CENTRE FOR MENTAL HEALTH

BARNARDO'S

BRIDGING THE GAP

How Barnardo's BIRD service supports children and young people's mental health

Rocio Nava, Alex Round, Katie Yau, Nick Treloar, Zoe McHayle, Alex Monks, David Woodhead and Andy Bell

CONTENTS

ACKNOWLEDGEMENTS

We would like to thank all the children and young people we interviewed, as well as their families. We would like to thank to all the other interview participants, and to colleagues at Barnardo's for sharing the necessary information to complete the evaluation study.

We are grateful for the clarity and engagement of Barnardo's colleagues who steered our learning partnership, most notably Donna Ryan (Strategic Programme Lead – Mental Health) and Beth Chard (Programme Manager – Mental Health).

EXECUTIVE SUMMARY

Our evaluation of Barnardo's Inner Resilience and Development (BIRD) service, which supports children and young people with mental health difficulties outside of hospital, shows that it improves their mental health and wellbeing, it helps parents, carers and families to understand their children's mental health and support them, and has the capacity to reduce the pressure on the NHS services.

BARNARDO'S INNER RESILIENCE AND DEVELOPMENT (BIRD) SERVICE

The evaluation explores the pilot of the Barnardo's Inner Resilience and Development (BIRD) service, designed for children and young people facing mental health difficulties. From September 2023 to October 2025, Centre for Mental Health (the Centre) worked with Barnardo's as a learning partner and independent evaluator of BIRD.

The service objectives were to provide timely, tailored mental health support for children and young people presenting in acute settings with mental health needs, reduce inappropriate Emergency Department (ED) presentations and re-presentations and finally, alleviate pressure on NHS colleagues. These objectives are rooted in the CSSO framework (child-directed, system-focused, strengths-based, and outcome-informed) used by Barnardo's to design the service.

Referrals to the service were made by Emergency Departments, Child and Adolescent Mental Health Services (CAMHS) crisis teams or as a direct self-referral, when children and young people presented with mental health difficulties that did not necessitate specialist clinical responses. BIRD sought to bridge a gap in provision and offered timely, flexible care.

Support was offered for up to ten weeks transitioning to self-management / self-directed support (six to eight sessions), often in the home, where children and young people could engage with workers in familiar surroundings. This helped build trust, reduce distress, and encourage open dialogue.

HOW WE DID THE RESEARCH

We undertook a multi-method concurrent research approach, which means we collected and analysed quantitative and qualitative data as the BIRD service was being delivered. This had the advantage of being relevant and timely to inform the development and improvement of the intervention. The methods used to collect data were interviews, outcome questionnaires (Goal based outcomes/GBO, Outcome Rating Scale & Child Outcome Rating Scale/ CORS), session-rating questionnaires (Session Rating Scale & Child Session Rating Scale/ SRS/CSRS), an end of service questionnaire (Experience of Service Questionnaire), and workshops.

We collected data at different stages (timepoints) of the project, with the exception of questionnaires where we extended the data collection period to capture as much data as possible from the responses of children and young people, and their parents, carers or families, as recorded in the IAPTUS Electronic Patient Recording System.

In-depth workshops with Barnardo's staff and NHS colleagues helped develop the theory of change that underpinned the research and surfaced frontline experience over the lifetime of the project. Economic and service data were also analysed to understand financial implications and assess the potential longer term cost impacts.

Centre for Mental Health and Barnardo's worked together as learning partners, an innovative model that went beyond traditional evaluation. It allowed both organisations to reflect, adapt, and co-create insight throughout the process. This way of working brought depth and clarity to the findings.

THE RESULTS ARE ENCOURAGING

BIRD is a holistic, child-directed intervention that relied on relational therapeutic support to help children and young people, as well as their parents, carers, and families. The intervention was delivered by trained (non-clinical) mental health support workers and it aimed to help children and young people understand their mental health, improve their wellbeing, and help them understand the support services available to them. The children and young people who accessed BIRD reported improved mental wellbeing, greater confidence in managing their mental health, and stronger relationships with support workers. Families also saw clear benefits, such as better communication with their children and young people, and improved understanding of their mental health needs. Most children and young people who entered the service (and who did not meet diagnostic criteria for CAMHS support) said they would prefer support from BIRD over attending an Emergency Department during a crisis.

There were areas for improvement. Some children and young people wanted clearer communication during referral and sessions, and a more defined discharge pathway. Support workers observed that some children and young people need support for a longer duration, due to the nature of their communication and mental health needs, and the time it takes to establish therapeutic support when the children and young people have complex needs.

The impact of BIRD on NHS services (CAMHS and ED) is less clear. Referral processes into BIRD were complex, and systemic challenges made initial implementation difficult across some organisations. Establishing a new way of working within a fast-paced delivery environment brought additional pressures. Creating change within such systems is rarely straightforward, it requires persistence, flexibility, and shared commitment. The qualitative data collected from interviews with CAMHS and ED staff, although of too limited number to draw definitive conclusions, does suggest the BIRD service has the capacity to support their workload pressures as it provides a useful and beneficial alternative to the support offered to children and young people presenting to ED with mental health needs.

From an economic perspective, the service shows promise in terms of being good value for money. When viewed through a longer-term and social lens, particularly in relation to education, the benefits are clear. Even within a single year, and excluding broader social gains, the service delivers a benefit-cost ratio of 1.08, meaning that for every £1 pound invested to provide the service, a return of £1.08 is generated. This suggests that BIRD is already likely to be covering most, or all, of its costs, primarily through reduced emergency readmissions and reduced ED / CAMHS staff burnout.

CONCLUSIONS

BIRD aligns with the wider shift of the health system towards improved mental health services for people in crisis and in acute pathways, particularly towards improvement of available services for children and young people as stated in the NHS priorities for 2025/2026. By offering early, community-based support, it helps reduce crisis escalation, helps parents, carers and families to manage crises better and to build resilience in children and young people.

This serves the purpose of creating long-term care, and a responsive and less reactive system. BIRD seemingly helps to reduce re-presentations at emergency departments due to mental health crises in children and young people and strengthens their knowledge of support systems available to them outside clinical spaces, like the Voluntary, Community and Social Enterprise sector (VCSE) and schools. It also represents a sound social economic investment, not least in relation to what it could yield over time.

BIRD offers a practical and compassionate response to a real need. It deserves serious attention as a model for mental health service provision directed at children and young people.

RECOMMENDATIONS

1. **Integrated care boards (ICBs) in England should explore the potential to establish an equivalent to BIRD in their areas**. The BIRD service has the benefit of being an alternative to emergency departments for children and young people seeking support with their mental health. Non-clinical, relational, and child-directed mental health support services should be developed as part of the existing support network for children and young people's mental health as this was one of the strongest assets of the project.
2. **Integrated care boards should commission VCSE sector providers for non-clinical mental health support**. As part of a system that encompasses the NHS, schools, and VCSE-sector organisations, BIRD fulfils the need for timely, non-clinical and relational support for young people who consider themselves to be at crisis. In a context of long waiting lists and criteria-led gatekeeping for mental health interventions in CAMHS, improved coordination amongst system partners can strengthen the support network devised to provide support for young people when they need it. We think that one of the biggest assets of the project were the mental health support workers who delivered the intervention which can suggest that Barnardo's, or other voluntary or civil sector organisation, can be best positioned to lead these inter-organisational collaborations.
3. **Integrated care boards should seek to improve the coordination of mental health services to children and young people**. Collaborations between system partners need to be child-directed and include working with their families and other support networks they have access to, such as schools. In this, BIRD excelled and proved that this approach leads to more fulfilling engagement with the service, improved service satisfaction outcomes, and most importantly, improved wellbeing outcomes for children and young people. The BIRD service was modelled on the CSSO framework and this was embedded in the intervention that was directed at children and their families, to which they responded quite well. Thus, this framework of care can provide important lessons to help avoid the revolving door that many children and young people experience when they are passed around services unnecessarily before receiving support, as current systems are not necessarily child directed.

GLOSSARY OF KEY TERMS

ADHD – Attention Deficit/Hyperactivity Disorder

ASD/ASC – Autism spectrum disorder, or Autism spectrum condition

BIRD – Barnardo's Inner Resilience and Development Service

CAMHS – Children and Adolescent Mental Health Services

CBA – Cost-benefit analysis

CSSO – Child-directed, system-focused, strengths-based, and outcome-informed

GBO – Goal-based outcomes

ED – Emergency department

ESQ – Experience of service questionnaire

ORS/CORS – Outcome rating scale; child outcome rating scale

PDA – Pathological demand avoidance

SRS/CSRS – Session rating scale; children session rating scale

VCSE – Voluntary, community and social enterprise

INTRODUCTION

BIRD (Barnardo's Inner Resilience and Development) service was launched with £1 million in funding, made possible through the auction of Banksy's artwork, Game Changer. The painting was gifted to University Hospital Southampton NHS Trust in May 2020, and proceeds from its sale were distributed across the UK to support healthcare providers and charities enhancing NHS care.

From September 2023 to October 2025, Centre for Mental Health (the Centre) worked with Barnardo's as a learning partner and independent evaluator of BIRD. The purpose of this report is to share the findings from the independent evaluation carried out by the Centre. In this document, we describe the background to the challenges that BIRD sought to address, our learnings from the evaluation of qualitative and quantitative data of the service, and the results of the economic evaluation of the cost-benefit of the project. We also include our recommendations and policy suggestions based on our findings.

Following discussions with Barnardo's, the pilot's original aim was translated into three key objectives:

1. Provide timely, tailored support for children and young people presenting in EDs with mental health needs
2. Reduce inappropriate ED presentations and re-presentations
3. Alleviate pressure on NHS colleagues.

These objectives guided the evaluation, which used qualitative, quantitative, and economic analyses to assess both the effectiveness and cost-benefit of the intervention.

DESCRIPTION OF BIRD

BIRD is a holistic, therapeutic, child-directed, intervention designed to support children and young people presenting at Emergency Departments (ED) with their mental health needs. The intervention approach relies on non-medical mental health support workers to offer support to children and young people alongside NHS staff. The goals of the intervention are categorised in goals for children, young people and families, and goals for the wider system. The goals for children, young people and families are to:

- Increase access to mental health and wellbeing services and aid recovery and wellbeing
- Increase parent, carer, and/or families' confidence to support their children or young people in crisis
- Improve understanding of what support services are available to them.

The goals for the wider system are to:

- Reduce pressures for NHS colleagues (by improving the support networks of children and young people and being part of the service offer available to families)
- Reduce the number of children and young people re-presenting at ED with mental health and wellbeing needs.

BIRD encourages children and young people to engage with their mental health support workers to develop self-regulation, build confidence, and strengthen interpersonal connections. This is rooted in the CSSO Framework, developed by Barnardo's (see Appendix D). The CSSO Framework is structured around four core principles. Firstly, it is child and young person directed, ensuring that the individual's voice, preferences, and goals shape the support they receive. Secondly, it is system focused, recognising the importance of positive relationships such as family, friends, and community, in fostering resilience and wellbeing. Thirdly, the approach is strengths based, helping young people identify and build upon their unique abilities to overcome challenges. Finally, it is outcome informed, with regular reflection and feedback used to ensure that the support provided is effective, meaningful, and responsive to the young person's evolving needs.

The BIRD pilot operated in five sites, across two NHS Trusts in total. It was structured as a team consisting of a team lead (also a senior mental health support worker) and mental health support workers. The sites where BIRD was implemented were:

- St Helen's Hospital in Merseyside
- Four hospitals in the Black Country (Wolverhampton, Dudley, Walsall, and Sandwell).

PATHWAYS AND ELIGIBILITY CRITERIA

Children and young people and families can access the BIRD service through several primary referral routes:

- Emergency Department (ED)
- Paediatric Ward - although this is an intended referral route, referrals were not routinely made through this pathway across any sites
- CAMHS crisis team (including CAMHS crisis helplines)
- Direct referral (self or parent/carer).

Referrals to BIRD could be done via email, phone, or online. Incomplete referrals were followed up by the BIRD mental health support worker to complete the information and request clarity from the referral source.

Children and young people were eligible to receive BIRD service if they presented a need for mental health support or risk management. Eligibility criteria included children and young people aged 5–18, extending up to 25 for those with special educational needs or care leaver status. Additionally, this cohort must usually live within the service area, be registered with a local GP, or attend a local school.

For care leavers, eligibility is defined as having been in care on or after their 16th birthday for at least 13 weeks since age 14. These individuals are entitled to a pathway plan, a personal advisor, and tailored support for their transition to independent living, which may include assistance with accommodation, education, and mental health services.

After referral, children and young people were triaged. The triage outcomes at this initial stage were:

- Insufficient information or does not meet criteria. This decision was followed up by a discussion with the referral source and signposting to relevant services if appropriate
- Sufficient information. This decision was followed by allocation to a mental health support worker and contact with the children or young people within seven working days from referral.

INTERVENTION DELIVERY

Once enrolled, the children and young people attended regular sessions facilitated by trained mental health support workers. In the first session, or at the first contact with the child or young person, the initial steps were to inform the child or young person, and their parent, carer, or family member of their rights, the data that would be collected during the intervention, and their right to complaint (and the complaints procedure via a leaflet). They were asked if they gave consent to share this information with their named GP. In the first session, there was an initial holistic assessment of the children and young people's needs, including a mental health risk assessment, and individual risk assessment.

The risk assessments followed the 5 P's model (Predisposing Factors, Protective Factors, Precipitating Factors, Presenting Issues, and Perpetuating Factors) (Meadows Psychology Service, n.d.). Also, during the initial session, the goals and safety plan were developed, and the initial outcome measures were taken. These were taken using the CORS/ORS, and GBO questionnaires. These tools measure individual wellbeing, social, relational and overall wellbeing. SRS/CSRS were used throughout also to monitor therapeutic alliance, and ESQ's were offered at the end of interventions to understand the overall experience after receiving a service.

In each session, children and young people's therapeutic progress was monitored through reflective practice and periodic reviews of the goal-based support plan. BIRD was designed to be flexible and responsive, adapting to the evolving needs of children, young people, their parents, carers and families, while maintaining a relational approach.

The intervention work was done directly with the children, young people, their parents, carers, and families, and linked with wider systems when appropriate and relevant. Sessions were delivered in person, in the community (i.e. schools or family hubs) at home, or remotely, depending on the children and young people's preferences.

The types of intervention work delivered in the sessions were:

- Resilience-building
- Emotional literacy and self-awareness
- Creative therapies, (e.g., art therapy, play therapy)
- Cognitive Behavioural Therapy (CBT) informed interventions
- Counselling
- Safety planning and de-escalation techniques
- Parental support and psychoeducation
- Strengthening support networks (i.e., connection to support in education and VCSE).

SAFEGUARDING PROCEDURES

Barnardo's has previously covered many early intervention and targeted responses around safeguarding for the children and young people supported including direct links with social care, making referrals or lateral checks, or information exchange. This is also the case for families experiencing poverty or needing welfare support.

For the BIRD service, safe structures were applied as part of the non-clinical model of support with welfare support around families and access to cost of living grants provided. This also included educational support and links with schools.

Safeguarding protocols were enacted throughout the delivery of the intervention. Where a safeguarding concern was raised, the service was involved in any multi-agency reviews, held as required. If necessary, escalations were made following local safeguarding procedures.

INFORMED GP (IF CONSENT PROVIDED)

The discharge process described for the intervention had different possible outcomes. For all discharges, there was a discharge review meeting, a summary report, and feedback forms completed by the children and young people, and their parent, carer, or family member. When appropriate and applicable, the children and young people would transition to self-management / self-directed support (i.e. referred) to other services, including their GP, other VCSE and support programmes, including their schools or colleges.

TRAINING AND METHODOLOGY

BIRD support workers received specialised training that integrates:

- Ecological education
- Therapeutic techniques
- Reflective practice.

Following the 5 Ps model - predisposing factors; precipitating factors; presenting issues; perpetuating factors (Meadows Psychology Service, n.d.). Staff were equipped to understand the child and young people's world holistically, considering social, familial, and ecological contexts, and therefore are able to deliver effective, supportive interventions.

Training included cognitive behaviour therapy (CBT) and dialectical behaviour therapy (DBT) skills under the core skill sets of distress tolerance, mindfulness, emotion regulation and interpersonal effectiveness through 'The decider skill manual.' Additionally, training to strengthen individual skillsets was available across a range of areas:

- Parents with mental health problems
- Mental health and autism webinar – via Autism suicide prevention awareness training (Kooth)
- ADHD
- Pathological Demand Avoidance (PDA) training
- General safeguarding
- iThrive.

A non-exhaustive list of organisational resources that training was available from includes:

- Beacon House
- NHS mental health
- Young minds
- TWINKL
- Kooth
- Samaritans
- Autism UK/West Midlands
- Family Action
- School wellbeing service
- The swing; Winstons wish; Childhood bereavement network (bereavement service)
- CRUISE.

Finally, a youth mental health training two-day course and support by a highly specialist clinical psychologist was provided.

1 RAPID LITERATURE REVIEW

Before the evaluation, we undertook a rapid literature review to explore and understand what existing support services or non-clinical pathways there are for children and young people that presented at Emergency Departments with mental health needs. We also wanted to understand what the experiences of children and young people and their families in Emergency Departments with mental health needs were. These overarching questions guided the rapid literature review approach we took, described in more detail in Appendix B. Below is the description of the overarching themes found in the literature.

