	A1	A2	A3	A4	A5	B1	B2	B3	M1	M2	M3	M4	W1	W2	W3	W4	O1	O2	Grand Total
Pre-School	0.00	0.00	0.06	0.06	0.29	0.00	0.00	0.23	0.00	0.00	0.23	0.06	0.12	0.00	0.00	0.00	0.00	0.00	1.05
Junior	0.29	0.23	1.29	0.76	1.75	0.00	0.18	2.63	0.53	0.00	1.34	0.94	12.22	0.00	0.06	0.53	0.06	0.94	23.73
Transitional	0.47	0.00	1.99	1.46	1.58	0.00	0.29	1.81	0.35	0.00	0.64	0.94	11.75	0.00	0.00	0.41	0.06	1.52	23.26
Secondary	0.35	0.06	2.45	2.81	2.92	1.29	0.99	1.46	1.05	0.47	2.51	1.99	23.67	0.12	0.00	1.29	0.00	4.56	47.98
Sixth Form	0.18	0.00	0.53	0.18	0.18	0.00	0.29	0.18	0.12	0.00	0.12	0.06	1.81	0.00	0.00	0.18	0.06	0.12	3.97
Grand Total	1.29	0.29	6.31	5.26	6.72	1.29	1.75	6.31	2.05	0.47	4.85	3.97	49.56	0.12	0.06	2.40	0.18	7.13	100

Gender and full ethnicity (%)

	A1	A2	A3	A4	A5	B1	B2	B3	M1	M2	M3	M4	W1	W2	W3	W4	O1	O2	Total
Female	0.69	0.12	3.46	2.94	4.49	0.58	0.86	4.61	1.09	0.29	2.82	1.73	1.32	0.12	2.82	27.94	0.00	0.06	55.93
Male	0.46	0.17	2.65	2.36	2.30	0.69	0.86	1.73	0.92	0.23	1.90	2.13	0.98	0.12	1.56	21.31	0.12	0.00	40.50
Other	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.28	0.23	0.00	0.00	3.57
Grand Total	1.21	0.29	6.11	5.30	6.80	1.27	1.73	6.34	2.02	0.52	4.72	3.86	2.30	0.23	7.66	49.48	0.12	0.06	100