Department for Education

Attendance Mentors Intervention (AMI) Year 2 and 3 Evaluation

Final Evaluation Report

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Contents

List of figures **3**

List of tables **4**

Glossary **5**

Executive Summary **7**

The policy and the evaluation 7

Delivery 7

Impacts 8

Practicalities 10

Evaluation conclusions and future considerations 10

1. Introduction **12**

2. Methodology **14**

Primary data 14

Secondary data 16

Theory-based analysis 17

Methodological limitations 20

3. Overview of intervention set up **22**

How was the AMI implemented? 22

Local authority engagement 25

Intervention promotion and awareness 26

The referral process 28

Building networks of support and increasing referrals 31

Recruitment challenges and office space during the intervention expansion 32

Mentors’ background and expertise 33

Support structures and internal knowledge and resource sharing implemented in year 2 34

4. Overview of intervention delivery **36**

Caseloads and resource sufficiency among the delivery team 37

Schools and families’ engagement with the intervention 42

Types of barriers to school attendance 48

Mentors' ways of working 55

Re-referrals 61

5. Network map 64

Map overview 64

Setup and referral 67

Direct contact between mentors and families 68

School involvement in delivering support 69

Support that co-existed with the AMI 70

Support provided as part of the AMI 71

6. Intervention outcomes 73

Participants' satisfaction with the intervention 73

Changes in school attendance 74

Changes in mental health and wellbeing 77

Changes in attitudes to learning 79

Changes in relationships 80

Questions about the sustainability of impacts 87

Limited changes in schools' approach to attendance 89

Risk of over-reliance on the intervention 90

7. Reflections on enablers and barriers 93

How and why the observed outcomes were achieved 93

8. Conclusions 109

Mentor experience and professional backgrounds were key to effective delivery 110

Trust-building skills were a prerequisite for effective support 111

School engagement was critical to success 112

Mentors' relationship-building with wider support networks was key to success 113

Adapting support to the young person was necessary but needed clearer limits 115

Training supported delivery but had gaps 116

Logistical and practical challenges affected delivery 116

9. Annex 118

Theory of Change Accessible Version 118

List of figures

Figure 2.1 Attendance Mentors Intervention (AMI) Theory of Change 18

Figure 3.1 Example Outcomes Star 23

Figure 4.1 Referrals received over time across all 5 areas 38

Figure 4.2 Duration of support (days) for all cases that received support 39

Figure 4.3 Duration of support (days) for all completed cases 40

Figure 4.4 Reasons recorded for withdrawal during the period of support 46

Figure 5.1 The network map 66

Figure 5.2 The network map legend 67

Figure 5.3 Actors involved in programme set up..68

Figure 5.4 Mentor and family direct connections 69

Figure 5.5 School connections to delivery 70

Figure 5.6 Connections with support that co-existed alongside the AMI..........................71

Figure 5.7 Connections with support that was sought as a direct result of the AMI 72

Figure 6.1 Mean change in self-reported rating of physical attendance in school............76

Figure 6.2 Mean change in self-reported rating of mental health and wellbeing 78

Figure 6.3 Mean change in self-reported perception of structure and routines of family life 81

Figure 6.4 Mean change in self-reported perception of young person's voice 83

Figure 6.5 Mean change in self-reported engagement in activities and opportunities 86

List of tables

Table 2.1 Overview of completed interviews by area 16

Table 3.1 Key indicators for years 2 and 3 of the AMI 24

Table 3.2 Referral processes for intervention areas 28

Table 3.3 Number of schools making referrals into the intervention, by year...................30

Table 4.1 Average waiting times from referral to beginning of the intervention in days ...41

Table 4.2 Re-referrals and receipt of multiple rounds of support 62

Table 6.1 Mean Outcomes Star ratings for physical attendance in school 76

Table 6.2 Mean Outcomes Star ratings for mental health and wellbeing..........................78

Table 6.3 Mean Outcomes Star ratings for attitude to learning...79

Table 6.4 Mean Outcomes Star ratings for structure and routines of family life...............82

Table 6.5 Mean Outcomes Star ratings for young person's voice....................................84

Table 6.6 Mean Outcomes Star ratings for engagement in activities and opportunities ..87

Table 7.1 Extent to which each contribution claim has been met 94

Table 9.1 Annex 1 – Theory of Change: Inputs 118

Table 9.2 Annex 2 – Theory of change: Work with schools 119

Table 9.3 Annex 3 – Theory of Change: Mentors' work with pupils and families 120

Table 9.4 Annex 4 – Theory of Change: Activities related to work with local authorities122

Glossary

Term	Acronym	Description
Attendance Mentors	--	Individuals providing one-to-one support to young people.
Attendance Mentors Intervention	AMI	An intervention designed to provide intensive sequenced support to persistently and severely absent young people and their families.
Barnardo's	--	A global charity, with the objective or caring for vulnerable children. The delivery partner for the AMI, responsible for implementing the intervention.
Child and Adolescent Mental Health Services	CAMHS	Services providing mental health support to children and adolescents.
Department for Education	DfE	The government department responsible for children's services and education, including early years, schools, higher and further education policy, apprenticeships, and wider skills in England.
Early Help	--	A whole-family support service provided by the local authority.
Key Performance Indicators	KPIs	Metrics used to measure the success of the intervention.
Lead Mentor	--	Senior mentors responsible for overseeing the work of other mentors.
Link Mentor	--	Attendance mentors assigned to specific schools to facilitate communication and collaboration between the school and the delivery team.

Term	Acronym	Description
Outcomes Star	--	A tool used to define goals for the young people and assess their progress on various measures, including school attendance, mental health, and wellbeing.
Persistent absence	--	Where a pupil is absent for 10% or more of their available sessions.
Severe absence	--	Where a pupil is absent for 50% or more of their available sessions.
Special Educational Needs and Disabilities	SEND	A term used to describe children who have learning difficulties or disabilities that make it harder for them to learn than most children of the same age.
Theory of Change	ToC	A framework used to provide an overview of the intervention inputs, activities, and their links to anticipated outputs, outcomes, and impacts.

Executive Summary

The policy and the evaluation

The Attendance Mentors Intervention (AMI) was a three-year programme designed to improve the attendance of children and young people who were persistently or severely absent from school. Delivered by Barnardo's across 5 local authorities (previously identified as Priority Education Investment Areas), the intervention provided structured one-to-one support to pupils and their families, aiming to understand the barriers affecting attendance and to develop tailored strategies for improvement.

DfE commissioned IFF Research to conduct a theory and process based evaluation of years 2 and 3 of the AMI, (evaluation of year 1 of the AMI was conducted by York Consulting[1]).The evaluation draws on extensive qualitative and quantitative evidence, including interviews with mentors, schools, services, families and young people, analysis of management information (MI) data and action plans, and Outcomes Star self-assessments. The aim of this evaluation was not to assess the causal impact of the programme on pupil attendance. A full randomised control trial is being carried on a linked programme, the Attendance Mentoring Pilot Expansion, which will consider the benefits of mentoring interventions further, including causality and additional quantification of the scale of gains.

Delivery

Across the three-year programme the intervention largely reached its intended target, supporting 1,698 young people. In year one of the programme, 339 referrals were made with 261 receiving support. **Of the 2,321 referrals made during years 2 and 3, 1,437 young people received support** and nearly 9 in 10 of these completed the period of mentoring. Referral and delivery models varied considerably by area. Most referrals were made directly by schools, although some local authorities (LAs) operated triage processes, particularly at the start of the programme. In all areas the quality of relationships between schools, mentors and families shaped engagement and outcomes.

The young people referred to the programme faced a wide range of challenges. These frequently included unmet special educational needs, significant anxiety or other mental health concerns, bullying and strained peer relationships, difficulties at home, poor sleep or daily routines, lack of motivation and negative attitudes towards school. These issues

[1] https://assets.publishing.service.gov.uk/media/65fb20d3703c423c5158ef03/Evaluation_of_the_attendance_mentors_pilot_-_Year_1_findings.pdf

were often overlapping and complex, meaning that the level of need varied substantially across the cohort.

Mentors typically supported between 20 and 30 young people at a time. The average length of support was just over 15 weeks for all cases and just over 16 weeks for cases that were completed. However, waiting times to begin support could be lengthy, with an average of 43 days between referral and the start of mentoring.

Most **mentors were described as skilled and highly committed, drawing on relevant experience in education, youth work or social care**. Mentors valued the training and guidance they received, and they often adapted their practice flexibly to meet the needs of young people. In several areas mentors offered additional support beyond the structured sessions, advocacy with schools and help for parents and carers in navigating services.

Engagement with the intervention was generally positive and 72% of those offered the intervention took it up. However, a substantive proportion families declined to take part or withdrew before sessions started (as high as 51% of those offered a place in Salford). **Engagement was more challenging in cases involving complex needs, entrenched difficulties or a lack of trust between families and schools**. Where parents and carers had limited confidence in the school or felt that their child had been misunderstood or unsupported, mentors sometimes played an important bridging role by facilitating meetings, improving communication and advocating for adjustments.

Schools valued the additional capacity the programme brought, particularly where attendance teams were already stretched. **In many instances, mentors helped schools understand the root causes of persistent absence, enabling them to respond more constructively**. Examples included implementing gradual return plans, making classroom adjustments or offering additional pastoral support. **Where communication between schools and mentors was weaker, or where staff lacked capacity to engage, the intervention was less effective.**

A network map of services, developed as part of this evaluation, shows the central role of mentors in providing support and coordinating with schools, families and services. While mentors sometimes referred families to charities or alternative provision, systemic gaps such as long waiting lists for Childhood and Adolescence Mental Health Services (CAMHS) emphasised the programme’s reliance on mentors as the main link between young people and wider support networks.

Impacts

Overall, the AMI had a positive impact on most of the young people who received mentoring. On average, across all of the Outcomes Star elements, young people

reported positive improvements, although the extent of these improvements varied across the five areas. However, the evaluation found concerns around the sustainability of positive outcomes beyond the intervention with risks of over reliance on the mentors to sustain outcomes.

The majority of participants reported feeling more confident, better able to manage anxiety and more motivated to attend school. Many parents and carers described improved relationships within the family and reduced stress related to school attendance. Some young people benefited from increased engagement in activities both in school and the community, supported by mentors who helped them build confidence and expand their social networks.

Self-reported outcomes collected through the Outcomes Star tool suggest that **many young people felt that their ability to express their voice (59%), attendance at school (54%), and wellbeing and mental health (51%), had improved by the end of the mentoring period** (a full breakdown of which can be found in Chapter 6, Intervention outcomes). **Improvements were not consistent across all areas.** Young people in Knowsley reported the greatest progress across almost all measures, reflecting strong school engagement and flexible delivery. Outcomes in Middlesbrough were also generally positive. Results in Doncaster, Salford and Stoke-on-Trent were mixed, with more limited progress in cases involving severe absence or complex needs.

Despite these positive short-term changes, **concerns were raised about sustainability**. In several cases improvements in attendance or wellbeing weakened once the mentoring period ended, highlighting the challenges of maintaining change after short-term intensive support. Families and schools reported that after the withdrawal of support some young people resumed previous patterns of non-attendance. Mentors themselves highlighted the challenges posed where parents or carers also had a poor school attendance record and by wider systemic issues that could not be addressed through short-term intervention alone. A tapering period was built into the intervention process, intended to ease the transition out of the programme. However, this was implemented inconsistently. **In some areas mentors continued offering informal support outside of the structured programme**, which was valued by families but raised concerns about dependency and workload.

Reports of changes within schools as a result of the programme were limited. and o**nly a small number of schools indicated that they might adopt mentoring approaches independently in the future.** Schools mainly put this down to their limited resources and lack of funding to pursue this approach on their own. Additionally, young people valued the independence of the Barnardo's mentors as individuals who were not linked to the school. This helped build relationships which anyone linked to the school would struggle to do.

The findings of this evaluation suggest that **the intervention was most effective when mentors were able to work flexibly, build trusting relationships and collaborate closely with schools**. Success was also more likely where schools demonstrated commitment to understanding the underlying causes of low attendance and where families felt supported and listened to. However, persistent resource pressures, variability in referral practices, inconsistent communication and the complexity of young people's circumstances limited the overall consistency of outcomes. For some pupils with entrenched challenges, longer term or multi-agency support would have been required to achieve lasting improvements.

Practicalities

The delivery of the programme was shaped by several factors that influenced its level of effectiveness. **Mentor experience emerged as a central enabler**. Those with strong professional backgrounds and familiarity with working directly with young people were better able to establish rapport, understand context and respond to complex circumstances. Training provided a useful foundation for delivery, although some gaps remained, particularly in relation to working with schools and supporting families, which meant that practice varied between areas.

Building trust was essential for mentors to work effectively with young people and their parents or carers. Strong relationships also depended on schools engaging fully with the programme. Where schools were open, communicative and willing to collaborate, mentors were able to coordinate support more effectively and help embed strategies in the school environment. **Success also relied on mentors' ability to connect with the wider network around each young person**, including families, school staff and external services.

Tailoring support to individual need was important, although clearer boundaries would have helped manage expectations and avoid over reliance. Finally, logistical challenges such as uneven referral patterns, variable school capacity, time pressures and restrictions on home visiting affected the consistency of delivery across areas.

Evaluation conclusions and future considerations

The main conclusions from this evaluation were:

- Mentor experience and professional backgrounds were key to effective delivery.
- Trust-building skills were a prerequisite for effective support.
- School engagement was critical to success.

- Mentors' ability to build relationships with young people's wider support network was important for success.
- Adapting support to the young person was necessary but the limits of this needed to be better defined.
- Training supported delivery but there were gaps.
- Logistical and practical challenges affected delivery.

The programme demonstrated the value of relational, intensive and individualised support and highlighted the importance of collaboration between schools, families and services.

At the same time, the evaluation has identified several areas that would need strengthening in any future roll out. These include:

- Clarity of referral processes for schools, local authorities, and the delivery partner. In particular, involving schools directly in the referral process across all areas to help build buy-in.
- Improved MI data quality to enhance analytical capabilities including participant attendance data
- More consistent mentor training on liaising with schools and families
- The integration of formal resource sharing between teams to address any skills gaps for less experienced mentors
- The establishment of clearer boundaries to reduce dependency and unmanageable workloads for mentors.
- Placing greater emphasis on the mentor's role in connecting the young person to their wider support network, rather than becoming their sole focus of support, to help build sustainable, long-term solutions.
- Developing strategies to ensure that improvements in attendance and wellbeing can be sustained beyond the mentoring period. This should include the improvement of offboarding communication so young people can plan beyond the end of the intervention.

1. Introduction

The Attendance Mentors Intervention (AMI) was a complex programme to improve school attendance in 5 Local Authority (LA) delivery areas. It was underpinned by a common Theory of Change (ToC), yet its implementation varied significantly across the respective localities, each operating with autonomy around a central framework. While the intervention aimed to achieve a wide range of outcomes, many of these were long-term and could not be fully realised within the evaluation timeframe (up to the end of 2025). This variability in delivery resulted in a mixed picture of outcomes, reflecting both successes and challenges.

The AMI was designed to provide intensive support to persistently and severely absent young people and their families. In October 2022, the Department for Education (DfE) contracted Barnardo's as the delivery partner for this three-year intervention, since named the "Watchtower Project."

Mentoring support was offered to young people who were referred across 5 LAs (previously identified as Priority Education Investment Areas). The intervention was initially rolled out for one year in Middlesbrough in October 2022 before expanding in October 2023 to an additional 4 local authorities: Doncaster, Knowsley, Salford and Stoke-on-Trent. The intervention ran for 3 years, between 2022 and 2025. Over this period, the intervention provided intensive one-to-one support (for a period of up to 20 weeks) to approximately 1,600 persistently and severely absent young people. The AMI targeted primarily secondary school-aged young people, although on occasion the offer was extended to primary school-aged young people as well.

An evaluation of the first year of the AMI in Middlesbrough was conducted by York Consulting. The year 1 report concluded that the programme had helped to improve young people's attendance, mental health and daily routines, though long-term impacts and sustainability of outcomes remained uncertain. In 2024, DfE commissioned IFF Research to conduct an evaluation of years 2 and 3 of the AMI, building on insight gained from the evaluation of year 1 and covering an expanded number of implementation sites.

The key aims of the evaluation were to understand:

- Delivery and implementation: how was the AMI implemented in the 5 local authorities, and what enabled and constrained delivery? **(Process evaluation)**
- What happened as a result: what were the outcomes of the AMI, and did the AMI improve attendance? **(Outcomes evaluation)**
- How and why outcomes were achieved: how and why did the AMI work and not work effectively across different contexts? **(Theory-based evaluation)**

This final report brings together the findings from the evaluation of years 2 and 3 of the programme.

Chapter 2 (Methodology) describes the project's methodology, including how primary and secondary data were gathered and analysed. It also describes some of the challenges and limitations experienced during fieldwork and analysis.

Chapter 3 (Overview of intervention set up) presents the process evaluation, detailing how the AMI was implemented, how different stakeholders were engaged, and how the programme developed in each area.

Chapter 4 (Overview of intervention delivery) reports on the fidelity, reach, and adaptations of the programme, providing insight into the delivery context and operational realities. It also details the types of barriers young people faced which led to their referral.

Chapter 5 (Network map) shows how different actors related to the programme interacted with each other and presents this information in a visual map.

Chapter 6 (Intervention outcomes) presents the outcomes of the AMI. It evaluates the extent to which the intended changes occurred and how they align with the Theory of Change.

Chapter 7 (Reflection on enablers and barriers) reflects on the factors that facilitated or hindered the realisation of the theory-based claims. It synthesises findings from the process and outcome evaluations to identify key enablers and barriers.

Chapter 8 (Conclusions) looks at the findings as a whole and summarises the key lessons from the evaluation.

2. Methodology

This chapter provides an overview of the methodology, detailing the primary and secondary sources of information as well as the theory-based analysis. It also discusses methodological limitations.

Primary data

Interviews with the delivery partner

Two interviews were conducted with the programme lead at Barnardo's. The first interview took place near the start of the 2023/24 academic year. This interview focused on programme rollout, challenges in scaling across 4 additional areas, communication strategies, management information setup and quality assurance, mentor training and support, and school engagement.

The second interview took place near the end of the academic 2024/25 year and explored delivery progress, enablers and barriers across different areas and school types, and emerging outcomes. Headline findings from management information (MI) analysis informed this discussion (discussed later).

Interviews and observations with mentors

Interviews were conducted with 2 or more mentors per area, including one Lead Mentor and at least one operational mentor, giving a total of ten interviews. These interviews examined referral processes and ways of working, action planning and data recording, relationships with schools and families, and pathways to outcomes including reasons for non-engagement or disengagement.

Following these interviews, one mentor per area was selected for an observation day. Observations followed a structured guide and focussed on activities such as interactions between the mentors and young people, action plans and Outcome Star entries (discussed later in this chapter), interactions between mentors and school staff, and interaction between mentors.

Interviews with schools and support services

Seventeen interviews were conducted with schools and support services. Care was taken to ensure representation across different areas - accounting for different school types such as local authority-maintained schools and academies, and support services such as Child and Adolescent Mental Health Services (CAMHS) and Stronger Families Services.

Interviews explored processes of implementation, and outcomes achieved. Specifically, this included liaison with mentors, referral processes, communication, partnership working, enablers and barriers to engagement, and sustainability of outcomes.

Fieldwork (conducted between January and July 2025) included a mix of face-to-face case study visits and online interviews via Microsoft Teams or Zoom. Face-to-face visits enabled observational insights into the school environment. Interviews lasted 45 to 60 minutes. A £125 donation was made to each school's Parent Teacher Association (PTA) fund in recognition of their time contribution.

Interviews with pupils and families

Interviews with families (young people and primary caregivers) were conducted after mentor and school interviews to ensure contextual understanding. IFF conducted interviews with 34 participating families and 7 non-participating families.

Participating families were recruited via Barnardo's, with communications to reassure families about confidentiality. Interviews explored experiences of Attendance Mentor activities, perceived impacts, and mechanisms contributing to outcomes.

Non-participating families (also referred to as comparison families throughout this report) provided insights into barriers to engagement, awareness of the programme, and alternative support received. These were families who had been offered support and had declined to participate or who signed up for support but not yet started. Due to challenges faced recruiting comparison families (specifically those who had declined to participate in the programme), it was agreed part way through fieldwork that families who had agreed to participate but not yet started any sessions could be included instead.

Interviews were conducted in person or online via Teams or Zoom depending on participant preference. In-person interviews were clustered for efficiency and conducted by researchers predominantly in family homes.

The interviews typically lasted 45 minutes for parents or carers and 30 to 40 minutes for pupils in participating families. They typically lasted 30 minutes for parents or carers and 20 minutes for pupils in non-participating families.

IFF provided a £60 incentive to each family who took part.

Sampling aimed to maximise diversity across pupil characteristics; however, recruitment difficulties meant that the level of spread by characteristics varied by area. Pupils were drawn from a diverse mix of schools in each area to capture experiences across the widest possible range of contexts.

Interview distribution

Table 2.1 shows how many of each interview group were interviewed by area. The only 2 areas where interviews could not be achieved were comparison non-participating families in Doncaster and Salford. Despite concerted efforts by IFF's recruitment team, as well as schools and mentors in those areas, no comparison families agreed to participate.

Table 2.1 Overview of completed interviews by area

Interview group	Middlesbrough	Knowsley	Doncaster	Salford	Stoke-on-Trent	Total
Half-day observations of mentors	1	1	1	1	1	**5**
In-depth interviews with mentors	2	2	2	2	2	**10**
In-depth interviews with schools	4	4	4	3	2	**17**
In-depth interviews with support services	1	1	2	2	2	**8**
In-depth interviews with participant families	6	10	6	6	6	**34**
In-depth interviews with comparison families	2	3	0	0	2	**7**
Total	**16**	**21**	**15**	**14**	**15**	**81**

Secondary data

Management Information (MI) data

The MI data used comprised 2 main sources: referral data, which included basic background information such as age and demographics, and Outcome Star data. Outcomes Star is a standardised model used to assess outcomes by getting young people to rate different elements on a 1 to 5 scale. The elements covered are mental

health and wellbeing, family routines, school attendance, attitudes to learning, engagement in activities, and feeling listened to and understood. Mentors recorded pupils' self-ratings at the start, mid-point, and end of the intervention. The data was analysed to identify any improvements over time; this is covered in the chapter on Intervention outcomes.

Additional data on areas such as whether English was an additional language, whether the young person received free school meals and whether they had an Education, Health and Care Plan (EHCP) was also included.

Management information about pupils was collected from several sources, providing a valuable stream of quantitative data. The year 1 evaluation identified patchy coverage of some data and variables as an issue, and as the programme scaled, the quality and coverage of data collected continued to vary by area. This variability provided useful evidence for the process evaluation. However, it did present difficulties for interrogation of the data and conducting robust analysis.

Action Plans

These plans (completed by young people on the programme) recorded aspects such as self-reported barriers to progress, progress towards goals, mentor activities delivered, family views of the intervention, and outcomes achieved. The anonymised action plans were analysed at the end of the study and fed into the chapter on outcomes. However, not all young people completed these and it proved difficult to get permission to include them in our analysis.

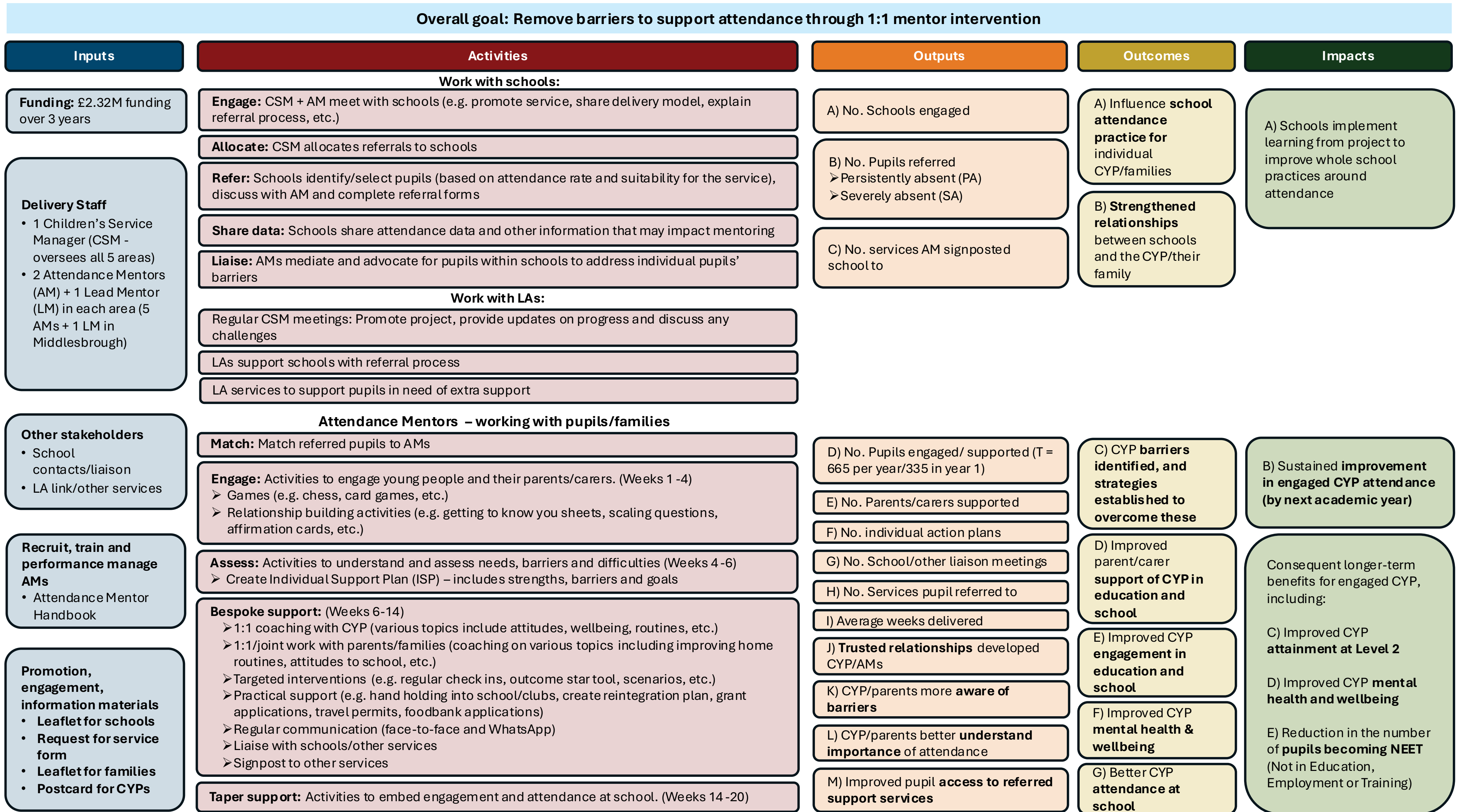
Theory-based analysis

Contribution analysis (CA)

Throughout the research, evidence from earlier stages was brought together to assess what had been learned and to identify gaps in the evidence. Research materials were adapted over time to collect additional evidence to fill these gaps. This report uses all available evidence to assess which outcomes have been achieved.