THE PROBLEM: INCREASED MENTAL HEALTH NEEDS AMONGST CHILDREN AND YOUNG PEOPLE AND LONG WAITING LISTS IN EXISTING SERVICES

A growing body of evidence depicts an exponential increase in mental health needs among children and young people in the United Kingdom (UK). Recent statistics from NHS England (2023) report one in five children and young people, aged 8 to 25 years, have a probable mental health condition. While the rise in mental ill health has been a long-standing trend in the UK, deteriorations in mental wellbeing among children and young people were found to be exacerbated by the Coronavirus pandemic (Montero-Marin *et al.,* 2023), with 81% of children and young people reporting a moderate to significant decline in their mental health throughout the course of the global pandemic (YoungMinds, 2020). Therefore, effective, and accessible mental health support for children and young people is, now more than ever, essential in the UK.

While numerous mental health crises support services are available at community level, these are often less known about, and can have limited capacity and resourcing, which can then push children and young people, and their families to turn to acute settings during a mental health crisis (Royal College of Paediatrics and Child Health, 2024). However, acute settings are rarely able to provide therapeutic care for those presenting with mental health needs, and, with the extended wait times and stressful environment in acute settings, this has been repeatedly described as an unsuitable setting for people to attend during a mental health crisis due to high risk of worsening poor mental states (Campbell, 2023). The number of hours that children and young people are spending in emergency departments due to mental health crises rose from 698,411 in 2018 to 901,640 in 2022, which is a 29% increase (Campbell, 2023).

BARRIERS TO ACCESSING SUPPORT: EXPERIENCES OF CHILDREN AND YOUNG PEOPLE AND THEIR FAMILIES

In a recent systematic review, (Cadorna *et al.,* 2023) identified four major themes that characterised the experiences of children and young people who presented at emergency departments (EDs) in search of mental health support. Overall, the authors found that children and young people often report having negative experiences at EDs, which lowers their trust in the healthcare system and discourages future help seeking behaviours.

Firstly, the review highlighted that EDs often lack the capacity and resources to provide sufficient mental health support to children and young people, with many individuals recounting experiences of leaving EDs after substantial wait times without being offered a psychiatric assessment. This causes children and young people to view EDs as the only option available to receive support, albeit imperfect, rather than a service that can provide meaningful and impactful support to their condition.

In addition, Cadorna *et al.* (2023) found that it is common for children and young people to experience worsened mental states during their time in EDs. This is due to a combination of environmental factors and experiences of poor treatment from healthcare professionals. The intimidating and stressful nature of being in acute settings, paired with the standard long wait times to be seen by a professional, can cause many children and young people to feel forgotten or deprioritised by staff members, which subsequently exacerbates patient distress. The authors reported numerous incidents of children and young people feeling undermined and stigmatised by professionals, with many recounting experiences of insensitive remarks from staff members, such as having their condition described as "just a phase" and being told that their symptoms are too mild for further treatment.

The impact of stigmatisation can be severe and detrimental as some children and young people report feelings of guilt and shame for seeking external support during a mental health crisis. Having their condition trivialised by others on multiple occasions can increase self-doubt and deter individuals from seeking help in future crises as they feel undeserving of treatment. They might also want to avoid becoming a burden for staff at the ED. The accumulation of these negative experiences often leaves children and young people with a sense of helplessness, and with the lack of appropriate signposting or follow-up from professionals, individuals are unable to access support elsewhere and are often reliant on parents or carers to take them to these settings (Sussex Safeguarding and Child Protection Policy and Procedures, n.d.), which triggers a cycle of re-presentation in acute settings when the next mental health crisis occurs.

Aside from the challenges that children and young people face in acute settings, those from racialised communities face even greater barriers in accessing mental health support services in the UK. In a rapid scoping review by Coelho *et al.* (2022), the authors described two main challenges that increased the difficulty in access and sustained engagement in mental health services for those from racialised backgrounds. The review highlights the significance of cultural and religious influences in the way that people perceive and seek mental health support. There is evidence to show that racialised people face greater stigma when discussing mental health problems (Eylem *et al.,* 2020), which means that children and young people from these backgrounds may lack the understanding and awareness of their mental states and needs. Coelho *et al.* (2022) further noted the difference in expectations in mental resilience among certain ethnic groups, which can perpetuate self-stigmatisation and make it more challenging for children and young people from racialised communities.

Additionally, studies have documented a greater level of distrust from racialised groups towards healthcare services and professionals. As Coelho *et al.* (2022) states, numerous studies have found that many individuals from minority backgrounds have had negative experiences with healthcare professionals, due to reasons ranging from culturally insensitive practises to language barriers. Importantly, asylum seekers and refugees experience additional challenges that can discourage engagement with mental health services, such as fear of links to the justice or asylum system. Children and young people from racialised backgrounds require additional support to help them receive and sustain their engagement with the appropriate care for their needs.

BARRIERS AND ENABLERS TO ACCESS

Since parents, carers, and families play a key role in helping children and young people receive mental health support, it is also important to discuss their perspectives of the barriers and enablers of accessing these services. Reardon *et al.* (2017) reviewed a series of studies that investigated the experiences of parents of children with mental health needs and found four major barriers to helping their children receive appropriate support.

First, the review found significant structural and logistical barriers for parents, carers, and families to help their children and young people access mental health support. Long waiting lists for these services was cited as a common barrier to access. Many parents, carers, and families found the referral criteria for different support pathways to be too vague or unclear, which heightens the difficulty and stress of identifying the most suitable service for their children. Similarly, several studies found that parents, carers, and families often describe the healthcare service as overly complicated, and with the lack of knowledge of available support, they turn to EDs for their children and young people's mental health crises.

Second, the review reported a lack of parental trust of healthcare professionals and service staff. Similarly to the individual experiences of children and young people seeking mental health support, parents, carers, and families often feel unheard and too easily dismissed by professionals. Some reported a sense of judgement from staff members, and recounted past experiences of being made to feel responsible for their child's poor mental wellbeing. These negative experiences can cause distrust between parents, carers, families, and professionals, which hinders the process of finding the appropriate care for children and young people with mental health needs.

Finally, Reardon *et al.* (2017) identified a range of personal barriers that can make help-seeking behaviour more challenging for certain families. For example, mental ill health remains a largely unspoken topic in some cultures, and this can result in parents, carers, and families either avoiding such discussions with their children or simply being unaware of their mental health needs. Additionally, personal circumstances such as balancing multiple commitments and responsibilities, lack of time, and availability of support network, were factors found to play a role in parents, carers, and families' ability to support a young person with mental health needs.

In light of the challenges that children and young people face in accessing adequate mental health care, West Yorkshire Health & Care Partnership (n.d.) compiled a resource pack to outline the type of support that children and young people could benefit from during a mental health crisis:

- **Emotional needs:** many children and young people expressed a need to be "taken seriously" when they are in need of support, and to be treated "with kindness, respect, and dignity" by healthcare professionals during a mental health crisis. This will make them feel more safe and secure and ensure their concerns are heard and validated
- **Practical needs**: it is important for children and young people to have easier access to any relevant psychological assessments that may help them understand their symptoms at a deeper level. Having the same team of professionals throughout their care is preferable, and many individuals would benefit from having a choice of "where [they] will be seen, and who will see [them]"
- **Improved communication:** some were keen to receive more thorough and regular communication from their healthcare providers, such as being "included in any decisions made about [their] care", and to receive "follow-ups" after a mental health crisis.

COLLABORATION BETWEEN THE NHS AND THE VCSE SECTOR

To improve access to good mental health care, and reduce the growing pressures on ED staff, the VCSE sector is increasingly encouraged to work with the NHS to deliver integrated mental health services (NHS, 2019). A recent study by Dutton *et al.* (2023) explored the experiences of NHS and VCSE sector workers on delivering a new integrated mental health service for children and young people, known as the 'Safe Zones' initiative in Greater Manchester. The authors reported multiple benefits of this integrated care pathway, such as an increase in innovative thinking and practises, ability to foster a culture of shared learning within an interdisciplinary team, and improved delivery of holistic and tailored care plans for children and young people. Additionally, the study found that such partnerships can improve the efficiency of mental health support as involving the VCSE sector offers a greater amount of flexibility in the types of support that can be provided for children and young people during a mental health crisis, which alleviates the time barriers caused by stringent procedures and constraints that NHS workers commonly face.

Despite the reported benefits, Dutton *et al.* (2023) also highlighted challenges faced by NHS and VCSE sector workers throughout the collaboration process. First, it was found that the significant difference in flexibility between the NHS and the VCSE sector caused a degree of tension between team members as decisions were often constrained by the "red tape" of the NHS, which led to delays and frustration, especially for VCSE sector colleagues. Second, the study reported challenges related to difference in thoughts and aspirations for the new service, with some practitioners highlighting the struggle of "getting everyone on the same page" to reach a "shared vision". This led to issues with service implementation, such as a lack of referrals, which caused further tension as well as reduced morale within the team.

Such findings provide crucial learnings for future NHS and VCSE sector partnerships. For example, thorough and transparent communication is an imperative to avoid miscommunication, while also generating positive working relationships between new team members. Also, it is important to allocate sufficient time and resources during the initial stages of collaboration to facilitate conversations around the desired outcomes and long-term goals of the partnership. This would likely encourage team members to obtain a satisfactory level of shared understanding and vision of the new service or pathway, which provides a solid foundation on which to build.

EXISTING MENTAL HEALTH SUPPORT FOR CHILDREN AND YOUNG PEOPLE

While non-clinical pathways exist in EDs to support children and young people with mental health needs, these vary significantly by area and are rarely documented in detail. As such, it is difficult to thoroughly investigate the details of every mental health support that is offered in EDs for children and young people across the UK. However, many acute settings in the UK offer mental health support to their young patients through a dedicated team of professionals from CAMHS. Many of these teams generally work with children and young people who display more severe mental health needs, which leaves those presenting in EDs with mild to moderate symptoms with less support options in comparison.

A recent report on children's access to mental health services in the UK found that 949,200 children and young people were referred to a CAMHS service in the 2022-23 financial year (Children's Commissioner, 2024). Of these children and young people, just under a third (32%) had entered treatment in the same year, and 39% of referrals were closed before first contact with CAMHS, leaving 28% of referrals stuck on the waiting list by the end of the year. Although waiting times to access treatment varied by group, the Children's Commissioner (2024) reported that certain groups (including boys, younger children, those registered with unknown ethnicity, and individuals with suspected autism and other neurodevelopmental conditions) experience particularly long wait times.

Some examples of available CAMHS services (as of 2024) include:

- **CAMHS Intensive Support Team (South Staffordshire):** a community mental health team providing home-based interventions and treatment as an alternative option to hospital admission. This service primarily works with children and young people who would otherwise require admission to inpatient beds (Midlands Partnership University NHS Foundation Trust, n.d.)
- **CAMHS Crisis Interventional and Home Treatment Team (Sandwell and Wolverhampton):** offers mental health assessments and tailored treatment plans to children and young people who present significant mental health concerns or those who have been referred by other services as in need for more intensive support (Black Country Healthcare NHS Foundation Trust, n.d.)
- **CAMHS Crisis and Home Treatment Team (Worcestershire):** supports children and young people experiencing a mental health crisis and undertake urgent assessments for those admitted to paediatric wards following an act of self-harm and those who show signs of suicide ideation. This service offers intensive short-term treatment in the community for those who may otherwise require inpatient care (Hertfordshire and Worcestershire and Care NHS Trust, n.d.)
- **CAMHS Intensive Outreach Services (Bristol and South Gloucestershire):** works with children and young people with significant mental health needs who are at risk of hospitalisation. The team assigns a dedicate team of professionals for each young person who is referred to the service. A tailored care plan is co-created to ensure the mental health needs of each service user is met and to prevent hospital admission (Avon and Wiltshire Mental Health Partnership NHS Trust, n.d.)
- **CAMHS ReACH Team (Wakefield):** ReACH (previously CAMHS Crisis team) provides urgent crisis support for children and young people in the home (or in other appropriate community setting) to prevent re-escalation of needs and reduce the likelihood of future admission to inpatient services. The ReACH team works primarily with those experiencing severe mental health distress, such as self-harm and suicide ideation, and aims to offer intensive home treatment plans within 24 hours of a referral (Children's Commissioner, 2024).

This list is not an exhaustive account of the services that CAMHS delivers and as we have mentioned above that they can vary across regions.

Recently, in response to the rise of children and young people presenting in EDs with mental health needs, Cornwall Council and Cornwall Partnership NHS Foundation Trust piloted the Multi-Agency Rapid Response service (MARRS) in early 2023 (Cornwall Partnership NHS Foundation Trust, 2023). This new service was designed to replace the previous mental health crisis service by combining health and social care workers to deliver holistic care and early intervention for children and young people who are experiencing mental health difficulties.

The MARRS team offers short-term crisis support of up to 12 weeks, including urgent assessments, and tailored care plans to help support the recovery of their service users, prevent future mental health crises, and reduce the likelihood for the need of hospital admission.

Early findings show promising results of this integrated model of care, with some parents reporting a noticeable improvement in the quality of care that their children are receiving following a mental health crisis. One parent described the MARRS service as a "game changer" (Sheppard, 2024). Other benefits of the programme included an increased stability in their mental health amongst service users, more regular school attendance, improved ability to regulate emotions, and reduced rates of suicide ideation.

This background literature review informed the design of the research methods to assess whether BIRD met its aims and goals. For more details on the strategy of the rapid literature review, please see Appendix B.

2 METHODOLOGY FOR THE EVALUATION

EVALUATION QUESTIONS

We created the methodology and analysis strategies to answer the extent to which BIRD met its original aims, which were:

(a) provide timely and tailored mental health support for children and young people presenting in acute settings with mild-moderate mental health needs,

(b) reduce inappropriate ED presentations/re-presentations, and

(c) reduce pressures on NHS colleagues.

THEORY OF CHANGE

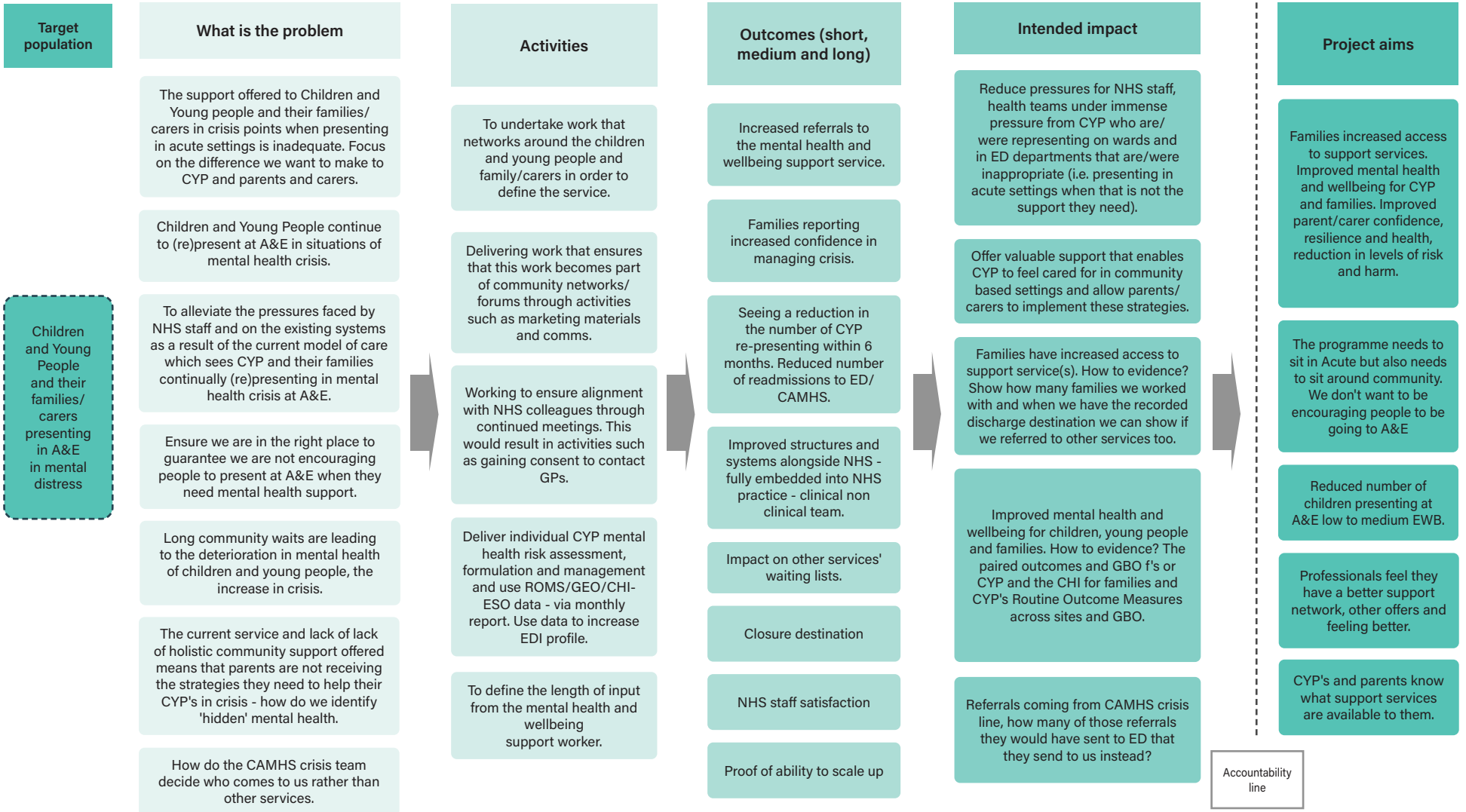
We adopted a Theory of Change (ToC) approach to build a firm foundation for the learning partnership, emphasising the relational nature of the work. A ToC provides a clear and structured framework for understanding how, and why, a desired change is expected to happen in a particular context. By mapping out the causal pathways and identifying key assumptions, a ToC helps ensure that all stakeholders have a shared understanding of the project's goals, and the steps needed to achieve them.

