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Community Information and Research Unit

HARINGEY COMMUNITY GOLD

YOUNG LONDONERS' FUND

IMPACT OF THE COVID -19 'LOCKDOWN' UPON THE HARINGEY COMMUNITY GOLD PROGRAMME (HCG)

AUGUST 2020

HCG Partners Covid -19 Consultation / Review

NORTH LONDON PARTNERSHIP CONSORTIUM LTD

SUPPORTED BY

MAYOR OF LONDON

Haringey LONDON

About the Consultation/Review.

NLPC Ltd, through its Community Information and Research Unit (CIRU) on behalf of the Haringey Community Gold Partners delivering the Young Londoners'' Fund programme, commissioned Dr Mike Medas to undertake a consultation / review on the impact of the COVID-19 'lockdown' upon the Haringey Community Gold programme (HCG).

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For further information

The full report impact of the COVID-19 'lockdown' upon the Haringey community Gold (HCG) programme (HGC Partners Covid-19 Consultation / Review, August 2020, is published by CIRU – a division of NLPC Ltd)

The report is available as a free PDF - request a copy; send email to publications@nlpcltd.org.uk

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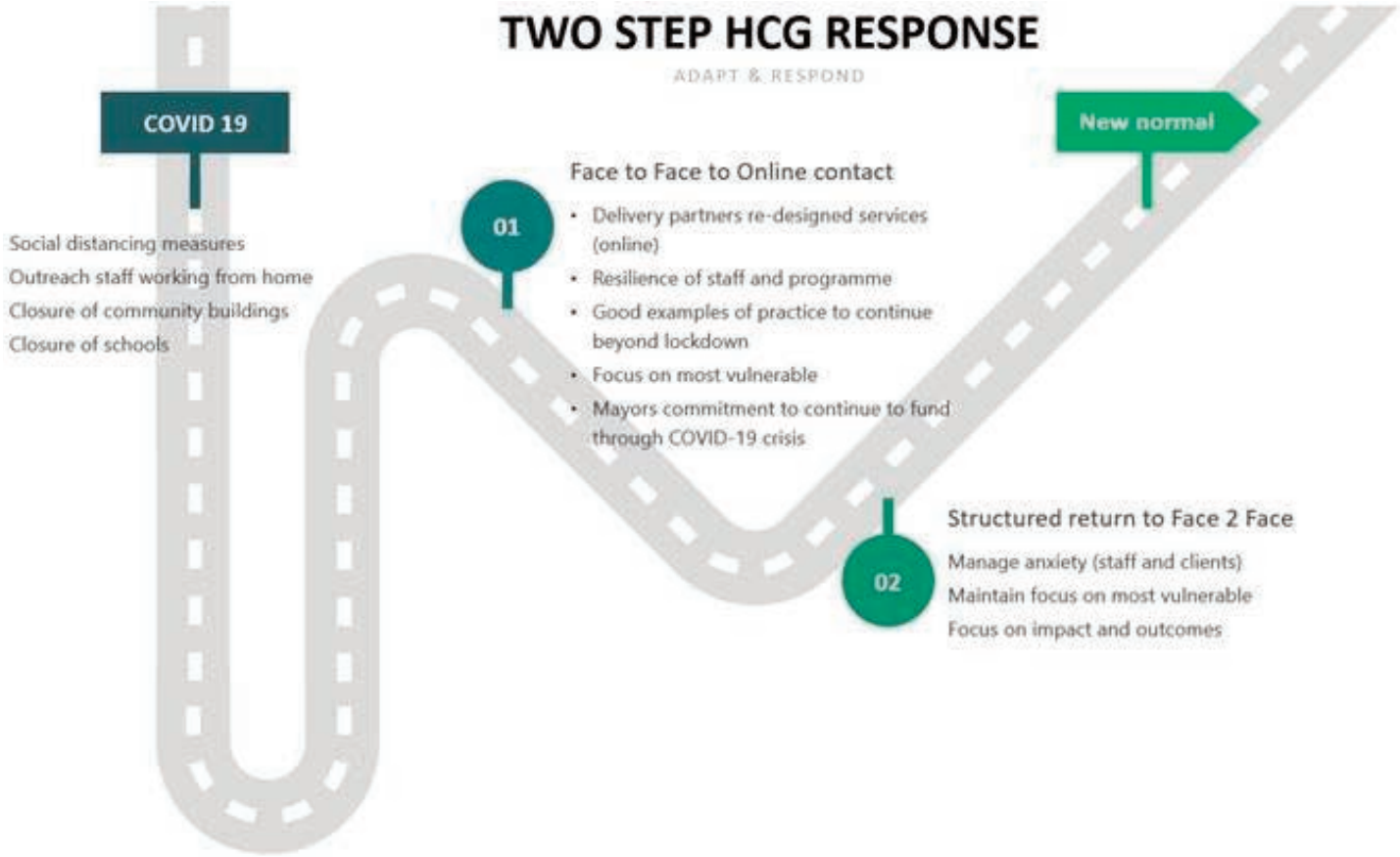
1. Introduction