Using all data sources, including a Theory of Change (ToC) developed by IFF at the start of the research and revisited throughout (shown in both Figure 2.1 and an accessible version in the annex), the evaluation identified mechanisms of change and the barriers and enablers faced by mentors, schools, support organisations, parents and carers, and pupils in relation to improved school attendance.

Figure 2.1 Attendance Mentors Intervention (AMI) Theory of Change



The CA was structured around distinct contribution claims that were agreed at the outset. Contribution claims are sequential causal chains expected to arise from the programme. The process involved identifying whether outcomes had been achieved and then mapping the evidence collected against each element in the causal chain. The strength of the relevant evidence was assessed to determine whether each contribution claim had been met and if so to what extent. Chapter 4 sets out each contribution claim and the corresponding rationale, structured around the ToC.

The contribution claims were:

1. Delivery team have sufficient resource to deliver the project
2. Project target audience is aware of the offer
3. Schools identify students that can benefit from the project
4. Schools engage well with the project
5. Mentors work effectively with young people and their parents and carers
6. Schools engaging well with the project leads to schools' relationships with young people and their parents and carers strengthening
7. Mentors' effective work with young people and their parents and carers leads to young people's improved engagement in education and schools
8. Schools engaging well with the project leads to schools implementing their learning from the project to inform whole school practices around attendance
9. Mentors' effective work with young people and their parents and carers leads to sustained improvements in young peoples' attendance, which in turn results in:
    a. Long-term improved mental health and wellbeing
    b. Improved attainment at level 2 qualifications (GSCEs Grade 4 or Higher)
    c. Reduction in risks of young people becoming NEET

Claims were categorised as 'largely met' where most elements were present across most areas/mentors, and as 'partially met' where some elements were present, but others were not present or present inconsistently and/or where evidence was variable for different areas/mentors. A claim was categorised as 'not met' when limited to no presence of its elements was found.

Qualitative comparative analysis (QCA)

The Theory of Change identified the core components of the programme and the activities that are intended to lead to the desired outcomes. Qualitative Comparative Analysis was used to assess the level of contribution made by the different activities to outcomes and impacts and through this, identify the activities that were likely key in achieving positive outcomes across all areas.

Network mapping

A network map was developed by analysing MI data and descriptions of the individuals' job roles drawn from interview data with mentors, schools, and support services. The purpose of this exercise was to understand the interactions between the people and organisations involved in the programme. The map grouped actors into relevant categories and illustrated the interconnections between them.

This mapping exercise provided a visual representation of the relationships and dependencies within the programme and informed subsequent stages of the theory-based evaluation, including CA and QCA.

Methodological limitations

The qualitative research was based on relatively small sample sizes across mentors, schools, support services, and families. While these interviews and observations provided rich insights into experiences and perceptions, the findings should be interpreted as indicative rather than representative.

The purpose of the qualitative work was to undertake in-depth exploration of mechanisms, enablers, and barriers rather than producing statistically generalisable results. Consequently, the evidence illustrates patterns and themes that informed the theory-based evaluation but cannot be assumed to reflect the views or experiences of all participants in the programme.

Variability in data quality and completeness across areas also limited the scope of some analysis. For example, there was a small number of comparison families which made analysis of this group challenging. This challenge was anticipated during the planning phase, as individuals not involved in the intervention were expected to be harder to reach and engage. To address this, IFF and Barnardo's repeatedly reminded schools about the evaluation and encouraged them to identify young people to engage. However, schools' engagement was low, and many people did not want to participate. This resulted in IFF, the DfE, and Barnardo's agreeing to include those who had agreed to participate but who had not yet completed any sessions into this group.

The MI dataset also had significant limitations that affected its reliability. Data were manually entered from referral forms without a formal quality assurance process, leading to inconsistencies such as duplicate IDs with conflicting pupil details on school, date of birth, and sex. While some errors were corrected after review, others remained unresolved because Barnardo's recorded data exactly as provided by schools.

Attendance records were particularly problematic. These were often incomplete, with information passed on verbally, and recorded as year-to-date figures, making it highly

sensitive to the timing of the intervention. For example, missing 2 days in early September could result in an attendance rate of around 60%, whereas missing several days later in the year could still show attendance above 95%. These issues meant that attendance data could not be used to assess changes over time.

To address these limitations, the evaluation relied on Outcome Star data, which captured pupils' self-reported perceptions of attendance and related factors, supplemented by qualitative evidence from interviews and observations. Despite self-reporting having its' own methodological limitations, especially in relation to self-reported attendance data, this approach provided a more credible basis for understanding perceived changes in attendance and engagement.

3. Overview of intervention set up

This chapter describes how the AMI was set up for delivery in years 2 and 3. It summarises the implementation of the intervention and the processes that were established to promote the offering amongst schools and families. Similarities and differences were found in the processes for referring young people onto the AMI, and different intervention areas faced different challenges with recruiting and retaining mentors for the duration of the intervention.

Summary of key findings

- Similarities and differences were found in the processes for referring young people onto the AMI.
- Local authorities' involvement varied, from actively triaging and referring cases, to informing schools of the referral opportunity.
- Different intervention areas faced different challenges with recruiting and retaining mentors for the duration of the intervention.
- The key performance indicator for the AMI was to deliver support to 1,665 young people over 3 years. This was achieved, with 1,698 young people having received support.
- Across years 2 and 3, 2,321 young people were referred to the AMI. 1,437 young people went on to receive support, with 88% of those completing the period of intervention.

How was the AMI implemented?

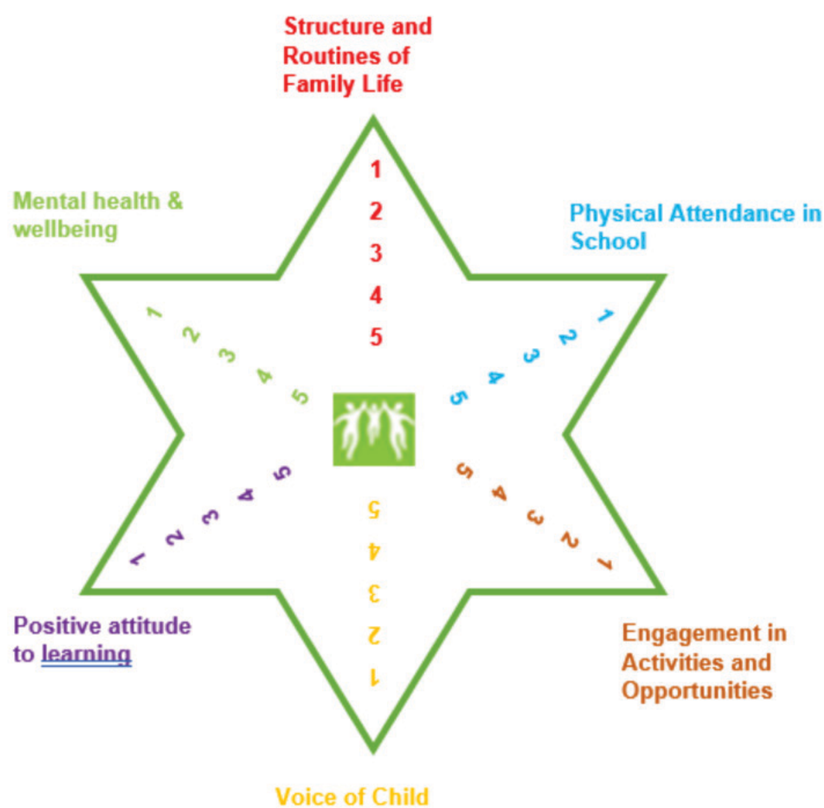
The AMI aimed to provide targeted, one-to-one support for persistently and severely absent young people in 5 local authorities. In year 1, the intervention was rolled out in Middlesbrough, and in years 2 and 3 it was subsequently scaled up to include Knowsley, Salford, Doncaster, and Stoke-on-Trent. The criteria used to select these areas were: high rates of persistent absence, lack of existing funding or programmes from the Department for Education designed to address attendance in the area, and a sufficient number of secondary schools in the area to make referrals into the intervention.

In each area, the AMI was delivered by a team of Attendance Mentors, which consisted of a Lead Mentor and between 2 and 5 Attendance Mentors. The number of mentors was determined by the anticipated workload in each area, based upon the target numbers of young people who should receive support from the AMI. In most areas, each participating school was assigned a Link Attendance Mentor who facilitated communication and collaboration between the school and the delivery team. Mentors were assigned schools based on location to minimise travel time. Initially, Salford and Doncaster had mentors

working across schools, allocated on the basis of young people's needs. However, they gradually introduced link mentors, and mentors were allocated to particular schools to limit travel time and increase efficiency of delivery (although some Salford schools retained the original model, being served by multiple mentors throughout the intervention).

The AMI was designed to provide participating young people with 12-20 weeks of support, comprising one-to-one weekly mentoring sessions. The intervention started with an assessment of need that aimed to understand the young person's unique circumstances, followed by a collaborative development of an action plan. Mentors used the Outcomes Star tool,[2] a standardised tool commonly used in programmes supporting young people, to define goals for the young people. This tool offered the young people and mentors a shared reference point for assessing the young person's progress on a number of measures, including school attendance, mental health and wellbeing, and family routines. Figure 3.1 shows an example of an Outcomes Star used in the AMI.

Figure 3.1 Example Outcomes Star



Source: Barnardo's Mentor Handbook

[2] What is Outcomes Star? - Outcomes Star

In many cases, mentor support extended beyond the mentoring sessions to include other forms of support, such as helping with accessing clubs or helping parents and parents and carers apply for grants to remove financial barriers affecting school attendance.

Mentors employed active listening to understand young people's experiences and worked collaboratively with schools, families, and support services to support young people to cope with challenges and build positive relationships. Some mentors undertook training on taking a trauma-informed approach to their mentoring, which they found useful.

The intervention aimed to support a minimum of 1,665 young people over a three-year period, as measured by its key performance indicator (KPI), with at least 335 young people supported in year 1, an additional 665 in year 2, and 665 in year 3. Barnardo's divided the targets among the delivery areas based on the rate of referrals, available resource, and complexity of cases, as presented in Table 3.1. The target for Middlesbrough in years 2 and 3 was increased and additional mentors hired because their year 1 target was not reached.

Table 3.1 Key indicators for years 2 and 3 of the AMI

Area	Target for Received Intervention	Referrals	Received Intervention	% of Target Met	Completed Intervention
Doncaster	241	333	220	91%	171
Knowsley	280	510	339	121%	317
Middlesbrough	357	610	387	108%	338
Salford	210	422	216	103%	184
Stoke-on-Trent	250	446	275	110%	249
All Areas	**1,338**	**2,321**	**1,437**	**107%**	**1,259**

Source: Barnardo's MI data

Over years 2 and 3 of the intervention, Barnardo's MI data showed a total of 2,321 referrals: 1,183 in year 2 and 1,146 in year 3. Sixty-two per cent of the total referrals (1,437 cases) started the intervention, including a number of re-referred young people who received multiple discrete episodes of support. Thus, the number of unique individuals who received support was lower. The prevalence of re-referrals across areas is explored further below.

The number of cases where support was received exceeded the 1,338 target for support in years 2 and 3. Of the cases that received support, 88% completed the period of

intervention (1,259).[3] **When including the 261 young people in Middlesbrough who received support in year 1[4], a total of 1698 young people received support from the AMI over 3 years.**

Local authority engagement

Barnardo's organised an initial meeting with the Department for Education and the participating local authorities to explain the intervention and gain local authority buy-in. Following this initial meeting, Barnardo's maintained regular communication with local authorities throughout the intervention delivery. Weekly email updates were shared about referral volumes and school engagement. Regular meetings, usually monthly or bimonthly, between Lead Mentors, local authority staff, and in some cases a member of the Barnardo's team, were used to troubleshoot issues, such as low referral numbers, and identify solutions. This included actions like setting up meetings with headteachers or inviting mentors to local authority events with schools.

Local authorities, typically staff from education services and Early Help[5] teams, played a significant role in informing school staff, usually headteachers, about the intervention. The Barnardo's delivery team drew on local authorities' existing familiarity with Barnardo's and networks in the local area to build strong working relationships with local authority staff. Initial positive feedback, which participating schools from the area shared informally with Barnardo's and the local authority at the beginning of the intervention, also supported positive working relationships between the mentors and local authority staff. As a result, local authority staff trusted in the mentors' work and were happy to promote the intervention.

Beyond initial awareness generation, local authority engagement varied considerably across areas:

- In Doncaster, the local authority was not involved beyond awareness raising, due to capacity constraints.

> "[In terms of] the capacity of the local authority to go any deeper into this support, we don't have capacity to do that in terms of the staffing numbers we've got and the roles we've got already. So we couldn't have really supported any more except for communicate out."
>
> **Local Authority, Doncaster**

[3] A case is defined as 'completed' if the young person has completed the entire programme of support and has end outcome star data.
[4] Evaluation of the attendance mentors pilot - GOV.UK
[5] Early Help is a whole-family support service provided by the local authority.

- In Knowsley and Salford, local authority staff triaged referrals to the intervention. In these areas, and in Middlesbrough, the local authority held regular multi-agency meetings to determine which referred young people would receive support from the AMI and to share information about cases.
- In Stoke-on-Trent, the local authority took on a similar triaging role to those in Knowsley and Salford in the first term of the intervention but had minimal involvement following a later move to schools referring directly to Barnardo's.

Intervention promotion and awareness

Schools mostly reported learning about the intervention during local authority meetings attended by headteachers, where Barnardo's was invited to present on the intervention. The more involved local authorities (Knowsley, Middlesbrough, and Salford) supported school engagement further by actively reminding schools of the intervention as a resource that they could use, for example through local authority network meetings attended by attendance leads. In Doncaster, the local authority pre-selected schools to be included in the intervention. However, one school, which was not pre-selected by the local authority, reported finding out about the intervention via online search and subsequently requested to participate.

Each academic year, Barnardo's held launch meetings with schools to raise awareness of the intervention in all areas. Mentors themselves focused on building relationships directly with school staff and promoted the intervention by distributing leaflets to all schools.

The families participating in the intervention were usually referred by schools (as elaborated on in the section below). Some families in Stoke-on-Trent reported hearing about the intervention from the local authority. In Middlesbrough, Knowsley, and Doncaster, support services such as Family Hubs and Stronger Family Practitioners were also involved in making a small number of referrals or suggesting young people for schools to refer onto the AMI. Schools and local authorities sought verbal consent from families and passed contact details to Barnardo's.

> "If our young people come through and it's a brand-new referral and not a step down from social care, we do a My Family Plan, which is like an early help assessment. So that pulls together all the information, the child's voice, and then we look at what goals we want to set with the family, what do we want to achieve and within what timeframe. …If we're struggling with attendance, I could pull that plan together and say to a school, you know, can you do a referral to Watchtower."

Support Service, Middlesbrough

However, in some cases negative or complex relationships between families and schools presented a barrier to securing informed consent for participation in the intervention. In some instances, families were hesitant to share their contact details or to engage with Barnardo's due to a lack of trust or previous negative experiences with schools or other interventions.

Parents and Parents and carers frequently described feeling unsupported or misunderstood by schools. Common concerns included poor communication, a perceived lack of empathy, and limited flexibility in responding to individual circumstances. Several parents and carers reported that schools were primarily focused on attendance figures, rather than exploring the underlying causes of absence. Parents and carers also expressed frustration with how schools responded to young people with additional needs, such as dyslexia or autism. Parents and carers perceived mainstream schools as lacking the time or resources to provide tailored support, which contributed to young people's feelings of exclusion and disengagement. Some parents and carers and young people felt overwhelmed by what they described as formal and impersonal approaches to non-attendance, including frequent phone calls, letters, and home visits. These experiences reinforced perceptions that schools were quick to escalate non-attendance through formal channels and were more concerned with punctuality and attendance metrics than with the wellbeing and individual circumstances of the young people.

The source of the referral itself could have been a factor that led to parents and carers being reluctant to provide consent. As the vast majority of referrals originated from schools (and only a minority from the local authority or other support services), some parents and carers were less willing to engage with the intervention if the relationship with the school was fraught and there was mistrust between parents and carers and the school. At the same time, well-established relationships between school staff and families acted as enablers. In schools where attendance officers retained consistent contact with year groups over time, family engagement with the intervention was often stronger.

> "I think the beauty with the way we work is that the attendance officers keep their year groups throughout. The school attendance officer had her year groups since Year 7. So, the relationships are there, and I think that trust is allowing them to take on the support from the Watchtower because I think if we didn't have that we'd have a lot more parents refusing."

School Leadership Team member, Middlesbrough

Barnardo's sought to overcome the challenge of reluctant participation by providing information leaflets and posters with the Lead Mentor's contact details, working to build relationships with young people and parents and carers from the outset. Following a referral, Barnardo's sent a welcome letter and a postcard to the young person and

parent/carer, explaining the intervention. This was followed by a text message and telephone call to arrange an initial home visit. If a home visit was not feasible, meetings were held at schools or community venues where families felt safe. The personal approach was reassuring to parents and carers and young people.

> "So, when we got the referral from the lady, I can't remember her name now, phoned us up, talked to us about everything like that and told us what she'd do and how she could possibly help and stuff like that which were quite positive really. And then we got a letter through, and it actually had a picture on it of a face which made things easier because obviously [young person] knew she could put a face to the person she was talking to."

Parent, Treatment, Doncaster

The referral process

Referrals of young people to the intervention were generally school led, as schools were most familiar with the young people. The referral process looked slightly different in each area, as set out in Table 3.2.

Table 3.2 Referral processes for intervention areas

Area	Referral Model	Referral process
Doncaster	Direct	The local authority used attendance data to select the schools most in need of support to take part in the project. Following inclusion in the AMI, schools made referrals directly to Barnardo's through an online referral form.
Knowsley	Triaged by the local authority	During the intervention set-up, schools were allocated 10 referrals each. However, due to differential uptake by schools, a more flexible approach was later adopted. The Knowsley local authority and mentors held discussion with the schools to determine the suitability of the young people who were suggested by the schools, including through a fortnightly 'complex low attendance avoidance group' organised by the local authority to consider which referrals would be most suited to the AMI support.

Area	Referral Model	Referral process
Middlesbrough	Direct	Schools selected young people based on their own criteria and referred directly to the lead mentor.
Salford	Triaged by the local authority; direct from some schools	A programme of Early Help workers placed in schools (the Family Health Practitioners programme) operated in parallel with the AMI. This led the DfE, in agreement with the local authority and Barnardo's, to alter the AMI referral criteria in this area to attendance rates below 50%. Given that the local authority was already working with schools on attendance, they were more involved in the referral process, holding weekly multi-agency and school meetings to allocate referrals. These meetings were attended by local authority staff, the lead mentor, the Lead Family Health Practitioner, and a staff member from referring schools. A minority of Salford schools without an allocated Family Health Practitioner referred both persistently and severely absent young people directly to the AMI.
Stoke-on-Trent	Initially triaged by the local authority, then direct	During the first term of delivery in Stoke-on-Trent, the local authority triaged referrals, prioritising more severely absent young people. Following a low number of referrals and some school confusion over referral criteria and processes, the decision was made for schools to refer directly to the AMI. Schools found the initial local authority referral form lengthy and appreciated that direct referrals sped up the referral process. They also appreciated being able to refer less severely absent young people to the intervention.

Direct referrals from schools to mentors were generally preferred by both mentors and schools. In Salford and Stoke-on-Trent, both mentors and school staff felt that the triage system added an unnecessary layer of bureaucracy for schools. In Knowsley, however, mentors and schools were satisfied with local authority involvement in the referral process.

In Salford and Doncaster, the number of schools engaged in the project was reduced by the local authority and the Barnardo's team in order to increase delivery efficiencies, as mentors needed to spend less time travelling between schools. This suggests more mentors would have been needed to deliver the intervention to more schools. In Doncaster, the decision about which schools would be invited to make referrals was made by the local authority based on the school's overall attendance figures. Whilst 41 schools made referrals in Salford during year 2, only 19 made referrals in year 3. In all areas, the number of schools making referrals in the third year of the intervention was lower than in the second year, as shown in Table 3.3. In Salford and Doncaster this was mostly due to the reduced number of schools permitted to make referrals. In other areas, it is not clear why all schools that participated in year 2 of the AMI did not make further referrals in year 3.

Table 3.3 Number of schools making referrals into the intervention, by year

Area	Year 2	Year 3	Year 2 and 3	Total number of referrals	Average number of referrals per school
Doncaster	21	18	23	333	14.5
Knowsley	13	10	14	510	36.4
Middlesbrough	44	32	46	610	13.3
Salford	41	19	42	422	10.0
Stoke-on-Trent	24	18	25	446	17.8
All Areas	**143**	**97**	**150**	**2,321**	**15.5**

Source: Barnardo's MI data

Overall, according to Barnardo's MI data, 94% of referrals were received from schools and 6% from local authorities. In Knowsley, all referrals were recorded as coming from schools, despite the key role the local authority played in triaging the cases for referral. The largest proportion of referrals from the local authority came in Stoke-on-Trent (12%) and Salford (10%). Whilst not recorded in the MI data, mentors and support services in Middlesbrough, Knowsley, and Doncaster described how support services such as Early Help teams or Family Hubs were also involved in making a small number of referrals or suggesting young people for schools to refer onto the AMI. One family in Salford also found out about the intervention from another support service and liaised with school staff to refer their child to the intervention.

While the Barnardo's delivery team had set eligibility criteria for the intervention, the school-led approach resulted in varied considerations of referral criteria by individual schools, which were tailored to their context and need. Schools generally selected young

people with low attendance rates (below 90%), in line with the AMI's eligibility criterion, but further referral criteria varied across settings. For example, some schools referred young people with more complex issues where school support was insufficient, and they thought external help could be beneficial. Other schools noted they would not refer young people receiving support from other services, such as CAMHS, to avoid duplicating support and overburdening young people and their parents and carers with having to manage multiple service providers.

Some referral strategies evolved over time. For example, one school initially referred young people with an attendance rate of 80-90% whom they thought would be able to see a positive impact from the AMI more quickly, but later adjusted its approach to include some more severe absentees to see how successful the AMI could be with those young people. This variation in referral criteria used by schools led to considerable variation in the severity and complexity of cases for mentors.

Where school staff had a good understanding of the young person's context and the issues underlying low attendance rates, this knowledge enabled them to make an informed decision about the suitability of the support offered by the AMI.

> "[The school attendance team] know whether it's a family that we think will be successful with [the mentor] or that it won't be. Some parents don't want the intervention, some parents don't want anybody over there down their path, over their front door … and so we kind of know that already, … occasionally we'll ask [the mentor] to try and break down a few barriers but more often than not we know the students that [the AMI] is not going to have an impact on."

School Leadership Team member, Knowsley

Building networks of support and increasing referrals

The evaluation identified ongoing information sharing about specific cases between Barnardo's and local authority staff, whether by telephone, email, or in meetings. This communication facilitated effective coordination of the support provided by multiple initiatives. In meetings held between Barnardo's and local authority staff in some areas, professionals shared what had been tried and what had worked well and drew up coordinated plans for further support.

In Knowsley and Middlesbrough, local authority involvement continued beyond the initial engagement of schools. Local authorities provided further help to embed the AMI in the local authorities' existing networks and systems and to promote the mentors' collaboration with schools and wider support services. Local authority staff invited the Attendance Mentors to attend their attendance network meetings and multi-agency

meetings about particular cases. In Doncaster, Salford, and Stoke-on-Trent, where communication was less frequent, the working relationship between local authority staff and the Barnardo's delivery team was diminished.

Establishing trust and developing relationships with schools and local services led to a gradual increase in referrals over time. Barnardo's noted that the intervention became more widely known and recognised across the education and voluntary sectors. In addition, Barnardo's delivery team noted low caseloads until January of year 2. This may have also been affected by the time it took for school staff to get to know new cohorts and their needs at the beginning of the school year.

Doncaster, and to a lesser extent Salford, continued to experience low referral numbers throughout the intervention when compared to other areas. Some schools in Doncaster said they did not submit many referrals after the start of the project as they did not see positive outcomes from the intervention.

> "We stopped referring towards the end of year 1 as we didn't feel that it was making an impact with the students that were referred."

School Leadership Team member, Doncaster

Recruitment challenges and office space during the intervention expansion

The recruitment of new mentors across all 5 delivery areas presented a range of practical and logistical challenges to the efficient set up and delivery of the intervention:

- Onboarding a large number of new staff within a short timeframe proved difficult.
- Identifying suitable candidates with the relevant skills for the roles, with some areas struggling to attract individuals who met the role requirements.
- Securing adequate office space for the expanded team. Barnardo's property department worked closely with the Barnardo's delivery team to identify and secure appropriate facilities to accommodate the growing workforce. No office space was available for mentors in Doncaster or Stoke-on-Trent, who instead worked from home when not in schools.

These challenges meant there were delays in some areas, including Doncaster and Stoke-on-Trent, in having a full team of mentors ready to begin delivering the intervention.

Mentors’ background and expertise

Most mentors were reported by Barnardo’s and schools to have suitable expertise and experience to carry out their responsibilities. Mentors’ characteristics and prior professional experience were central to the AMI’s success according to schools. Many mentors, especially those with experience working in schools, commonly referred to drawing on their prior experience for effective delivery.

> “I think we've had a really positive experience with it because … [the mentor] comes from a school background so [the mentor’s] got experience of being in education and working in schools.”

School Leadership Team member, Knowsley

The intervention was delivered by a team of Attendance Mentors who came from a variety of backgrounds, with different qualifications and experiences, including teachers, nurses, and youth engagement workers. Mentors saw the varied backgrounds among the mentor team as a strength, reporting that this enabled them to support each other on a variety of cases and share ideas and good practice.