The ToC approach facilitated collaboration and alignment among diverse partners, including Barnardo's staff and NHS colleagues. It allowed them to articulate the vision, set realistic objectives, and develop strategies that are grounded in evidence and best practice. Moreover, the relational aspect of the ToC approach helped establish a clear communication about what the project intended to do and how it is funded to operate, as well as challenge assumptions. By focusing on the relational dynamics within the partnership, we have been able to leverage the strengths and insights of stakeholders, with the aim of driving meaningful and lasting change.

Theory of Change for Mental Health and Wellbeing Support Worker at Barnardo's

Social purpose: Children and young people and their families/carers have increased access to support services, improved mental health and wellbeing and better levels of resilience and ability to cope with mental health problems

Core values: Collaboration, integrated services, improved access



METHODOLOGY

We gathered valuable insights through stakeholder engagement (i.e., learning workshops held with Barnardo's staff and the Centre), qualitative interviews, and quantitative data analysis of the data collected using the CSRS/SRS, ORS/CORS, ESQ and GBO questionnaires (see Appendix C). These questionnaires are used to measure outcomes and experiences of service provision in the context of children and young people's mental health. These are routine outcome measures used in some children and adolescent mental health services, both NHS and private. Their application and analysis in mental health usually includes looking at the change in the average score between two time points, and looking at how many people improved, stayed the same, or deteriorated between two time points.

These findings offer a snapshot of the current impact of BIRD and highlight key areas of success and opportunities for improvement. By sharing these results, we aim to inform ongoing discussions and guide immediate actions to enhance support for children, young people, and their families; and inform discussions on capacity allocation corresponding to the growing demand and pressure on NHS services.

ANALYSIS OF OUTCOME AND SESSION RATED QUESTIONNAIRES

Qualitative interviews

The qualitative data collected were interviews with three different stakeholders: children, young people, parents, carers, and families; Barnardo's staff; and NHS staff. We collected and analysed a total of 47 interviews (18 with children and young people, ten with parents or carers, ten with BIRD support workers, and nine with wider system partners; 11 interviews were carried out in Dudley, ten in Wolverhampton, five in Sandwell, four in Walsall, and 12 in Whiston). We used interview topic guides during the interviews to elicit views. We tailored them to the needs and relevant experiences of each type of interviewee.

Table 1: Interviews with three different stakeholders

Interviewee type	No. of interviews
Children and young people	18
Parents/carers	10
BIRD support worker	10
NHS and Barnardo's staff	9

One-to-one interviews were especially effective for children and young people and their families, allowing space for reflection and emotional nuance while capturing lived experience in ways that felt accessible and respectful. The interviews were analysed using thematic analysis and narrative description to represent the results according to the evaluation questions mentioned above.

DOUBLE LOOP: FRAMEWORK FOR ANALYSIS

Double loop learning, as described by Chris Argyris and Donald Schön, is a powerful framework for fostering deep organisational change. Unlike single loop learning, which focuses on correcting errors within existing frameworks, double loop learning involves questioning and modifying the underlying assumptions, values, and policies that drive behaviour This approach is particularly beneficial for complex projects like this one, where entrenched practices and beliefs may hinder progress.

By encouraging participants to reflect on their hopes and assumptions and the broader context of their actions, double loop learning creates multiple opportunities for meaningful change. It promotes a culture of continuous improvement, where feedback is not only used to correct immediate issues but also to rethink and reshape the foundational principles guiding the project. This reflective process helps uncover hidden barriers to success and fosters a more adaptive and resilient organisation. In relation to BIRD, double loop learning enabled us to engage deeply with stakeholders, challenge existing norms, and develop innovative solutions that are responsive to the evolving needs of children, young people and families.

ETHICAL CONSIDERATIONS RELEVANT TO THIS EVALUATION

This research involved speaking with children, young people, their parents, carers, or families, as well as staff from the NHS and Barnardo's. We took care to make sure everyone who took part did so freely, understood what the research was about, and felt safe throughout.

Additionally, Centre for Mental Health prioritised confidentiality, sought to avoid harm, and respected diversity throughout. Data was retained only as necessary and accessed solely by the research team.

CONSENT

We gave all participants clear information about the study before asking them to take part. Informed consent was obtained through signed forms and verbal explanation, outlining participants' rights under General Data Protection Regulation (GDPR). For children, consent was obtained from a parent or legal guardian. Participation was voluntary, with the right to withdraw at any time. Interviews were recorded with permission, securely stored using encrypted, access-controlled systems, and anonymised during analysis.

CONFIDENTIALITY

We kept all personal information private. Interviews were recorded and typed up, but names and other details that could identify someone were removed. All files were stored securely and only the research team had access. We took care to make sure that no one could be recognised from what we wrote in the report.

SAFEGUARDING

Because we spoke with children, young people and others who may be vulnerable, we followed clear safeguarding steps. All researchers were trained and followed the rules set by their organisations.

If anyone had shared something that suggested they were at risk, we would have followed agreed procedures and worked with safeguarding leads at Barnardo's. Interviews were held in safe places or online using secure platforms and conducted in line with institutional ethics procedures, guided by the British Sociological Association's Statement of Ethical Practice and Centre for Mental Health's safeguarding policy. We offered follow-up support and gave people information about where to get help if needed.

SERVICE DATA

At the start of the project, we expected to receive service-level data from the NHS under a formal data sharing agreement. This type of data was unfortunately not available or accessible at the time of the evaluation. Instead, we used data collected by Barnardo's, which had been gathered for operational rather than research purposes. This meant the data was less consistent and did not include some of the measures we might have analysed. It also created practical challenges, including delays in access and gaps in coverage. These limitations affected how we could interpret service patterns and outcomes. The shift in data source also led to tensions between partners, as expectations around access, ownership and use had not been fully aligned at the outset.

3 FINDINGS

ENTRY INTO THE SERVICE: DEMOGRAPHIC CHARACTERISTICS AND REFERRALS

418 children and young people were referred to BIRD between October 2023 and April 2025. Their demographic characteristics were collected when first accessing the service on their first point of contact with the BIRD support worker (see table below). At referral, 75% of children and young people identified as female. 70% of the children and young people identified as 'White British', followed by 7% identified as "Not known". The representation of other ethnicities is below 5% (N.B. the categories for capturing the demographic characteristics of children and young people, including ethnicity, were created by the IAPTUS Electronic Patient Recording System, used by Barnardo's. We acknowledge that 'British' might also have been used to denote nationality).

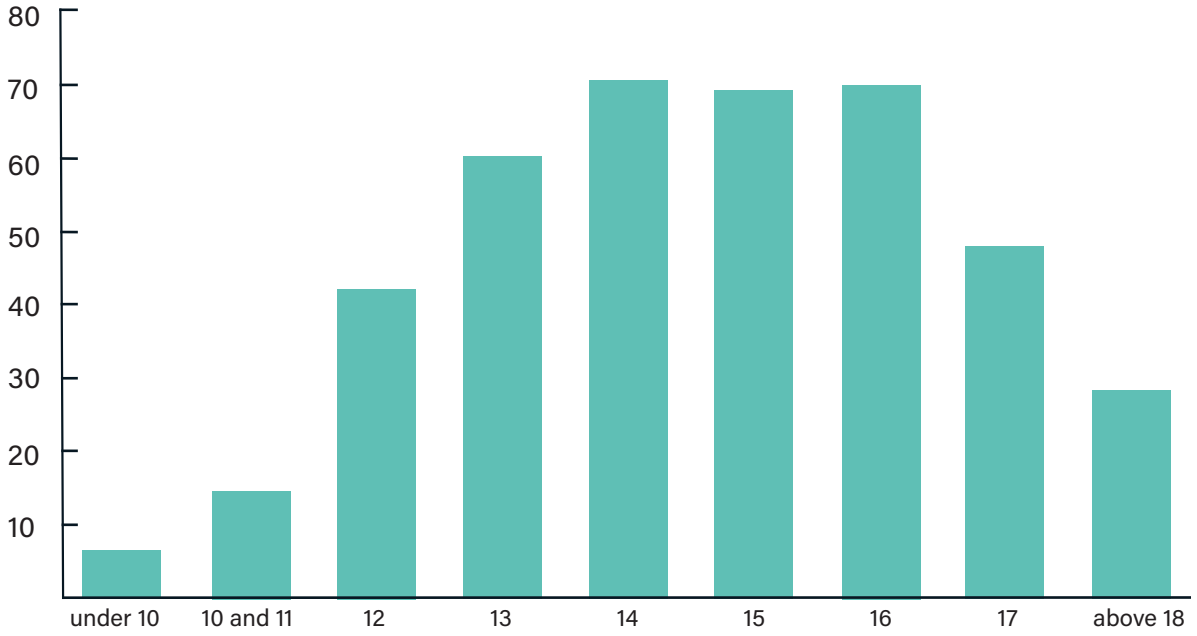
Table 2: Summary of children and young people who accessed the BIRD service by ethnicity

Ethnicity	Number of children and young people
White British	295
African	6
Any other Asian background	5
Any other ethnic group	5
Any other mixed background	8
Any other white background	5
Asian - Chinese	5
Bangladeshi	< 5
Caribbean	4
Indian	16
Not disclosed	15
Not known	30
Pakistani	8
White and Asian	< 5
White and Black African	< 5
White and Black Caribbean	9
Irish	< 5

The distribution of responses to the ethnicity question, as captured in the IAPTUS system, has small sample sizes for categories outside of 'White British', with the next three highest counts being 'Not known', 'Indian' and 'Not disclosed' respectively. Unfortunately, sub-analysis of this data by referral, outcome and experience data would not therefore provide meaningful, and likely statistically significant data, accounting for differences that children and young people from different ethnicities might have when accessing BIRD.

Most children and young people attending BIRD were between 14 - 17 years old. The graph below shows the age distribution. The youngest person on referral to access BIRD was 5 years old.

Figure 1: Bar graph representing the age groups of the children and young people who were referred to BIRD between 2023 and 2025



Around 20% of children and young people declared to have a disability. The most common disability type was ASC (43%), followed by ADHD (19%), and ADHD combined with ASC (19%). Other types of disabilities (including dyslexia, learning disability, behaviourally based disability, sight impairment, physical impairment) accounted for 19% of the children and young people represented in the data.

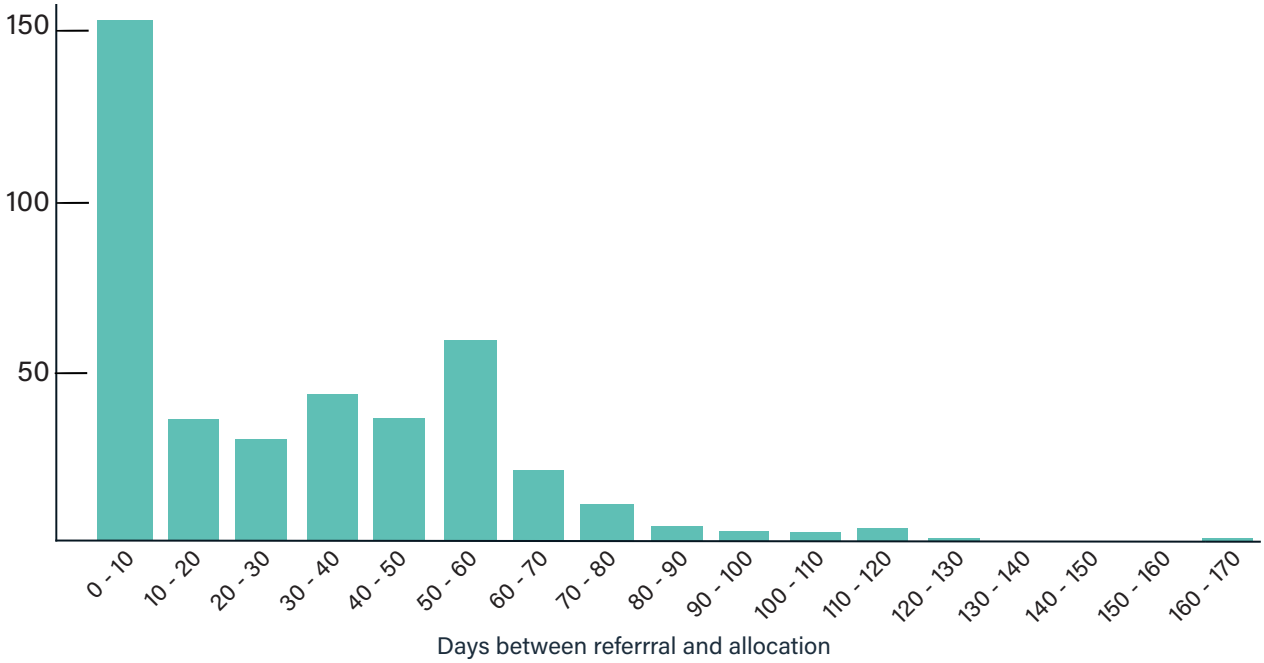
At least half of the children and young people who accessed BIRD came from highly deprived areas. The below shows the partial postcodes with the largest representation of referrals to BIRD, with information on their Index of Multiple Deprivation (IMD) score. Those with a IMD of 1 are areas with the highest levels of deprivation according to the composite measure used by the Ministry of Housing, Communities and Local Government.

Table 3: Breakdown of children and young people who accessed the service by partial postcode and relating IMD decile

Partial postcode	IMD decile	Number of children and young people from these postcodes
WV10	1	24
WA9	1	24
WS10	1	20
DY5	1	15
L36	1	11
WS2	1	11
WV14	2	16
WA8	2	12
B70	2	11
WA11	2	11
B65	2	10
DY4	3	11
L35	5	10
WA7	8	17
		Total = 203 children and young people

The average waiting time between first referral and intervention/assessment was 30 days. Over 30% of children and young people and their parents, carers, and families, had a decision (either allocation to support worker or closure of referral) in ten days or less. The short waiting period to receive care, or to have communication with the BIRD service, was considered one of the most positive aspects of this service by children and young people and their parents, carers, and families alike.

Figure 2: Bar graph representing the waiting times between referral to BIRD and allocation to a support worker (or closure)



349 children and young people accessed BIRD, after filtering out incomplete referrals, duplicate referrals, and missing data. Their primary reasons for referral to the service were captured in 20 distinct categories; see table 4. 92% of children and young people referrals fell into six categories: anxiety, low mood, self-harm behaviours or thoughts, school-related issues, for emotional wellbeing/support, and for difficulties expressing/controlling their emotions and related behavioural issues.

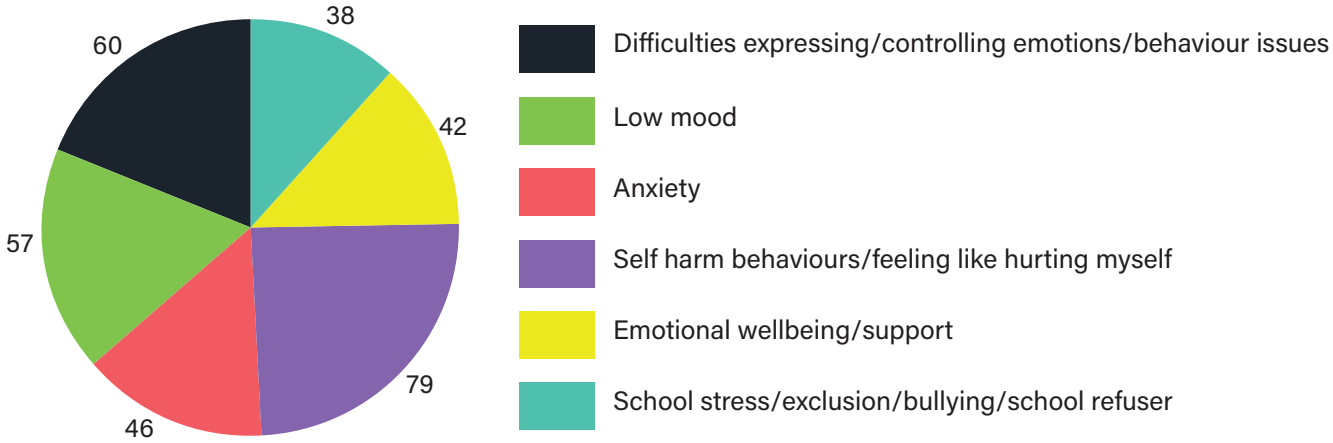
Table 4: Primary reasons for referral, for children and young people that completed work with BIRD

Primary reasons for referral	Number of CYP
ADHD	1
Anxiety	46
Bereavement	6
Bullying	23
Child Sexual exploitation	1
Diagnosed Autism Spectrum Disorder	3
Difficulties expressing/controlling emotions/behaviour issues	60
Emotional wellbeing/support	42
Family conflict	2
Feeling like hurting myself	36
Low mood	57
Low self-esteem and confidence	7
Relationship difficulties	2
School Refuser	5
School stress/exclusion	10
Self-harm behaviours	43
Self-care issues	1
Substance Misuse	1
Suspected ASD	1
Unexplained physical symptoms	2
Total	**349**

There were diverse ways in which children and young people, and their families, could access BIRD. This could be self-referral, referral through CAMHS, presenting at the ED, or from other services, like St Giles Black Country There were five referrals made from paediatric services but there were all inappropriate referrals due to the eligibility criteria of the BIRD service

From the interviews, we learnt that all interview participants mentioned their reasons for referral to the service were due to growing concerns over the child or young person's mental wellbeing. Most interviewees reported that children and young people reached crises points before or around referral. The reasons for the crises were described as "exam stress", feeling "increasingly ... overwhelmed", and suicidal thoughts. Some children were referred to the service because they felt that their school was unable to provide sufficient and effective mental health support for them and they did not meet the criteria for CAMHS support.