This report presents the findings of a consultation and review exercise into the impact of the 'lockdown' brought in by the UK government in response to the global Covid-19 pandemic of 2020 upon the Haringey Community Gold programme (HCG), which is a three-year programme of youth-facing service provision supported by the Mayor's Young Londoners' Fund (GLA, 2018), commencing in 2019 and delivered by ten locally-based partner agencies in the London borough of Haringey.



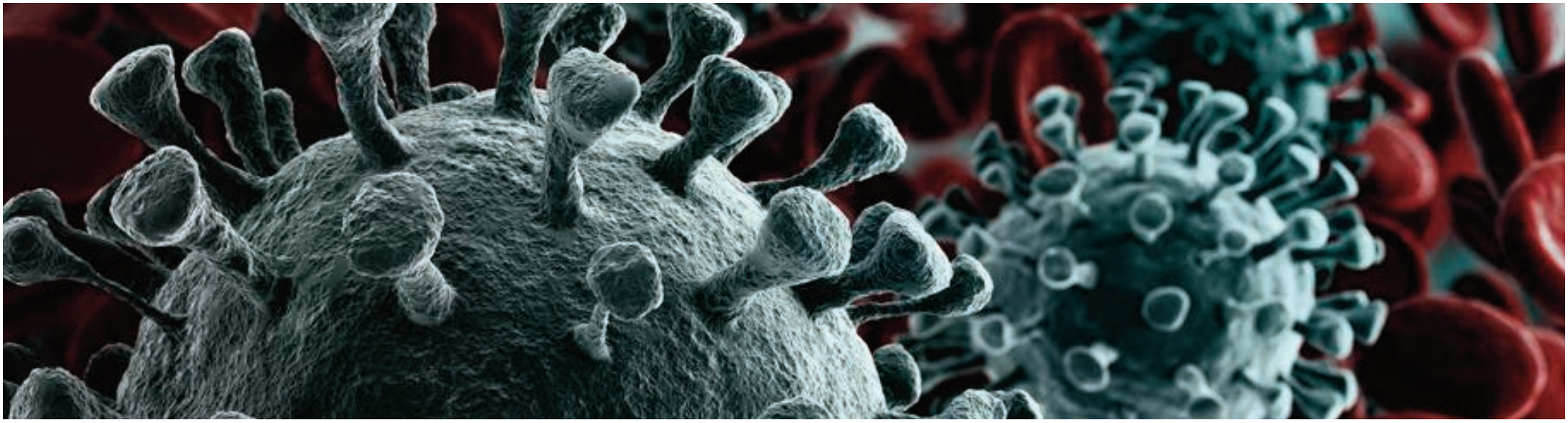
2. Project brief

In response to the global Covid-19 pandemic, the UK government introduced emergency Health Protection regulations in February 2020, followed by the Coronavirus Act, 2020 in March, that enabled the imposition of a national lockdown announced on 24.3.20, prohibiting all but essential movement of individuals outside their homes (BBC, 24.3.20).