Mentors with a background working in education reported this as particularly helpful because they had a good understanding of the school context and were able to work effectively with school staff. The mentors who felt that they collaborated most effectively with school staff were highly experienced teachers seeking a career shift or new challenge; school staff agreed with this. They appreciated mentors’ prior experience in education, stating it enabled mentors to seamlessly enter the school context, quickly understand needs, and effectively collaborate with staff.

Mentors without prior experience in school settings often found it harder to build relationships with families and school staff, as relayed by mentors themselves and corroborated by school staff. These mentors in particular highlighted the challenge of getting schools on board with the objectives of the AMI. They noted that schools needed to be able to see impacts from the mentoring before they fully invested.

> “Early on in the project, schools, academies, didn't like prying eyes or they've got their processes and they've tried and tested for whatever reason so when you've got some strangers coming in on a new project trying to tell you what may benefit, like, well what do you know we know the kids. Which is totally understandable, so it took a little while in certain schools to sort of get the guard down a bit and obviously they needed to see success for them to think well, yeah, it's working we'll listen to this guy he knows what he's on about.”

Mentor, Middlesbrough

With the AMI coming to an end, some mentors felt that the opportunity to continue building relationships with schools to facilitate greater success had been lost.

> "I think the chance for us to build up some good working relationships and you know the chance for us to build up a great reputation has also gone."
>
> **Mentor, Doncaster**

Support structures and internal knowledge and resource sharing implemented in year 2

Once recruited, mentors were supported through a series of structured meetings and communication mechanisms aimed at ensuring delivery consistency and knowledge sharing:

- **Induction and handbook:** Barnardo's developed a detailed induction plan for mentors, as well as a handbook to facilitate induction (this was informed by learning from the evaluation in year 1). Mentors described the handbook not only as an introductory tool but also as a practical, ongoing reference that informed their work with children, young people, and families.
- **Training:** Barnardo's provided training to all Attendance Mentors to align practices across teams. Mentors described how this training placed trauma-informed principles at the centre of the intervention's approach. Training focused on working with young people directly, including general safeguarding training and specialised sessions, such as working with LGBTQ+ young people or supporting survivors of sexual abuse.
- **Monthly supervisions with the Lead Mentor:** used to troubleshoot problems and discuss challenging cases. To this end, Lead Mentors received supervision training.
- **Weekly area catch-ups**: led by Lead Mentors, these meetings focused on reviewing KPIs, caseloads, individual progress, and upcoming training needs.
- **Monthly cross-area team meetings**: brought together staff from all 5 delivery areas, along with the Barnardo's delivery team, and administrative support staff, to discuss delivery progress and challenges.
- **Best practice sessions**: including contributions from external organisations (e.g. sessions on sleep hygiene or supporting children with SEND), with mentors sharing tools, strategies, and resources.
- **Resource sharing**: mentors referred to a shared bank of resources, including worksheets and activities, to draw on in their work with young people.

New staff across all areas were supported by more experienced colleagues from Middlesbrough, who had delivered the intervention in year 1. This peer support facilitated the transfer of practical knowledge and contributed to a smoother start to delivery in newly participating areas. In addition, the handbook, which was developed based on experience from year 1, played a key role in the induction, with the aim to standardise practice, support consistency across teams, and provide immediate guidance for new staff. However, while some mentors routinely referred to it and found it useful, most mentors more commonly drew on their prior experience and knowledge.

Mentors also shared documents, tools, and updates on policy or legislation with each other on an ad hoc basis. This generated a central bank of resources, maintained as a shared folder, which included materials on sleep health and routines, mental health, lesson planning, and timetables. This ongoing exchange was supported through best practice meetings, where resources were shared and mentors could seek advice or discuss challenges they were facing.

> "They [mentors] are constantly sending out emails saying, oh, I found this tool or I found that. Or this has come out this new piece of legislation, but within those best practice meetings we kind of cement them and save the resources and things and somebody may just say I'm struggling with this."

Delivery Partner

These resources were considered easy to access and immediately usable, supporting day-to-day mentoring activities.

According to the mentors, this collaborative approach to resource development and sharing helped to maintain consistency in delivery and supported mentors in responding flexibly to the needs of young people and families.

The Barnardo's delivery team noted that being part of a larger organisation enabled them to draw on a wider range of skills and resources from across other Barnardo's projects. They found it was a key component of the delivery success as it enabled them to draw on Barnardo's expertise, reputation, and material resources, such as the Poverty Fund: funding provided by Barnardo's to support families in need with expenses such as energy bills or the cost of washing machines to wash school uniforms.

4. Overview of intervention delivery

This chapter examines mentors', schools' and families' experiences of delivering the AMI. It explores variation between areas in how long young people received mentoring support and the time they waited for support to begin. It also considers the extent of school and parent/carer engagement. The chapter sets out the main barriers to attendance that young people referred to the AMI experienced as well as the ways that mentors worked with schools, young people and their parents and carers to address them.

Summary of key findings

- Mentors typically had consistent caseloads of 20-25, despite inconsistent numbers of referrals being made over time.
- The length of time young people received support varied by area, with an average of 15 weeks and 2 days.
- The length of time young people waited between the referral and support beginning also varied, with an average waiting time of 43 days.
- In 7% of cases, young people received more than one period of support from the AMI.
- School and parent/carer engagement with the AMI was mixed, both between and within areas.
- The main barriers to attendance experienced by young people referred to the AMI included:
  - unmet SEND needs
  - mental health issues
  - bullying and problems with peer relationships
  - family challenges
  - poor routines and sleep hygiene
  - negative attitudes towards school
  - transport difficulties
  - low attainment concerns
- Mentors worked with schools, young people and their parents and carers to address these barriers. They strove to build trust with the young people and delivered mentoring sessions within and, in some cases, outside of school.

Caseloads and resource sufficiency among the delivery team

Caseloads

Mentors usually managed a caseload of 20-25 young people at any given time, and mentors said that this caseload felt manageable. In Middlesbrough, during the first year of implementation, mentors started out with a caseload of 30, reporting that this was unmanageable. This was because it prevented them from providing the additional support needed in more complex cases, such as attending panel meetings or intervening on a more ad hoc basis beyond scheduled meetings. As a result, for years 2 and 3 of the intervention, 2 additional part-time mentors were hired in Middlesbrough and caseloads were reduced to 25 young people per mentor. This freed mentors up to provide the additional support needed.

> "Originally it was 30 but if you look at a 37-hour work week, 30 hours going to the young people, things like admin, transport, and in this line of work anything can happen with a young person, so you might have 3 hours of meetings for a young person if they're in child protection or social services, things like that. I feel like the number where it is now is much more manageable and it gets us sort of the best outcomes for the young people because we've got that little bit of time to move if needs be or I can spend that little extra half an hour with a young person if needs be."

Mentor, Middlesbrough

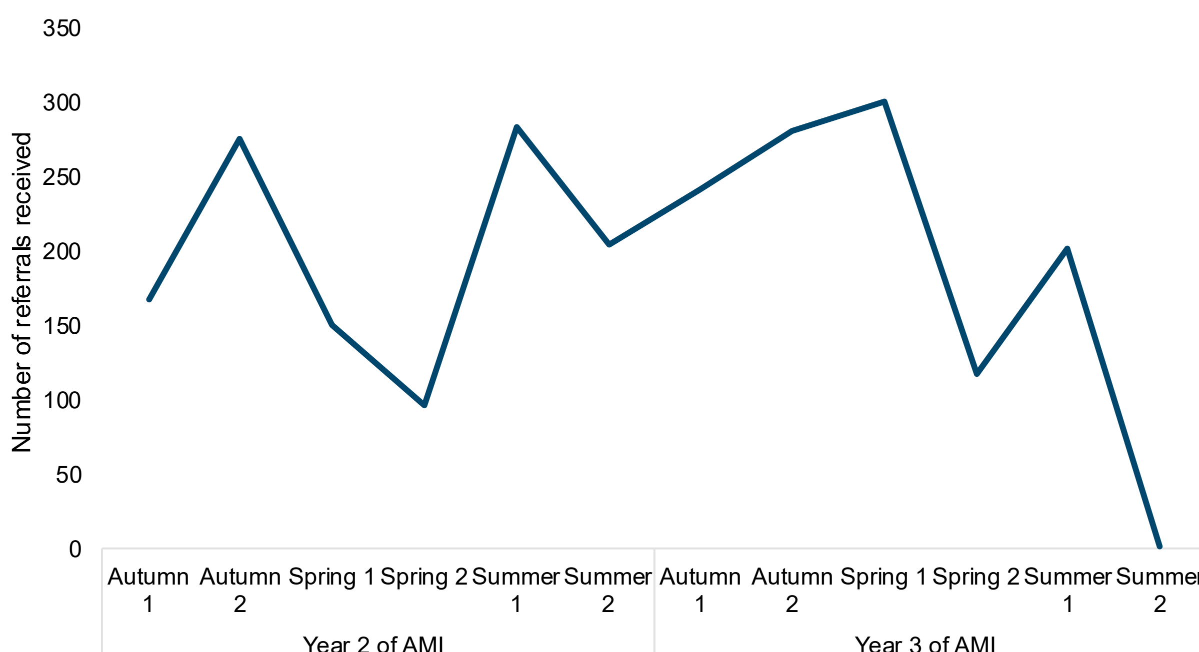
In Knowsley and Middlesbrough, mentors, for the most part, displayed dedication in supporting young people and their parents and carers flexibly outside of standard working hours and over extended delivery schedules. Mentors in these areas reported that in many cases the relationship and support continued outside of the mentoring sessions and beyond the allotted weeks of the intervention. This suggests an additional workload unaccounted for in a mentor's allocated caseload. The nature of this additional support was typically ad hoc and informal, so it was not possible to assess the prevalence and amount of additional time this represented for mentors.

In Doncaster and Stoke-on-Trent, mentors typically adhered to the expected time commitments for intervention delivery. This consistency supported a more straightforward and manageable implementation process, contributing to a well-structured and predictable delivery within these areas. However, it also meant that mentors were not offering additional support where needed, as was observed in areas such as Knowsley and Middlesbrough. In Salford, the complexity of cases referred to mentors meant that they delivered fairly intensive support during the period of the intervention, often delivering support outside of the expected mentoring sessions, similar to in Knowsley and

Middlesbrough. However, they did not have the capacity to continue offering support after the intervention period had come to an end, unless the young person was referred again.

A further issue with resourcing was presented by uneven referral numbers over the course of the year. The delivery team experienced an increase of referrals particularly prior to the Christmas and Easter holidays. At some points in time mentors were under capacity, while a surge of referrals at another point in time could result in long waitlists (see further below). Figure 4.1 shows the uneven profile of combined referrals across all areas.

Figure 4.1 Referrals received over time across all 5 areas



Source: Barnardo's MI data

Mentor attrition also led to bottlenecks in resourcing and contributed to waiting lists as hiring processes took about 6 months. In both Knowsley and Middlesbrough, 3 mentors left the delivery team, and Salford and Doncaster lost 1 mentor each. In Doncaster, this was the Lead Mentor, whose position was filled by an existing Attendance Mentor, who was in turn replaced at a later point. Stoke-on-Trent was the only area with a consistent delivery team throughout the intervention.

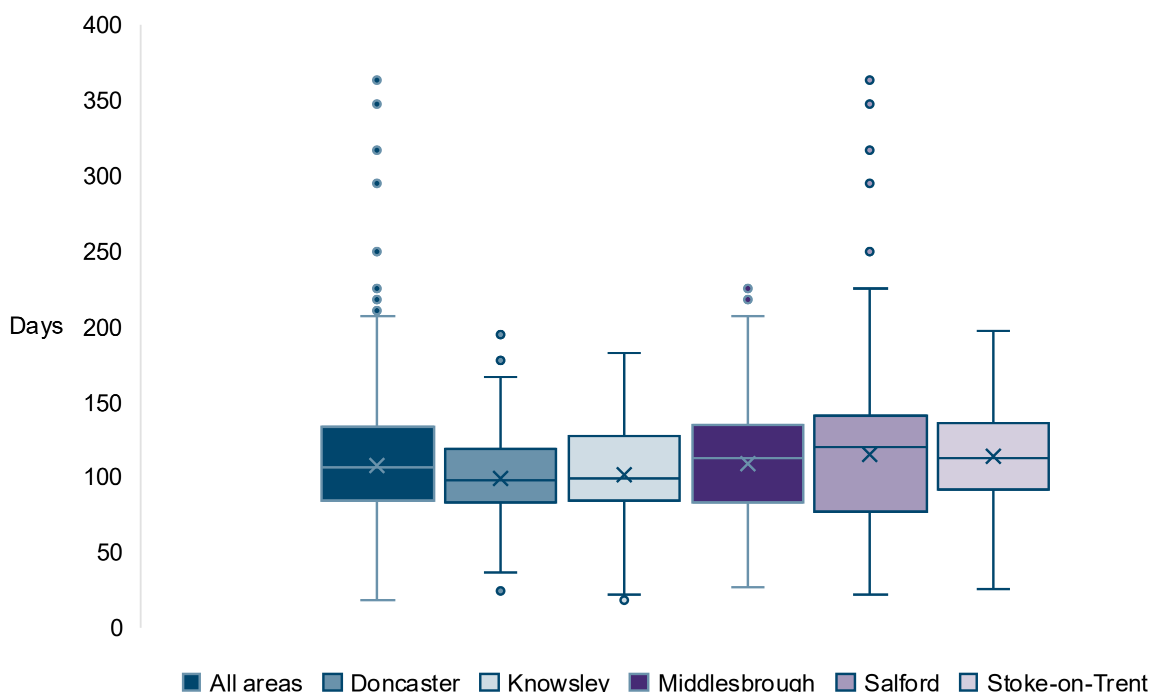
The intervention was designed to offer 12-20 weeks of support. According to Barnardo's MI data, the mean duration of support received for all cases (whether completed their intervention or not) across all areas in years 2 and 3 of the intervention was 15 weeks and 2 days, indicating that the majority of cases received the intended duration of

support. For those cases where the intervention was completed, the mean duration of support rose to 16 weeks and 1 day. A breakdown of the duration of support is shown in Figure 4.2 for all cases that received support, and in Figure 4.3 for all completed cases, below.

The charts show how long support usually lasted (the box), how much this differed between young people (with the typical value shown by the line in the middle of the box and the average shown by the X in the box), how much these lengths varied (the lines emerging for the top and bottom of the box), and whether any cases were unusually short or long (shown by the dots).

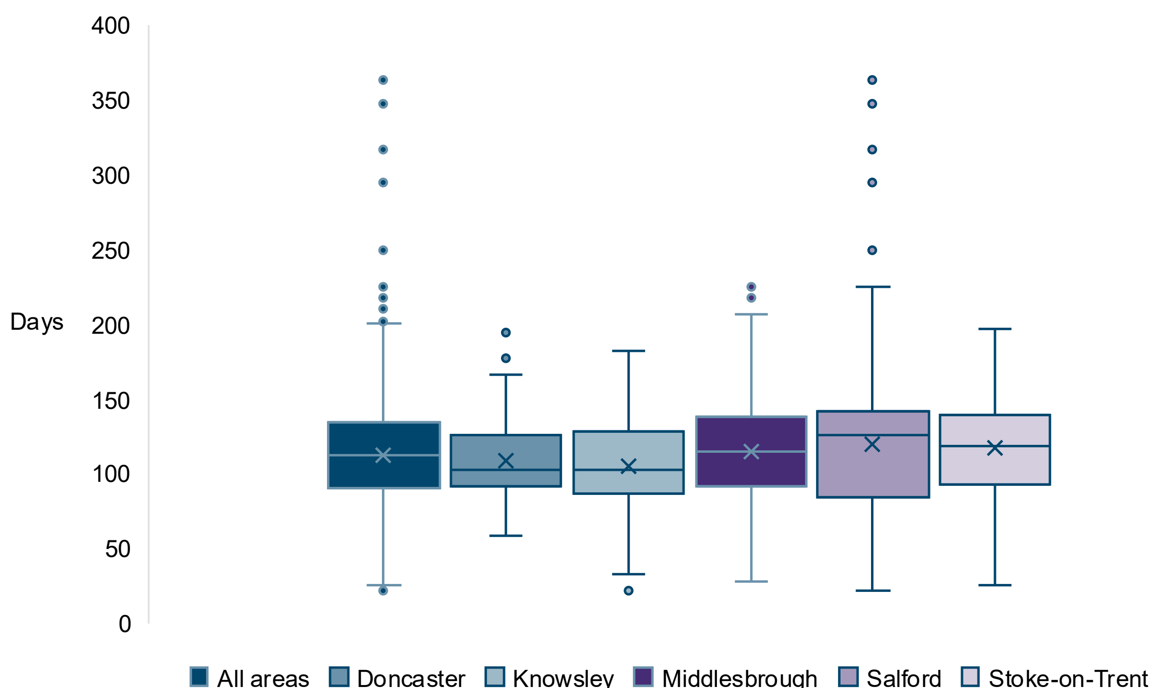
A wide box means the data is more spread out, suggesting more variability within the area, while a narrow box means the values are more tightly clustered, suggesting less variability.

Figure 4.2 Duration of support (days) for all cases that received support



Source: Barnardo's MI data
Cases with negative durations have been removed

Figure 4.3 Duration of support (days) for all completed cases



Source: Barnardo's MI data
Cases with negative durations have been removed

Across all areas, 19% of cases (266 cases) received support for 20 weeks or more. The proportion was highest in Salford, where 26% (56 cases) received support for 20 weeks or more, and lowest in Doncaster, at 11% (24 cases).

In practice, length of support was capped in some areas due to resource constraints. In Doncaster, support was restricted to 12 weeks partway through the intervention to increase mentors' capacity to take on new cases. Salford experienced an influx of referrals a few months before the end of the intervention. In response to this, mentors had to request approval of extensions of support beyond the 12 weeks cap from the Barnardo's delivery team (while previously they could extend support up to 20 weeks based on their own judgement), with the aim of providing support to all referred young people. Some parents and carers and young people stated that a longer period of support would have been helpful.

Waiting times between referral and beginning of intervention

As a result of uneven referral loads, some young people experienced what parents and carers perceived to be long waiting times to receive support. Barnardo's MI data shows that the mean duration between the referral being received and the intervention beginning was 43 days (SD=35), with a median of 34 days. Middlesbrough had the

longest mean wait time of 54 days (SD =40) and median of 45, closely followed by Stoke-on-Trent with 51 days (SD =38) and median of 25. The lowest mean wait time for the intervention to begin was in Doncaster (31 days). There were 11 cases (across Middlesbrough, Salford and Stoke-on-Trent) where the wait time between referral and support starting exceeded 6 months. One comparison parent from Stoke-on-Trent reported being on the waitlist for almost a year. The variation in waiting times was driven by uneven referral loads over time and between different areas.

Table 4.1 Average waiting times from referral to beginning of the intervention in days

Area	Mean	Median	Minimum	Maximum	Standard deviation
Doncaster	31	25	0	176	26
Knowsley	32	23	0	114	26
Middlesbrough	54	45	0	225	40
Salford	42	37	4	206	33
Stoke-on-Trent	51	41	3	203	38
All Areas	**43**	**34**	**0**	**225**	**35**

Source: Barnardo’s MI data
Cases recorded with negative durations between referral to beginning the intervention have been removed

Longer waiting times posed the risk of problems worsening and becoming more entrenched. Furthermore, waiting lists led to some parents and carers’ dissatisfaction and added pressure on schools, who had to manage the waiting lists and parents’/carers’ expectations.

> “It might take 5 or 6 weeks to meet them. By then, attendance has dropped.”

Mentor, Middlesbrough

Mentors reported that longer waiting times could also lead to some parents and carers forgetting they had consented to taking part in the intervention.

> “We are still finding that we've had referrals who've been referred quite a while ago now, so we're picking them up and sometimes they've just forgotten that they've even had the conversation with school to get in consent.”

Mentor, Stoke-on-Trent

Schools and families' engagement with the intervention

School engagement

The AMI relied on close collaboration between mentors and school staff. Most schools, with the exception of some in Doncaster and Salford, reported having strong working relationships with Barnardo's. Schools appreciated that mentors provided a type of personalised support to young people which schools could not offer due to insufficient resources and capacity.

Types of interaction between mentors and schools included:

- Schools requesting mentors' assistance with specific tasks, such as collecting young people from home.
- Mentors and schools setting up joint meetings with families to help build trust between parties.
- Some mentors setting up restorative meetings to help rebuild trust between a persistently absent young person and school staff, or to coordinate support as sessions progressed.
- Attendance panel meetings with local authority representatives set up by schools with the mentor's presence requested by the school or the parent/carer.

> "We've set up a couple of attendance panel meetings … myself, someone from the local authority school attendance service and someone from Barnardo's, and we found it very useful because we've invited parents before we've made the referrals and we'll just explain why Barnardo's are sitting on the panel and explain a bit more about the service and what it offers."

School Leadership Team member, Knowsley

While some schools were initially uncertain about having an external mentor in the school, many were persuaded by the mentor's experience and expertise. Other schools warmed up to the intervention following recommendations from other schools, or via pre-existing relationships with some of the mentors.

However, several school-level barriers affected the implementation and outcomes of the intervention.

- **Slow initial buy-in from schools**: Referrals often increased only after schools had tested the intervention and developed trust in Barnardo's. In some cases, schools were confused by the referral processes and criteria and required clarifications, which caused delays. Some schools delayed engagement until they

had piloted the approach with a few young people and developed coherent referral systems.

- **Limited capacity and resources**: Some schools were unable to fully engage with the AMI due to workload pressures and staff shortages. This limited their ability to support the intervention by making referrals and building relationships with mentors.

> “They [the school] just don’t put in as many referrals as the other schools, and we’ve tried different ways, but they are just so busy and she [school staff] says to the mentor ‘it’s not because I don’t want it but it’s the role and she’s too busy to put the referrals’.”

Mentor, Knowsley

The evaluation identified some communication issues between schools and mentors. Some schools, particularly in Salford and Doncaster, found communication from the mentors insufficient. They reported needing more information-sharing and progress updates to work effectively with the mentors. For example, one school reported not being aware of the issues the mentor was helping the young person to address and another reported not knowing that the intervention allowed for re-referrals.

> “We only really find out when they have started working with a student and then really when it's closed. So in between, there’s not really much information as to what engagement they're having and what the issues are for the attendance, what the barriers are that they're facing.”

School Leadership Team member, Salford

Where collaboration between school staff and Barnardo’s was weaker, this resulted in dissatisfaction among both school staff and parents and carers. In Salford, some schools complained to the local authority about the inconsistency in communication; in some cases schools requested support from services such as the Family Health Practitioners, but not from the AMI, due to feeling that it had not been helpful for their students. A handful of Salford and Doncaster parents and carers also complained about the support from school and the AMI being insufficiently joined up.

Parent/carer engagement

Engagement of parents and carers with the intervention varied. 72% of the families who were referred to the intervention took up the offer. The characteristics of the families who chose to participate in the evaluation were not recorded. Instances of families withdrawing consent before the period of support started were particularly high in Salford, where just 51% of referrals received went on to begin the intervention. Mentors and schools reported that some parents and carers believed that they did not need any

support from the AMI or any other intervention, while others found the initial engagement process to be invasive. This perception was often linked to mentors discussing family-related issues that may have contributed to low school attendance or conducting initial home visits.

> "We've had that a couple of times where maybe mum or dad or carers jumped the gun a bit, went 'look it's all fine now', and then 7 or 8 weeks later we've had a referral put in because there's conflict at school or attendance [drops] off [again]."

Mentor, Middlesbrough

One parent/carer who opted out of the intervention did so because they believed it would not help with the kind of issues their child was facing and might even make things worse for them.

> "But in my opinion, it's just not going to help the way kids are with each other now. … They said it was like to help him make friends. That's not going to help him make friends. That's going to single him out more, make him seem different … make him more of a target to kids, that he has to have an adult to come and help him make friends. And in my opinion, it was something that he needed to overcome himself."

Parent/carer, Comparison, Middlesbrough

Case example 1 – an example of non-participation in the programme

This young person had very poor school attendance, with their parent describing that they attended school on average less than one day per week. The young person had health problems as a type 1 diabetic, alongside severe dyslexia. They were in the process of exploring whether they may also have ADHD. Underpinning their poor school attendance was the young person's perception that school was boring and they did not like it, whilst the parent believed that their additional needs not being sufficiently met was also a contributing factor.

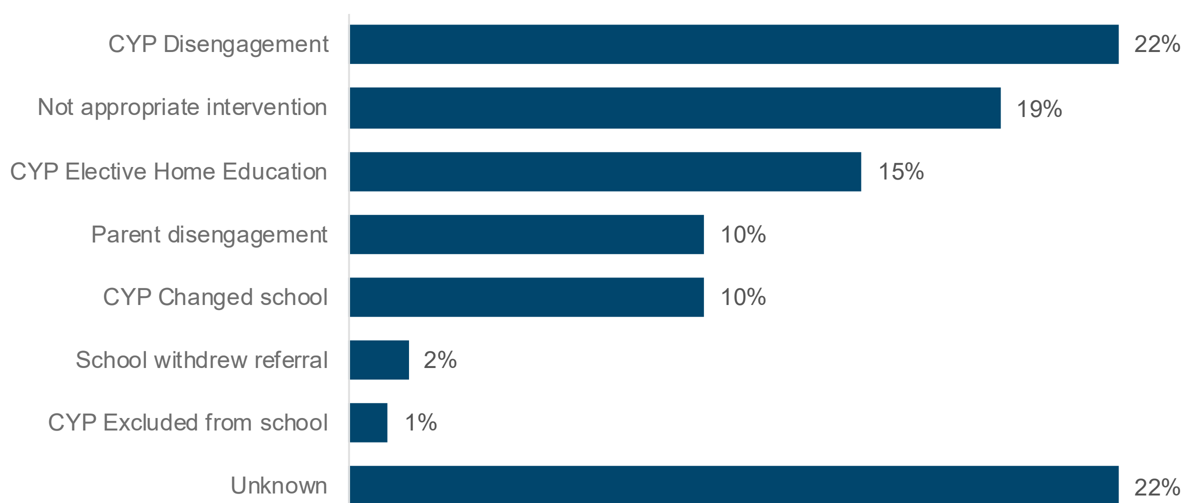
The family first heard about the AMI through the school, who had raised it as a potential source of additional support for the young person's attendance. The parent's initial reaction was that it would not be worthwhile for their child to participate. They felt that it would deter their child from attending school on the days that they could meet with the mentor, as they had previously been averse to any additional support or intervention within school. The young person was also approached by a school staff member and was informed about the AMI, but said they did not want to participate. The possibility of initial home visits to build a relationship with the young person had not been mentioned to the parent. As they understood that the support was available only in school, and the young person would not attend school, they could not see any potential value in participating.