Figure 3: Pie chart representing the six most common reasons for referral for BIRD amongst children and young people

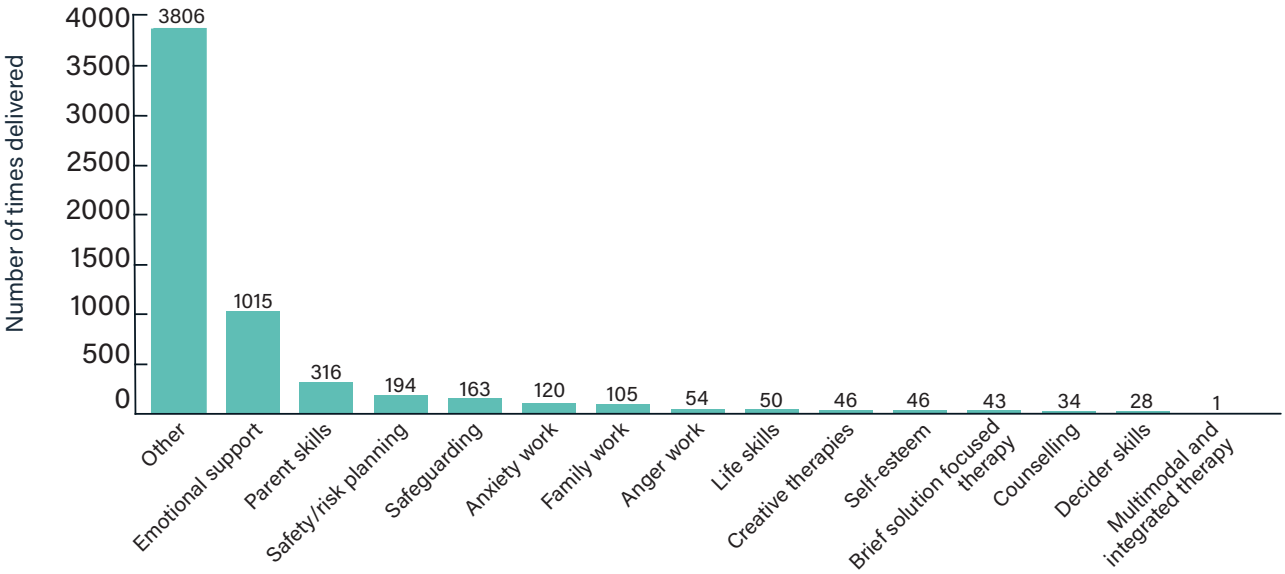


THE INTERVENTION - SUPPORT DELIVERED BY BIRD SUPPORT WORKERS

Once in the service, the children and young people engaged in diverse kinds of interventions with their allocated support worker. The most common description of the work done with children and young people and their families was "Emotional support", followed by "Parent skills". There was a significant number of sessions where the described type or work was marked as "Other" (see figure 4). A recommendation stemming from this would be to have better data recording practices that accurately capture the type of therapeutic work done between the BIRD support worker and the children and young people.

Although there were other types of interventions completed with children and young people (for example providing coping strategies, advocating for children and young people/family, and liaison with other professionals around the children and young person and their family, such as school/college/early help/children services/housing), their proportional representation is almost half of that attributed to the three main categories described above.

Figure 4: Graph representing the categories, and their proportional representation, of the therapeutic work carried out with children and young people by the BIRD support workers



BIRD support workers highlighted that the ability to deliver tailored support was very important to the children and young people. They reported that their key achievements were supporting young people to building resilience by using coping mechanisms and recognising when support is needed. The ability to have weekly evaluations on children and young people's mental and emotional state and discussing how they would respond to certain situations was helpful for them to observe progress and design support sessions.

"no overlapping work and repeating stuff and young people having to repeat their story over and over again, which can sometimes be really triggering and traumatic." - BIRD support worker, Sandwell

"... working with parents and schools, and not just the young people directly – that's kind of new for me." - BIRD support worker, Whiston

"it's not always about the interventions that we do. Sometimes, it's just that hour [for the young person] to be heard and listened to ... they haven't got anybody to talk to. They don't feel listened to [and] they're quite often sent away from the GP or ED because they didn't really have anywhere to refer them to." - BIRD support worker, Walsall

"... so they had an idea what was going to come next, what we were going to work on, and how we were going to do it. I think that really helped with some young people that have ASD diagnosis." - BIRD support worker, Walsall

The support that BIRD support workers received from the team members, volunteers, and team leaders of the BIRD project and wider Barnardo's network was considered very helpful.

"once we started to get referrals, it came quick and fast and we're a relatively small team over a big geography, [but] we got things going and do the work within the project, so I think that's a really good achievement ... in terms of communication and supporting each other – that feels really good. It feels like everyone's kind of supportive ... [manager is] always really understanding ... if there's an emergency or safeguarding issues, she's always been available." - BIRD support worker, St Helens hospital

NHS staff thought that the availability of BIRD as an alternative to tier 2 services could be helpful to manage caseload and capacity issues in backlogged departments. They see the capacity of BIRD to fill in the gap in services that are currently delivered to children and young people.

- **"when we have referred [to BIRD], it's been really good, it's been effective [and] it's relieved that pressure in a sense because we know that [the young people] are going to have some good support."** - CAMHS crisis team lead

- **"definitely in terms of caseload of young people and it's a place where we think of to refer people to … it takes the pressure off Crisis team [because] it can be really intense in terms of what we do, so that's a very immediate benefit of the service … it's doing something unique that other services don't really do."** - CAMHS crisis youth worker

- **"I think what's been missing is that little bit in between because if [cases] didn't fit CAMHS, it seems to be that they were just referred back to the GP to get community support… [and] you don't know whether they go back to the GP and then the GP refers them back to CAMHS."** - ED nurse

- **"[the BIRD service] is an extra support and option for the children that we get. We get such a short contact time with children in A&E… knowing that you can pass a child's information on and that there is somebody who will be there that might stop [the case from] escalating [is] really nice to know that you're doing a safe discharge and hopefully improving [the child's] life."** - Paediatric advanced practitioner

THE OUTCOMES - BENEFITS AND EXPERIENCES OF CHILDREN AND YOUNG PEOPLE

The sections below describe in detail the benefits observed in the quantitative and qualitative data. All children and young people reported at least one benefit from their engagement with the service. One young person said the most helpful aspect of the service was having "someone I could talk to [and] someone who was there" when they required mental and emotional support. A different young person said they had "no-one to talk to" before joining the service and, having the opportunity to voice out their concerns to a trusted adult, made a positive difference to their overall wellbeing.

IMPROVED EMOTIONAL AND MENTAL WELLBEING

The service improved wellbeing for most children and young people. 97% reflected an improvement in their GBO scores from first to last measure. Children and young people who accessed the service reported feeling happier, less stressed, and more relaxed after sessions. Parents, carers, and families observed huge improvements in their children's mood, behaviour, and ability to cope with school and friendships.

All parents, carers, and families reported feeling/observing immediate, short-term benefits of the service – many children and young people reported feeling "less stressed" and "happier" following each session with their support worker, while some felt that they could see some "differences" in their child's or young person's mood and behaviour after sessions.

- **"I felt understanded and was helped with issues in school and out, even when [I] was low."** - 15-year-old, male, referred due to self-harm behaviours
- **"That it [the BIRD service] was really helpful and saved my life."** - 13-year-old, female, referred due to self-harm behaviours

From the CORS data, there is an observable trend towards improvement in ratings. ORS and CORS were taken every session to assess the change in desired areas of life because of therapeutic interventions (for more information on these measuring tools, see Appendix C). This means that, if the BIRD service continued being provided in the same way, children and young people would have more noticeable improvements in their CORS scores (whilst receiving support). See figure 6 in Appendix C for more detail of this analysis.

IMPROVED KNOWLEDGE AND USE OF COPING STRATEGIES AND SELF-MANAGEMENT SKILLS

Children and young people improved in their knowledge and use of coping strategies and self-management skills. Notably, the BIRD service helped to improve children and young people's knowledge of mental health, self-awareness to use self-care, and self-regulating techniques. Children and young people, and their families, learnt more about their mental health needs, and with the help of the support worker, they explored different self-regulating techniques to manage their mental health before reaching crises points. Children and young people increased their self-awareness and families increased their ability to help children manage mental health crises.

All children and young people that we spoke to shared that the therapeutic sessions had helped them develop a greater understanding and awareness of their mental health and thought processes. As one young person noted, their support worker had helped them to "widen my mindset to be able to realise what I'm thinking, what I'm feeling and what's going on." Similarly, another young person felt that the sessions enabled them to have an improved "understanding [of] what I'm feeling and why".

- **"Always felt listened to by [staff] and supported, I feel much better and much more in control' of my emotions." -** 19-year-old, male, referred for emotional wellbeing and support

- **"A lot of good advice. Follow up for more support around my nan's death. Memory jar work allowed me to talk about my feelings. I didn't like the blob tree people but I fed this back early on and it was sorted." -** 17-year-old, female, referred due to self-harm behaviours

- **"My care was probably about something called depression and I had someone to talk to me about the illness and help me feels better." -** 15-year-old, female, referred due to anxiety

We can see how the improvements that children and young people experienced translated into their Goal-Based Outcomes (GBO) scores. In table 5 below, the data shows that almost all children and young people reported an increase in rating for the three goals, which means that, on average, there were over four points of increased score. A 'meaningful change' level for GBO is 2.45 (Edbrooke-Childs *et al.,* 2015). This means that, for 220 children and young people out of 349 referred to the service (63%), the improvement in their wellbeing after receiving support from BIRD was significant.

Table 5: Summary results for children and young people who accessed the BIRD service
Goal-based outcome scores

	First score	Last score	Average change between first and last score	Number*
Goal 1	2.81	6.99	4.18	108
Goal 2	2.53	6.68	4.15	88
Goal 3	1.74	7.24	5.5	24

* This is the number of children and young people, out of 349, for whom there is complete data measuring the changes between first and last score for each respective goal. The data includes children and young people who did not experience an improvement as the numbers in the table represent the average scores.

A SERVICE TAILORED AND RESPONSIVE TO NEEDS

Children and young people considered this service tailored to them and responsive to their needs. Children and young people appreciated having choice and control over session content and location. The non-clinical, relaxed, and conversational style helped children and young people, in general, to feel safe and open-up; this was also observed by parents, carers, and families. BIRD support workers also agreed that the flexibility and adaptability of the sessions, in location and structure, was an advantage of the service.

Parents, carers, and families considered BIRD more appropriate and responsive when comparing it to previous experiences in CAMHS. One parent said that their "young person is much happier and can cope better than ever before with CAMHS." The main difference between CAMHS and Barnardo's for the parent was the flexibility of Barnardo's, the relational approach, and the non-clinical environment. They stated that CAMHS was good in the moment (in crisis or at critical points) but not good for long-term support.

Additionally, high staff rotation in CAMHS (where families work with a range of mental health workers as opposed to with the same case worker continuously) was considered a disadvantage when compared to BIRD. Several children and young people shared that having the same support worker follow their case throughout their time with the service was vital, as the consistency provided a sense of familiarity and safety.

All the children and young people that we spoke to felt supported by the service due to its child-directed approach and individually tailored interventions. As some young people noted, being "given the choice of where the support takes place" and "asked if I was in the mood to do anything in the [care] plan" showed that the support workers "really cared." This also empowered children and young people to take control and agency over their mental health treatment, or intervention, as it gave them a sense of autonomy that other services were unable to provide. The way that the sessions are "fully adaptable" to the young person's preferred environment (school, home, coffee shop) was described as a "big thing" by one young person and was frequently cited as a great benefit of the service by all the children and young people that we talked to.

> **"I felt listened to, it was a break from the school day. I was always treated kindly, and never felt weird by the person for anything I said."** - 16-year-old, female, referred due to self-harm behaviours

BIRD support workers considered that one of the strengths of the service was the ability to structure the sessions according to the child or young person's needs and preferences (based on the goal-based structure of the intervention), which led to the provision of holistic, individualised, support and the increased use of creative interventions.

CHILDREN AND YOUNG PEOPLE VALUED THE RELATIONSHIP WITH THEIR SUPPORT WORKER

The children and young people that we spoke to all agreed that the service was effective largely due to the relationship that they were able to build with their support worker. Thus, the strong, consistent, therapeutic relationships formed between children and young people, and their allocated support workers were central to the service's success.

Children and young people felt their support workers were genuinely caring and committed. Many felt that their support worker was friendly, respectful, and "seemed like [the support worker] wanted to be there and not [just] doing their job." The children and young people also shared that their support worker asked questions unrelated to their mental health, and "made the environment calm and had a laugh", which was important for the children and young people to build rapport and open to their support worker.

Children and young people's reflections on their therapeutic sessions with mental health support workers emphasise that confidentiality and direct communication—engaging with them personally rather than through parents or carers, promoted trust, autonomy, and a stronger therapeutic alliance. Children and young people were confident that everything they disclosed during the sessions would be kept confidential (except when there was a safeguarding concern), which was important in developing trust with their support worker. As one young person noted, they felt that the service was unique in the way that the support worker would directly communicate with them rather than through their parents, carers, and families, which was refreshing and preferable. In a similar vein, one parent acknowledged that they would have liked to know more about what was disclosed during each session but understood that confidentiality and privacy was important for their child to fully open up to their support worker.

> **"[Staff member] helped, listen and I didn't feel judged once. She gave me actual advice unlike CAMHS who told me to take a bath. [Her]' advice was helpful and I actually listen to it. [She] was really nice and easy to get along with. I didn't feel like I needed to have my back up because I could tell she really cared." -** 17-year-old, female, referred for anxiety

Barnardo's CAMHS crisis keyworkers mentioned in interviews that the transition between keyworkers and BIRD support workers was seamless[2]. This probably helped to facilitate the relationship between children and young people and support worker and cement that continuity of service that children and young people praised about the service.

TIMELY ACCESS TO MENTAL HEALTH SERVICES

The service provided timely access to mental health services, particularly for children and young people in crisis; they were satisfied with the service received. Fast referral and short wait times were crucial, especially for children and young people in crisis. The ability of BIRD to provide support faster (compared to CAMHS) helped prevent escalation and offered a sense of safety for children and young people, and their families. One young person told us that the fast referral and short waiting time before first contact with the support worker was crucial for them as they remained in a state of crisis even after leaving the ED.

> **"[Minimal waiting lists] that's going to have that "[positive] impact on the kids presenting [to EDs] because they're actually getting support quicker … that's key really." -** Barnardo's keyworker, Wolverhampton site

[2] Barnardo's CAMHS crisis keyworkers were part of the services that Barnardo's offers to children and young people but were directly funded by the NHS, while BIRD is funded by Barnardo's. As of June 2025, Barnardo's CAMHS crisis keyworkers were integrated into the NHS.

From a system perspective, BIRD met an unmet need for children and young people seeking mental health support in EDs:

- **[There was] nothing running closely with A&E... [cases were] getting really backlogged [and] getting long waiting times ... [some services] closed their doors to any new referrals ... it became really hard to be able to move people on to the kind of support that may be needed for them."** - CAMHS Team Lead

- **"there's value in having a service that can provide some level of therapy" and "who can see the young people asap."** - CAMHS crisis youth worker

- **"The waiting lists [in the area] were just horrendous ... we found that children presenting in crisis weren't necessarily in a crisis ... they didn't necessarily need us, but they had nowhere else to go because being put on a waiting list for years just wasn't appropriate."** - Barnardo's Keyworker, Sandwell

- **"I think what's been missing is that little bit in between because if [cases] didn't fit CAMHS, it seems to be that they were just referred back to the GP to get community support ... [and] you don't know whether they go back to the GP and then the GP refers them back to CAMHS."** - ED Nurse, Dudley

A parent made comparisons between their child's past experiences with CAMHS and their recent experience with the BIRD service, suggesting that the latter was preferable and more effective due to the child-led, non-clinical and tailored approach of the BIRD service. While the parents, carers, and families acknowledged that CAMHS was "good in the moment", the parent believed that the BIRD service was able to equip their child with coping strategies that would be useful in the longer term.

Children and young people were highly satisfied with the service. From the Experience of Service Questionnaire (ESQ) and Session Rating Scale (SRS) data, we can see that sessions, and the therapeutic relationships between children and young people and their support worker, were highly valued by the children and young people. The average satisfaction with care score in the ESQ was 26 amongst children and young people. Similar satisfaction rates are reported in the SRS, with the average score of the first session being 34.8 and the average last score being 36.7.

Children and young people who were referred to BIRD due to diagnosed ASD reported the lowest score of SRS in their first score. However, this group saw an improvement in their experiences of the sessions and therefore, reported the highest changes in average session rating scores. For children and young people whose referral reason described "bullying", they saw a decline in the changes in scores from their first to last session. This can mean that their satisfaction with the sessions, or the service, declined over time, or that the external circumstances causing mental health distress (i.e., bullying at school) did not improve for them.

Figure 5: Average scores by referral reason

Plot showing the comparison between the first and last scores (in averages) of the young people's responses to SRS forms, distributed along the horizontal axis according to their referral category. The plot also shows the average score change from first to last measure, showing a positive value for all referral reasons, which also shows that, compared to their first session, all children and young people rated their last session as the most positive one.

High satisfaction with the BIRD service amongst children and young people is seen in their answers to the ESQ questionnaire:

- 96% felt they were listened to
- 79% felt BIRD staff were easy to talk to
- 99% considered they were treated well by the BIRD staff
- 96% felt their views were taken seriously
- 88% considered that the BIRD staff knew how to help them
- 90% considered they were given enough explanation about the help available to them
- 82% children and young people felt they were working together with the support worker to receive help
- 52% rated the facilities as comfortable
- 70% considered the appointments were convenient
- 82% thought the appointments were easy to get to
- 87% would recommend the BIRD service to a friend
- 98% considered the help they received at BIRD was good.