The original project brief therefore aimed to respond to the impact on HCG of the lockdown, by undertaking 'a review/consultation with delivery partners that would enable better understanding of the impacts, identified gaps, resources needs and ideas on way forward'. The contents of the review were intended to inform the following topics:

- A clear understanding of impact of the lockdown on partner organisations both internally, externally and participant facing – including service provision, access to provision, referrals, staffing, etc
- A clear understanding of whether the lockdown has highlighted a need for additional/ new / different service provision
- Resource impact
- Reconfiguration of service provision – how have partners reconfigured or proposed to reconfigure service provision, including what they propose to do
- Case studies – where applicable /available

As a result of time constraints, the brief was modified to exclude the case study element, although outside of the consultation exercise, a cumulative evidence base of case studies of individual programme participants has been collated throughout the programme by the project partners.



3. Methodology

The study used a mixed-methods research (MMR) design, which initially intended initially to draw on three sources:
(a) desk research on the background to the programme,

(b) qualitative, semi-structured interviews with programme delivery partners; and

(c) focus groups of delivery partners and if possible, young people who had participated in the programme.

This was modified in view of time constraints to include the first two elements along with a single focus group with representatives of all delivery partners. The MMR approach supports a complementary use of discrete research methods in order to measure 'overlapping but different facets of a phenomenon' (Greene et al, 1989, p258). In this study, quantitative programme monitoring data was complemented by a qualitative narrative from delivery partners, whilst individual interviews with delivery partners were complemented by a collective discussion between all delivery partners. The common topic list used for the interviews and focus group is listed in Table 3.1.

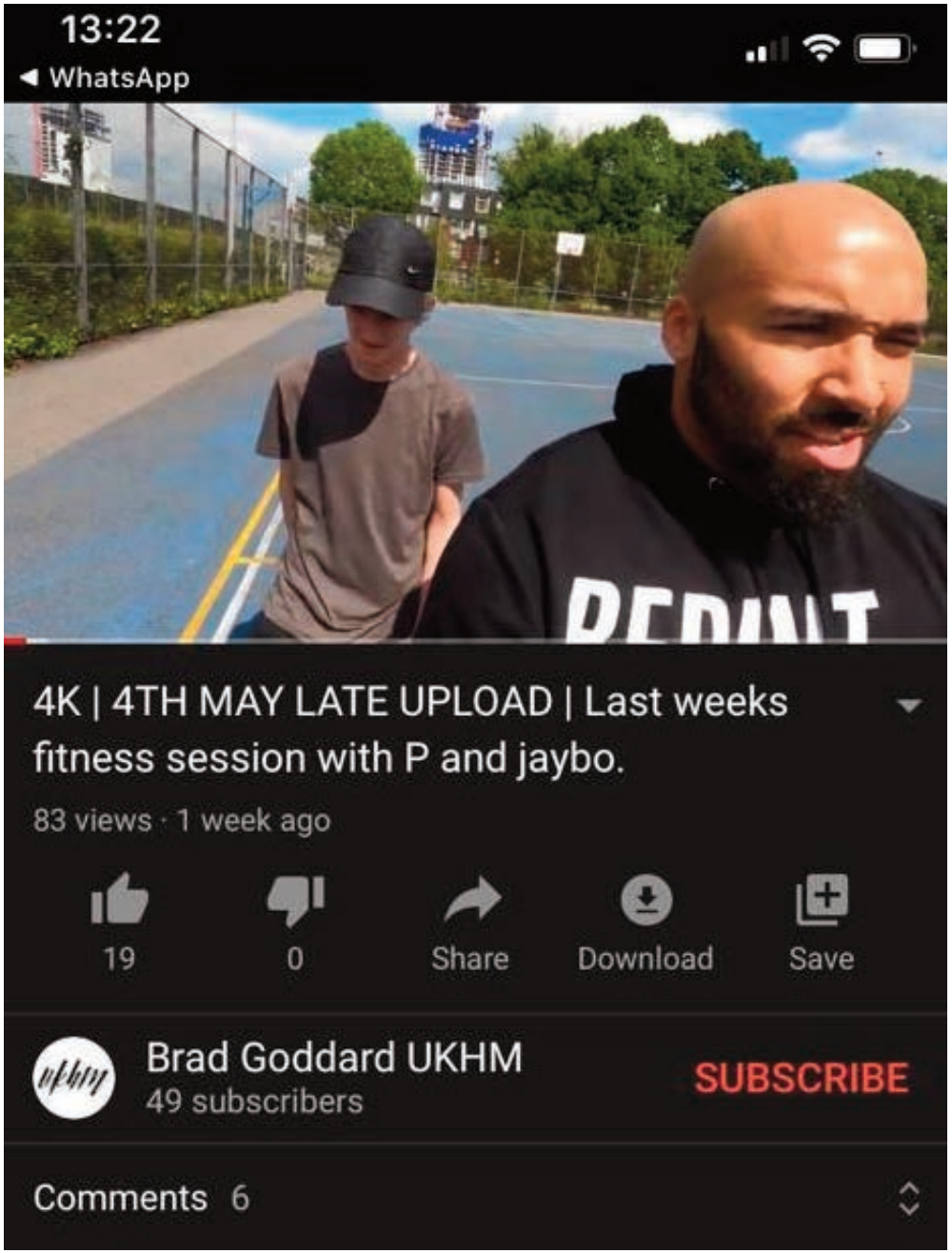
As a result of the Covid-19 lockdown, which had required social distancing, all interviews were conducted by telephone rather than face-to-face, whilst a video-conferencing application, Zoom, was used to deliver the focus group. The entire consultation/review exercise, including preparation, fieldwork and completion of the report, took place over a one-month period commencing in mid-July 2020.