The young person's school had made adjustments to their timetable so they only needed to attend half a day of school at a time, which the parent found to be supportive in the short term. The only way the parent thought their child's attendance would increase substantially was if someone physically transported the young person from home to school on a daily basis. The parent did not have a positive view of education, perceiving it to be unsuited to contemporary young people's interests. They felt that attendance at school would increase if young people had more vocational options available to them and if schools were more lenient with rules and uniform.

Some parents and carers responded positively immediately but others were more reluctant. Around 12% of young people who started the intervention did not complete the period of support. These cases were particularly high in Doncaster, where 22% of cases dropped out during the delivery of the intervention. Conversely, there were fewer instances of drop out in Knowsley, where only 6% of cases withdrew after support had started. These figures for Doncaster and Knowsley represent a statistically significant difference to the proportion that dropped out across all areas.

Typically, young people not in education were harder to contact and engage unless Early Help or other services were already involved. Similarly, young people with lower attendance and families with more entrenched challenges, or negative and complex relationships with the school, were harder to engage. Some parents and carers who had agreed to take part in the intervention were subsequently unresponsive to the mentor's communications. These cases were closed due to lack of engagement. Mentors reported notifying school staff when they were unable to establish contact with families, requesting their help in encouraging parents and carers to take part. The reasons recorded in Barnardo's MI data for those young people who withdrew from the intervention during the period of support are summarised in Figure 4.4.

Figure 4.4 Reasons recorded for withdrawal during the period of support



Source: Barnardo's MI data
n=178 cases with the status 'withdrawn during support'

Those families who started the AMI generally engaged well with the intervention. Mentors tailored their ways of working with families to individual circumstance and need. While sessions were reserved for young people only, the extent of mentors' engagement with parents and carers varied by area and individual case.

In most cases, parents and carers were consistently kept informed about their child's progress. Mentors maintained regular contact through various communication channels (e.g. text messages, phone calls, and in-person meetings) and engaged parents and carers in both informal conversations and structured discussions. These included discussions about family life and specific challenges, invitations to attend meetings with school staff, and encouragement to take supportive actions, such as helping their child establish a bedtime routine.

This approach was particularly evident in Middlesbrough, where all parents and carers interviewed reported receiving frequent updates about the content of mentoring sessions and their child's progress. The frequency and nature of communication varied depending on the needs of the young person and the complexity of the case. Parents and carers were more actively involved when their support was required to address specific challenges, while in cases where the issues were more specific to the young person, family involvement was less frequent.

The level of engagement also depended on how mentors structured their time and prioritised family involvement within each case. A more flexible approach allowed mentors to tailor communication to the circumstances of each family, ensuring that support was appropriate and proportionate.

> "Quite often the young people tell us they're unhappy because they're arguing with their mum or dad… so it's about doing some exercises with them, helping them understand co-parenting, giving them a voice, and working with parents."

Mentor, Knowsley

Most parents and carers praised mentors for their ability to advocate for families within school systems. For example, mentors supported families of children awaiting formal Special Educational Needs and Disabilities (SEND) recognition, helping to ensure schools made reasonable adjustments in the interim. In Salford, mentors helped some parents and carers transfer their child to alternative provision.

> "Even with Watchtower involved the school was very much solely fixated on attendance … rather than addressing the underlying issues. If it hadn't been for [mentor's] insistence that certain things get done, then I was at breaking point because they wouldn't listen to me."

Parent/carer, Treatment, Middlesbrough

In Doncaster, however, communication with parents and carers was less consistent. Some parents and carers reported minimal or no contact with mentors, such as receiving only one phone call or a few brief interactions and did not always have the opportunity to meet the mentor in person.

A range of factors contributed to this variation in Doncaster. In some cases, mentors had limited time available for family communication due to their allocated mentoring hours and adhering closely to their defined working hours. In other cases, parents and carers themselves preferred not to be involved, expressing confidence in the mentor's ability to support their child independently. This was particularly common among parents and

carers who felt their child benefited from speaking to someone impartial and outside the family.

> "No, she didn't really tell me much about [how she was working with my child]. I let her talk to [my child] about things because I thought it might be somebody [the mentor] who [my child] could speak to if she couldn't speak to me. And then help her in school with things."

Parent/carer, Treatment, Doncaster

Types of barriers to school attendance

The issues underlying young people's low attendance rates were varied, often complex and dependent on individual circumstances. Mentors reported that some of the most common underlying issues were undiagnosed SEND needs and poor mental health, particularly anxiety. Some young people had low self-worth, experienced bullying, struggled with belonging and building friendships at school, or had family challenges such as bereavement. These barriers were reflected in the young people's Action Plans developed with the mentors.

Unmet SEND needs

Many parents and carers and young people who received support from the intervention referred to schools not meeting their needs as a key barrier to their attendance. Mentors also found this a key barrier.

> "The main [barrier to attendance] that seems to flash up is undiagnosed SEND needs, that's a massive one and obviously the waiting lists on the back of Covid and things have made it quite hard for families to get the diagnosis for the young person that they might need and that's a barrier."

Mentor, Middlesbrough

For some young people, their low attendance at school was due to suspensions on the basis of their behaviour which was consistent with their SEND needs.

> "He's not been in school since November of last year but that was [because] he's in the process of being assessed for ADHD. So, there was a lot of suspensions from school where it wasn't me keeping him at home or him not wanting to go to school it was, he was going to school and the behaviours that he was presenting just meant that he was getting suspended."

Parent/carer, Treatment, Doncaster

A number of young people receiving support from the AMI were on lengthy waiting lists for assessment for SEND needs. Without diagnoses, parents and carers and mentors reported that schools were unable to make the necessary adjustments to support these young people, resulting in them struggling to engage in school.

> “I think you've got the undiagnosed SEN. So, they go to school but then get on a cycle of being suspended because they can't do what the school requires of them. And in effect, it's not the right setting for them, but they can't go anywhere else because they've not got an EHCP or any official diagnosis. A lot of people are waiting on the NeuroDev pathway. Some are not even on it.”

Mentor, Salford

Mental Health needs

Many of the mentors, schools and families highlighted mental health issues, especially anxiety, as a key barrier to young people’s attendance in school. Schools noted that the issue had become particularly acute since the Covid pandemic.

> “Probably our biggest barrier to attendance is mental health. … we’ve seen a massive decline in mental health, especially since Covid and the facilities that are available for students to tackle mental health are very limited at the minute, especially in this area.”

School Leadership Team member, Salford

Some parents and carers found that schools were not as supportive of young people struggling with anxiety as they expected, contributing to their low attendance.

> “[The young person] was stuck with a lot of anxiety before Christmas and [had] lost a lot of weight. I was in contact with the attendance officer [at school] and I said, you cannot punish him for being late on a morning for being anxious. … School said this doctor’s note is not good enough, he will still be punished for being late.”

Parent/carer, Treatment, Middlesbrough

Case example 2 - an example of a case related to mental health and anxiety

This young person first accessed mentoring support in September because of her low school attendance due to poor mental health, which had resulted in suicidal thoughts, self-harm, and severe anxiety over going to school.

At the start of her intervention, the young person was attending her school's off-site alternative provision centre 3 times a week. However, in December, just before the scheduled end of her mentoring sessions, this centre was moved onto school premises, leading the young person to stop attending entirely due to her fraught relationship with school. The mentor therefore re-referred her to the intervention for continued support.

The mentor worked with the young person to increase her knowledge and strategies of self-care, helped her access extracurricular activities to build self-confidence, and supported her to access alternative provision. During the period where the young person was not attending school, most mentoring meetings were conducted as 'walk and talk' sessions, with the mentor picking the young person up at home and giving her the opportunity to explore her thoughts and feelings outside of the school and home environment. The mentor helped her identify hobbies to cope with anxiety, and they also supported the parent/carer in completing a grant application for music lesson funding.

The mentor developed a good rapport and a high level of trust with the young person through empathetic and encouraging communication. Mentor and mentee connected over a shared love of crafts, showing each other different techniques and creations. The mentor helped the young person recognise and celebrate her creative talents, encouraging her to pursue her craft at college.

Working against long waiting times, the mentor strove to support the family to access a new alternative provision before the summer holidays in order to avoid unnecessary uncertainty, which would have exacerbated the young person's anxiety over the summer holidays. Support was closed in June, after the young person had accessed a new alternative provision.

Issues with peer relationships or bullying

A number of young people and parents and carers reported bullying that had not been addressed by school as a key reason for not attending. Issues with bullying and peer relationships sometimes overlapped with SEND needs.

> "Three years of absence issues due to severe bullying and absence related to lack of support for, well at least waiting to be assessed but his AuDHD behaviours overwhelm, severe bullying to the point that September before he was referred to Watchtower he started having suicidal thoughts."

Parent/carer, Treatment, Middlesbrough

Aside from bullying, some young people struggled to attend school due to friendship challenges or issues with their peers.

> "She was very nervous about talking to new people and new friends. She hasn't made any new friends since she started secondary school."

Parent/carer, Treatment, Doncaster

Family Challenges

Schools described challenges within families that negatively impacted on young people's attendance at school.

> "These are students that come from massively dysfunctional families, where there's drink, drugs, families are in prison, they've experienced extreme adverse childhood experiences."

School Leadership Team member, Middlesbrough

A small number of young people had low school attendance due to bereavement in the family. Sometimes these young people had not accessed support for this before engaging in the intervention.

> "I had a year when my dad passed away and I had another, I had a ginger cat and he passed away and I didn't want to go to school after my cat had passed away because I'd watched him pass away and everything."

Young person, Stoke-on-Trent

Case example 3 – a case related to family challenges

This young person was referred to the programme because their attendance had been declining since arriving at secondary school after a challenging time in the family home. Their parents had separated due to domestic violence and the mother said that their child lacked a suitable male role model as they lived with them full time and did not have contact with their father. The mother had been concerned that the young person had started becoming friends with people at school who were a bad influence on their behaviour, and this had resulted in them being sent out of class and put into detention. The mother also described one occasion where they had been brought home by the police. Because of this, the young person’s attendance had been declining, and the school’s attendance lead had been tasked on several occasions to come to the family home to check in on the young person and try to get them to come in to school.

This young person was quickly identified by the school as someone who might benefit from the AMI and after being on the waiting list for a short amount of time, they were allocated a male Attendance Mentor. The mother said that the way that the mentor acted was really positive, saying things straight to the point whilst also treating the young person with respect, quickly becoming the positive male role model the young person needed.

The mentor took the young person out of the home several times and they had their meetings at McDonald’s. This gave them some privacy and allowed the young person to open up. The mentor was able to talk to the young person and get them to understand the consequences of their bad behaviour in class and to help them find solutions in school.

The mother also said that the mentor had been really responsive whenever she needed to reach them by phone or text if she had any questions or needed any support as a parent. As a result of the intervention, the young person’s attendance improved, and they are now back in school full time. The mother emphasised the point that this was very much down to the mentor’s ability to connect with her son and the fact that he was empathic but honest.

Poor routines or sleep hygiene

Mentors described many cases where poor routines or sleep hygiene were linked with poor school attendance.

> “I don't think I've worked with a young person who hasn't had a poor routine, a poor sleeping pattern or some sort of issue with regards to routine.”

Mentor, Stoke-on-Trent

Parents and carers described young people staying up late into the night and this impacting on them getting into school in the morning.

> “Sometimes he will be up until like 4 o'clock in the morning and he's got to get off for school, so he was sleeping in. And that's usually after the holidays, you know, because he's staying up later on the holidays as well.”

Parent/carer, Treatment, Middlesbrough

In some cases, poor sleep was linked to the use of technology, in others it was related to anxiety or neurodivergence.

> “[One] of the things that I hear most often is lack of sleep because of social media use and mobile phones, parents are kind of reluctant to have set guidelines as to what time bedtime is so mobile phone usage just can keep them up all night, so they get very tired.”

Mentor, Doncaster

Attitudes towards school

In some cases, a young person’s or parent/carer’s relationship with the school or school staff presented as a barrier. Some young people and parents and carers felt a lack of understanding and support from school staff.

> “The school just hates me.”

Young Person, Doncaster

Some parents and carers’ negative feelings towards school also contributed to the family’s challenge with the young person’s attendance.

> “The teachers don't listen, the teachers don't care as much as they say they do, they don't. … I’ve got no hope or faith in the school whatsoever. … I went [to the school], I left in 2002, and I hated it then, and I hate it now.”

Parent/carer, Treatment, Stoke-on-Trent

For some young people, they simply had a strong dislike for attending school.

> “A lot of the time in Year 7, I used to ring up Mum in tears saying that I felt ill and I wasn't actually ill. I would just say that so I could come home because I hated being in my lessons. Or I'd purposely try and get out my lessons, and I'd try and go and skip my lessons and stuff like that.”

Young Person, Stoke-on-Trent

Transport issues

Across all areas, there were some young people who experienced issues with transport. This was particularly challenging in Knowsley, where some young people attended schools far from their homes and had to take 2 buses to get to school.

> “Some of our students have to get 2 buses to school, so that's another barrier in place, because especially if you've got a young person who's in Year 7 or Year 8 who's just used to walking to school, or getting a local bus to school, the parents and the child are like, I've got to now get 2 buses, that's 4 buses a day.”

School Leadership Team member, Knowsley

Low attainment

A small number of young people had poor school attendance due to concerns about low attainment or falling behind.

> “[The young person] has expressed that she is too far behind and continues to truant around school to avoid attending lessons.”

Young Person’s Action Plan, Knowsley

Mentors' ways of working

Working with schools

Mentors' ways of working with schools involved a combination of timetabled visits, structured meetings, and ad hoc communications, which included the following.

- **Referred case discussions**: Schools shared information on referred cases, followed by mentor feedback after initial home visits, including assessments of potential family engagement.
- **Email communications:** mentors sent emails to schools with general updates, particularly regarding the start and end of mentoring support for young people.
- **Informal updates**: Weekly or daily ad hoc in-persons updates between mentors and school attendance leads on young people's attendance and any challenges they were facing.
- **Actions and next steps discussions:** Mentors, acting on behalf of the young person, sometimes requested specific actions from schools, such as identifying the most appropriate staff member to discuss timetable arrangements or other support needs.
- **Participation in meetings**: Mentors attended formal meetings involving parents and carers, schools, and occasionally other services.
- **Phone communications**: Regular phone calls between mentors and school attendance leads.

Schools provided mentors with regular updates on young people's school attendance and shared details regarding individual young people's circumstances, especially when referring a complex case. Similarly, mentors in most areas consistently shared information with schools about a young person's barriers and needs to help them support the young person.

> "She [the mentor] will normally come in on a Wednesday, she'll come down to the attendance office and we'll have a discussion. She'll go over each case and give us any updates or ask any questions she needs to know."

School Leadership Team member, Middlesbrough

However, feedback from schools highlighted that there was a lack of formal feedback loops between mentors, schools, and support services. While information was shared informally, some schools and support services highlighted the need for more formal, written updates on mentor progress to support their work. Furthermore, some schools in

Salford and Doncaster reported limited communication from the mentor as a hindrance to the success of the AMI as they were less informed about the young person's needs.

Mentors usually worked with young people who attended the schools they were assigned to as link mentors, which facilitated referrals, planning, and collaboration. However, in a limited number of cases, where the match between the mentor and young person did not work, mentors were replaced, and a new match was made. These cases were usually related to the sex of the mentor, with a same sex mentor reassigned, for example, where past abuse from a member of the opposite sex was disclosed.

Working with young people

Mentors prioritised building strong relationships with the young people, which enabled them to understand individual needs. Mentors broke the ice by playing games or letting the young person ask questions about them. Mentors encouraged the use of their own first names to encourage a close relationship and to make a distinction between themselves and school staff in the mind of the young people. Mentors employed active listening to give the young people space to speak and feel listened to.

> "I'd say one of the main things is communication and listening ears. What I've found is all young people basically want somebody to be able to talk to."

Mentor, Knowsley

> "If I was having a bad day, whenever I had the meeting with [mentor], it was like, I could relax a bit, I could, like, talk about my day ... And stuff like that."

Young person, Treatment, Middlesbrough

The space created helped young people develop trust in the mentor and increasingly share more about the issues impacting school attendance. This in turn enabled closer collaboration with the young person in identifying and implementing strategies to address attendance barriers.

The content of sessions was tailored to each young person's needs and guided by the goals set by mentor and young person based on the initial Outcomes Star assessment. Mentors employed a wide range of resources, such as colouring in sheets, mental maps, worksheets, and focus toys (sensory toys that aid with focus and concentration when played with). For example, one mentor used a 'My butterflies' worksheet to help young people identify anxiety triggers and responses. Mentors reported how Attendance Certificates issued by schools served as effective tools for structuring goals. Young

people could aim to reach the threshold at which they would receive an Attendance Certificate from their school as a reward each half term.

Some young people observed by the evaluators during in-school mentoring sessions appeared invested in increasing their attendance rates, as mentors helped them celebrate their success. This investment was evident through enthusiastic comments, such as expressing pride in their improved attendance or noting positive changes in their routines, like going to bed earlier.

Home visits were typically used for young people experiencing pervasive non-attendance, school-related anxiety, and/or mistrust of school staff. This was particularly the case in Salford, where some young people had not entered school premises for months, and mentors worked with them to return gradually. In Doncaster, some schools, parents and carers, and young people were unhappy with the majority of sessions being held at school, noting that this setting heightened students' anxiety.

> "Because in school there's always a teacher outside the meeting rooms. And the walls are quite thin anyway, so you can hear through them."

Young person, Treatment, Doncaster

> "Those students who maybe had just started to refuse school or they had a barrier that was preventing them that was new, if I referred in, [the mentor] would say 'would they come into school for the sessions'. So, I would have to challenge that and say 'but … we were told that you would do work in other sites or in the home', and they said 'well, we would like to do these in school'. So that was a barrier as well so in selecting those students."

School Leadership Team member, Doncaster

Support for young people and their parents and carers beyond mentoring sessions

Many mentors also offered dedicated support beyond scheduled sessions. In some cases, this included arranging extracurricular activities, taking a young person transitioning from primary school on secondary school visits, or helping older pupils to organise work experience. Activities of this type occurred most frequently in Knowsley and Middlesbrough.

> “A lot of mentors work out into the community to build that confidence and self-esteem. So it might be that that young person is really interested in football, so they’ll support that young person in going to a community football setting. So, we’ve got kind of those ongoing conversations with voluntary organisations as well out in the community to support young people.”

Delivery Partner

In Middlesbrough, Knowsley, and Doncaster, mentors organised activities such as bowling and a dedicated sports day during the summer school holiday to maintain contact with young people. These holiday activities did not take place in other areas. However, in Stoke-on-Trent, one mentor felt that having a hub space to organise group activities in the holidays would have been beneficial, particularly as home visits were not suitable in all young people’s circumstances.

Support beyond sessions included meeting a young person at home in the morning, bringing them to school, and contacting the parent/carer after a session to reassure them that the young person was okay following a difficult morning. Mentors also advocated for the young person with school staff to implement support measures at school, such as putting in place reduced timetables or arranging teaching assistant support. Communications also involved discussion about the young person’s challenges beyond school attendance, for example concerns about mental health or family relationships.

In Doncaster, mentors adhered more strictly to the one-to-one mentoring session format with the young person. They were less likely to be involved in ‘hands-on’ activities such as picking up young people to go to school or offering support to the wider family. This was because they felt their focus was very much on the young person rather than the wider family.

> “I wouldn't say that [supporting the family] would be part of our package of support for that young person … anything that needs ongoing support it would be family support services I would be referring to because I think it just takes away from it, can take away from the young person as well if all of a sudden now you you've moved towards parents.”

Mentor, Doncaster

Some mentors in Knowsley, Stoke-on-Trent, and Middlesbrough reported occasionally making themselves available to young people and parents and carers into the evening or outside of standard working hours. Within Salford, some mentors had a more expansive understanding of their role than others. In some cases, mentors reported taking on cases so severe, that they believed a social worker should have been involved instead. For example, one Salford mentor reported calling a parent an ambulance and following the

family to the hospital. MI data shows that several cases were closed due to the complexity of the case and the AMI not being the most appropriate intervention for the young person. This suggests that not all mentors were able to support all young people when their need extended beyond the scope of the intervention. Some mentors found it difficult to balance the multiple competing priorities of their role, reporting that some parents and carers expected more extensive support beyond their remit.

> "For some parents I think it's hard where there's a bit of a blurred line in terms of what our role is because we're there to support the young person, we want them to attend, we are there to support the parents as well. We're trying to do a lot of work with the young people, have we got time to be doing work with the parents? Probably not, so building that bridge and that relationship is where it becomes difficult."

Mentor, Stoke-on-Trent

In Knowsley, and to a lesser extent in Salford, mentors also commonly offered parents and carers material support. This included funding for essential items such as food, washing machines and utility costs, or helping parents and carers purchase a second school uniform, bike lock, or Christmas presents. Mentors were able to access Barnardo's internal funds such as the Poverty Fund to this end.

> "Poverty has been a huge issue, and obviously Barnardo's have had a fund, which all the mentors have been able to apply for to support children and young people and families. So, things like washing machines so that they can wash school uniforms."

Delivery Partner

Referrals to and coordination with support services

Where needed, mentors referred young people to support services and coordinated support with these services. Most commonly, mentors referred young people to emergency mental health appointments, counselling, or bereavement support services. In some cases, mentors referred young people to Early Help.

Where families were receiving such support, Barnardo's communicated and coordinated their support with these services, for example, by attending joint meetings.

> "We'd often reach out to a family worker or social worker, CAMHS whoever it'll be to say we've just joined the family and please invite us along to anything that's happening."

Mentor, Knowsley

Mentors commented that they were wary of duplicating support or overburdening families and therefore made sure they were stepping in at the right time. This involved an informal assessment of each young person's circumstances. During the initial meeting with the family, mentors were guided by the Mentor Handbook to ascertain whether the young person had a social worker and received support from other professionals such as a Youth Offending Worker, Family Support Worker, or Speech and Language Therapist. In a handful of cases, mentors reported closing a case early due to young people and/or their parents and carers being overwhelmed by multiple sources of support.

> "We've had [families] where there [are] just too many services involved (child protection, social services) and that can impact their education if we've got 5 different people coming into school in a week and pulling them from different core subjects. Mum or dad might just think, 'no, it's not the time, there's too many people involved'. Then we've had them come in when maybe social care stepped away."

Mentor, Middlesbrough

In Doncaster, some parents and carers with complex cases reported receiving support from multiple agencies with limited to no coordination among organisations.

> "I think if there had been better communication between family support, CAMHS, school and Watchtower, I think the support would have been… it would have been more joined up. Because it was only when we had that meeting a month ago… and everybody had a little tiny piece of the puzzle, and it's everybody sitting in the same room and going, oh, if only I'd known that, and oh, I didn't know that."

Parent/carer, Treatment, Doncaster

The tapering period, end of mentoring sessions, and re-referrals

The intervention design included a tapering period, with the final 6 weeks of mentoring support intended to help the young person transition out of the intervention through group-based activities focused on building peer relationships with other young people struggling with attendance, and one-to-one work in school. In practice, however, tapering activities did not appear to have taken place as intended.

The evaluation identified some uncertainty regarding the consistency and effectiveness of the tapering period. While mentors reported signposting young people to support (such as Emotional Literacy Support Assistants, School Counsellors, or other trusted adults) in the school and making sure school staff knew to check in on them, families had mixed views on whether and how well the tapering process worked. A handful of parents and

carers and young people reported that they did not know the mentoring sessions were coming to an end. Where young people were aware, some showed signs of distress or concern about finishing support.

> "She did inform him that it was coming to an end. She didn't just drop it like a bomb to him. … The day it did finish, he did come home from school and he was like, that's it. It's done. I won't get to see [Mentor] anymore. I can't talk to her. I can't see her. I can't tell her about me boxing."

Parent/carer, Treatment, Knowsley

Mentors in Middlesbrough, Knowsley, and Stoke-on-Trent often stayed in touch after the end of the sessions, thereby easing the transition out of the intervention. The extent of this engagement varied in intensity, from mentors offering the young person the possibility to reach out via WhatsApp if needed, to proactively reaching out to a young person when notified by school staff that their attendance had dropped. Mentors provided this support in addition to their official caseload and beyond the recorded duration of the support.

Parents and carers shared that being able to contact the mentor following the end of sessions was very helpful. Schools, mentors, and parents and carers reported that the young person seeing their mentor at school and having the occasional contact after sessions terminated helped ease their transition out of the intervention.

> "She still texts us and I think they meet every Wednesday, I think, in the school when she's got a bit of time, so she's still connected with her."

Parent/carer, Treatment, Knowsley

Re-referrals

Across all areas, 7% of all referred young people were re-referred, and 5% of all young people who received support went on to receive a further round of mentoring. A breakdown of these figures by area is presented in Table 4.2. In Salford, 2 young people received 3 rounds of support from the intervention.

Table 4.2 Re-referrals and receipt of multiple rounds of support[6]

Area	Re-referred young people	As proportion of total referrals	Young people who received more than one round of support	As proportion of total young people who received support
Doncaster	17	5%	4	2%
Knowsley	30	6%	12	4%
Middlesbrough	72	12%*	28	7%
Salford	37	9%	14	6%
Stoke-on-Trent	17	4%*	8	3%
All Areas	**173**	**7%**	**66**	**5%**

Source: Barnardo's MI data
*indicates a significant difference between the figure for that area and for all areas

Mentors in Salford reported that due to the severity of cases, some young people were re-referred immediately after ending their first round of support, which amounted to a de facto extension of support. More than one third of the re-referrals in Salford were submitted less than 4 weeks after the completion of their previous period of support, with the shortest period being just 4 days. However, in Stoke-on-Trent, all re-referrals of young people who had already received support were submitted more than 4 months after the completion of their previous period of support, with the mean duration between support ending and the next referral being around 6 months.

Qualitative interviews also indicated that re-referrals were often requested by parents and carers.

> "A couple of our students have kind of become dependent on that service and needing that person to talk to and being able to share how they're feeling with that one particular person. So, parents have contacted us to say when the service has ended that maybe the child has struggled because they've not had that session, that weekly session, so then we re-refer them back to the service and that they can continue working with that person."