On average, the children and young people rated the service as nine out of ten, with ten being the highest score possible. When asked what they liked about their care, most children and young people replied that what they valued the most was the relationship built with staff. They described such therapeutic relationships as helpful, supportive, safe, and kind. Additionally, children and young people also described they felt listened to, they felt safe and not judged, they learnt effective coping strategies to manage negative emotions, and they improved their mental health and wellbeing and self-confidence in managing their mental health. Children and young people also expressed increased self-awareness about their own mental health and increased mental health literacy and knowledge of coping skills.

> **"Listened and talked to them, [I] felt heard when speaking about mental health." -** 15-year-old, male, referred due to suspected ASD

The interviews with wider system stakeholders showed that there was widespread agreement that BIRD filled a gap for children and young people not meeting CAMHS thresholds, reduced pressure on ED and CAMHS crisis teams, offered child-directed, flexible, and practical support, quicker access compared to other services, and built confidence in referral pathways.

Barnardo's strategic and operational staff mentioned that the no, or minimal, waitlist policy was a major strength of the service. Although in practice this depended on the child or young person's needs, staff availability and turnover, demand, and engagement from the parent/carer (and that of the child/young person), it was a benefit that this principle is mandated by policy. Barnardo's CAMHS crisis keyworkers mentioned that the reality in the field is that there is a lot of demand which creates capacity constraints.

> **"The need is really high, and I think, if anything, we just need more support workers because I know they're not supposed to have a waiting list but I'm aware that they sometimes have to have one."** - Barnardo's CAMHS crisis keyworker, Wolverhampton site

HELPING CHILDREN AND YOUNG PEOPLE TO NAVIGATE SCHOOL AND SOCIAL LIFE

The service helped children and young people to navigate school and social life, when needed. Support workers helped children and young people navigate school life, including friendships and self-advocacy. A parent saw a "huge improvement" since their young person joined the service. It helped the young person to deal with school life, including difficult friendships, standing up for themselves, and being able to understand thought patterns.

This could be attributed to the focus of BIRD, in the context of other services provided, such as the Barnardo's CAMHS crisis keyworkers service. Barnardo's keyworkers felt they could refer children and young people to BIRD and keep the more severe cases in their workload. Once at BIRD, Barnardo's CAMHS crisis keyworkers felt:

> **"I can step down to [BIRD] so they can 'hand hold', as we usually call it, to take [the young person] on that last part of that journey they probably need." -** Barnardo's CAMHS crisis keyworker, Sandwell

The tailored advice and support helped children and young people feel more understood and supported in different environments, such as school or social situations. The children-directed support was a key element of the BIRD service.

> **"Barnardo's will see [the young people] in school or at home or wherever's best. That's really good because it's tailoring it to the child." -** ED Nurse, Dudley

BIRD helped to improve the confidence and understanding of parents, carers, and families about their child's mental health.

Parents, carers, and families reported improved confidence and understanding in the interviews. Parents, carers, and families reported feeling better equipped to support their child's mental health. In ESQ and SRS surveys, they appreciated practical suggestions and strategies from support workers.

Several parents, carers, and families noted they had developed a better understanding of mental health and how to communicate more effectively with their child.

> **"I felt as though [staff] not only listened to [young person]'s concerns but mine too … I didn't feel excluded from her support as I had done previously."** - Mother; their 16-year-old daughter had been referred due to school stress and exclusion

Parents, carers, and families learned to listen more and respond calmly, improving parent-child relationships. The service helped parents, carers, and families utilise existing coping skills and regulate emotions.

One parent described the service as "life-changing", and another said it was the "best" support they had received. Their responses to the ESQ showed:

- 87% of parents, carers, and families felt listened to by the service
- 88% felt the BIRD staff were easy to talk to
- 92% felt they were treated well by the staff
- 92% felt their views were taken seriously
- 90% considered they were given enough explanation about help available
- 82% of parents felt they were working together with the BIRD support workers to help their child or young person
- 85% thought the appointments were convenient; 77% thought it was easy to get to the appointments
- 93% of parents, carers, and families would recommend the service to a friend and a similar number considered the help they received was good.

Parents, carers, and families described support workers as "amazing," "brilliant," and "understanding." One parent said: "They've made a massive impact on [young person]'s quality of life … therapy elsewhere just wasn't the same."

Barnardo's CAMHS crisis keyworkers mentioned that deepening relationships with children and young people, and their families, made evident that longer support is needed.

> **"sometimes, what things appear on paper might seem straightforward, but actually once you start building relationships with the families, the young people open up to you and they might share more than what was originally written [in the referral notes] and you might need extra time to support that family."** - Barnardo's CAMHS crisis keyworker, Wolverhampton site

UNDERSTANDING OF SUPPORT SERVICES

It is unclear whether families and children and young people had improved understanding of support services. There was evidence of BIRD signposting children and young people, and their families to other services from the action on closures data (see Appendix C). Out of 349, 117 children and young people and their families were referred to other services:

- 47 were stepped down to their school/colleges for further support or longer-term work
- 57 were signposted to other services
- Ten were referred to CAMHS
- Three were already receiving support elsewhere, so no further referral was needed.

> **"I know that the team work really hard to make sure that there is some kind of follow on support … that's the first thing they think about … they are really good at knowing what's out there."** - Barnardo's CAMHS crisis keyworker, Wolverhampton

In the data collection forms, it was reported that 34% of children and young people and their families were referred to other charities for support at the end of their intervention. All the services the children and young people, and their families were referred to have the purpose of providing longer term support, including sustaining good mental health and promoting and sustaining wellbeing and self-care strategies. The services that these organisations provided were mental health and wellbeing support, children and young people services, bereavement support, self-harm support, social support and community engagement support. In some cases, children and young people, and their parents, carers, or families, were referred to their GPs as the young person had turned 18 before allocation or during the completion of the work with Barnardo's.

However, the majority of children and young people and parents, carers, or families expressed the wish to continue working with Barnardo's to improve their mental health if given the opportunity.

REDUCED RE-PRESENTATIONS AT EMERGENCY DEPARTMENTS

BIRD reduced children and young people re-presentations at emergency departments Based in the data captured by Barnardo's using the IAPTUS Electronic Patient Recording System (number of re-referrals per unique ID), we observed a low number of re-presentations at ED from the children and young people using the BIRD service.

The initiative also focused on reducing the number of children and young people re-presenting at emergency departments with low to medium mental health needs, thereby improving overall system efficiency. Out of 439 children and young people, there were 22 re-presentations to the BIRD service, corresponding to 21 children and young people (4.7% re-presentation). The source for these 22 re-referrals to the BIRD service show a decrease in the representation of ED referrals, which can indicate a decrease in re-presentations at ED.

Table 6: Re-admissions for each site, per year (re-referrals)

Site	2023	2024	2025	Total per site
Sandwell	0	3	3	6
Wolverhampton	0	4	3	7
Dudley	1	0	2	3
Whiston	0	1	5	6
Walsall	0	0	0	0
Total per year	1	8	13	

The re-referral data also suggests that children and young people, and their parents, carers, or families, were probably more aware of the BIRD service which can explain why the number of referrals from parent/carers increased while the number of self-re-referrals was the same as the re-referrals from specialised CAMHS services.

Table 7: Re-referral source

Re-referral source	Number
ED (including admissions following CAMHS Crisis Response)	2
CAMHS Crisis	5
CAMHS Crisis Response Step Down	6
Parent / Carer	3
Self-referral	5
St Giles Black Country	1

There were seven reasons for re-referrals, with the most common being "Difficulties expressing or controlling emotions". Other reasons included "Emotional wellbeing/support", school-related issues, and low mood.

Encouragingly, the number of re-referrals for self-harm thoughts or behaviours was low (two children and young people) compared to the number of new referrals for this reason (79 children and young people) which indicates that this mental health need can be impacted positively by the BIRD service. However, 25% of the children and young people seeking support for "emotional wellbeing/support" might not have had their needs met by the service as this was a mental health need highly present in reasons for re-referrals.

Interview data suggests that, while enrolled in BIRD, families would choose to avoid re-presenting at ED if in crisis. Most families told us that they had not re-presented at EDs but were unsure whether they would visit the ED again in face of another crisis as "it depends" on the specific situation and the health conditions of the young person. Other highlights in the data show:

- Two families told us that they would prefer to use BIRD over a visit to the ED for future mental health needs. One parent said that they would visit the ED again "only if I had to go there to access BIRD", which highlights the value in placing the service within more accessible sites
- One family had represented at ED after joining the service and suggest that they would continue to visit the ED in the future, but this was mainly due to other health conditions and concerns that the child has
- A parent noted that "if I had to go to A&E to access BIRD then I would go there again" – implying that if the parent was able to access Barnardo's directly, they would likely do that in the first instance
- For one young person, when asked if the young person re-presented at ED after the programme, they said yes. When asked if the young person will go to ED in the future, they said yes because of their seizures. This highlights that it is important to address and understand the role of health conditions in children and young people as this will influence their re-attendance to ED.

IT IS UNCLEAR IF BIRD REDUCED PRESSURE ON THE NHS AND CAMHS SERVICES

BIRD has the potential to reduce pressure on ED and CAMHS Crisis teams, but more data is needed to assess the impact of BIRD on these services. Indicative qualitative data suggests that BIRD can help to relieve the pressure on Barnardo's keyworker staff, allowing them to focus on more complex cases faster.

> **"[BIRD has] been working quite effectively, and it does take the pressure off us … before the BIRD service [was introduced], it might have meant that I would have had to hold onto a case for a lot longer than I do now."** - CAMHS Crisis Keyworker, Wolverhampton

CAMHS staff see potential for BIRD to reduce pressures on their service. Also, some of the Crisis teams and hospital workers also expressed a reduced sense of pressure in their roles thanks to BIRD:

> **"definitely in terms of caseload of young people and it's a place where we think of to refer people to … it takes the pressure off Crisis team [because] it can be really intense in terms of what we do, so that's a very immediate benefit of the service."** - CAMHS Crisis Keyworker, Wolverhampton

> **"when we have referred [to BIRD], it's been really good, it's been effective [and] it's relieved that pressure in a sense because we know that [the children and young people] are going to have some good support."** - CAMHS crisis team lead

Barnardo's strategic and operational staff said in interviews that they considered the pre-existing strategic relationships with CAMHS helped to implement the intervention.

> **"we're the ones that have pushed to make [the BIRD service] known…I think we've helped [CAMHS Crisis team] to have that understanding of what the BIRD service does." Barnardo's** - CAMHS Crisis Keyworker, Sandwell

However, given the intricacy of the interactions between CAMHS and BIRD, and the bidirectional referral process, there is insufficient data to evaluate the impact of BIRD on CAMHS and NHS services.

> **"[the hospital has been] quite guarded [about allowing the BIRD service to have direct access to ED] – any young person that goes to A&E for any form of mental health reason has to be referred to CAMHS Crisis and we have to be the ones that do an assessment. What I was really worried about is that that referral to us would stop."** - CAMHS Team Lead

> **"the only problem we have is getting the staff to know about Barnardo's...it's just about us getting [the staff] to actually think and remember the service."** - ED Nurse, Dudley

> **"I think it's just remembering [the BIRD service] being on your radar...I've seen the [BIRD support worker] pop down a few times...I think that has helped definitely."** - Paediatric Advanced Practitioner (ED)

The previous quotes show that not all ED staff were aware of the existence of BIRD in their worksites. Although high-level agreements and partnerships were established to facilitate the communication to the frontline about the existence of this pilot in their sites, in practice, there was still some lack of awareness about BIRD amongst ED staff. This could also be attributed to the nature of working in ED (e.g., rotas, bank staff, agency staff, workflows) which is inherently complex and can cause communication difficulties amongst different teams who might have been aware of BIRD.

The Referral pathways table in Appendix C shows the number and type of referrals to BIRD and the outcomes after being discharged from BIRD. It shows that, before BIRD, there were intermediate steps that involved CAMHS, as well as some children and young people who were referred to CAMHS after their work with BIRD had concluded. We analysed this data by controlling for reason for referral, age, site, and disability but found no discernible patterns as the number of children and young people in this group was around 3% of the whole.

Additionally, re-presentation at ED was explored through the quantitative pilot data as detailed prior. Overall, looking at admissions in 2024, six-month readmission rates were calculated to be 2.82% (eight in total) for those seen by the BIRD service. Although with notable limitations on the age of the source and comparator being all admissions rather than children and young people exclusively, literature evidence from Osborn *et al.* in 2013 suggests readmission rates that are considerably higher at 21.4% without the service.

The initial approach to this evaluation design sought to explore this relationship further with supported comprehensive data shared by the NHS. Unfortunately, this was unable to be provided for this evaluation.

This numerical data, along with the quotes from ED and other staff of the pilot sites, makes us conclude that BIRD certainly has the capacity to improve the support of children and young people by delivering support directly to them and signposting to other appropriate services if and when needed, as this was the case for 62% of the children and young people. However, most of the referral process to BIRD still required interaction with CAMHS: more than 90% of the referrals had input from CAMHS. Only 2% of the children and young people who received referrals to other services were referred to CAMHS. BIRD was a valuable service for signposting and distributing the demand for support services for children and young people and their families, as most of the referrals were to schools/colleges or to other services but the complexity of the demand and the referral process make the analysis of its impact on CAMHS services difficult and overall this is still unclear at this time. This is something that can be explored in the future with more appropriate evaluation designs that compare sites where BIRD was not delivered to assess its impact on local CAMHS services.

4 AREAS FOR IMPROVEMENT

Most of children and young people considered there was nothing to improve about the service. The few suggestions for improvement are mainly about increasing the level of support, including its length, frequency, number of sessions, and increasing the flexibility of the appointments given by the service, including home visits or community-based appointments, as well as a higher emphasis on prevention. They also mentioned that peer-support workers are a necessity for them that has not been met by existing services.

Parent/carer feedback on potential improvements centred around improving communication practices within the service, improving the continuity of support for their young person after they are discharged from the service, increasing the length of support they receive, expanding the content of the support to improve parent/carer literacy around child and adolescent mental health and wellbeing, and having sessions delivered in more sensory-friendly facilities. Below is a more detailed explanation of the areas for improvement identified by children and young people, and their parents, carers, and families:

- **Communication**: More consistent and thorough communication practices, including clear information about the intervention/service's end points would be helpful. The mother of a 12-year-old referred for self-harm thoughts said that improvements could target "dealing with things after [the support], [there was] no contact with Barnardo's after finished with session."
- **Continuity of support**: Other improvements could target the continuity of support offered to children and young people and their parents, carers, and families when they access the service, including the communication of further support available (if applicable). The mother of a 15-year-old referred for anxiety said, "Just want to share my worries about the future of my [young person] and if it keeps happening to her, where can we go for an answer as currently we don't exactly know what's triggering [them, and] I would appreciate a clear explanation."
- **Length of support**: This links to another area of improvement suggested by the parents, carers, and families which is to extend the support offered by Barnardo's, particularly given the good rapport established between the children and young people and staff. The mother of a 16-year-old who had been referred due to self-harm behaviours said: "I wish there was more than ten weeks, because [young person] started feeling better and if she stops now she will go back to self harming. A few more five) [sessions] would push the scales on to the good side more."
- **Level/content of support**: Some parents, carers, and families expressed the desire for more information around the strategies to support their child or young person's mental wellbeing, including increasing their own literacy about children and adolescent mental health with the aim of helping their child or young person feel better. Additionally, Barnardo's CAMHS Crisis keyworkers and BIRD support workers consider that a group targeting parents, carers, and families who have a higher risk status would be helpful as it would provide extended and more tailored support for more complex needs.

Clearer referral processes and communication across organisations: Some CAMHS staff were worried about the safeguarding process of referrals if BIRD acted as the entry point of contact, and they were worried about the continuity of the service, particularly if the children and young people were known to the services/were re-referrals that had a pre-existing treatment plan and were in crisis. They were emphatic in the need for qualified [mental health] professionals to conduct initial risk assessments, as they considered that it was unrealistic and unsafe to expect healthcare professionals who are trained in other areas to determine risk levels.

BIRD support workers mentioned the following areas for improvement:

- A streamlined referral process with adequate administrative oversight and support, especially when referrals come from only one source. As one BIRD support worker noted, the advantage of having one referral source is that communication is streamlined and easier, but it also means that the number of referrals can fluctuate due to referral service circumstances (e.g., capacity, staff turnover).

> **"we've noticed quite a drop in referral numbers and it's purely from that one source. Whereas, if you had multiple referral sources, they might all even each other out over time."** - BIRD support worker, St Helens.

A BIRD support workers mentioned that, although the relationship with the staff in the pilot sites was generally good, the varied nature of the role, the changes to the referral process, and the administrative responsibilities of the role were some of the challenges they faced. If BIRD support workers changed their work location, they would have to adapt to new ways of working, which they saw as a challenge as this was a role that was inherently demanding in nature.

> **"as a BIRD support worker, I think sometimes we need to be in too many places at once."** - BIRD support worker, Sandwell

> **"they're all logistically quite different so you have to adapt your way or working."** - BIRD support worker, Walsall

- Improvement in the flexibility of what BIRD offers, in terms of length and content, to accommodate the needs of children and young people with more complex needs, particularly acknowledging that most of the children and young people seen by BIRD might be nearer crisis points. For example, the triage process could be tailored to identify cases that would need longer support, although this was not often evident until after the work had started between the child or young person and the support worker. However, support workers observed that it took longer, generally, to establish a good level of therapeutic alliance with neurodivergent children and young people. This information could be built into the triage process to manage the demand and capacity offer for neurotypical and neurodivergent children and young people, or those who have difficulty establishing trusting relationships with their support workers.