Table 3.1: Topic list used for interviews and focus group with HCG delivery partners

Topic	Detail
1	**Your experiences of delivering HCG services prior to the lockdown**
2	The impact of Covid-19 lockdown on your organisation - internally, externally and participant-facing - including service provision, access by young people, referrals, staffing
3	**Whether any additional, new or different services have been needed.**
4	Your future plans for project delivery and any reconfiguration or re-profiling needed.
5	**The main opportunities and challenges that the lockdown presented for HCG.**
6	Any lessons from the work of HCG to date - up to and including the lockdown – of which the GLA should be aware

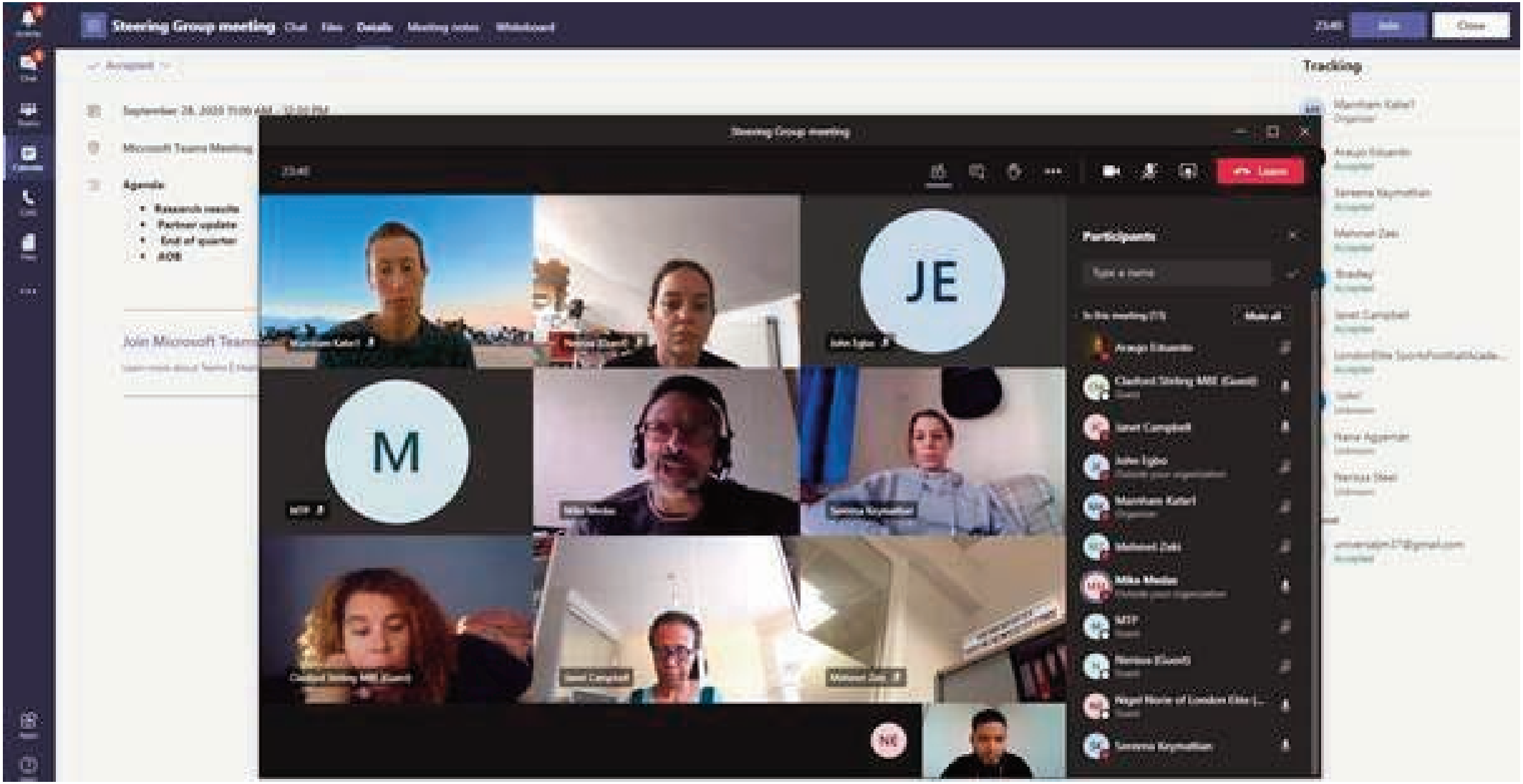
4. Report Structure

The results of the study are presented in the following sequence. A review of the historical and policy background to the HCG programme is followed by an examination of findings on the quantitative and qualitative impacts of the lockdown, drawing on internal programme monitoring data as well as the results of interviews and the focus group with project partners. This is followed by a discussion and conclusion, after which recommendations are made.



Engaged, Inspired and Involved

Haringey Community Gold Delivery Partners Consultation Session



5. Background to the HCG programme

5.1 The Young Londoners Fund and the HCG offer

The Mayor's Young Londoners' Fund (Young Londoners' Fund) is a programme of £45m in total size, that was set up 'to help children and young people to fulfil their potential, particularly those at risk of getting caught up in crime', and which focuses on those aged 10-21 (GLA, 2020a).

Applications for the first round of the Young Londoners' Fund, under which the HCG programme was funded, opened in May 2018 and closed in July 2018. The HCG application sought support for a £1.5m programme of activity lasting three years (2019-2022) and was developed by a consortium of nine voluntary and community sector-based providers plus the local authority, the London borough of Haringey (LBH), which upon partners invitation, led the application. The programme aimed to deliver services to 6000 young people in Haringey. According to the application, the 'breadth of interventions' aimed to 'match young people's need' and would include 'promoting awareness of the impact of gangs, improving employability, offering pre-employment training, developing youth leadership, designing diversionary activities and enabling mental health well-being' (HCG, 2018). The application was approved by the GLA in November 2018, and internally by LBH in March 2019 (LBH, 2019). This meant that whilst the formal start date of the programme from a contractual perspective was the beginning of January 2019, delivery on the ground did not start until the second quarter of 2019, i.e. from April onwards. In explaining its approval decision, it was noted by the LBH cabinet that the programme had been developed in response to 'significant levels of youth violence in the borough' and that 'the successful bid demonstrated a clear need for a community based and long-term approach to addressing serious youth violence' (LBH, 2019).