[6] These MI data figures are indicative only due to discrepancies between Barnardo's ID and Unique Pupil Number. The figures included are calculated using Barnardo's ID.

School Leadership Team member, Salford

The prevalence of and reasons for re-referrals led to concerns being raised by schools about some young people's and/or families' over-reliance on the intervention, as is discussed in Chapter -6, intervention outcomes.

5. Network map

Findings from across the evaluation were used to inform the development of a network map. This map provides a visual representation of the main individuals and organisations involved in the programme set up and delivery, with a specific focus on delivery and landscape of the support provided to families. It also represents the connections between programme actors, accompanied by commentary explaining these connections in greater detail.[7]

Summary of key findings

- Most support was provided directly from mentors themselves. There were relatively few actors that delivered support to families, which reflects how integral the mentors were not just in identifying the barriers to school attendance and support that might help, but also delivering that support.
- State-funded support was rarely something put in place during the lifetime of support from mentors. Where these services were providing support, this existed prior to the start of the programme. While CAMHS referrals were sometimes made, waiting lists length meant that this was not received within the length of the AMI. Support that mentors referred to within that timeframe was from charities or private services, and arguably could be considered to be a temporary stop gap while waiting for CAMHS support.
- SEND services actors are not present on the map. Despite some young people having known or suspected SEND needs, including some with EHC plans, there was no evidence of mentors (and therefore support linked to the AMI) being connected with actors from this sector. The exception to this was the occasional suggestion to families to contact their GP.

Map overview

Figure 5.1 shows the network map in its entirety. Due to the size of the map, the image below is included to demonstrate an overview of the connections, rather than as a source of information. The remainder of this chapter covers sections of the map in detail.

The map is laid out in two vertical sections. The left side of the map highlights key stakeholders in the AMI's set up, while the right side covers programme delivery. The individuals/organisations ('actors') and activities have each been assigned a colour and shape. The shapes categorise them into the *main* role they played in the AMI (noting that some played multiple roles):

[7] There is further explanatory text available when exploring the map online

- Programme activities = for ease and accuracy it was felt to be useful to clarify the ways in which some actors were connected, such as through meetings
- Co-existing support = services that were either already supporting families prior to or alongside the AMI (as opposed to support that was identified/organised by mentors as part of the programme)
- Support as part of programme = services or activities that were actively suggested, and often organised, by mentors. The suggestion is that this support was only in place because of the AMI
- Key players in programme delivery = actors involved in the day-to-day delivery of the AMI
- Key players in programme set up = actors involved in the set up and organisation, but not or rarely in day-to-day delivery
- Other = actors where the evidence was not clear the extent to which they were involved and the role played

The colours categorise the actor and activity into groups or sectors in which they would be considered to belong separate to the AMI (with the exception of the colour assigned to programme activities).

The legend (Figure 5.2) covers the shapes and colours in more detail.

Figure 5.1 The network map

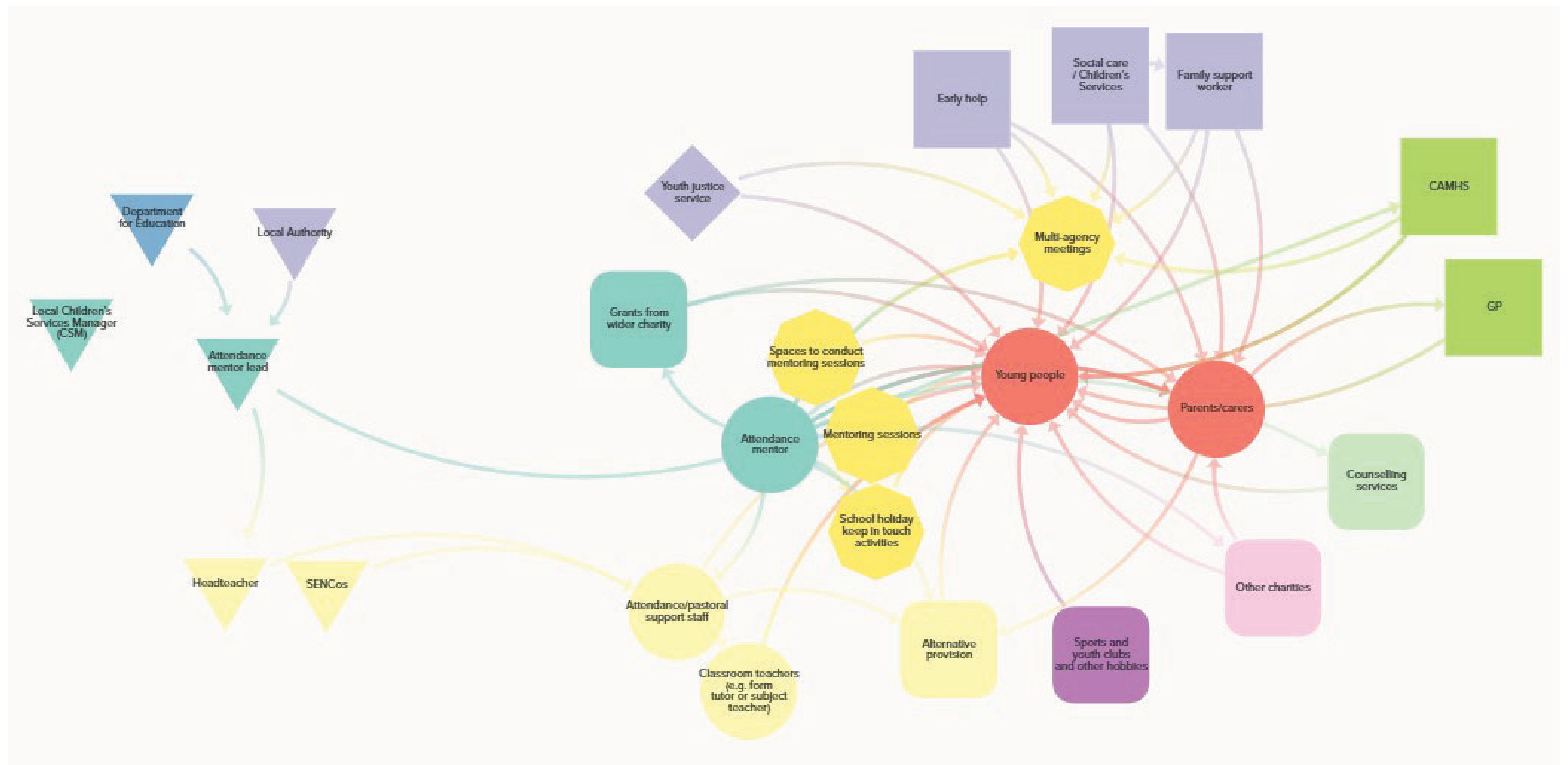
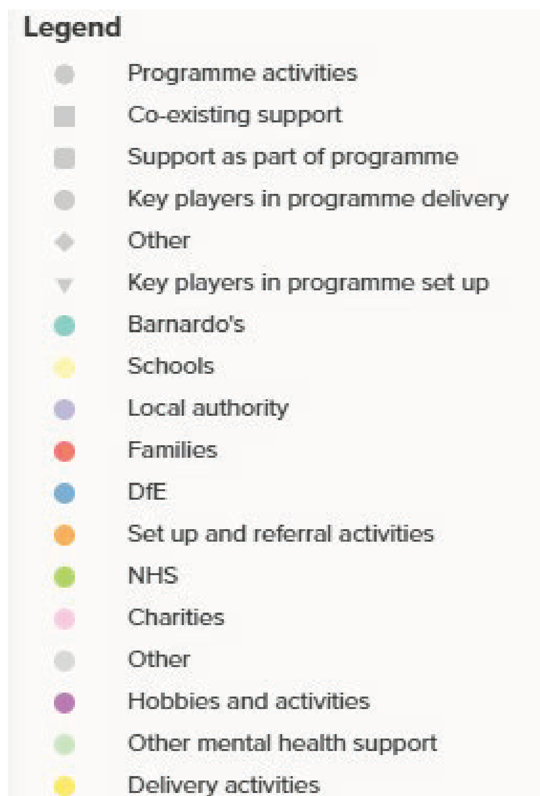


Figure 5.2 The network map legend



There are connection lines shown on the map, which can be difficult to follow, due to the complexity of the map, in terms of the number of individuals/organisations involved, and number of connections between them. For this reason, we will be focusing on specific aspects of the map in more detail later in this chapter. The connections have each been assigned a direction, to reflect the 'source' of the connection. For example, all support connections have an arrow in the direction of young people, to reflect that the young people were in receipt of support.

Setup and referral

Figure 5.3 shows the actors involved in the setup of the programme, and the referral of young people to it, but not those directly involved in the day-to-day delivery. The map is designed to summarise the support made available to families, so this section of the map is intentionally broad. It highlights the key actors involved in the setup and referral, and shows how they linked to actors involved in the delivery.

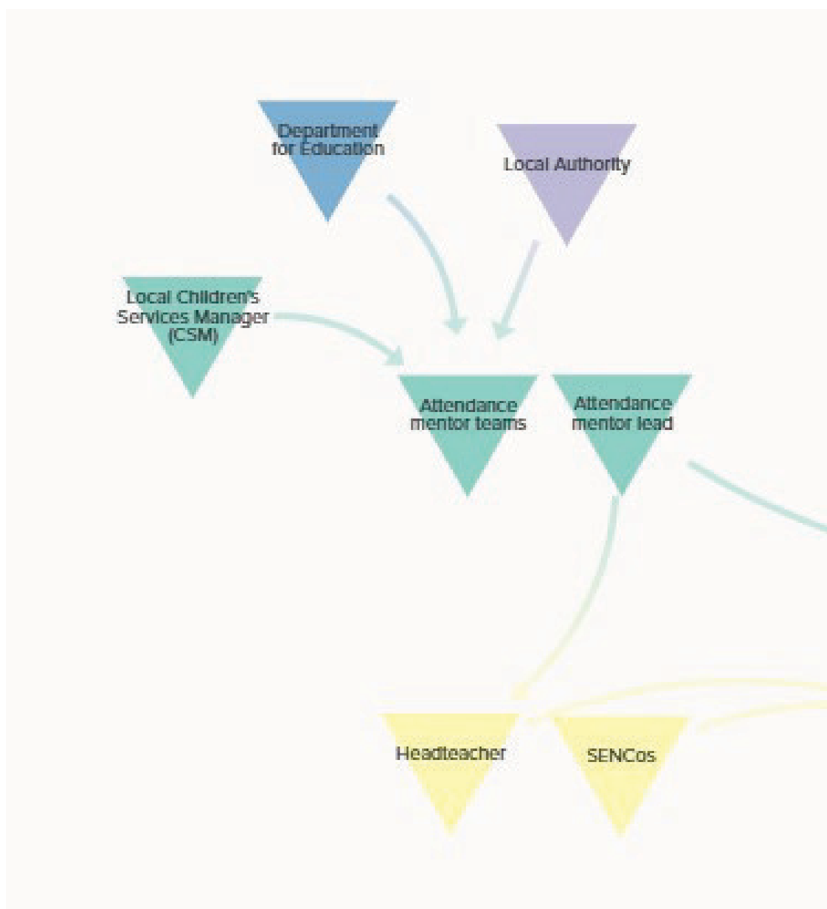
DfE set the eligibility for the AMI as a whole across all areas. However, local authorities had some flexibility to adjust this eligibility criteria for their own local area (for example, deciding whether to focus on persistently or severely absent pupils).

Key actors from Barnardo’s in this section of the map are the local Children’s Services Manager (CSM) and the Attendance Mentor leads. The CSM led the process of understanding each referring school's structure and support offer relating to attendance and pastoral care, including understanding localised barriers to school attendance. Attendance Lead Mentors were linked to schools and oversaw other mentors.

At the school level, headteachers and SENCos were part of the decision-making process of which pupils to refer. It is notable that they were not identified as key players in providing support to young people, while other actors in schools were.

In terms of connections to the delivery side of the map, the Barnardo’s actors were connected via communication between the Lead Mentors and the Attendance Mentors themselves, while school level actors were connected to other actors in the school, as discussed below.

Figure 5.3 Actors involved in programme set up



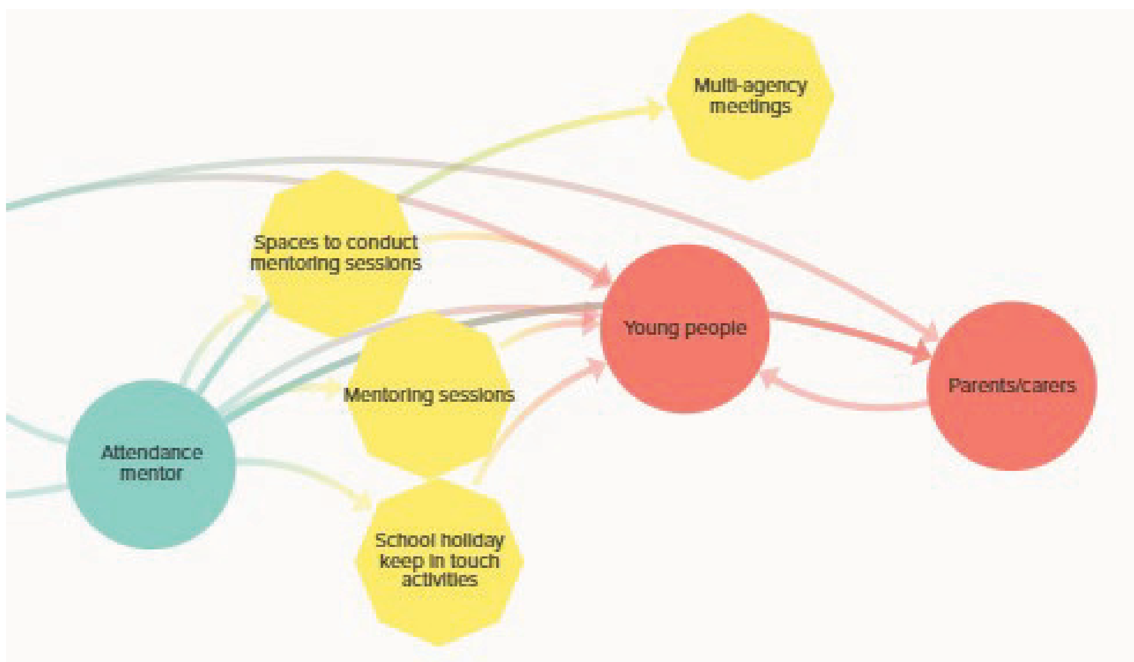
Direct contact between mentors and families

The primary source of support for young people, and sometimes for their parents and carers, was from the mentors themselves. This was mainly done through and during the

mentoring sessions. The sessions were mostly conducted either in school or the family home, although on occasion mentors found it useful to organise alternative spaces due to preferences of the young person. These included local food outlets and in one instance, renting a local office at a Children's Centre. Mentors in Middlesbrough, Knowsley, and Doncaster also ran activities during the school holidays (see Chapter 3 for more detail) such as sports days and bowling trips.

Mentors also attended multi-agency meetings about the young people, which will be explored further in a later section.

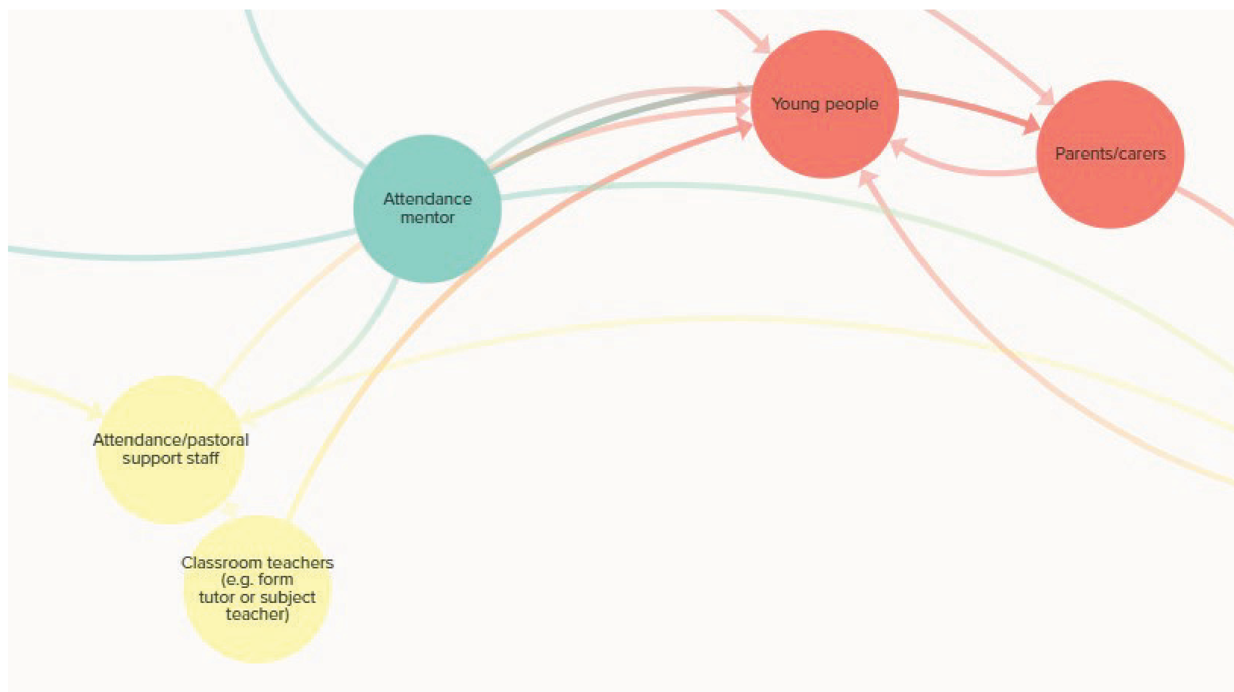
Figure 5.4 Mentor and family direct connections



School involvement in delivering support

School staff were sometimes approached by mentors and asked to implement changes that they felt would help young people. For example, classroom teachers were on occasion requested to change seating plans in a way that would help the young person feel more comfortable to attend their lessons. Attendance or more general pastoral support staff would also be known to the mentors, and would assist them in their support to the young people, for example by facilitating access to quiet spaces in school.

Figure 5.5 School connections to delivery



Support that co-existed with the AMI

It was often the case that families were already in receipt of support from local authority services. Most commonly, this was from Early Help, although there were also examples of families being in touch with a Family Support Worker, Social Worker, or other social care services (e.g. Team Around the Family, Family First). Where these were involved, this was due to wider, more complex issues that the family faced, meaning that this support had a broader focus than just school attendance.

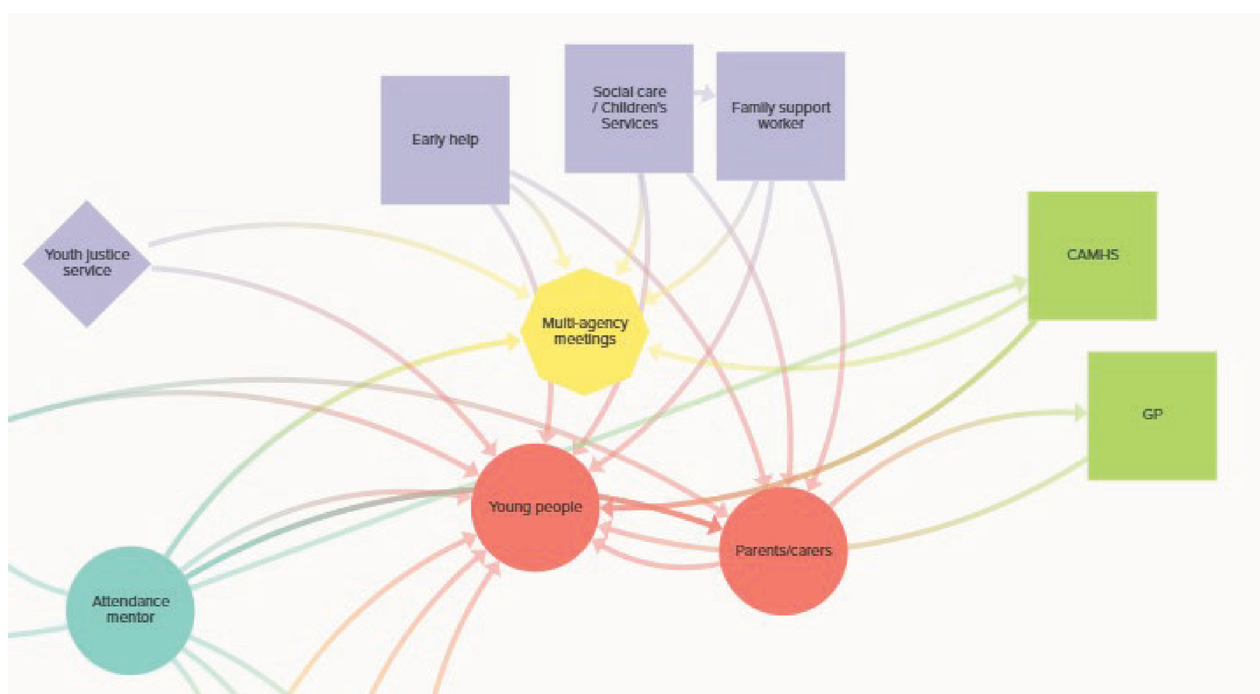
The Youth Justice Service was also briefly mentioned as an example of an agency mentors came into contact with, but the evidence was not clear as to the reason for this (and suggests this was an infrequent connection).

NHS services were also providing co-existing support on a reasonably frequent basis. Primarily this was from CAMHS, showing the frequency of need for mental health support for young people. Sometimes young people had previously received mental health support from CAMHS prior to the AMI, or this support was ongoing at the same time as their involvement in the AMI. There were also some examples of families having reached out to CAMHS prior to the AMI, but they had been rejected or were still on a waiting list for support. While CAMHS mostly fits into the category of co-existing support, there were also examples of mentors making referrals to CAMHS, meaning that it should also be considered part of the landscape of support provided as part of the AMI.

Mentors would come into contact with these local authority actors and CAMHS via multi-agency meetings. Mentors would identify where young people were in touch with these services, and request to attend these meetings.

Similar to CAMHS, GP support was sometimes sought by families prior to or during the time of the AMI. Again, mentors occasionally suggested to families to make GP appointments for health issues they considered to be part of the attendance issues, for example insomnia or suspected ADHD. In these instances, the mentors would not reach out to the GP themselves, which is why there is not a direct connection between them on the map.

Figure 5.6 Connections with support that co-existed alongside the AMI



Support provided as part of the AMI

This final section of the map covers support that can be considered directly attributable to the AMI, i.e. it would not be in place without participation in the programme.

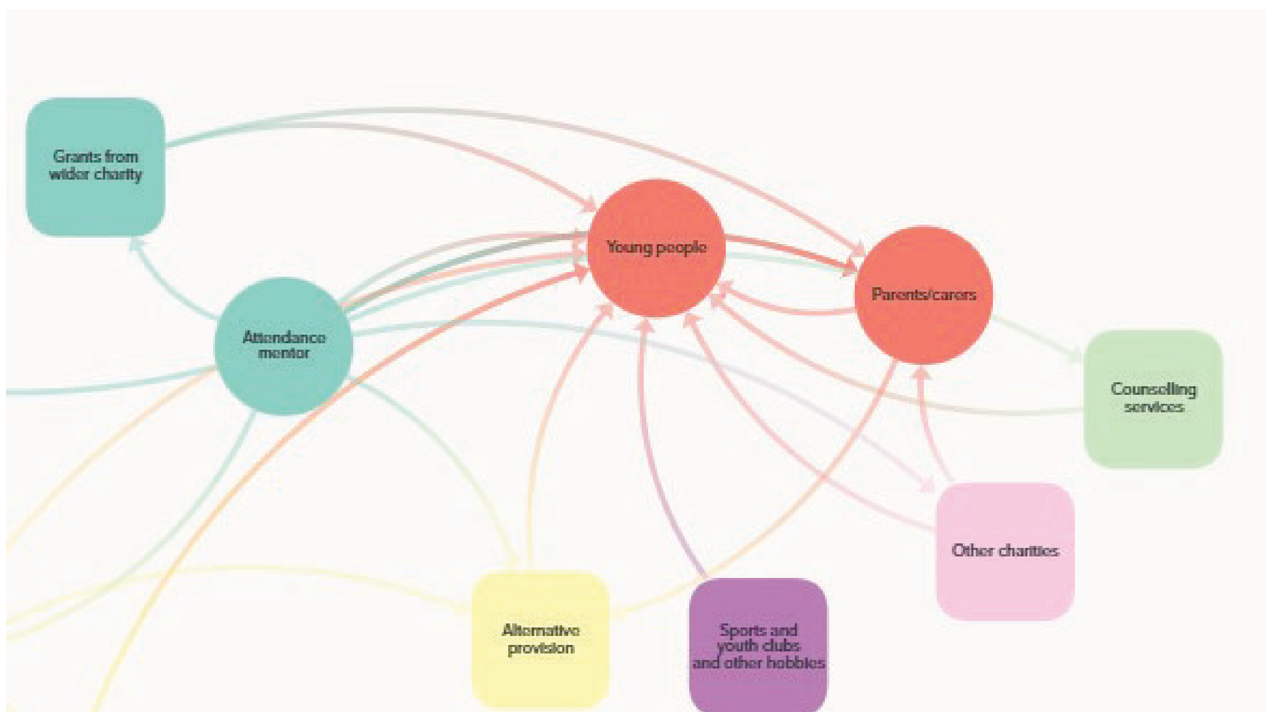
Mentors sometimes made use of their connection to the wider Barnardo's charity to access funding (primarily the Poverty Fund) to support families. This was used for one-off support, such as buying essential items for the family home or covering immediate utility bills. Mentors occasionally referred to other charities for support for young people and/or their parents and carers. This support was highly tailored to the individual case, and was often from local charities. Examples of support include bereavement counselling, temporary accommodation due to domestic violence, and food parcels.

There were several examples of mentors referring young people to local or online counselling services to support them with mental health issues.

There were also some examples of mentors encouraging young people to attend youth or sports clubs as a way of building friendships and confidence. It was not clear the extent to which these clubs were new to the young people, or if they were returning or continuing to attend a club they had already been involved in. There is no direct connection on the map between mentors and these clubs because it did not seem that mentors were directly organising the young person's involvement, just encouraging attendance. Despite this, they were still identified as support that would assist in the wider aim of improving school attendance which is why it feels appropriate to consider them as support linked to the AMI. Examples include football, Morris dancing, boxing, guitar lessons, cadets, and general youth clubs.