> **"we get higher risk cases and sometimes, it's not high risk in terms of their mental health but there are just other complexities around the young person or the family that are high risk … there are lots of complexities going on around the young person that we have to firefight."** - BIRD support worker, Wolverhampton

> **"for some young people, it's great and some of them don't even need that length of time, whereas for others, they do need more time … it's not just the emotional health and wellbeing of the child; it's things that are going on in the family and there's a lot of trauma involved since we're working with children that have already gone into crisis."** - BIRD support worker, Sandwell

> **"it can take four sessions to get to know a young person before they even start communicating with you verbally … and then you've only got 2/3/4 sessions left to carry out the interventions. It's really tough and it's kind of nowhere near long enough."** - BIRD support worker, Wolverhampton

> **"we can't keep cases going and going … I could extend it a little, but maybe it could have been extended more."** - BIRD support worker, Walsall

Barnardo's strategic and operational staff mentioned that allocating more time and resources to the planning and development stages of the process as an area for improvement, particularly regarding the strategic planning of the operational characteristics of the intervention and understanding the different workflows and characteristics of pilot sites. In their opinion, this would help to get buy-in from pilot sites and increase their sense of ownership of the intervention, which would ideally translate into ease of collaboration and delivery of the intervention. Setting up the project for delivery was difficult to navigate due to the attitudes of the pilot sites and delivery partners towards perceived risks of BIRD, working with children and young people, safeguarding, and non-clinicians delivering mental health support. Interviewees from the Barnardo's operational and strategic team consider that establishing collaborations early on can help to address some of these challenges and assuage the concerns about this kind of intervention delivered by mental health support workers to children and young people.

Another area of improvement that is relevant to the planning stage is to have consistency in the terminology and branding of the project from the beginning. The inconsistency on the use of project names made it difficult for system partners to understand the intervention that was being discussed.

5 ECONOMIC ANALYSIS

In order to evidence the value for money provided to the public healthcare system and wider social impact, key evaluation questions were identified related to the impact of the BIRD service from an economic perspective. Centre for Mental Health has undertaken a cost-benefit analysis (CBA) approach to the prospective impact of adopting BIRD across a site. This analysis seeks to provide an early evidence base to support commissioning decisions.

It should be noted that real-world evaluation in mental healthcare is limited by factors such as diverse patient needs, ethical constraints, and the complexity of mental health conditions, which can make standardisation and control difficult. However, its value lies in capturing the nuanced, lived experiences of individuals within authentic care settings. Additionally, it can demonstrate how interventions perform outside of trial settings highlighting issues including accessibility, engagement, and cultural relevance. This approach helps refine treatments, tailor services to real-world challenges, and ultimately improve outcomes by ensuring that support is both effective and empathetic in practice.

ECONOMIC METHODOLOGY

The cost-benefit analysis produces an economic appraisal of the prospective impact of adopting the BIRD service using a range of source types including:

- Literature evidence – Rapid examination of recent existing published literature within similar settings and pathways to identify relevant data or assumptions
- Retrospective site collected quantitative data – specifically regarding population and readmission rate estimates
- Public data – National data on rates and forecasts, including consumer price index (CPI)
- Project relating figures - Costing figures of running the service and project specific assumption validation provided by Barnardo's.

The appraisal has been conducted in accordance with HM Treasury's Green Book guidance (HM Treasury, 2022), which provides a standardised framework for assessing the costs and benefits of public sector interventions. This guidance is widely adopted to ensure consistency and rigour in economic appraisal. In recent years, the Green Book framework has been complemented by a range of departmental and sector-specific supplementary guidance documents, which offer additional detail tailored to particular policy areas.

Additionally, a pathway mapping exercise was completed in conjunction with the BIRD project team, seeking to better understand the NHS healthcare system usage by the cohort of children and young people, informing on potential benefits, costs and caveats for the economic analysis.

Finally, as listed above, in order to conduct this piece, engagement with the Barnardo's team was required to provide information relating to the service cost and project related assumptions, therefore, although conducted faithfully as an independent evaluator, Centre for Mental Health cannot guarantee all data and assumptions provided are accurate, please note this is common practice for this type of real-world evaluation piece.

ASSUMPTIONS

Assumptions are embedded within the analysis in order to provided bridges between evidence where gaps may exist. The key assumptions are listed in the subsequent section: 'Economic model limitations & assumptions'.

It is suggested that where any assumption is used, in order to deepen the robustness of estimated results, further evidence and data is sought to replace or reinforce these where appropriate.

PRUDENCY

A fundamental approach taken by Centre for Mental Health to the economic modelling process is to embed caution where uncertainty lies. In practice, when choosing from several potential values, this means taking lower end values for variable impacting on benefits, and higher values for costs. This can help to mitigate optimism bias and strengthen the reliability of results when informing future commissioning decisions.

Table 12 summarises all variables, including those that are assumptions, within the economic modelling. Where literature review provided several potential values, this has been shared within the appendix with decision making explained.

PERSPECTIVE AND COMPARATOR

This analysis is implemented from the perspective of the NHS healthcare system, with a base case (average across both current regions), presented as net present value in 2025/26 figures over a one-year period.

Ideally, comparator data would be sought through pre-implementation site data or similar control sites for the duration of the pilot, however, due to challenges regarding data availability and the real-world setting of this evaluation, baseline data has been derived from reputable literature.

BENEFIT AND COST STREAMS MODELLED

Two benefit categories are relevant to this cost-benefit analysis: NHS non-cash releasing, and social non-QALY (quality-adjusted life year) benefits.

1. NHS non-cash releasing benefits - are those that help to reduce the demand and strain on NHS services, but a fiscal value cannot be realised without the decommissioning of services. For example, staff time savings could enable an improvement in the quality of staff activity or allow saved time to be utilised for other activities
2. Social non-QALY benefits - relate to patient impacts other than immediate health outcomes, such as health inequalities or enhanced productivity.

As part of the analysis, benefits relating to the following streams have been modelled and converted to monetary values.

Table 8: Summary of benefit and cost streams included

Stream name	Logic	Type
Benefit streams		
1. Reduction in ED readmissions	The service BIRD provides is expected to improve the quality of care provided, addressing factors for readmission to ED.	Non-cash releasing
2. Child and young people's parents, carers, or families, lost working days	As the cohort accessing the service is made up of children and young people, many attend mental healthcare services with their parents, carers, or families, requiring time off work. This could result in productivity losses from an economic perspective.	Social non-QALY benefit
3. Reduction in GP appointments	Similarly, to benefit stream 1, the comprehensive service offer through BIRD is expected to lead to reductions in alternative services that may otherwise be utilised.	Non-cash releasing
4. Reduction in outpatient/ community mental health support	Similarly, to benefit stream 1, the comprehensive service offer through BIRD is expected to lead to reductions in alternative services that may otherwise be utilised.	Non-cash releasing
5. ED / CAMHS staff burnout	As capacity in the system is freed from a reduction in readmissions to secondary care and future management of those meeting the criteria for the BIRD service, the overall workload of ED and CAMHS staff is expected to be supported. This should in turn, as evidenced by literature, lead to reduction in presenteeism, staff absence, turnover and outsourcing costs (Daniels *et al.* 2022).	Non-cash releasing
6. Child and young people's educational impact	Time away from education due to attendance of mental health services, and subsequent prolonged time away from education that may be required can lead to longer term social consequences. Provision of the BIRD service is expected to reverse the decline in children's mental health, which is estimated to generate savings through higher lifetime earnings, reduced demand for Special Educational Needs (SEN) support and fewer school exclusions (Gomez & Franklin, 2025).	Social non-QALY benefit
Cost streams		
1. BIRD service cost	The cost of the service was provided based on the structure at the St Helen's site, including direct payroll and non-payroll costs.	

Further details on each cost stream values and assumptions are outlined in Appendix A – Economic modelling further details.

ECONOMIC MODEL LIMITATIONS & ASSUMPTIONS

ATTRIBUTION

The inclusion of the benefits listed within the economic analysis are those deemed to be more directly attributable to the intervention. A limitation of real-world evaluation is that direct attribution of outcomes to the BIRD services is less clear than other research methods. To evidence and partially mitigate this factor, qualitative data to inform the logic applied to each benefit stream has been incorporated into the discussion.

ASSUMPTIONS

The following key assumptions were utilised in order to carry out the analysis:

1. Baseline readmission rate to ED was unable to be captured through pre implementation or control site data, therefore the comparator value used was taken from reputable literature evidence.
2. The quantity of working days saved per ED readmission avoided was assumed to be 0.2. This may be an over or underestimation, and in order to deepen the robustness of the estimated results modelled, it is recommended that data is collected before updating this assumption.
3. Similarly, the estimated quantity of GP visits avoided per child and young people seen may be an over or underestimation.
4. The estimated economic benefit of reducing staff burnout for the ED/CAMHS service staff assumes the staff providing the BIRD service are able to manage the currently accounted capacity levels. If these staff are overwhelmed or burning out, this could negate the modelled benefits to the ED/ CAMHS staff anticipated.
5. The educational economic impact benefit is forecast and modelled within the original data source as a lifetime benefit. This has been assumed to be applied in-year to aid discussions on the overall value of the BIRD service, however, it is noted that this won't be realised until the lifetime duration of those seen by the service. Additionally, as no control data was available, caution should be applied due to other factors that may be attributed to the changes modelled in GBO scores.

ECONOMIC FINDINGS

The static scenario defined within the economic model was for output post implementation of the BIRD service across the two regions (five hospital sites). Results are presented as net present value (NPV) in 2025/26 figures over a one-year period.

Table 9 shows the results of the cost-benefit analysis, with a breakdown by each stream identified.

Table 9: BIRD service cost-benefit analysis results for implementation across two regions

BIRD service implementation	2025/26
Benefits	
1. Reduction in ED readmissions	£191,931
2. Child and young people's parents, carers, or families lost working days (Social)	£1,298
3. Reduction in GP appointments	£2,177
4. Reduction in outpatient/community mental health support	£128,494
5. ED / CAMHS staff burnout	£238,684
6. Educational impact (Social)	£1,019,018
Total benefits	**£1,581,601**
Costs	
1. BIRD service cost	£520,670
Total costs	**£520,670**
Net present value (NPV)	**£40,615**
Benefit-cost ratio (BCR)	**1.08**
Net present social value (NPSV)	**£1,060,931**
Social benefit-cost ratio	**3.04**

VALUE FOR MONEY

Although it is beneficial to understand the financial implications of this service on the healthcare system, the value it brings is not solely dependent on its ability to cover its cost, as the breadth of this report covers. Therefore, these estimations should be considered alongside the other impacts of the service and perceived value from the children and young people and families impacted.

The BIRD service has established itself as a vital intervention, recognised for its positive impact on children and young people experiencing significant difficulties primarily through acute settings. Through its specialised support and non-clinical approach to care, BIRD plays a key role in supporting childhood mental health provision across its current secondary care services.

Overall, the economic modelling estimated a NPV of £40,615 and a BCR of 1.08. This result indicates the service cost is expected to be covered, prior to inclusion of wider social benefits, primarily attributable to cost-savings derived from a reduction in readmissions to ED (34.2%) and reduced ED / CAMHS staff burnout (42.5%).

As detailed prior, several potential benefits of the BIRD service are social benefits, and when they are considered, the NPSV is £1,060,931 and a relating social BCR of 3.04.

Using the methodology outlined, we estimate the annual operational costs of the BIRD service across two regions to be approximately £520,670. In contrast, the projected benefits generated by the service, including longer term social factors, are valued at £1,581,601.

The economic viability of the service is clear, especially if a wider social and longer-term perspective is taken on the impact, particularly when considering the estimated educational impact on children receiving the service.

While some operational costs were unavailable and therefore excluded from the analysis, and not all social outcomes can be precisely quantified, the service nonetheless demonstrates an estimated positive social return on investment of £3.04 for every £1 spent.

This return highlights the efficiency and impact of the BIRD service, reinforcing its contribution to the mental health and wellbeing of children and young people. Importantly, BIRD also facilitates change by helping to disrupt cycles of readmission and potential escalation of conditions, which may improve outcomes in the longer-term. Through its preventative and holistic intervention approach, the service has also delivered economic benefits to the wider system by reducing reliance on more intensive and costly mental health and educational services.

Inclusion of other wider benefits, if able to be accurately modelled, could lead to improvements in the results show and therefore current figures may be an underestimation of the wider beneficial impact of implementing the BIRD service. Additionally, if other costs are identified, this would have the inverse effect.

CONCLUSION

The findings from this pilot demonstrate a clear and significant benefit of BIRD for children and young people who require mental health support but do not meet the threshold for CAMHS crisis support. BIRD's holistic, non-clinical, relational, and child-centred approach has been strongly endorsed by both families and children and young people as one of its most valuable aspects. The findings of this evaluation suggest that BIRD improves children and young people's mental health and wellbeing and helps builds resilience. Parents, carers and families also benefited from their access to BIRD, and most reported feeling better equipped to understand and manage their children or young person's mental health crises.

The role of BIRD support workers was consistently highlighted as highly valued, with leadership from the VCSE sector emerging as a critical factor in the successful delivery of the service.

There is a strong suggestion that BIRD might help to ease NHS pressures in ED departments, particularly when it comes to providing timely, accessible care to children and young people with mental health difficulties. The data to support this conclusion had significant limitations but the findings from interviews with NHS staff and CAMHS Crisis staff support this hypothesis. Future work could focus on collecting this type of data to corroborate the hypothesis and further prove the value for money that this service has for commissioners.

Key learnings include the need to improve communication between BIRD support workers and families, as well as clearly signposted discharge pathway. Additionally, the findings from the initial delivery stages highlighted the importance of clear communication between Barnardo's and NHS staff, as well as relationship building and cross-sector collaboration. Learning from these challenges in the early stages of the service influenced the successful integration of BIRD into local systems in the later stages.

Importantly, the BIRD service has demonstrated potential to fill gaps within existing systems, addressing the needs of children and young people who may not meet clinical criteria but nonetheless experience significant distress. This approach has the potential to yield significant value for money but more relevant data is needed to assess the true extent of its cost-benefit ratio.

The most important benefits stemming from BIRD can be attributed to its preventative approach, its signposting to other relevant services, and the impact it can have on long-term societal gains, particularly in relation to education. From the perspective of the children and young people, their situations may feel like a crisis, and the support provided by BIRD is both appropriate and necessary. Working holistically with the systems surrounding the child, especially the family, remains a cornerstone of effective mental health support.

RECOMMENDATIONS

1. **Integrated care boards (ICBs) in England should explore the potential to establish an equivalent to BIRD in their areas.**
   The BIRD service has the benefit of being an alternative to emergency departments for children and young people seeking support with their mental health. Non-clinical, relational, and child-directed mental health support services should be developed as part of the existing support network for children and young people's mental health as this was one of the strongest assets of the project.

2. **Integrated care boards should commission VCSE sector providers for non-clinical mental health support.**
   As part of a system that encompasses the NHS, schools, and VCSE-sector organisations, BIRD fulfils the need for timely, non-clinical and relational support for young people who consider themselves to be at crisis. In a context of long waiting lists and criteria-led gatekeeping for mental health interventions in CAMHS, improved coordination amongst system partners can strengthen the support network devised to provide support for young people when they need it. We think that one of the biggest assets of the project were the mental health support workers who delivered the intervention which can suggest that Barnardo's, or other voluntary or civil sector organisation, can be best positioned to lead these inter-organisational collaborations.

3. **Integrated care boards should seek to improve the coordination of mental health services to children and young people.**
   Collaborations between system partners need to be child-directed and include working with their families and other support networks they have access to, such as schools. In this, BIRD excelled and proved that this approach leads to more fulfilling engagement with the service, improved service satisfaction outcomes, and most importantly, improved wellbeing outcomes for children and young people. The BIRD service was modelled on the CSSO framework and this was embedded in the intervention that was directed at children and their families, to which they responded quite well. Thus, this framework of care can provide important lessons to help avoid the revolving door that many children and young people experience when they are passed around services unnecessarily before receiving support, as current systems are not necessarily child directed.

REFERENCES

Avon and Wiltshire Mental Health Partnership NHS Trust (n.d.). *Intensive Outreach Teams*. Available from: https://www.awp.nhs.uk/camhs/camhs-services/bris-sglos-intensive-outreach [Accessed 28 May 2024]

Bell, A. (2018) *Children's mental health services: the data behind the headlines*. Centre for Mental Health. Available from: https://www.centreformentalhealth.org.uk/childrens-mental-health-services-data-behind-headlines [Accessed 1 September 2025].

Barnardo's Inner Resilience Development Service (BIRD). Barnardo's, Spring 2025, Programme Overview (n.d.). Power point presentation. Personal correspondence. Email shared on 08 July 2025.

Barnardo's Inner Resilience & Development Service: Mental Health Support Workers (MHSWs) in Acute Settings. Barnardo's, June 2025, Service Model. (n.d.). Power point presentation. Personal correspondence labelled as private and confidential. Email shared on 08 July 2025.

Black Country Healthcare NHS Foundation Trust. (n.d.). *CAMHS Crisis Interventional and Home Treatment Team (CIHTT)*. Available from: https://www.blackcountryhealthcare.nhs.uk/our-services/CAMHS-crisis-interventional-and-home-treatment-team-cihtt [Accessed 28 May 2024]

Cadorna, G., Vera San Juan, N., Staples, H., Johnson, S., and Appleton, R. (2023) Review: Systematic review and meta synthesis of qualitative literature on young people's experiences of going to A&E/ emergency departments for mental health support. *Child and Adolescent Mental Health*, 29 (3). https://doi.org/10.1111/camh.12683

Sussex Safeguarding and Child Protection Policy and Procedures (n.d.) 4.5 *Children not Brought to Appointments or Meetings that Relate to their Welfare, Care or Health.* Available from: https://www.sussexsafeguardingchildrenprocedures.co.uk/children-not-brought-to-appointments/ [Accessed 9 June 2025].