The HCG programme was a significant one in terms of its size and structure, particularly in the context of pre-existing youth-facing provision available at the time. In comparison to the total LBH youth service budget for the year 2018-2019, which was £768k (Berry, 2019), annual HCG resources of £500k represented an additional 65% per year in total, within which the element delivered by the LBH outreach team alone represented a 23.2% increase on the youth service budget. From the perspective of the LBH outreach team, HCG was 'an expansion of the offer that already existed', which was especially valuable as prior to HCG there had been 'only one youth club in Tottenham' which for various reasons was not able to meet the needs of all young people (LBH outreach team, HCG). The impact of this additional resource is particularly important given that UK local authorities had faced a decade of austerity and reduced resources in the decade following the 2008 recession, as exemplified by the 49.4% decline in the LBH youth service budget from £1.5m in financial year 2011-2012, to £768k, in the year during which HCG started, 2018-2019 (Berry, 2019).

In terms of resources, the HCG programme stood out in in the context of other Young Londoners' Fund-funded projects across London, in that

(a) it represented the largest single award in round one; and

(b) HCG's average cost per head for its 6,000 beneficiaries of £411 was 40% lower than the median cost per head of the 351 other Young Londoners' Fund projects, which was £250 (GLA, 2020b).

This evidently reflected the economies of scale and added value enabled by a large consortium of providers able to deliver tried and tested, cost-effective services and with the ability to provide substantial match funding .

The structure of the HCG programme was also significant in a qualitative sense, in that it was innovative in the context of local, youth-facing provision for a programme of this size to be developed and delivered by a predominantly community based, third-sector consortium, all of whose partners had 'significant track records in working with disaffected young people in Haringey' (HCG, 2018). This approach aimed to address needs that were not easily met by statutory services alone. The application stated that its core offer would involve 'community-based detached and outreach youth workers to be deployed flexibly to areas of greatest need', as this approach would 'have the capacity and capability to engage young people most at risk, especially those who often feel most disengaged from services' (HCG, 2018). It went to note that 'feedback from recent engagement with young people in the borough' had highlighted 'the low confidence among some young people and their families in the police, the Council and other statutory bodies'(HCG, 2018). In terms of the offer to young people, HCG beneficiaries would in theory be recruited and registered either by the LBH outreach team or directly by one of the other HCG delivery partners and then be referred based on their preferences to take part in a specific programme of activity offered by any one of ten delivery partners. Each beneficiary could also participate in up to three programmes run by different delivery partners. Direct recruitment as well as internal referral were therefore integral elements to the HCG programme.

5.2 HCG and YLF in the context of youth work

According to Cooper (2018), there is no single agreed definition of the practice of 'youth work' either in the UK or internationally, therefore youth work is better defined a 'pluralistic occupation' which may take place in a range of institutional and contextual settings, may be funded by a variety of sources and informed by a variety of theoretical models.

Despite these variations, some common aims found across many forms of contemporary youth work in Europe have been identified as

(a) 'creating spaces for young people' that may not exist in areas such as education, training or labour markets and

(b) providing 'bridges' in young people's lives by enabling social integration, particularly for those facing social exclusion (European Youth Work Convention (EYWC), 2015, p59).

Within the UK, youth work has also been particularly associated with informal education and a 'voluntary principle' that informs the extent to which young people may choose to participate (St. Croix, 2019).