Occasionally, mentors found that it was best for the young person to access education through alternative provision (AP), either alongside or instead of attending their current school. The exact nature of this varied, and sometimes involved the young person attending an AP setting within their existing school (so would involve liaising with pastoral school staff). On other occasions, young people would attend a separate AP setting or be home-schooled by parents and carers.

Figure 5.7 Connections with support that was sought as a direct result of the AMI



6. Intervention outcomes

Summary of key findings

- Most participants reported a positive experience of taking part in the AMI, especially those in Middlesbrough and Knowsley.
- Mentors, schools and parents and carers noted improvements in young people's attendance.
- Young people self-reported improvements in attendance through the Outcomes Star measure. Significantly above average improvements were reported in Knowsley and below average in Stoke-on-Trent. Attendance outcomes were limited in Salford due to the complexity of some of the cases.
- Young people also reported improved mental health and wellbeing. Improvements were significantly higher than average in Knowsley, and lower than average in Salford.
- Positive outcomes were observed most clearly where mentors were flexible and schools were engaged, as well as in less complex cases.
- Sustainability of outcomes was uncertain and systemic change within schools remained a challenge to addressing more entrenched barriers to attendance.

The duration of support received did not affect levels of improvement across any of the Outcomes Star measures.

This chapter explores what happened as a result of the AMI, based on self-reported outcomes by schools, mentors, young people and their parents and carers. Identifying the outcomes from the AMI is challenging due to the complex nature of the intervention, reliance on self-reporting, and the variation in severity and complexity of cases. The chapter also discusses the sustainability of outcomes and the extent to which the AMI impacted on schools' own approaches to improving attendance.

Participants' satisfaction with the intervention

Whilst satisfaction with the AMI is not a key outcome of the programme, it is useful to consider as an indicator of its success. Satisfaction with the intervention, in terms of observing positive changes in young people's attendance, attitude towards school, and/or wellbeing, was high across the majority of those who were interviewed. Most mentors and parents and carers talked about how they had seen an improvement in school engagement and the mental wellbeing of young people as a result of the mentoring. Young people themselves talked about the intervention positively.

> “I wasn’t going in at all, like, in the end, I’ve been in all the time. … [the mentor] made me feel more comfortable in school. … the teachers could, like, understand me more and that.”

Young person, Treatment, Middlesbrough

Variations in participant experience

Whilst interviews in Middlesbrough and Knowsley revealed overwhelmingly positive feedback, interviews in Doncaster, Salford and Stoke-on-Trent highlighted some more mixed views in terms of outcomes.

> “I can't advocate for Watchtower enough. You know, I mean, if they asked me to stand up on a stage and advocate for them, I would. Because the effect of their support and involvement and that bridge that they sort of were as well, not just for support, but between the school and [the young person] and getting things put in place or getting the school to listen was profound. It really, really was. I have no doubt that if we hadn't had their involvement, we could have lost our son.”

Parent/carer, Treatment, Middlesbrough

> “I felt a lot more confident after talking with [my mentor]. It made me much more positive about my school life.”

Young person, Treatment, Doncaster

Several parents and carers and school staff, especially in Doncaster, suggested that the AMI did not have an overall positive impact on attendance or improvement in relationships between young people and schools. Whilst they appreciated there being support in place, a few were unsure of the benefits. This is discussed further below in the sections ‘improvements in school attendance’ and ‘relationships between young people and schools’.

> “To be truthful no [there were no positive changes], … it feels like nothing's worked.”

Parent/carer, Treatment, Doncaster

Changes in school attendance

The evaluation found some indication of positive outcomes related to attendance. During interviews, mentors discussed how they had seen the intervention having a positive impact on young people’s desire to go to school. Mentors suggested that the less

complex cases were more likely to have better attendance outcomes, because they could implement practical solutions to make school a more inviting place for young people.

Where attendance had not improved, mentors pointed to wider impacts of the intervention, including:

- Improvements in young people's mental health and wellbeing.
- Increased confidence in expressing themselves and communicating.
- The development of friendships and progress towards personal goals.

> "The young person I've recently worked with at one of the alternative provisions was on 31% attendance; wasn't going to school…it was really hostile in the home and now I've just recently stepped away he's on 76%. He's out on his bike with his mates all the time, he's much more polite to his mum. Mum couldn't be prouder; he's in school every day and he's getting his friends who don't go to school, giving them a kick up the butt to go so that's the dream outcome."
>
> **Mentor, Middlesbrough**

Young people's perception of their attendance at school was reported through the Outcomes Star measure completed with the mentor at the start and end of the period of support. This data shows that on average **young people who completed the intervention felt that their physical attendance in school had improved over the course of the mentoring period**.[8]

However, the extent of the improvement reported by young people varied considerably by area:

- The mean improvement in attendance for young people in **Knowsley was significantly higher than the average across all areas**, whereas the **mean improvement was significantly lower than that across all areas in Stoke-on-Trent**.
- Figure 6.1 shows the variation in this mean change by area[9], and Table 6.1 shows the mean start and end point ratings by area. In line with the layout of the Outcomes Star, improvements were recorded as a negative number.

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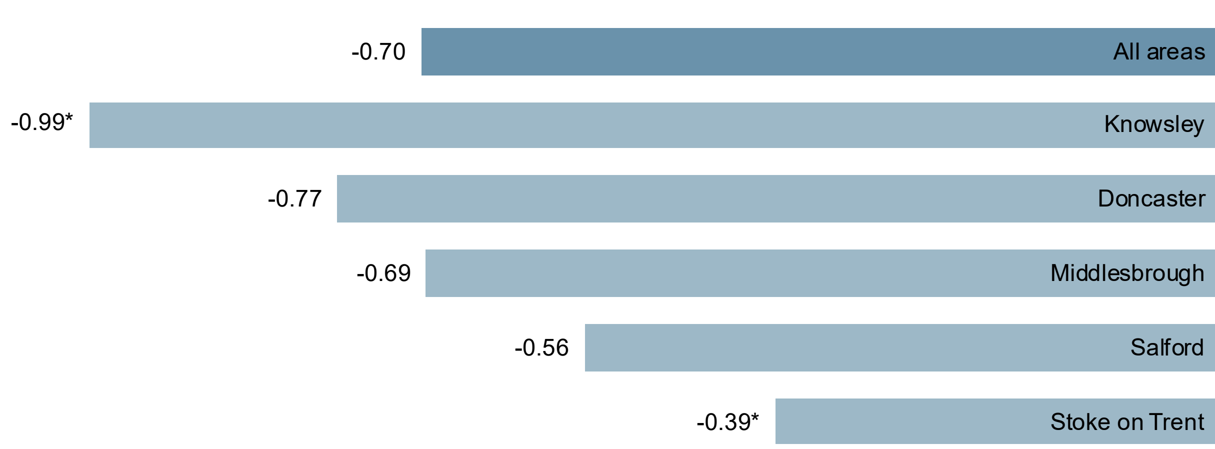
[8] Mean improvement in perception of physical attendance across all areas was 0.70 (SD=1.12) on a scale of 1 (I attend school 5 days a week) to 5 (I do not attend school). The mean rating at the start of the intervention across all areas was 3.43.

[9] As the scoring of the Outcomes Star is on a scale from 1 (ideal) to 5 (worst case), a negative change represents a positive improvement of the young person's perspective on that measure.

Figure 6.1 Mean change in self-reported rating of physical attendance in school



Source: Outcomes Star ratings recorded in Barnardo's MI data
All areas n=1240; Knowsley n=317; Doncaster n=171; Middlesbrough n=321; Salford n=184; Stoke-on-Trent n=248
*indicates a significant difference between the figure for that area and for all areas

Table 6.1 Mean Outcomes Star ratings for physical attendance in school

Area	Mean rating at start	Standard deviation (Physical attendance rating)	Mean rating at end	Standard deviation (Physical attendance rating)
Doncaster	3.60	0.92	2.82	1.26
Knowsley	3.26	0.87	2.27	1.15
Middlesbrough	3.38	1.04	2.69	1.26
Salford	3.87	1.04	3.32	1.36
Stoke-on-Trent	3.29	1.13	2.90	1.29
All areas	**3.43**	**1.03**	**2.73**	**1.30**

Source: Outcomes Star ratings recorded in Barnardo's MI data

Across all areas, there was no statistically significant difference in the average reported improvement in physical attendance when comparing those who received support for less than 12 weeks, 12 to 16 weeks, 16 to 20 weeks, or longer than 20 weeks.

In Salford, where the AMI specifically focussed on those with an attendance of less than 50%, Barnardo's described how it was harder to improve attendance due to the relatively high severity, chronicity, and complexity of cases.

There were also wider issues that presented challenges to mentors across all areas. For example, one mentor noted that due to the time it took to complete a referral, attendance sometimes declined considerably in the intervening period. This made it harder to show progress since the point of referral, as year-to-date attendance had fallen before the mentors could start their intervention.

Schools also noted the difficulties that mentors faced when working with young people with the lowest attendance. They commented that **even if improvement in attendance was minimal, other impacts were equally important.** One school in Salford noted that they had not seen any improvement in attendance in those they had referred to the AMI who had an initial attendance of 50% or below. However, they did recognise successes in other domains like young people being better able to communicate their situation with others.

> "I think it's hard sometimes with the level of the percentages that Watchtower work with to have that big impact because it is just going to be really small steps. The percentage doesn't always show the impact. … the figures I think sometimes are a little bit cruel because they don't show some of the impact."
>
> **School Leadership Team member, Middlesbrough**

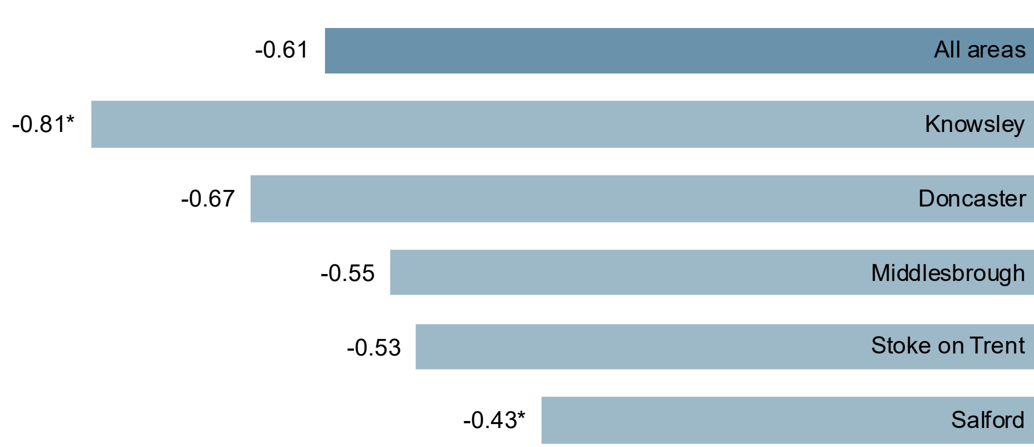
Changes in mental health and wellbeing

The self-reported data from the Outcomes Star regarding young people's perceptions of their **mental health and wellbeing show an improvement on average over the period of the mentoring support.**[10]

As with attendance, **young people in Knowsley reported the highest mean improvement on this measure, significantly higher than the average across all areas**. **The improvement for young people in Salford was significantly lower than the average across all areas**. Figure 6.2 shows the mean change in mental health and wellbeing by area, and Table 6.2 shows the mean start and end ratings by area. In line with the layout of the Outcomes Star, improvements were recorded as a negative number.

[10] The mean reported improvement in mental health and wellbeing across all areas was 0.61 (SD=0.94) on a scale of 1 (I feel positive most of the time and can cope well with any bad feelings) to 5 (I feel bad and have unhealthy/scary thoughts most of the time and I can't see how anyone can help me). The mean rating provided at the start of the intervention across all areas was 2.98.

Figure 6.2 Mean change in self-reported rating of mental health and wellbeing



Source: Outcomes Star ratings recorded in Barnardo's MI data
All areas n=1240; Knowsley n=317; Doncaster n=171; Middlesbrough n=321; Salford n=184; Stoke-on-Trent n=248
*indicates a significant difference between the figure for that area and for all areas

Table 6.2 Mean Outcomes Star ratings for mental health and wellbeing

Area	Mean rating at start	Standard deviation (Mental health and wellbeing rating)	Mean rating at end	Standard deviation (Mental health and wellbeing rating)
Doncaster	3.16	0.88	2.49	0.98
Knowsley	2.73	0.97	1.92	0.85
Middlesbrough	2.93	1.07	2.37	0.99
Salford	3.12	0.96	2.69	0.97
Stoke-on-Trent	3.15	1.12	2.61	1.11
All areas	**2.98**	**1.03**	**2.37**	**1.02**

Source: Outcomes Star ratings recorded in Barnardo's MI data

Trends in self-rated mental health outcomes between areas showed a similar pattern as for self-rated attendance improvements. As with mental health outcomes, duration of intervention delivery did not appear to moderate effectiveness**. Anecdotally, mental health outcomes tended to improve more quickly than attendance.**

"There may be some times where there hasn't really been that much of a movement; the attendance hasn't improved but the mental health and the well-being and the outside activities have. So surely in time because we've only got the 12 weeks with them, surely in time they can work on that themselves and hopefully have the tools to progress."

Mentor, Knowsley

Changes in attitudes to learning

Young people who received support from the intervention also typically reported an improvement in their attitude towards education and learning.[11]

There were no statistically significant differences on this figure by area or by duration of support received. Table 6.3 shows the mean start and end ratings of attitude to learning by area. In line with the layout of the Outcomes Star, improvements were recorded as a negative number.

Table 6.3 Mean Outcomes Star ratings for attitude to learning

Area	Mean rating at start	Standard deviation (Attitude to learning rating)	Mean rating at end	Standard deviation (Attitude to learning rating)
Doncaster	2.78	1.03	2.30	1.06
Knowsley	2.88	1.10	2.19	1.05
Middlesbrough	3.23	1.11	2.63	1.11
Salford	3.07	0.99	2.62	1.01
Stoke-on-Trent	3.30	1.09	2.80	1.13
All areas	**3.07**	**1.09**	**2.50**	**1.10**

Source: Outcomes Star ratings recorded in Barnardo's MI data

[11] The mean reported improvement in attitude to learning across all areas was 0.57 (SD=0.99) on a scale from 1 (I positively engage in all my lessons all of the time) to 5 (I do not positively engage in lessons in school). The mean rating provided at the start of the intervention across all areas was 3.07.

Changes in relationships

One of the short-term outcomes mentioned by all parties was improved relationships between young people and school staff, and young people and their parents and carers. The picture was more mixed when it came to schools and parents and carers.

Young people described their mentor as someone they could turn to when having a difficult day.

> "[Mentoring sessions] were good because if I was having a bad day, whenever, like, I had the meeting with [my mentor], it was like, I could relax a bit, I could, like, talk about my day, if you know what I mean."

Young Person, Middlesbrough

In all areas (except for Doncaster) where mentors were more flexible in their approach, the availability of mentors both in and out of school hours helped foster trust and a sense of reliability. The consistency of mentoring sessions was key to this; where there was a lack of consistency (due to young people not attending meetings or mentors being on leave), relationships were harder to maintain.

Changes in relationships within families

Positive impacts on relationships were felt within families. Some parents and carers said that they had a better relationship with their child and that their own mental health had improved as a consequence of the AMI.

Strain between parents and carers and young people regarding school attendance was a clear theme across the interviews and many parents and carers and young people noted that this had improved due to the intervention. If young people were going to school, parents and carers felt they were no longer having to convince them to go in and this helped calm situations in the home.

Some parents and carers across Doncaster, Salford, and Stoke-on-Trent reported not having much contact with the mentors after the initial home visit at the start of the intervention. However, where there was more of a dialogue between mentors and parents and carers, parents and carers were often appreciative of the support they got from the mentors.

> "I'm less stressed, I'm less anxious. I feel like there's light at the end of the tunnel. I'm happy that she's making progress and although it's only little things, it's better than nothing isn't it? Like, I'm just made up she's doing this tuition and she's getting some form of learning because of it. Yeah, that's brilliant."

Parent/carer, Treatment, Knowsley

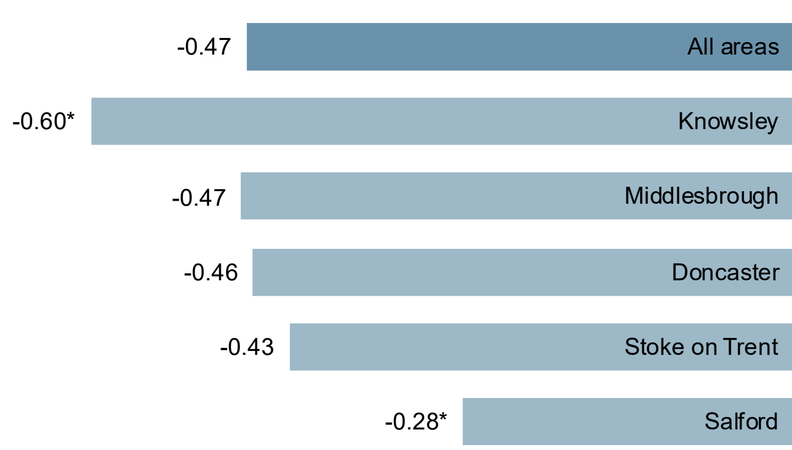
Several parents and carers also said that they had a better understanding of their child's needs as a result of the intervention. Parents and carers noted that mentors helped them to adapt their home life to better accommodate the needs of their child. These included setting a more rigid bedtime or sleep schedule for young people or mandating no screens or video games before bed.

> "Since it's just a process I've had to learn and adapt to and understand but also understand the child you know her conditions and what she needs."

Parent/carer, Knowsley

Young people were asked to rate their perception of the structure and routines of their family life. Overall, this measure showed the lowest average improvement across the Outcomes Star measures.[12] Nonetheless, the measure did see an improvement on average. Figure 6.3 shows the mean change in perception of structure and routines of family life by area, and Table 6.4 shows the mean start and end ratings by area. In line with the layout of the Outcomes Star, improvements were recorded as a negative number.

Figure 6.3 Mean change in self-reported perception of structure and routines of family life



Source: Outcomes Star ratings recorded in Barnardo's MI data
All areas n=1240; Knowsley n=317; Doncaster n=171; Middlesbrough n=321; Salford n=184; Stoke-on-Trent n=248
*indicates a significant difference between the figure for that area and for all areas

[12] The mean reported improvement in structure and routines of family life across all areas was 0.47 (SD=0.91) on a scale from 1 (my family have good routines and structure within family life, and I know when mealtimes, bedtimes etc. are) to 5 (my family do not have any routines or structure within family life). The mean rating at the start of the intervention across all areas was 2.74.

Table 6.4 Mean Outcomes Star ratings for structure and routines of family life

Area	Mean rating at start	Standard deviation (Structure and routines of family life rating)	Mean rating at end	Standard deviation (Structure and routines of family life rating)
Doncaster	2.69	0.99	2.23	0.96
Knowsley	2.49	1.10	1.89	0.86
Middlesbrough	2.59	1.12	2.12	1.00
Salford	2.89	1.17	2.60	1.14
Stoke-on-Trent	3.19	1.14	2.76	1.17
All areas	**2.74**	**1.14**	**2.27**	**1.07**

Source: Outcomes Star ratings recorded in Barnardo's MI data

The highest improvement in perceptions of structure and routines of family life was, consistent with all other Outcomes Star measures, reported from young people in Knowsley. The average improvement for Knowsley was significantly higher than the average across all areas. On the other hand, the average improvement in structure and routines of family life was significantly lower in Salford than in all other areas. These differences were statistically significant.

Across all areas, there was no statistically significant difference in the average reported improvement in perceptions of structure and routines of family life when comparing those who received support for less than 12 weeks, 12 to 16 weeks, 16 to 20 weeks, or longer than 20 weeks.

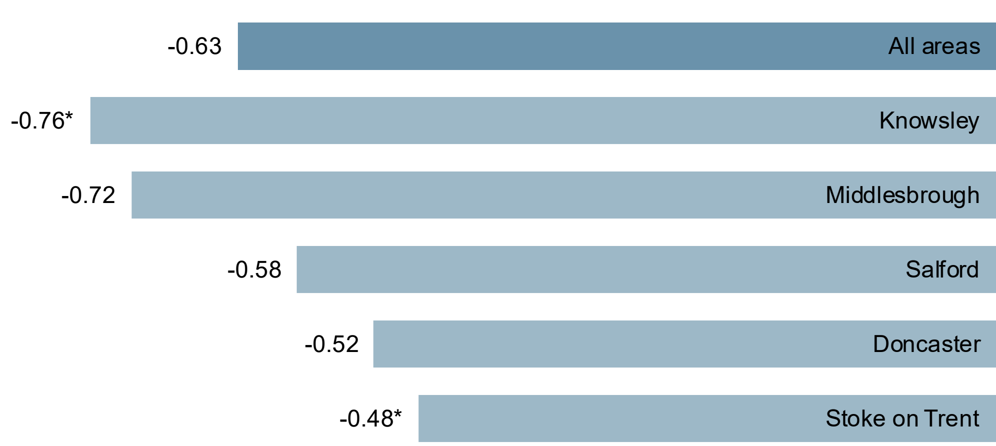
Changes in relationships between young people and schools

A method used by mentors in Middlesbrough and Knowsley was to identify an individual at the school that a young person could turn to with any problem. This was often a favourite teacher in the school or a senior staff member like a Head of Year. By building these trusted relationships, mentors hoped that this would help address distrust, often identified between young people and schools. The other benefit of this was that these relationships could remain in place after the mentoring sessions concluded and help to

support long-term sustainability. The extent to which this was a success varied from case to case.

In line with this, **young people also reported an improvement in their perception of having a voice or being heard.**[13] Figure 6.4 shows the mean change in perception of voice by area, and Table 6.5 sets out the mean start and end ratings by area. In line with the layout of the Outcomes Star, improvements were recorded as a negative number.

Figure 6.4 Mean change in self-reported perception of young person's voice



Source: Outcomes Star ratings recorded in Barnardo's MI data
All areas n=1240; Knowsley n=317; Doncaster n=171; Middlesbrough n=321; Salford n=184; Stoke-on-Trent n=248
*indicates a significant difference between the figure for that area and for all areas

[13] The mean reported improvement in young person's voice across all areas was 0.63 (SD=0.95) on a scale of 1 (I am confident that my voice is important and heard) to 5 (I do not feel I have a voice or am listened to). The mean rating at the start of the intervention across all areas was 2.87.

Table 6.5 Mean Outcomes Star ratings for young person's voice

Area	Mean rating at start	Standard deviation (Young person's voice rating)	Mean rating at end	Standard deviation (Young person's voice rating)
Doncaster	2.87	1.11	2.35	1.10
Knowsley	2.67	1.10	1.91	0.92
Middlesbrough	2.86	1.17	2.14	0.90
Salford	3.09	1.03	2.52	0.98
Stoke-on-Trent	3.01	1.03	2.52	1.01
All areas	**2.87**	**1.11**	**2.24**	**1.00**

Source: Outcomes Star ratings recorded in Barnardo's MI data

As with the physical attendance in school rating, **young people in Knowsley reported a statistically significant higher average improvement in their perception of their voice, whereas Stoke-on-Trent reported a statistically significant lower average improvement** when compared with the average across all areas.

Across all areas, there was no statistically significant difference in the average reported improvement in young person voice when comparing those who received support for less than 12 weeks, 12 to 16 weeks, 16 to 20 weeks, or longer than 20 weeks.

According to many parents/carers, **one of the main benefits of the mentoring sessions was that the mentors were able to understand the underlying situations with young people and then pass these insights onto the school**. Schools also said that they had a better understanding of challenges that young people and their parents and carers were facing. Many staff in schools said they simply did not have the time to devote to understanding the young people's individual circumstances. There was also an appreciation that young people were more likely to open up to someone who was independent of the school.

The contextual information schools were able to gather through conversations with mentors regarding the situations affecting young people enabled them to better appreciate the root causes of each young person's low attendance. They could then implement more constructive and compassionate support and introduce various access arrangements for the young people to remove barriers to school attendance. Some schools mentioned providing young people with 'time out passes' or changing classroom

seating plans to make them feel more comfortable, measures which were implemented as a result of the mentor's advocacy for such changes. These measures, however, were not always maintained once the mentoring finished as discussed in the section of this chapter on the sustainability of impacts.

> "I had a conversation with [mentor] and realised that actually this child would need to move to a different seat or to have some time out, any measures like that."

School Leadership Team member, Middlesbrough

Changes in relationships between schools and families

Both schools and parents and carers acknowledged that the relationships between them had been fraught. Schools reported that parents and carers would sometimes avoid calls or messages from the school or become agitated when they attended meetings with members of school staff. **Mentors were able to build more trust between the schools and families, at least in the short-term**. Mentors themselves said that they had helped to facilitate and sit in on meetings between parents and carers, young people, and school staff, which allowed families to feel more at ease and help them advocate for their needs.

> "[The mentor] made me think differently about the school and the way they approach things."

Parent/carer, Treatment, Knowsley

Relationships between families and schools were not always improved and a few parents and carers in Stoke-on-Trent, Doncaster, and Salford mentioned that they had not seen any improvement. One thing noted by a parent/carer in Stoke-on-Trent was that the school was in less contact whilst the mentor was involved. Parents and carers noted that that there was a lack of understanding and empathy among school staff. Parents and carers acknowledged that school staff were busy but that they needed to spend more time understanding the particular situations of young people.

> "I've just watched my cat pass away. [My child] knew that she needed to go to school, but she was upset and there was no like, you know, 'we feel sorry for you' [from the school]. It's just like, 'no, you need to be in school regardless of what's happened'. There's just no empathy."