Campbell, D. (2023). Children in mental health crisis spent more than 900,000 hours in A&E in England. *The Guardian, 9 February 2023.* Available from: https://www.theguardian.com/society/2023/feb/09/children-mental-health-crisis-a-and-e-england [Accessed 23 May 2024]

Children's Commissioner. (2024). *Children's mental health services* 2022-23. Available from: https://www.childrenscommissioner.gov.uk/resource/childrens-mental-health-services-2022-23 [Accessed 03 June 2024]

Clark, D. (2025). *Median annual earnings for full-time employees in the United Kingdom in 2024, by region*. Statista. Available from: https://www.statista.com/statistics/416139/full-time-annual-salary-in-the-uk-by-region/ [Accessed: 1 September 2025].

Coelho, H., Price, A., Kiff, F., Trigg, L., Robinson, S., Thompson Coon, J. and Anderson, R. (2022). Experiences of children and young people from ethnic minorities in accessing mental health care and support: rapid scoping review. *Health and Social Care Delivery Research*, 10(22), https://doi.org/10.3310/XKWE8437

Cornwall Partnership NHS Foundation Trust. (2023). *Multi-Agency Rapid Response service*. Available from: https://www.cornwallft.nhs.uk/multi-agency-rapid-response-service [Accessed 22 May 2024].

Daniels, K., Connolly, S., Woodard, R., van Stolk C., Patey, J., Fong, K., France, R., Vigurs, C., Herd, M. (2022). *NHS staff wellbeing: Why investing in organisational and management practices makes business sense - A rapid evidence review and economic analysis*. London: EPPI Centre, UCL Social Research Institute, University College London.

Dutton, B., Humphrey, N., and Qualter, P. (2023). Getting the pieces to fit: NHS and third sector collaboration to enhance crisis mental health service provision for young people. *BMC Health Serv Res,* 23, 307 https://doi.org/10.1186/s12913-023-09198-w

Edbrooke-Childs, J., Jacob, J., Law, D., Deighton, J., & Wolpert, M. (2015). Interpreting standardized and idiographic outcome measures in CAMHS: what does change mean and how does it relate to functioning and experience?. *Child and Adolescent Mental Health*. 20(3), 142-148. https://doi.org/10.1111/camh.12107

Eylem, O., De Wit, L., van Straten, A., Steubl, L., Melissourgaki, Z., Danışman, G. T., De Vries, R., Kerkhof, A. J. F. M., Bhui, K., and Cuijpers, P. (2020). Stigma for common mental disorders in racial minorities and majorities a systematic review and meta-analysis. *BMC Public Health*, 20(1), 879. https://doi.org/10.1186/s12889-020-08964-3

Gomez, R. and Franklin, J. (2025) *The happy childhood dividend: The value of reversing a decade of decline in children's mental health*. Pro Bono Economics. Available from: https://pbe.co.uk/wp-content/uploads/2025/08/PBE-19.08.25-The-happy-childhood-dividend-report.pdf [Accessed 2 September 2025].

GOV.UK (n.d.) *Statutory leave and time off*. Available from: https://www.gov.uk/browse/employing-people/time-off [Accessed 1 September 2025].

Hertfordshire and Worcestershire Health and Care NHS Trust. (n.d.). *Worcestershire CAMHS Crisis and Home Treatment Team (CAHTT)*. Available from: https://CAMHS.hacw.nhs.uk/worcs-cahtt [Accessed 28 May 2024].

HM Treasury. (2022). *The Green Book: Central Government Guidance on Appraisal and Evaluation*. London: HM Treasury. Available from: https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government/the-green-book-2020 [Accessed 14 August 2025].

House of Commons Library. (2023). *Student support for undergraduates: England (Briefing Paper SN02796)*. House of Commons Library. Available from: https://commonslibrary.parliament.uk/research-briefings/sn02796 [Accessed 1 September 2025].

House of Commons Health and Social Care Committee. (2021). Workforce burnout and resilience in the NHS and social care: Second Report of Session 2021–22. HC 22. London: House of Commons. Available from: https://committees.parliament.uk/work/494/workforce-burnout-and-resilience-in-the-nhs-and-social-care/publications/ [Accessed 1 September. 2025].

Jacobson, N. S., & Truax, P. (1991). Clinical significance: a statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology*, 59, 12-19.

Jones, K. C., Weatherly, H., Birch, S., Castelli, A., Chalkley, M., Dargan, A., Findlay, D., Gao, M., Hinde, S., Markham, S. and others (2025) Unit Costs of Health and Social Care 2024 Manual. Technical report. Personal Social Services Research Unit (University of Kent) & Centre for Health Economics (University of York), Kent, UK. Midlands Partnership University NHS Foundation Trust. (n.d.). CAMHS Intensive Support Team. Available from: https://CAMHS.mpft.nhs.uk/south-staffordshire/our-services [Accessed 28 May 2024].

Matias, M.A., Villaseñor, A., Castelli, A., Chen, J., Goddard, M., Gutacker, N., Mason, A. and Jacobs, R. (2024). *Costs and activity for mental health services provided by NHS mental health trusts in England: Sociodemographic and regional trends*. Centre for Health Economics, University of York. Supported by the Health Foundation.

Meadows Psychology Service (n.d.) The 5 Ps of psychological formulation. Available from: https://meadowspsychologyservice.co.uk/5-ps-psychological-formulation [Accessed 3 October 2025].

Montero-Marin, J. *et al.* (2023). Young People's Mental Health Changes, Risk, and Resilience During the COVID-19 Pandemic. J*AMA Netw Open*, 6(9). Available from https://10.1001/jamanetworkopen.2023.35016.

NHS England. (2023). One in Five children and young people had a probable mental disorder in 2023. Available from: https://www.england.nhs.uk/2023/11/one-in-five-children-and-young-people-had-a-probable-mental-disorder-in-2023 [Accessed 23 May 2024].

NHS England. (2025). NHS Workforce Statistics – May 2025: Data Summary. NHS England. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/may-2025/data-summary [Accessed 25 August 2025].

NHS. (2019). *The NHS Long Term Plan*. Available from: https://webarchive.nationalarchives.gov.uk/ukgwa/20230418155402/https:/www.longtermplan.nhs.uk/publication/nhs-long-term-plan/ [Accessed 29 May 2024].

Office for Budget Responsibility (2025) Economic and fiscal outlook: March 2025. CP 1289. Presented to Parliament by the Exchequer Secretary to the Treasury by Command of His Majesty. London: Office for Budget Responsibility. Available from: https://www.gov.uk/official-documents [Accessed 20 August 2025].

Osborn, D.P.J. *et al*. (2021) 'Readmission after discharge from acute mental healthcare among 231 988 people in England: cohort study exploring predictors of readmission including availability of acute day units in local areas', *BJPsych Open*, 7(4), p. e136. https://doi.org/10.1192/bjo.2021.961.

Reardon, T., Harvey, K., Baranowska, M., O'Brien, D., Smith, L., and Creswell, C. (2017). What do parents perceive are the barriers and facilitators to accessing psychological treatment for mental health problems in children and adolescents? A systematic review of qualitative and quantitative studies. *European Child & Adolescent Psychiatry*, 26, 623-647. Available from: https://doi.org/10.1007/s00787-016-0930-6.

Ride, J., Kasteridis, P., Gutacker, N. *et al*. (2020) Healthcare Costs for People with Serious Mental Illness in England: An Analysis of Costs Across Primary Care, Hospital Care, and Specialist Mental Healthcare. *Appl Health Econ Health Policy,* 18, 177–188. https://doi.org/10.1007/s40258-019-00530-2

Royal College of Paediatrics and Child Health. (2024). Paediatricians step up as more children experiencing mental health crisis end up on their wards. Available from: https://www.rcpch.ac.uk/news-events/news/paediatricians-step-more-children-experiencing-mental-health-crisis-end-their [Accessed 23 May 2024].

Sheppard, E. (2024). 'We're trailblazing': how one council is bridging the gap between health and social care for children. Available from: https://www.inkl.com/glance/news/we-re-trailblazing-how-one-council-is-bridging-the-gap-between-health-and-social-care-for-children [Accessed 22 May 2024].

West Yorkshire Health & Care Partnership. (n.d.). *Urgent and Emergency Mental Health Care for Children and Young People Resource Pack*. Available from: https://www.wypartnership.co.uk/application/files/9815/8755/5664/CYP_Crisis_Resource_Pack_MHLD.pdf [Accessed 22 May 2024].

YoungMinds. (2020) *Coronavirus: Impact on young people with mental health needs*. Available from: https://www.youngminds.org.uk/media/355gyqcd/coronavirus-report-summer-2020-final.pdf [Accessed 23 May 2024].

APPENDIX A: ECONOMIC MODELLING FURTHER DETAILS

BENEFIT STREAM 1: REDUCTION IN EMERGENCY DEPARTMENT READMISSIONS

Table 10: Literature evidence summary for the cost of secondary care mental health support

Source	Year	Cohort	Cost per child and young person (£)
Centre for Health Economics, University of York	2018/19	All NHS secondary mental health patients	£2,962 (£194 + £2,768)
Springer Study	2022	Adults with serious mental illness	£4,989

Calculated as the estimated number of children and young people seen across the two sites per year, taken from 2024 site data. Multiplied by the change in ED readmission rate within six months, which, in the absence of a control, used a baseline literature figure of 21.40% minus 2024 pilot data of 2.82%. This is then multiplied by the combined cost of a readmission (inpatient cost and initial/reassessment cost), as estimated through literature evidence.

Table 10 summarises two figures identified through a rapid literature review for the associated cost of an admission to ED. To maintain consistency and avoid double counting across this benefit and benefit stream five (reduction in outpatient/community mental health support, through the avoided readmission, the Centre for Health Economics at the University of York figure was used. This figure closely aligns to the Springer study listed when combined with the outpatient and community figure at £4,945.

BENEFIT STREAM TWO: CHILD AND YOUNG PERSON'S PARENTS, CARERS, AND FAMILIES LOST WORKING DAYS

Similarly to benefit stream one, calculated as the estimated number of children and young people seen across the two sites per year, multiplied by the change in ED readmission rate within six months, to understand how many ED readmissions were avoided. This was then multiplied by the assumed number of working days missed to take a child or young person to ED and the estimated value of a workday.

An assumption of 0.2 working days saved per ED readmission avoided was used. This may be an over or underestimation, but a prudent assumption has been used. In order to deepen the robustness of the estimated results modelled, it is recommended that data is collected before updating this assumption. Parents, carers, and families are acknowledged by the UK government as requiring time off to deal with emergencies involving a dependant, including a child (GOV.UK, n.d.)

BENEFIT STREAM THREE: REDUCTION IN GP APPOINTMENTS

Calculated as the estimated number of children and young people seen across the two sites per year, multiplied by the modelled number of GP visits avoided per child and young person multiplied by the cost per GP visit using PSSRU figures (Jones *et al.* 2025).

The estimated number of GP visits avoided per person seen by the BIRD service was assumed, with indicative information provided by the qualitative data capture to reinforce the logic applied.

BENEFIT STREAM FOUR: REDUCTION IN OUTPATIENT/COMMUNITY MENTAL HEALTH SUPPORT

Table 11: Literature evidence summary for the cost of outpatient/community mental health support

Source	Year	Cohort	Cost per child and young person (£)
Children's Commissioner	2017	Average cost of a referral to a community CAMHS service	£2,338
Bell (Centre for Mental Health)	2018	Cost of CAMHS community support per child	£3,000 per year
Centre for Health Economics, University of York	2018/19	Outpatient/ community cost per patient	£1,983

Following the same approach as benefit stream 1, the cost of subsequent outpatient and community mental health support following readmission to ED was multiplied by the same population identified. This population figure was calculated as the estimated number of children and young people seen across the two sites per year, multiplied by the change in ED readmission rate within 6-months as previously detailed.

Highlighted in table 11, several cost estimates are available for community outpatient mental health support, the most recent figure provided by the Centre for Health Economics at the University of York was taken, which is also the lowest figure identified through the rapid literature review to support a prudent approach, although is not specific to solely a child and young person's care provision.

BENEFIT STREAM FIVE: EMERGENCY DEPARTMENT / CAMHS STAFF BURNOUT (SATISFACTION & RETENTION)

This stream was calculated by taking the estimated number of ED and CAMHS workforce members workload impacted by implementation of the BIRD service, multiplied by the estimated reduction in burnout factored, multiplied by the literature evidence available for the cost of burnout per staff member per year. The cost of burnout is estimated through reductions in; presenteeism, staff absence, turnover and outsourcing costs (Daniels *et al.,* 2022).

Literature evidence suggests multiple economic benefits of improving workforce conditions. A report from the House of Commons Health and Social Care Committee in 2021/22 identified high burnout levels within the NHS, with root causes linked to workload and leadership. The BIRD service aims to support the workload of ED and CAHMS staff, through taking on potential children and young people, as users of the service where appropriate, as well as avoiding readmissions (House of Commons Health and Social Care Committee, 2021).

Additionally, this impact could escalate over time, as the NHS Long Term Workforce Plan, released in 2023, highlights that demand is for mental health services is predicted to increase at an especially high rate of around 4.4% a year.

Data was not directly collected on secondary care services or CAMHS staff satisfaction and retention rates to draw definitive conclusions on the potential impact of BIRD. Indicatively, as highlighted prior in this report, key workers across ED and CAMHS noted a reduction in pressure supporting inclusion of this benefit. It is also noted that retention rates are a longer-term benefit, with many factors impacting on a person's decision to move from a role, making attribution difficult to attain.

BENEFIT STREAM SIX: EDUCATIONAL IMPACT

Based on the recent Pro Bono Economics report, the estimated value of improved childhood mental health on average is £5,300 per child, through higher lifetime earnings, reduced demand for Special Educational Needs (SEN) support and fewer school exclusions (Gomez & Franklin, 2025).

As previously raised within the assumptions section, this benefit is forecast and modelled within the source as a lifetime benefit. This has been assumed to be applied in-year to aid discussions on the overall value of the BIRD service, however, it is noted that this won't be realised until the lifetime duration of those seen by the service.

Within the Pro Bono Economics report, the benefits are primarily attributed based on a one-point improvement in Strengths and Difficulties Questionnaire (SDQ) score, which is defined as a 'small improvement.' Although this could not be directly mapped to the outcomes data or questionnaires used within this study, a prudent assumption has been used that equates this SDQ change of one point to a score change of 3 points within the GBO questionnaire, this change was met or exceeded by 150 out of 220 (68.18%) children and young people seen by the service that data was available for. The reasoning behind this method is GBO scores are deemed a valid measure of wellbeing, with anything above 2.45 points or greater deemed to be unlikely to be solely attributable to measurement error (Jacobson & Traux, 1996, as cited by Edbrooke-Childs, *et al.,* 2015). Data for this study used integers and so prudency was applied in rounding this up to a minimum change of 3 points or greater to a positive change in wellbeing, not likely due to measurement error, and so expected to create the benefits forecast within the Pro Bono paper.

Unfortunately, no control group data was obtained in order to accurately measure the counterfactual, or in the case, what would occur in GBO scores without the implementation of BIRD for this cohort, therefore caution should be applied to the robustness of this stream until data is acquired to update the assumptions in place.

COST STREAM ONE: BIRD SERVICE COST

The cost of providing the service was provided based on the structure at the St Helen's site. The values were provided by the Barnardo's project team for an annual timeframe based on 2025/26 prices, broken down by direct payroll and non-payroll costs, including staff, property, running costs, expenditure and more.

During the collection of this data, the project team at Barnardo's informed that this structure, and therefore cost of service delivery, is predominantly consistent across the sites. Prudency has been applied through assuming the larger structure and cost of the service.

ECONOMIC MODELLING VARIABLES

Table 12: Economic modelling variables

Variable name	Value	Reference
Baseline, Proportion of child and young people readmission to ED	21.40%	Osborn *et al.,* 2013
Intervention, Proportion of child and young people readmission to ED	2.82%	Barnardo's data, 2024
Total cost of mental health admission to ED (Secondary care)	£2,962	Centre for Health Economics at the University of York, 2024
Estimated workdays lost per child and young people ED readmission	0.2	Assumption
Value of workday 2024	£120.78	Calculation
Estimated weighted median UK salary 2024	£31,524	Calculation
Average number of working days per year	261	Assumption
Number of full-time workers UK 2025	25,620,000	UK Parliament (ONS data), 2025
Number of part time workers UK 2025	8,590,000	UK Parliament (ONS data), 2025
Full time, median UK salary 2024	£37,430	ONS, 2024
Part time, median UK salary 2024	£13,910	ONS, 2024
Estimated GP visits avoided per child and young people seen	0.2	Assumption
Cost of GP visit	£37	Jones *et al.*, 2025

Variable name	Value	Reference
Cost of outpatient/community mental health support post ED visit	£1,983	Centre for Health Economics at the University of York, 2024
Total NHS burnout cost per year	£12,100,000,000	Daniels *et al.,* 2022
Number of WTE hospital and community health service (HCHS) staff	1,373,863	NHS England, 2025
Cost of burnout per staff member per year	£7,563	Calculation
Estimated number of HCHS staff impacted per site	59	ED / CAMHS staff, 2025
Prudent estimated reduction post impact on wellbeing	20%	ED / CAMHS staff, 2025
Economic educational cost saving lifetime benefit per child and young people	£5,300	Gomez & Franklin, 2025
CYP proportion seen by BIRD with GBO increase of 3+	68.18%	Barnardo's data, 2024
Direct payroll costs per region	£200,211	Barnardo's data, 2024
Non-payroll costs per region	£60,124	Barnardo's data, 2024
Total service cost per year per region	£260,335	Calculation
Estimated total number of children and young people seen across all sites 2025	283	Barnardo's data, 2024
Unique child and young people seen annually per site	56	Barnardo's data, 2024
Number of pilot regions	2	Barnardo's data, 2024
Total number of children and young people seen across all sites 2024	284	Barnardo's data, 2024
Estimated total number of children and young people seen across all sites 2023	221	Barnardo's data, 2024
Total months of data 2023	2.6	Barnardo's data, 2024
Total months of data 2025	3.6	Barnardo's data, 2024
Months in a year	12	Assumption
Number of readmissions within 6 months 2024	8	Barnardo's data, 2024

APPENDIX B: RAPID LITERATURE REVIEW STRATEGY

RESEARCH QUESTIONS

1. What existing support services or non-clinical pathways are there for children and young people presented at Emergency Departments with mental health needs?
2. What are the experiences of children and young people and their families in Emergency Departments with mental health needs

KEY CONCEPTS AND KEY WORDS

Keyword	Synonym
Mental health	
Support	"pathway" "non-clinical" "service" "care"
Emergency department	"Accident and emergency" "A&E" "hospital" "paediatric"
Children	"young people" "adolescent"

DATABASES/SOURCES

Google Scholar
Google
NHS Evidence
JSTOR
PubMed
Cochrane Library
European Union Open Data Portal
UK Department of Health and Social Care website

SEARCH STRING

No.	Search string
1	("child" OR "young people" OR “adolescent”) AND ("emergency department" OR "accident and emergency" OR “A&E”) AND ("mental health") AND ("support" OR "service" OR "pathway”) AND ("United Kingdom" OR “UK” OR “England”)
2	(“emergency department” OR “accident and emergency” OR “paediatric”) AND (“staff” OR “nurse” OR “doctor” OR “practitioner”) AND (“mental health”) AND (“child” OR “young people” OR “adolescent”)
3	(“family” OR “parent” OR “carer” OR “guardian”) AND (“child” OR “young people”) AND (“mental health”) AND (“emergency department” OR “accident and emergency” OR “A&E” OR “hospital”) AND (“experience” OR “outcome” OR “satisfaction” OR “needs” OR “support”)

SCREENING (INCLUSION/EXCLUSION) CRITERIA

Date: last 20 years

Country: UK

Relevance to experiences of mental health support services at EDs

Relevance to identified demographic groups (children, young people, adolescents)

Results: sources identified (pre- and post- screening)

Search string	Number of results (Google Scholar)	No. of sources post-screening
("child" OR "young people" OR “adolescent”) AND ("emergency department" OR "accident and emergency" OR “A&E”) AND ("mental health") AND ("support" OR "service" OR "pathway”) AND ("United Kingdom" OR “UK” OR “England”)	17,300 results (screened first 50)	14
(“emergency department” OR “accident and emergency” OR “paediatric”) AND (“staff” OR “nurse” OR “doctor” OR “practitioner”) AND (“mental health”) AND (“child” OR “young people” OR “adolescent”)	17,900 results (screened first 50)	10
(“family” OR “parent” OR “care” OR “guardian”) AND ("child" OR "young people" OR "adolescent") AND (“mental health”) AND (“emergency department” OR “accident and emergency” OR “A&E” OR “hospital”) AND (“experience” OR “outcome” OR “satisfaction” OR “needs” OR “support”)	573,000 results (Screened first 50)	4

APPENDIX C: DATA USED IN THE ANALYSIS

Table 13: Questionnaire responses (quantitative data); data provided on 30 April 2025 by Barnardo's

Description of data	Size	Comments
All referrals	439	Includes new referrals (417) and re-referrals (22)
Actions on closure	349	Includes all closures, including unable to contact, service no longer required, completed work, signposted to other service, declined support, and inappropriate referral requests.
ESQ	155	Includes completed by child/young person (89), and parent/carer/family (63), and "N/A" (3)
CSRS/SRS	1278	Includes completed by parent/carer/family (35), and child/young person (1243)
CORS/ORS	1562	Includes completed by parent/carer/family (99), and child/young person (1463)
GBO	220	Includes GBO outcomes for which there is >2 scores. Goal 1 (108), Goal 2 (88), Goal 3 (24).

GOAL-BASED OUTCOMES (GBO)

The GBO tool is a way of evaluating progress towards goals in clinical work with children, young people, and their families and carers. The GBO compares how far a child or young person feels they have moved towards reaching a goal that they have set for themselves at the beginning of an intervention, on a scale between 0 and 10. The GBO is best used as part of a range of outcome measures, in conjunction with sound clinical feedback and judgement, to get the best picture of how well an intervention has gone. Goals, and progress, can be shared with the young person, to use in supervision, for your own reflective practice, or as evidence of good work for service managers and commissioners. Progress toward individual goals is periodically rated in collaboration with the young person on the scale from 0 (no progress) to 10 (goal has been reached). The outcome is the amount of movement along the scale from the start to the end of the intervention. The suggested 'meaningful change' level for GBO, based on the principles of the reliable change index, is 2.45. For more information on the use of GBO visit: **https://www.corc.uk.net/outcome-measures-guidance/directory-of-outcome-measures/goal-based-outcomes-gbo/**

OUTCOME RATING SCALE (ORS)

The ORS is four-item session-by-session measure designed to assess areas of life functioning known to change as a result of therapeutic intervention. These areas include personal or symptom distress (measuring individual well-being); interpersonal wellbeing (measuring how well the user is getting along in intimate relationships); social role (measuring satisfaction with work/school and relationships outside of home); and overall well-being. The ORS translates these four dimensions of functioning into four visual analogue scales which are 10cm lines, with instructions to place a mark on each line with low estimate to the left and high to the right. The ORS is designed to be accessible to a child with a 13-year-old's reading level, making it feasible for adolescents and adults. The CORS was developed for children age 6–12. It has the same format as the ORS but with more child friendly language and smiley and frowning faces to facilitate the child's understanding when completing the scales (Duncan *et al.* 2003).

For more information on the ORS please visit: **https://corc.uk.net/outcome-measures-guidance/directory-of-outcome-measures/outcome-rating-scale-ors-child-outcome-rating-scale-cors/**

SESSION RATING SCALE (SRS)

The Session Rating Scale (SRS) is a simple, four-item visual analogue scale designed to assess key dimensions of effective therapeutic relationships. The SRS translates what is known about the alliance into four visual analogue scales each 10cm long to assess the clients (in this case, children and young people using CSRS, and parents/carers/family members using SRS) perceptions of:

- Respect and understanding
- Relevance of the goals and topics
- Client-practitioner fit
- Overall alliance.

The SRS is scored by summing the marks made by the client measured to the nearest centimetre on each of the lines of the four scales. Based on a total possible score of 40, any score lower than 36 overall, or 9 on any scale, could be a source of concern and therefore prudent to invite the client to comment. More information on this scale is available on: **https://www.corc.uk.net/outcome-measures-guidance/directory-of-outcome-measures/session-rating-scale-srs/**

EXPERIENCE OF SERVICE QUESTIONNAIRE (ESQ) ITEMS

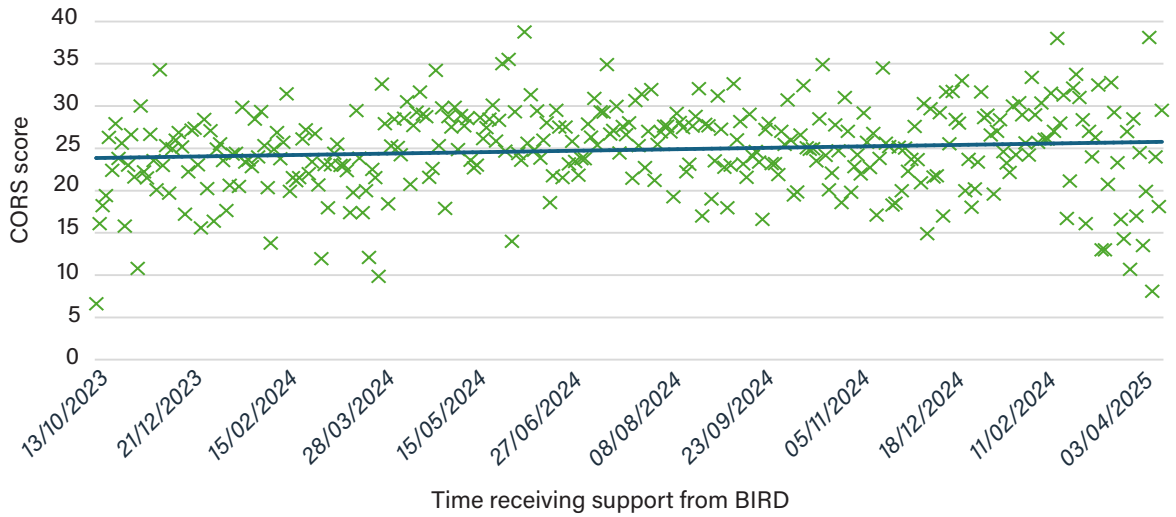
Each item is answered by using a Likert-type scale where the values are "Certainly true", "Don't know", "Partly true", "Not true".

1. They listened to me
2. They were easy to talk to
3. I was treated well
4. My views were taken seriously
5. They know how to help me
6. Given enough explanation about help available
7. I feel they are working together to help
8. Facilities are comfortable
9. Appointments are convenient
10. Easy to get to appointments
11. Would recommend a friend
12. Help received is good
13. What was really good about your care?
14. Anything that needs improving
15. Anything else?

CHILD OUTCOME RATING SCALE (CORS) TRENDS

The crosses correspond to the individual sessions rated by the children and young people (1562 in total). The straight line shows the trendline of BIRD service provision, which suggests an improvement in ORS/CORS scale, based on the positive, ascending, slope of the trendline. However, the size and occurrence of these improvements for children and young people is unknown given data limitations.

Figure 6: Graph showing CORS scores over time, for all the measures taken from all the young people who attended more than 1 session. The line represents a gradual increase in their satisfaction with the outcomes they achieved in the service. NB: this data was not analysed to account for confounders such as severity of mental health need, reason for referral, age, or disability status



QUALITATIVE DATA (INTERVIEWS)

Carried out in two phases (2024 and 2025), mix of in-person and remote interviews.

Date:	Interviewee(s):
14/08/2024	BIRD support worker
13/08/2024	Young person and parent
12/08/2024	Young person accompanied by support worker
08/08/2024	Young person accompanied by support worker
06/08/2024	Young person and parent
20/08/2024	Young person and parent
16/09/2024	BIRD support worker
16/09/2024	BIRD support worker
16/09/2024	Barnardo's ex-programme manager
13/01/2025	Barnardo's Keyworker
14/01/2025	Barnardo's Keyworker
20/01/2025	CAMHS crisis team lead
21/01/2025	CAMHS crisis youth worker
21/01/2025	Barnardo's keyworker
22/01/2025	ED safeguarding nurse
31/03/2025	Paediatric advanced practitioner
13/01/2025	BIRD support worker
14/01/2025	BIRD support worker
27/01/2025	BIRD support worker
19/02/2025	BIRD support worker
17/03/2025	BIRD support worker
11/02/2025	Assistant director of children's services
03/02/2025	BIRD team manager at St Helen's site
04/02/2025	BIRD service administrator at St Helen's site
18/02/2025	Children's services manager
17/01/2025	young person (CYP-06)
20/01/2025	young person (CYP-07)
21/01/2025	young person (CYP-08)
06/02/2025	young person (CYP-09)
03/02/2025	young person (CYP-10)
10/02/2025	parents (Parents-04/05)
10/20/2025	parent & young person (CYP-11/Parent-06)
10/02/2025	parent (Parent-07)
12/02/2025	young person (CYP-12)
19/02/2025	parent (Parent-08)
06/03/2025	parent (Parent-09)
01/04/2025	young person & parent (CYP-13/Parent-10)

DATA TRIANGULATION MATRIX

Evaluation question 1	Data sources
Did BIRD help to improve the availability and accessibility of mental health services/support for CYP and their families?	Primary reasons for referral (quant)
	Interviews with CYP
	Short postcode data (compare to deprivation index)
	Disability data (quant)
	Completed work data (without signposting)
	GBO data
	ORS/CORS data
	Intervention type completed per unique ID (Contacts in AM Evaluation data)
	ESQ CYP; Contact medium;
Increase parent/carer confidence for managing mental health crisis in CYP	ESQ data (parent/carer)
	SRS data (parent carer)
	Qualitative interviews with parents/carers
Improve understanding of support services	Closures data (referrals to other services and signposting)
	Qualitative interviews
	Qualitative interviews
Evaluation question 2	**Data sources**
Reduce re-presentations at ED	Referral source
Evaluation question 2	**Data sources**
Reduce Pressures for NHS Colleagues	Closures data updated, actions on "completed work"
	Use of other services (CYP and parent/carer interviews)
Economic evaluation	**Data sources**
Cost-benefit analysis	See Appendix A

Referral Source	Target (including intermediate steps)		Outcome	No. of CYP
***CAMHS			CAMHS	7
***CAMHS		BIRD	Referred to other services, including school	66
***CAMHS		BIRD	Support no longer needed: work completed without referral, or self-discharge	65
***CAMHS		BIRD	Disengaged	60
***CAMHS		BIRD	Inappropriate referrals	12
Crisis Line	CAMHS	BIRD	Support no longer needed: work completed without referral	16
Crisis Line	CAMHS	BIRD	Referred to other services, including school	2
Crisis Line	CAMHS	BIRD	Disengaged	3
ED		BIRD	CAMHS	1
ED		BIRD	*Referred to other services, including school	23
ED**		BIRD	Disengaged	18
ED**		BIRD	Support no longer needed: work completed without referral	8
ED**		BIRD	Inappropriate referrals	15
ED**	CAMHS	BIRD	Disengaged	4
ED**	CAMHS	BIRD	CAMHS	2
ED**	CAMHS	BIRD	Referred to other services, including school	4
ED**	CAMHS	BIRD	Support no longer needed: work completed without referral	14
Self-referral		BIRD	Inappropriate referrals	1
Self-referral		BIRD	Ref to other services, including school	5
Self-referral		BIRD	Support no longer needed: work completed without referral	6
Self-referral		BIRD	Disengaged	3
Paediatric Ward		BIRD	Referred to other services, including school	1
Paediatric Ward		BIRD	Inappropriate referrals	1
Paediatric Ward	CAMHS	BIRD	Disengaged	1
Parent / Carer		BIRD	Support no longer needed: work completed without referral	4
Parent / Carer		BIRD	Referred to other services, including school	1
St Giles Black Country		BIRD	Inappropriate referrals	4
St Giles Black Country		BIRD	Referred to other services, including school	1
Unknown		BIRD	Referred to other services, including school	1
			TOTAL	**349**

*Includes children and young people described as receiving support elsewhere in the IAPTUS system
** Includes admission from ED nurse as described in the IAPTUS system
***Includes sources described as CAMHS Crisis, Crisis Key worker, Crisis Response Step Down in the IAPTUS system

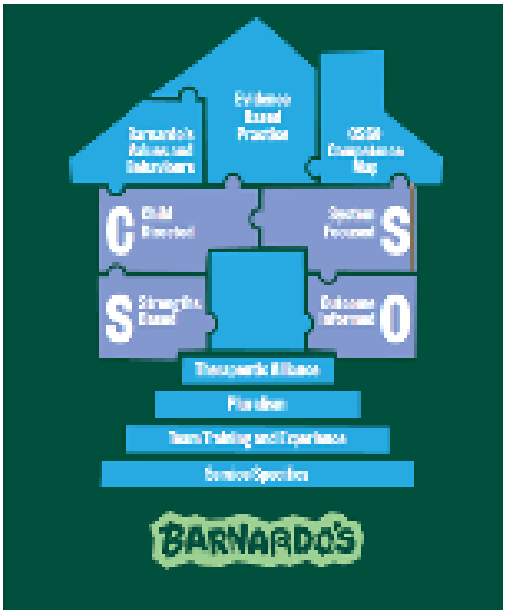
APPENDIX D:
CSSO FRAMEWORK (PROVIDED BY BARNARDO'S WITH LICENCE TO REPRODUCE HERE

THE CSSO ROOMS IN A NUTSHELL

Each of the CSSO Rooms houses one of the four CSSO Principles. We encourage practitioners to develop their own 'CSSO in a nutshell' description for each Principle. Over the next few pages you will find some suggested descriptions for professionals, parents and young people to get you get started!

CHILD-YOUNG PERSON DIRECTED

A Child Directed approach puts the child or young person in the 'driving seat', rather than a specific counselling model or method. The therapeutic alliance is a central tool for change. Interventions are shaped by a young client's 'theory of change' and their preferred counselling approaches.



SYSTEM FOCUSED

Systems Focused work links with neurobiological research on the centrality of attachment relationships in buffering adversity and building resilience. CSSO counsellors connect with the Key Adults in a child's system, promoting relational health to ensure the context can support and sustain positive change.

STRENGTHS BASED

Research from Positive Psychology informs the Strengths Based Principle. It highlights the importance of focusing on a child or young person's resources in building a foundation for problem-solving and resilience. CSSO counsellors listen to presenting difficulties, but they balance this within a 'what's right with you?' approach.

OUTCOME INFORMED

Research demonstrates that service user feedback dramatically improves counselling effectiveness. CSSO uses a standardised feedback system known as Partners for Change Outcome Management System (PCOMS). In each session children and young people give feedback on their level of well-being and the therapeutic alliance. Evidence shows that both these elements have a major impact on positive intervention outcomes.

CENTRE FOR MENTAL HEALTH

BRIDGING THE GAP

HOW BARNARDO'S BIRD SERVICE SUPPORTS CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

Published October 2025

Image: istockphoto.com/portfolio/solstock

Centre for Mental Health is an independent charity and relies on donations to carry out further life-changing research.

Support our work here:
www.centreformentalhealth.org.uk/donate