Parent/carer, Treatment, Stoke-on-Trent

Changes in peer relationships

In Middlesbrough and Knowsley, the activities organised during holiday periods and the extracurricular activities to which mentors referred young people contributed to the

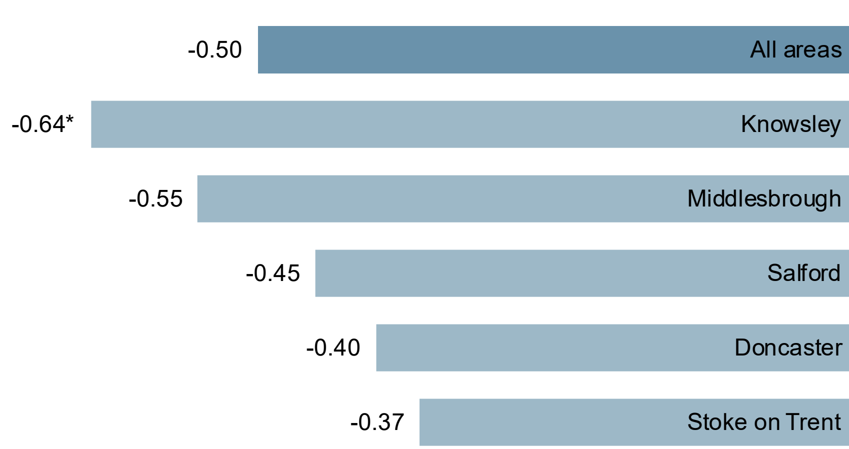
development of peer support networks among participating young people. Whilst referral to extracurricular activities was not mentioned by anyone in Doncaster, schools, mentors, and support services in other areas reported that young people involved in these activities were forming friendships and gaining reassurance from knowing they were not alone in facing challenging circumstances.

> "Last summer we took them bowling they're all kids who were struggling with their attendance but they're all really good friends by the end of it and realised they're not the only kids going through that sort of stuff."

Mentor, Middlesbrough

Young people were asked to record their perception of how well they engaged in activities and opportunities, both within school and the local community, through the Outcomes Star measures. On average young people across all areas reported an improvement on this measure over the course of the mentoring support.[14] Figure 6.5 shows the mean change in engagement in activities and opportunities by area, and Table 6.6 shows the mean start and end ratings by area. In line with the layout of the Outcomes Star, improvements were recorded as a negative number.

Figure 6.5 Mean change in self-reported engagement in activities and opportunities



Source: Outcomes Star ratings recorded in Barnardo's MI data
All areas n=1240; Knowsley n=317; Doncaster n=171; Middlesbrough n=321; Salford n=184; Stoke-on-Trent n=248
*indicates a significant difference between the figure for that area and for all areas

[14] Across all areas, on a scale from 1 (I attend and engage in more than 1 activity which is available to me, and I do this independently) to 5 (I do not want to engage in activities available), young people reported an average improvement of 0.50 (SD=1.05). The mean rating given at the start of the intervention across all areas was 3.32.

Table 6.6 Mean Outcomes Star ratings for engagement in activities and opportunities

Area	Mean rating at start	Standard deviation (Engagement in activities and opportunities rating)	Mean rating at end	Standard deviation (Engagement in activities and opportunities rating)
Doncaster	2.97	1.34	2.57	1.31
Knowsley	2.74	1.30	2.10	1.10
Middlesbrough	3.41	1.22	2.87	1.28
Salford	3.70	1.19	3.25	1.23
Stoke-on-Trent	3.88	1.20	3.51	1.39
All areas	**3.32**	**1.32**	**2.81**	**1.36**

Source: Outcomes Star ratings recorded in Barnardo's MI data

The average improvement in engagement in activities and opportunities was significantly higher in Knowsley than the average across all areas. This may be because it was one of the areas where the mentors actively engaged young people in extra-curricular activities outside of school hours and during school holidays. Across all areas, the duration of support received (less than 12 weeks, 12 to 16 weeks, 16 to 20 weeks, or longer than 20 weeks) made no statistically significant difference to the average reported improvement in engagement in activities and opportunities.

Questions about the sustainability of impacts

Feedback from the interviews suggested that **long-term impacts of the intervention were limited**. Whilst some young people and their relationships had thrived following the intervention, there were a considerable number of cases where relationships and school attendance had declined following the withdrawal of mentors. This sometimes resulted in re-referrals, a process mentioned by mentors in all areas.

> "That little bit of a spark that he had in himself, that he was getting back and he was being more like himself, that's gradually getting snuffed out again."

Parent/carer, Treatment, Middlesbrough

Whilst in all areas some parents and carers said that relationships had improved during the intervention period, as discussed above, several parents and carers said that this relationship had deteriorated after the intervention had finished. Communication with school was often brokered through mentors and parents and carers felt that without their presence, schools were less receptive to what they had to say. One parent said that following the end of the intervention, the school forgot about the seating plan alteration, which the mentor had helped to set up.

Schools also mentioned that the limited longevity of outcomes was sometimes down to parents and carers not implementing the advice of the mentors. This indicates that where relationships between schools and families had improved during the AMI, these outcomes were often short-lived and had not shown to be sustainable. Relationships between schools and families related to attendance continued to be fraught.

> "I'm emailing them left right and centre saying I'm still waiting for this, I'm still waiting for that, but when she was on the Watchtower Project it was just dealt with straight away. You know I'm waiting months down the line for things to be dealt with and it's a struggle, since she's come off [the AMI] it's a massive struggle."

Parent/carer, Treatment, Knowsley

> "I would say actually the families, they were not accepting of productive next steps. … Sometimes you can give a lot of advice, you can give a lot of manageable steps to make, but some families decide not to make those steps and continue in that cycle and that's the challenge."

School Leadership Team member, Doncaster

Mentors in Stoke-on-Trent and Knowsley also discussed how outcomes were limited, both in impact and sustainability, because absenteeism was a multi-generational issue. Parents and carers were often vocal of their distrust or disregard for the school with respect to their children, resulting in learnt behaviour where young people did not want to be in school. The mentors also mentioned how parents and carers had sometimes been low school attenders themselves and this was a hard cycle to break. In many of these cases, the parents and carers did not perceive school absence as an issue to be tackled. In some of these cases, this led to parents and carers being more reluctant to push back when their child did not want to go to school. This was where mentors intervened and worked more with parents and carers, explaining to them the importance of their children attending school. However, mentors considered that changing perceptions was challenging.

"The predominant barrier that we come up against really… [is] we're not dealing with the first generation of non-attenders. There are families that we work with, for example this is a family the other day and the mum was saying to me 'oh I used to do this, and my mum gave up with me and used to just leave me there' so it's a learnt behaviour really."

Mentor, Stoke-on-Trent

Mentors in most areas[15] said that they tried to maintain contact with parents and carers and young people even after they had finished the intervention and that they often had parents and carers and young people sharing positive and negative news with them or asking for advice. Families who did not do this as much still said that they appreciated having the mentor's phone number just in case they needed it in the future. With these interactions not being part of the formal caseload, it often came down to mentors' sense of commitment to ensure the sustainability of outcomes. With the AMI coming to an end in Summer 2025, Barnardo's said that they had put support networks in place, like a trusted individual in school, to give young people someone to talk to in the future once the mentors finished their work.

Limited changes in schools' approach to attendance

As mentioned in the Theory of Change, **one of the aims of the AMI was to influence the way that schools improved and approached attendance. Through conversations with school staff and mentors, it was clear that limited progress had been made towards this objective**. Schools commented that resource constraints (notably funding and the workload of existing staff) were barriers for continuing the mentoring (as a means for tackling school absence) in-house once the intervention finished.

There was some indication that the AMI had begun to make positive changes in this area. However, these changes were not widespread and tended to reflect the approaches of individual schools or specific attendance staff, rather than representing a broader, systemic shift.

Improvements were typically observed in individual schools, often driven by the efforts of dedicated attendance staff rather than wider systemic change. These staff members, particularly in smaller, community-focused schools, adopted more relational approaches to addressing attendance. This included building stronger relationships with families and seeking to understand parental perspectives to better support pupils.

[15] This was not mentioned in Doncaster.

Some staff reported that being approachable and informal helped foster trust and collaboration with families, which in turn supported improved attendance. Schools that had already adopted similar practices appeared more receptive to learning from mentors, as the mentoring approach aligned closely with their existing ways of supporting pupils. For example, several attendance officers noted that they now engage with pupils who have low attendance with greater openness and empathy.

> "It means that the way I now deal with young people from the early stage, it's different, it's totally different. And asking more questions."
>
> **School Leadership Team member, Salford**

A minority of schools said that they had made changes or were planning to make changes to their approach towards attendance. A school in Middlesbrough and one in Stoke-on-Trent said that they had considered getting an in-house mentor to focus on attendance once the AMI had concluded; however, these were not firm commitments, and they said that resourcing or funding this was a concern. A school in Middlesbrough said that they had already shifted their approach to attendance from being disciplinary to more open to families' situations and that the intervention aligned with this.

> "It's something that I'd love to see carry on. It's something that we might look to bring in independently in the future, but at this point, we've not made any changes."
>
> **School Leadership Team member, Stoke-on-Trent**

Risk of over-reliance on the intervention

While Barnardo's and mentors were instrumental in achieving the intervention's outcomes, mentors and schools identified a perceived risk of over-reliance on the support provided, particularly from schools and parents and carers. **The AMI effectively bridged gaps in pastoral provision, but in doing so, some school staff and parents and carers said that they had become reliant on the intervention. This resulted in re-referrals and the need for continued support after the structured sessions had finished**.

> "We've got a Year 10 male. … he's been re-referred back to the service. But he is someone who, again, … really relies on having that person to talk to. … Because he just wants to have that person to talk to in school, to share things with. … I do think there is ones like [him] who really rely on this service to help them get into school and … he will struggle [once the AMI has finished]."
>
> **School Leadership Team member, Salford**

There was the risk that if the AMI was rolled out for a longer period, and mentors continued to offer support after the sessions had ended on an ad hoc basis, that mentors would spend a lot of time supporting those no longer officially on the AMI. However, it was this flexibility and sense of going above and beyond that parents and carers and young people really appreciated.

In some cases, a regression in young people's attendance and wellbeing was observed following the end of the intervention, highlighting the need for sustainable support mechanisms and more robust handover processes to ensure continuity of support. Despite the fact that Barnardo's had put support mechanisms in place, with the AMI concluding in Summer 2025, there was a concern that ad hoc support from the mentors for young people and their families will no longer be available.

> "Now that it's finished, we feel like there's a big hole in what we offer."

Support Service, Knowsley

Case example 4 – related to the sustainability of outcomes

This young person was referred after their attendance dropped due to anxiety and low motivation in the mornings. Their parent said they were insecure and lacked any drive to achieve in their education, which made it difficult to motivate them to attend. When the young person was offered support, they were keen to take part as they knew they needed the help to get back into school.

The mentor successfully built a strong relationship with them over the course of the 12 sessions they received. They opened up to the mentor about things they were less comfortable talking to their parents about, such as their anxiety and reasons behind being worried about school. The young person also mentioned sometimes having joint sessions with other friends being supported, which they liked as it was a comfortable environment. The mentor provided their phone number to both the young person or the parent, so they could call or text when needed, and would text the young person in the mornings to get them out of bed.

Both the young person and the parent felt they had really benefitted from the support. This was particularly due to the mentor giving the young person a sense of purpose in their education, which helped motivate them both to attend school, and to engage better in their lessons. This sense of purpose came from the mentor helping them look at career options to get apprenticeships or overseas scholarships in their area of interest. The support made them realise they could plan to do something they were really excited about. Beyond attendance, the young person was also happier going into school, and more confident in day-to-day life.

While it lasted, the young person's attendance improved. However, their attendance started slipping again once the 12 sessions were complete. It was unclear from interviews why the support did not last the full 20 weeks, and the young person had not been aware it was ending until the next-to-last session. After the support ended, they felt they were still more motivated to go to school than they had been before the support had started, but struggled again to get up in the mornings without the mentor's support. The mentor had said they could reach out at any point, but the young person did not feel the need to do so. A few months after they completed the intervention, Barnardo's recontacted the family to see if they would be interested in receiving support a second time, as they felt it could be beneficial for the young person. At the time of the interview, the young person was yet to receive further sessions, but the mother felt more confident about their future in school knowing that further support was secured. The young person went on to complete a second round of support from the AMI following the interview.

7. Reflections on enablers and barriers

How and why the observed outcomes were achieved

This chapter presents the findings of the theory-based evaluation, looking to understand what factors contributed to observed outcomes. It draws on findings from the contribution analysis and the qualitative comparative analysis. Considering the findings on the delivery of the AMI and the observed outcomes, it assesses the extent to which the causal links within the AMI's Theory of Change, as set out in the contribution claims, have been met or not.

Summary of key findings

- While mentors were experienced and well-supported, resource constraints, fluctuating caseloads, and staff turnover meant that the intervention could not always meet local needs or provide flexible, sustained support.
- Schools across areas were generally aware of the intervention due to effective communication and promotional materials, though the success of outreach depended on the level of local authority involvement.
- Schools played a central role in referrals, but inconsistent practices and limited consideration of the underlying causes to low attendance meant some unsuitable or highly complex cases were referred, which affected outcomes.
- Most schools participated in the intervention and collaborated with mentors, but some disengaged due to resource pressures or differing approaches.
- Mentors generally built positive, trusting relationships and provided tailored support, but faced challenges such as family disengagement and resource limitations.
- In some cases, mentors helped strengthen trust and collaboration between families and schools, but improvements varied widely.
- There was evidence of short-term improvements in attendance, wellbeing, and family dynamics for some young people. However, results were inconsistent across cases, with impacts more limited for young people with more complex needs.
- There was limited evidence of schools adopting or planning to adopt new practices around attendance as a result of the intervention.
- While some improvements in attendance and wellbeing were observed during the intervention, these gains were often not maintained once support ended.

- Communication gaps and inconsistent mentor communication reduced the effectiveness, quality and consistency of engagement between schools, mentors and families.

Table 7.1 summarises the claims and whether they have been met, largely met, partially met, or not met. These were categorised as:

- **Largely met** - where most elements were present across most areas/mentors.
- **Partially met** - where some elements were present, but others were not present or present inconsistently and/or where evidence was variable for different areas/mentors.
- **Not met** - where limited to no presence of elements was found.

The analysis findings are provided below.

Table 7.1 Extent to which each contribution claim has been met

Contribution claim	Extent to which claim has been met
1. Delivery team have sufficient resource to deliver the project	Partially met
2. Project target audience is aware of the offer	Largely met
3. Schools identify students that can benefit from the project	Partially met
4. Schools engage well with the project	Partially met
5. Mentors work effectively with young people and their parents and carers	Partially met
6. Schools engaging well with the project lead to schools' relationships with the young people and their parents and carers strengthening	Partially met
7. Mentors' effective work with young people and their parents and carers leads to young people's improved engagement in education and schools	Partially met
8. Schools engaging well with the project leads to schools implementing their learning from the project to inform whole school practices around attendance	Not met
9. Mentors' effective work with young people and their parents and carers leads to sustained improvements in young peoples' attendance leading to: improved mental health and wellbeing,	Beyond the scope of the evaluation

Contribution claim	Extent to which claim has been met
improved Level 2 attainment, and a reduction in risks of young people becoming NEET	

1. Delivery team have sufficient resource to deliver the project

The evaluation evidence is sufficiently strong and consistent to indicate that this claim was only **partially met**.

Overall, most Attendance Mentors brought with them strong credentials with extensive experience and relevant knowledge and skills to fulfil their role. Mentors appreciated the programme of training and support provided by Barnardo's, which was tailored to each area's needs. However, the resourcing for delivering the AMI was a challenge throughout, and in some respects, the evidence suggests that the resource was insufficient.

Claim summary

Claim 1 aims to assess whether the Attendance Mentors had sufficient resource to deliver the intervention in each of their respective areas. This claim focuses on the inputs that were put in place to deliver the AMI, which provided the foundation for the viability of the entire intervention. Any gaps identified in the inputs of the AMI could risk the effective delivery of the intervention.

For the claim to be met, the delivery partner had to ensure that:

- The number of Attendance Mentors were sufficient to deliver against targets
- Attendance Mentors had relevant knowledge, skills and experience to deliver effective mentoring sessions with young people
- Training, supervision, and other support mechanisms were provided to Attendance Mentors to support them in their role

Claim assessment

The evaluation found that although mentor capability varied across the 5 areas, their overall experience, knowledge, and skills remained a key strength of the AMI. Mentors were recruited based on prior experience in the education and adjacent sector, an understanding of the challenges young people were facing, and a desire to work with and support young people.

The experience and knowledge of the most experienced mentors instilled confidence amongst schools, services, and families. Their skills helped them work empathetically with young people and build trusting relationships. In addition, feedback from mentors suggested that they were provided with adequate training, and they generally felt supported in their role. However, as no specific training was provided in building relationships with schools and parents and carers, less experienced mentors noted some challenges in these areas. Additionally, as mentors decided which topics to discuss in supervision and no formal quality assurance mechanisms were in place, there was limited oversight of mentor performance beyond self-reporting.

In terms of staff capacity, the projected caseload of 25-30 young people per mentor was not viable and caseloads were reduced to 20–25. However, challenges relating to resource sufficiency still remained. The number of referrals fluctuated during the year, with peaks before holidays. This led to periods when mentors were under capacity and other times when waitlists grew, causing delays in support. In addition, mentor attrition created bottlenecks and contributed to waiting lists, as hiring replacements took longer than hoped.

To mitigate these challenges, the number of schools involved was reduced in some areas to improve efficiency, e.g. to reduce mentor travel time. Elsewhere, the duration of support was capped to 12 weeks (as opposed to the intervention aim of 14-20 weeks) to help clear the backlog. Furthermore, in 2 areas, mentors reported providing additional, informal support beyond their official caseloads, increasing their workload in ways not formally accounted for.

When assessing the sufficiency of resource, there are two aspects to consider: (i) sufficiency against targets set out for the AMI pilot; and (ii) sufficiency of resource in relation to local needs. While the caseload reduction improved manageability for mentors and supported delivery against targets, resource sufficiency remained inadequate in relation to the level of need. Resource limitations affected both the ability to provide support for longer periods and to respond flexibly to fluctuating demand and the complexity of cases.

2. Project target audience is aware of the offer

The evaluation evidence is sufficiently strong and consistent to indicate that this claim was **largely met**.

While selection and communication processes varied by area, schools across the intervention areas were aware of the intervention. The evaluation found that mentors conducted direct outreach to schools in some areas, whereas elsewhere the primary responsibility for raising awareness with schools was held by local authority staff.

Claim summary

Claim 2 aims to assess whether the project's target audience, i.e. schools and families, were made aware of the offer provided by the AMI. This claim focuses on the activities undertaken by the delivery team, in conjunction with local authorities, to promote the service and explain the referral process. Effective promotion and communication of the offer were key to securing school engagement and ensuring the AMI reached the intended participants, i.e. young people who could benefit from mentoring support.

For the claim to be met, the following activities had to be carried out:

- Promotional materials were produced and distributed
- Delivery team liaised with schools in collaboration with local authority staff
- Delivery team liaised with schools directly
- Local authorities proactively liaised with schools to gain school buy-in

Claim assessment

Promotional materials, including welcome letters and postcards, were distributed widely. Feedback indicated they were effective in raising awareness and communicating key information about the intervention such as the reason for referral and type of support which mentors could provide.

The evaluation found that area delivery teams collaborated closely with local authorities, who played a pivotal role in communicating the offer to schools, usually through headteacher meetings. The evidence showed wide variation in school selection processes by area, with some local authorities targeting specific schools and others inviting schools to sign up as referral sites. In addition to local authority outreach, area delivery teams engaged directly with schools. While such direct outreach supported school engagement and the development of trusting relationships between mentors and school staff, local authority-led activities remained key to effectively promoting the intervention. The degree of local authority involvement influenced the effectiveness of

communication and school engagement: where local authorities were less involved, communication breakdowns occurred, including confusions over referral criteria.

3. Schools identify students that could benefit from the project

The evaluation evidence is sufficiently strong to indicate that this claim was **partially met**. The extent to which it was met largely depended on variable referral practices across areas.

Across the delivery areas, schools played a central role in identifying and referring young people to the intervention, with local authorities and mentors providing guidance to facilitate this process. Referral practices varied considerably across areas, namely in the extent of local authority engagement, and in the case of Salford, in referral criteria as well.

Eligibility criteria were clearly communicated. However, as in many cases the specific issues underlying low attendance rates were not considered, some young people less suited to the intervention were referred.

Claim summary

Claim 3 aims to assess whether schools were able to identify and refer young people who could benefit from the AMI. This claim focuses on the activities carried out by schools, in conjunction with Attendance Mentors and local authority staff, to identify suitable young people to refer to the intervention and to share relevant data that may impact mentoring. It also considers the outputs of these activities, namely the engagement of schools and the number of pupils referred, as well as the extent to which these referrals were suitable for this type of intervention.

For the claim to be met, the following activities had to be carried out and outputs met:

- The delivery team and/or the local authority communicated eligibility criteria to schools
- Appropriate young people were referred to the intervention
- Intervention referral targets were met

Claim assessment

Eligibility criteria were based on attendance rates, with both persistently (below 90% attendance) and severely absent (below 50%) pupils referred to the intervention. One area diverged from this, with referrals of severely absent young people prioritised in Salford. In most cases, schools thought the referral criteria were communicated effectively to them, though some reported initial confusion. However, neither the reasons underlying low at-

tendance nor the complexity of individual cases were considered when defining intervention eligibility, resulting in varied referral practices across different schools. This presented a barrier to the intervention's success: where more complex cases were referred, achieving positive outcomes was more challenging, as the intervention was not designed to address all issues underlying low attendance.

Referral processes varied across areas. Some local authorities operated triage systems, holding regular multi-agency meetings to allocate referrals, while others allowed direct referrals from schools to mentors. Direct referrals were generally preferred by both mentors and schools, as triage systems were felt to add unnecessary bureaucracy and delay the process.

Most AMI referrals were received from schools, who appreciated the flexibility to refer young people with less severe absence, as well as those with more complex needs where additional support was deemed beneficial. A smaller proportion came from local authorities and other sources such as community organisations or self-referrals. Embedding the intervention into local systems took time, and referrals were slow at first across all areas. Once trusting relationships were established, the intervention became more widely recognised, and referrals from non-school sources increased slightly. Nonetheless, some areas continued to experience low referral numbers throughout the intervention, resulting in adjustments to the number of participating schools and ongoing efforts to encourage further referrals.

When assessing whether schools successfully identified students who could benefit from the intervention, two aspects must be considered: whether the intervention met its referral targets and the appropriateness of these referrals. While supported cases (defined as having at least one session with a mentor) met programme targets, completed cases (where young people completed the intervention, i.e., had a final outcomes assessment) fell short due to issues with attrition (an issue which is addressed further in the assessment of Claim 5). In terms of the appropriateness of referrals, the school-led referral approach resulted in varied referral criteria tailored to local contexts. However, inconsistent referral practices in conjunction with limited consideration in the referral process of the challenges underlying low attendance limited the overall effectiveness of the referral process.

4. Schools engage well with the project

The evaluation evidence is sufficiently strong to indicate that this claim was **partially met** with some variation by area.

While most schools were willing to engage with the programme, a minority of schools disengaged due to differences in approach or resource constraints in schools. In some areas, engagement improved over time as trust was built, and school staff observed positive results from the intervention. However, challenges such as workload pressures

and communication gaps limited the extent and effectiveness of some schools' engagement.

Claim summary

Claim 4 assesses the extent to which schools engaged with the intervention. This claim focuses on initial school willingness to participate in the intervention as well as the activities delivered by schools in collaboration with Attendance Mentors. It also assesses the outputs resulting from these activities, namely the number of pupils referred by schools, pupils being signposted to other support services, and liaison meetings being held with schools and other stakeholders. Effective school engagement was critical to the success of the intervention, as the AMI relied on close collaboration between mentors, local authorities, and schools to identify needs and support young people.

For the claim to be met, the following activities needed to be carried out:

- Delivery team allocated referrals to schools in alignment with schools' needs and capacity to engage
- Schools shared data on young people with the delivery team
- Schools and mentors liaised effectively with each other to share information and support young people
- Schools received support from local authorities to engage with the project
- Schools, in cooperation with the Attendance Mentors, linked with wider services where needed
- Schools responded to feedback by adjusting practices to address individual young people's challenges

Claim assessment

The evaluation found that referrals were demand-led, i.e. driven by school needs, rather than a set number of referrals being allocated to each school by mentors. This helped the intervention align with schools' needs and capacities. For example, in some areas, a flexible referral model replaced an initial fixed cap on the number of referrals per school. However, barriers to timely referrals included school workloads, staff shortages, and initial hesitations about the intervention. Some schools were uncertain about having external mentors but were persuaded by the mentors' experience and expertise, while others engaged due to recommendations from other schools or pre-existing relationships with mentors.

There was evidence of effective data sharing between schools and the delivery team, particularly in areas where mentors built strong relationships with school staff. In many cases, mentors maintained ongoing communication through timetabled visits, structured

meetings, and ad-hoc interactions. For example, in some areas, mentors initiated panel meetings with schools and parents and carers, which helped build trust and foster collaboration on seeking solutions. However, in other areas, communication was less effective, leading to dissatisfaction among school staff and parents and carers. Some schools and support services highlighted the need for more formal feedback mechanisms, such as written updates on mentor progress, to better support collaborative ways of working.

Local authorities were expected to play a role in supporting school engagement, but the nature and extent of this support varied and was generally restricted to raising awareness among schools and in some areas the coordination of referrals. This did not necessarily pose an issue, as once schools were engaged in the intervention and referrals put through, mentors and schools were usually able to share information and collaborate on individual cases.

The evaluation also found that engagement with wider services was essential for addressing the complex needs of referred pupils, with the effectiveness of liaison depending on mentors' knowledge of local systems and the strength of their relationships with schools and other agencies.

Collaboration with schools was key for mentors' ability to advocate for adjustments. The effectiveness of mentor-school liaison varied by area and mentor and largely depended on the mentor's ability to develop trust and build relationships. The extent to which schools responded to mentor feedback and adjusted their practices for individual young people also depended on schools' approaches to attendance. The evidence thus suggests a combination of two factors was conducive to the supportive school engagement required for the intervention's success: preexisting favourable school approaches in conjunction with mentors' ability to effectively build trusting relationships with school staff.

5. Mentors work effectively with young people and their parents and carers

The evaluation evidence is sufficiently strong to indicate that this claim was **partially met**, with notable variation by area and mentor.

Mentors generally engaged well with young people and their parents and carers. They worked flexibly and provided individualised support to young people, prioritising the development of strong, trusting relationships to address barriers to school attendance. However, the ability of mentors to engage young people and their parents and carers effectively varied, with significant challenges in some areas.

Issues such as family disengagement, resource constraints, and inconsistent communication from mentors limited the quality of mentors' engagement with young people and their parents and carers.

Claim summary

Claim 5 aims to assess whether mentors engaged well with the referred young people and their parents and carers. This claim focuses on the activities carried out by mentors, including initial engagement of families, assessment of young peoples' need, provision of bespoke support, and effective tapering of support. It also assesses the resulting outputs (the number of pupils supported, the extent to which trusted relationships were developed), and the outcomes which were achieved, including the effective identification of barriers and establishment of functional strategies to overcome these. The success of the intervention hinged upon this claim being met as tailored and responsive work with young people was the cornerstone of the intervention.

For the claim to be met, the delivery team had to ensure the following:

- Matching of mentors and young people promoted effective relationships
- Families bought-in and engaged well with the programme
- Mentors applied their learning from the training
- Mentors referred to the handbook for guidance as needed
- Mentors assessed needs and developed action plans that were tailored to needs
- One-to-one activities were tailored to young people's and family needs and ways of working
- Duration of mentoring intervention was tailored to need and progress
- Mentors were referred to wider services as needed
- Mentors liaised with schools as needed
- Mentors developed trusted relationships with young people and parents and carers
- Young people's barriers to attendance were identified and strategies were established to help them overcome these

Claim assessment

The evaluation found that family engagement in the intervention posed a challenge to the intervention's success. The evidence showed that families with entrenched challenges or negative relationships with schools were particularly difficult to engage. As mentors frequently relied on school staff to encourage family participation, some young people who would have benefitted from the intervention had missed out. The evaluation further found significant rates of family attrition, with families initially agreeing to take part but withdrawing before commencing support or in the early stages of the intervention.

However, beyond the early stages of the intervention, drop-out was low. For those families who did engage, the evaluation identified no formal matching process between mentors and young people beyond the allocation of a mentor or mentors to each school. However, the lack of mentor-young person matching process did not appear to present a barrier as most young people reported positive relationships with their mentors. Furthermore, securing stable and ongoing mentor-school relationships served as a key enabler to fostering collaboration between mentors and school staff and therefore supported the effectiveness of the mentors' work.

The evaluation found that mentors worked flexibly and provided individualised support to young people, which was crucial for addressing the wide range of issues underlying low attendance rates in targeted ways. As mentors prioritised building strong relationships with young people, they were able to identify barriers to attendance and tailor the content of sessions and wider support to the specific needs of each young person. The evidence showed that to this end, mentors drew on their previous experience and applied their learning from the handbook, training, and peer support. However, some mentors felt a lack of training on school and family liaison activities, particularly when working with young people facing more complex challenges.

The flexibility, which the intervention allowed in the contents and location of sessions, was identified as a key enabler to mentors' ability to engage young people effectively. In cases of severe absences or school-related anxiety, conducting home visits enabled mentors to meet with their mentee and build the trust needed to support a gradual reintroduction of young people into the school environment. Where mentors' ability to conduct home visits was limited by resource constraints, this hindered the effectiveness of their work. Similarly, the duration and frequency of sessions were capped due to resource constraints, rather than being tailored to need and progress (as discussed in relation to Claim 1). In some cases, this prevented mentors from tailoring their support to the young persons' individual needs even further.

The evidence showed that mentors' effective communication with schools, parents and carers, and, where relevant, other services was key to embedding support for young people. In relation to parents and carers, their level of involvement varied depending on the needs of the young person and the complexity of the case. Generally, however, mentors developed trusted relationships with parents and carers, though there was some variation by mentor. Where parents and carers experienced insufficient or inconsistent communication from a mentor, this broke down trust and prevented a conjoined approach to supporting the young person.

The evaluation highlighted several other challenges to achieving positive outcomes in some areas. Some parents and carers reported limited communication with their mentor after the initial home visit, which hindered the development of stronger relationships. In other cases, families felt that school staff had limited empathy and understanding of their challenges, which undermined the progress made by mentors.

The consistency of mentoring sessions was another critical factor in fostering trust and strengthening relationships. When sessions were disrupted due to mentor absences or young people not attending, relationships were harder to maintain. In contrast, mentors who were consistently available, both during and outside school hours, were able to build stronger and more reliable relationships with young people and their parents and carers. This was particularly evident in areas where mentors adopted a flexible approach, such as conducting home visits for young people with severe absences or school-related anxiety. Such a flexible approach was, however, not always possible due to resource constraints.

The intervention was designed to include a tapering period to ease the transition out of the intervention. The evidence indicated, however, that tapering support was inconsistently implemented: while some mentors ensured young people and families were prepared for the end of support, other families experienced an abrupt end to their mentoring. In some areas, mentors continued to provide informal support following the end of the intervention. While families found this helpful in easing the transition, this additional support was provided out of goodwill and beyond mentors' official caseloads, raising concerns about sustainability as well as overreliance on the intervention.

6. Schools engaging well with the project lead to schools' relationships with the young people and their parents and carers strengthening

The evaluation evidence is sufficiently strong to indicate that this claim was **partially met**, with wide contextual variation.

In some cases, mentors played a key role in strengthening relationships between families and schools by fostering trust and facilitating communication. However, there was variation across areas and mentors in the extent to which they helped these relationships improve.

While some schools and families reported positive changes, others noted limited or no improvement. Where changes were observed, concerns were also raised about their sustainability following the end of the intervention.

Claim summary

Claim 6 focuses on the extent to which trust and collaboration between schools and families were improved through participation in AMI. It aims to assess whether the activities and outputs delivered through the intervention led to a strengthening of relationships between schools and young people and their parents and carers.

Claim assessment

The evaluation found improved relationships between young people and school staff to be one of the key short-term outcomes of the intervention. Mentors were instrumental in fostering trust and understanding by acting as intermediaries between schools and families. They attended and facilitated multiagency meetings, advocated for families, and provided schools with insights into the challenges faced by young people and their parents and carers. Mentors' ability to dedicate time to understanding young people's individual circumstances and advocating for their needs was highly valued by both schools and parents and carers. Schools appreciated the insights provided by mentors, which helped them better understand the root causes of low attendance and implement more targeted and constructive support measures.

Mentors also worked to build trust between young people and schools by identifying a trusted individual within the school, such as a favourite teacher or senior staff member, who could provide ongoing support. This approach was particularly successful in some areas, as it helped bridge the distrust that often existed between young people and schools. These relationships were seen as a key success of the intervention, as they could remain in place after the mentoring sessions concluded, supporting long-term sustainability.

7. Mentors' effective work with young people and their parents and carers leads to young people's improved engagement in education and schools

The evaluation evidence suggests that this claim was **partially met**, with mixed outcomes for young people, largely depending on the complexity of their challenges. As this claim is dependent on Claim 5 being met (mentors working effectively with young people and their parents and carers), seeing as Claim 5 was only partially met, Claim 7 could only be partially met from the outset.

The intervention had varying impacts on young people's engagement in education. The level of impact depended on the complexity of their case, their level of engagement in the intervention, and the mentor's working style and ability to engage parents and carers, school staff, and, where relevant, staff from other services.

While there was evidence of short-term improvements in attendance, mental health, and wellbeing for some young people, others, largely those with more entrenched challenges, experienced limited to no change.

Claim summary

Claim 7 aims to assess whether the activities and outputs delivered by the AMI project led to improved engagement in education and schools among young people.

For this claim to be met, the following outcomes had to be achieved:

- Parents'/carers' support of young people improved
- Young people's mental health and wellbeing improved
- Young people's school attendance improved

Claim assessment

The evaluation found limited evidence of mentors' work with young people and parents and carers leading to positive outcomes during and immediately after the intervention, though these varied across cases. Many young people reported feeling listened to, valued, and supported, with some expressing pride in their improved attendance and personal growth. Parents and carers also noted that mentors helped them to better understand and adapt to their child's needs, such as implementing more structured routines at home, which contributed to improved family dynamics.

The evaluation found some evidence of positive outcomes related to school attendance. Mentors and schools reported that the intervention had a noticeable impact on some young people's ability to attend school, particularly in less complex cases where practical solutions could be implemented to make young people feel more comfortable at school.

However, the intervention faced challenges in improving attendance for young people with more complex needs. Where the intervention supported severely absent young people facing entrenched challenges, mentors and schools noted that significant improvements in attendance were difficult to achieve. In such cases, mentors focused on addressing underlying issues such as mental health difficulties, low self-esteem, and family challenges, providing young people with strategies and support networks to help them build resilience and work towards long-term improvements.

The evaluation also highlighted the importance of mentors' flexibility and consistency in fostering positive outcomes. In areas where mentors were consistently available and able and willing to adapt their approach, young people and parents and carers were more likely to engage and benefit from the intervention. For example, mentors in some areas conducted home visits for young people with severe absences or school-related anxiety, helping them gradually reintegrate into school. However, in areas where mentors were unable to carry out home visits due to resource constraints, or in cases where sessions were inconsistent due to absences, relationships were harder to maintain, and outcomes were less positive.

8. Schools engaging well with the project leads to schools implementing their learning from the project to inform whole school practices around attendance

The evaluation evidence is sufficiently strong and consistent to determine that his claim was **not met**.

There was limited evidence of changes in school practice, with only a few schools reporting shifts towards greater empathy and supportiveness as a result of participating in the programme.

Claim summary

Claim 8 focuses on the impact of the intervention on participating schools, aiming to assess whether the activities and outputs delivered led to a change in school approaches and practices around attendance.

Claim assessment

The evaluation found limited evidence of schools implementing or intending to implement changes in their practice around school attendance. Only a small number of schools reported changing or planning to change their approach to attendance as a result of participating in the intervention. These changes included shifting from a more disciplinary to a more understanding approach or considering hiring an in-house mentor. Nonetheless, most schools did not make any changes.

9. Mentors' effective work with young people and their parents and carers leads to sustained improvements in young peoples' attendance leading to:

a. **Long-term improved mental health and wellbeing**

b. **Improved attainment at level 2**

c. **Reduction in risks of young people becoming NEET**

Claim summary

Claim 9 aims to assess whether the activities and outputs delivered by the delivery team led to sustained positive changes in young people' mental health and wellbeing, attainment, and reduced risk of becoming NEET. Although not directly addressed by the current evaluation (which covered only the period up to the end of the intervention), the claim about intervention sustainability was addressed indirectly by several sources of evidence.

Claim assessment

The sustainability of the improvements in mental health, wellbeing, and school attendance observed in young people was uncertain, as some young people's improvements deteriorated following withdrawal of support.

Similarly, the sustainability of changes implemented by schools was a concern, as some families reported that schools did not maintain the adjustments made during the intervention once mentoring sessions ended.

8. Conclusions

This section presents the conclusions of the evaluation based on comparing evidence across all 5 areas. As seen throughout this report, whilst in some instances the programme helped to improve young people’s attendance, the broader picture is mixed. The following conclusions draw out some of the key messages to take away from this evaluation and highlight some of the challenges faced in delivering such an ambitious and complex programme.

Bold text is used to indicate key enabling factors of the intervention.

This chapter also includes a set of considerations that draw on the learning from the evaluation to highlight where future delivery could be strengthened. These are offered to support reflection on aspects of the programme that were more challenging, and to suggest ways these might be approached differently in similar interventions going forward.

The conclusions set out below are presented in an order that reflects their relative importance, based on insights from the qualitative comparative analysis undertaken as part of this evaluation.

The main conclusions from this evaluation were:

- Mentor experience and professional backgrounds were key to effective delivery.
- Trust-building skills were a prerequisite for effective support.
- School engagement was critical to success.
- Mentors’ ability to build relationships with young people’s wider support network was important for success.
- Adapting support to the young person was necessary but the limits of this needed to be better defined.
- Training supported delivery but there were gaps.
- Logistical and practical challenges affected delivery.

Mentor experience and professional backgrounds were key to effective delivery[16]

Key findings:

- Experienced mentors built trust through strong professional backgrounds.
- Diverse skills helped teams, but knowledge sharing was inconsistent.

Mentors' professional experience was central to their success in building rapport and communicating effectively with young people, their families, schools and other services. Their success in engaging participants was attributed to both their professional backgrounds and interpersonal skills. Many had extensive experience working in pastoral roles with young people, which enabled them to build rapport and foster trust. Other mentors' experiences included teachers, nurses, and youth engagement workers.

Mentors with previous experience working in similar roles with young people were generally the most successful, as they were able to draw on skills and resources from previous roles to engage young people. Where mentors lacked previous experience in roles working with young people, they had more difficulties engaging them in the intervention and were also less adept at integrating themselves into the wider network of schools and support services due to a lack of familiarity with this setting.

The delivery partner and mentors highlighted the **added value of having a team with a diverse range of experiences and professional backgrounds**. This diversity was viewed as a significant strength of the intervention. However, this wealth of expertise and resources was not always shared across teams, which again limited the effectiveness of less experienced mentors.

Consideration

Integrating more formal processes of resource sharing and cascading learning into team structures could have helped address some of the skills gaps among less experienced mentors.

[16] The term 'effective delivery' or 'effective support' is used in this section to refer to what schools, families and young people defined as effective rather than a specific measure of effectiveness. This was generally that these groups felt it worked well for them, did not create additional burdens, and that the young person involved saw an improvement on at least some measures (not necessarily attendance) over the course of the intervention.

Trust-building skills were a prerequisite for effective support

Key findings:

- Trust enabled quicker rapport building and earlier identification of barriers.
- Mentors effectively bridged communication gaps between families and schools.
- Over-reliance on mentors limited sustainable long-term outcomes.

Trust was consistently described as key to successful engagement. Mentors were often able to build rapport with young people more quickly than school staff, leading to earlier identification of specific attendance barriers. This trust was enabled by **mentors' professional experiences** and skills engaging with young people, and by **families' perceptions of Barnardo's as being separate from statutory services such as schools or social care.** Some schools noted that families were more likely to engage with mentors because they did not associate them with social workers, a group that some families were hesitant to communicate with. Barnardo's status as a voluntary organisation supported the development of a perception among families that it operated independently from other social services, which in turn facilitated engagement.

The mentors' role was vital in addressing relationship breakdowns between families and schools and facilitating more responsive, individualised interventions that addressed young peoples' needs. By acting as trusted intermediaries, mentors acted as a bridge between schools and families, helping young people and their parents and carers and the schools to work collaboratively to find appropriate solutions. Mentors played a central role in linking schools and families, facilitating open communication and coordinating support around the young person's needs and their specific circumstances. They ensured that all parties, schools, families, and other services, were kept informed and engaged in collective efforts to improve young people's attendance. In areas where mentors lacked skills to build relationships with schools and wider services, or where school buy-in was low, mentors were less able to bridge the gap between home and school for the young person, and the intervention was less effective.

There were also cases where the depth of relationship between the mentor and the young person acted as a barrier for long-term outcomes, given the short-term nature of the intervention. Particularly where young people had not developed trust with adults in their school or support services, young people became reliant on the pastoral support they received from their mentor and struggled when they stopped receiving it. These dependencies also led to mentors continuing support past the allocated sessions, which posed resource challenges in the long-term. In this way, mentors who were able to use their trusted relationship as a platform for building the young person's trust with other

adults, rather than simply communicating with them on the young person's behalf, were more successful in achieving sustainable outcomes for young people.

Consideration

Clearer boundaries to the support would have helped prevent dependencies in the relationships and unmanageable workloads. Additionally, a greater emphasis on the mentor's role to bridge gaps between the young person and their support network, rather than to act as their sole source of support, would have helped consolidate long-term solutions.

School engagement was critical to success

Key findings:

- Direct school referrals strengthened engagement and collaborative working.
- Where the local authority led referrals, schools were left out of the loop and this weakened cohesive delivery.

Schools were central to the success of the intervention, and its effectiveness depended on their full buy-in. Successful delivery required schools to work closely with mentors in several keyways: from coordinating effectively and identifying young people to refer, to providing suitable space for mentoring sessions, and being receptive to mentors' suggestions. This **collaborative approach, bringing together young people, mentors, families, and school staff, helped to create a safe, supportive environment that encouraged school attendance**.

Where schools did not fully engage, the short-term outcomes of the intervention were undermined. Without this essential buy-in, mentors encountered challenges in establishing a cohesive support framework and facilitating change. This was also true where mentors did not fully engage schools in the intervention, which was more common where they were working across a large number of schools rather than as a link mentor.

School buy-in was particularly important in areas where mentors relied on schools to refer young people to the programme, as without this there would be no referrals. **These schools' central role in referring participants also appeared to generate engagement within schools** as they were more invested in who was being referred to the programme and the reasons that it might benefit these young people. In this way, schools taking part in decision-making created a reciprocal relationship between school-buy in and direct school referrals.

Conversely, in areas where referrals came through the local authority, schools were less aware of who was being referred and were then less able to support the young people who were being referred to the intervention. These areas also experienced more difficulties related to coordinating decisions with school staff, the willingness of schools to implement adjustments based on mentor recommendations, and logistics such as booking rooms for sessions.

Consideration

Involving schools directly in the referral process across all areas would therefore have been helpful in creating school buy-in and facilitating coordination, which were both central to ensuring outcomes were achieved and sustained.

Mentors' relationship-building with wider support networks was key to success

Key findings:

- Strong relationships between mentors and school staff were essential for effective, coordinated support.
- Developing wider networks of support promoted sustainability of outcomes.
- Limited engagement with parents and carers reduced both take up and long-term impact.
- Weak links with a young person's wider support network undermined sustainability.

Mentors failing to fully engage with a young person's support network emerged as a barrier to effective support, particularly in the long-term. This was because **a key part of the mentor's role was to bridge gaps between a young person and their support network where there had been a breakdown of trust; if they were not able to coordinate with key actors in the support network to do so, the intervention failed to have lasting effects**.

The ability to build relationships with school staff was particularly important. Without clear coordination, schools were more limited in what they could do to support the student both during and after the intervention. Mentors who were better embedded into schools were more likely to be able to both proactively arrange meetings with key staff members, and

for school staff to know to invite them to important attendance meetings about a child. These kinds of meetings were a key setting where mentors could bridge the gap between school and the family.

Conversely, where these links between the mentor and the school were missing, schools might not be aware that a mentor was involved with a particular child, or even that the mentor worked in their school, and were therefore less able to coordinate efforts to support a child.

Mentors' ability to build relationships with wider services was less important, although played a larger role where the local authority was heavily involved in referrals and local authority networks and services could be accessed more easily. **Building relationships and coordinating with parents and carers where appropriate, on the other hand, was key to support outcomes beyond the mentoring sessions.** However, the extent to which this happened varied significantly by mentors and parents and carers. Some parents and carers were pro-actively reaching out to mentors while others did not. Equally, some mentors engaged with parents and carers throughout, while in other cases, mentors did not engage parents and carers in the intervention at all. This was possibly due to a lack of clarity on the extent to which parents and carers should be involved in the intervention. Although some young people may not have wanted parents and carers directly involved, for those who did, involving the parents and carers to some extent in the work that was being done could have helped support the young person to achieve outcomes.

Additionally, engaging effectively with parents and carers at the start of the intervention was key to ensuring that referred families agreed to take part in the intervention in the first place. Parents and carers who withdrew their consent reported this was either due to finding the initial engagement process invasive, or that they did not believe their child needed support. The high drop-off rate between initial referral and receiving support could therefore have been reduced by mentors communicating the benefits of the AMI more effectively. and building relationships with parents and carers from the start.

Considerations

Formal training that covered building relationships with schools, as well as more consistent use of 'link mentors' across areas would therefore have been useful in embedding mentors within schools. Such arrangements could have reduced reliance on mentors having prior experience of building such relationships.

Clearer guidance around the level of communication expected with parents and carers would have been useful to guide mentors in their approach.

Adapting support to the young person was necessary but needed clearer limits

Key findings:

- Tailored, flexible support (including home visits) was essential for progress towards successful outcomes.
- Excessive support risked dependence on mentors and unsustainable workloads.

Tailoring support to young people's needs was key for mentors to build a strong relationship with the young person. Where support was less tailored, for example where mentors were less willing to provide home visits, young people were less likely to make progress towards school attendance. This was particularly true for those whose attendance was significantly lower, where a lack of flexibility for home visits meant young people receiving fewer sessions than intended due to them not being in school and consequently restricted the progress young people could make during the intervention.

In contrast, in several areas, mentors provided significant support beyond the scope of the intervention, including offering ad-hoc support outside of weekly sessions, and continuing to offer support following case closure. Although families appreciated this flexibility and sense of going above and beyond, stakeholders identified a perceived risk of over-reliance on the support provided. Mentors were highly responsive to messages and calls from families which allowed them to build a strong relationship and bridge gaps in pastoral support but also brought into question the sustainability of the intervention following case closure. There was the risk that either mentors would spend a lot of time supporting those no longer officially on the AMI, or that young people would be left without an essential trusted adult in their support network.

Consideration

A balance should be struck between providing additional support to the young person where necessary for their needs, and avoiding the young person becoming reliant on support from the mentor.

Training supported delivery but had gaps

Key findings:

- High quality training was key to developing core skills for effective engagement.
- However, inconsistent knowledge-sharing limited development of less experienced mentors.

Mentors described that the training they received as part of the intervention was of **high quality and gave them the tools** to effectively identify and address the root causes of poor attendance. The training focused on core skills such as active listening and building trust, which were viewed as essential to effective engagement.

In addition, mentors received **topic specific training throughout the intervention**, when a need was identified. This further equipped them with the tools to provide targeted support, for example, addressing the needs of young people with SEND and offering guidance on healthy sleep practices.

However, the extent to which Lead Mentors shared knowledge and supported the professional development of their team varied across areas: where this happened, less experienced mentors benefitted from improved skills and confidence, while where it was lacking, mentors had to develop skills on the job instead. This was not always effective in bridging skills gaps.

Consideration

Stronger supervision, structured cascade learning and formalised on-the-job learning pathways would have allowed problems to be identified and addressed more effectively in these areas.

Logistical and practical challenges affected delivery

Key findings:

- Logistical constraints limited mentors' ability to tailor support effectively.
- Efficiency-driven delivery decisions reduced impact, especially for complex cases.

The set parameters of the intervention limited mentors’ ability to fully tailor delivery to the preferences and needs of individual young people, parents and carers, and schools. For example, in several areas, decisions were made to limit the number of schools where the intervention took place; however, schools were generally chosen based on location to increase efficiency, rather than the extent of need. In addition, mentors varied in their willingness to accommodate home visits, often due to resource practicalities rather than because they felt home visits were unsuitable for the young person. This led to young people missing sessions when they were not in school, which reduced the impact of the intervention.

Similarly, some areas chose to limit the intervention to 12 weeks to meet increased demand, which allowed more young people to receive the intervention, but potentially limited outcomes for more complex cases.

Consideration

Resources in each area needed to better align with the scale of need, including allowing for a degree of flexibility in the support that would allow mentors to tailor support to young people’s needs without using their own time.

9. Annex

Theory of Change Accessible Version

Table 9.1 Annex 1 – Theory of Change: Inputs

Inputs	Details
Funding:	• £2.32 million funding over 3 years
Delivery staff	• 1 Children's Service Manager (CSM oversees all 5 areas) • 2 Attendance Mentors (AM) + 1 Lead Mentor (LM) in each area (5 AMs + 1 LM in Middlesbrough)
Other stakeholders	• School contacts/liaison • Local authority link/other services
Recruit, train and performance manage AMs	• Attendance Mentor Handbook
Promotion, engagement, information materials	• Leaflets for schools • Request for service form • Leaflet for families • Postcard for CYPs

Table 9.2 Annex 2 – Theory of change: Work with schools

Activities	Outputs	Outcomes	Impacts
Engage: CSM + AM meet with schools	Number of schools engaged	Influence school attendance practice for individual children and young people (CYP)/parents and carers	Schools implement learning from project to improve whole school practices around attendance
Allocate: CSM allocates referrals to schools	Number of pupils referred. Persistently absent (PA) and severely absent (SA)	Strengthened relationships between schools and the CYP/parents and carers	-
Refer: Schools Identify/select pupils (based on attendance rate and suitability for the service), discuss with AM and complete referral forms	No of services AM signposted school to	-	-
Share data: Schools share attendance data and other information that may impact mentoring	-	-	-
Liaise: AMs mediate and advocate for pupils within schools to address individual pupils' barriers	-	-	-

Table 9.3 Annex 3 – Theory of Change: Mentors' work with pupils and families

Activities	Outputs	Outcomes	Impacts
Match: Match referred pupils to AM's	Number of pupils engaged/ supported (T= 665 per year/ 335 in year 1)	CYP barriers identified, and strategies established to overcome these	Sustained improvement in engaged CYP attendance (by next academic year)
Engage: Activities to engage young people and their parents and carers (Weeks 1-4) • Games (e.g. chess, card games, etc Relationship building activities (e.g. getting to know you sheets, scaling questions, affirmation cars, etc)	Number of parents and carers supported	Improved parent/carer support of CYP in education and school	Longer term benefits for engaged CYP including: • Improved CYP attainment at Level 2 • Improved CYP mental health and wellbeing Reduction in the number of pupils becoming NEET (Not in Education, employment or Training)
Local authority services to support pupils in need of extra support	Number of individual action plans	Improved parent/carer support of CYP in education and school	-
Assess: Activities to understand and assess needs, barriers and difficulties (Weeks 4-6) Create Individual Support Plan (ISP) – includes strengths, barriers and goals	Number of school/other liaison meetings	Improved CYP engagement in education and school	-

Activities	Outputs	Outcomes	Impacts
Bespoke support: • 1:1 coaching with CYP (various topics include attitudes, wellbeing, routines etc) • 1:1 joint work with parents and carers(coaching on various topics including improving home routines, attitudes to school etc) • Targeted interventions (e.g. regular check ins, outcome star tool, scenarios etc) • Practical support (e.g. hand-holding into school/clubs, create reintegration plan, grant applications, travel permits, food-bank applications) • Regular communications (face-to-face and WhatsApp) • Liaise with schools/other services Signpost to other services	Number of services pupils referred to		
Taper support: Activities to embed engagement and attendance at school (Weeks 14-20)	Average weeks delivered	Improved CYP mental health & wellbeing	-

Activities	Outputs	Outcomes	Impacts
-	Trusted relationships developed CYP/AMIs	Better CYP attendance at school	-
-	CYP/parents/carers more aware of barriers		
-	CYP/parents/carers better understand importance of attendance	-	-
-	Improved pupil access to referred support services	-	-

Table 9.4 Annex 4 – Theory of Change: Activities related to work with local authorities

Activities
Regular CSM meetings: Promote project, provide updates on progress and discuss any challenges
Local authorities support schools with referral process
Local authorities services to support pupils in need of extra support

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