Given the range of youth work methods in use, one of the requirements of the YLF Programme was that each project funded would measure its impact on anticipated outcomes using a 'theory of change' (TOC) validated by the Centre for Youth Impact, a body set up by the Cabinet Office of the UK Coalition government during 2014. The TOC model has been criticised in that it requires providers to 'predefine outcomes they want to achieve and establish a relationship of cause and effect', an approach that 'can be problematic in a complex field such as youth work, where diverse outcomes emerge from a non-linear, youth-centred process' (St. Croix 2019, p420). More broadly, it has been argued that outcome-based youth work challenges critical and transformative youth work practice in that it is informed by a 'deficit model' that assumes young people to be 'in need of rehabilitation' (Cooper, 2012, p66). However, as the recent expansion of outcome-based youth work has occurred during a period of increased austerity for UK public services, it may represent an inevitable feature of the funding landscape faced by providers. The key question for the HCG partnership therefore will be whether the existing approach to measuring outcomes is able fully to capture the benefits delivered by HCG to young people before, during and after the Covid-19 lockdown.

Against this background, the UK-wide Covid-19 lockdown in March 2020 presented major challenges to young people and to organisations working with them . A national survey of 235 organisations working with young people at the end of March 2020 indicated widespread concern about risks anticipated around mental health, isolation, lack of safe spaces, family relationships, online pressure and increased risks around various forms of harmful behaviour (UK Youth, 2020). Following the first three months of lockdown, an online survey of 1,274 people aged 16-24 across the UK published in June 2020 indicated that the Covid-19 lockdown had led to significant disruption and challenges to the economic, educational, social and healthcare situations faced by young people (Crosby et al, 2020). Besides this, evidence also emerged in 2010 that BAME communities in the UK were disproportionately at risk of being diagnosed with – and dying from - Covid-19 (Public Heath England, 2020). This suggested that young people from BAME communities, who made up the majority of the demographic served by HCG, could be disproportionately likely to be affected by illness or bereavement within their families even if their own age status put them in a lower risk group.

Haringey Council's Covid-19 Food Distribution Center

6. Findings

6.1 The baseline prior to lockdown

In order to consider the immediate impact of Covid-19 on the HCG programme, it is important to identify a baseline, both quantitatively and qualitatively, that represents the state of delivery prior to the lockdown. As indicated earlier, the programme officially started on 1st January 2019, although delivery was not able to start until the April-June quarter.

A review of HCG's internal monitoring data for the first five quarters, i.e. from the start of January 2019 to the end of March 2020, indicates that up until a point one week after the lockdown started, the programme had achieved over 75% of profiled starts and 15% additional completions against profile, as indicated in Table 6.1. In this context, a 'start' refers to the registration of a young person within the overall HCG programme whilst a 'completion' refers to the successful completion by that beneficiary of a specified programme of activity within the overall HCG offer, whether the activity was delivered by the partner who registered the beneficiary or by referral to another partner. This suggests two things. Firstly, the late start of the programme meant, unsurprisingly, that fewer beneficiaries then planned had started an activity over the first five quarters. However, the marked over-achievement of completions against profile indicated that the 'conversion rate', the proportion of beneficiaries starting an activity who would go on to complete the activity, was 38.8%. This was over 50% higher than the profiled conversion rate of 25% for all years, which had assumed that 1500 out of the 6000 beneficiaries starting an activity would complete it.

Table 6.1

	Project quarter							
Indicator	**Q1 2019 Jan-Mar**	**Q2 2019 Apr-Jun**	**Q2 2019 Jul-Sep**	**Q4 2019 Oct-Dec**	**Q1 2020 Jan-Mar**	**Total before lockdown**	**Q2 2020 Apr-Jun**	**Total to date**
Starts (profile)	150	250	800	800	527	2527	1054	3581
Starts (actual)	-	181	869	314	537	1901	158	2059
Completions (profile)	25	75	150	250	138	638	276	914
Completions (actual)	-	78	130	101	428	737	121	858
% of actual starts vs. profile	0	72.4	108.6	39.3	101.9	75.2	15.0	57.5
% of actual completions vs. profile	0	104	86.7	40.4	310.1	115.5	43.8	93.9
Conversion rate (% actual starts/ actual completions)	0	43.1	15	32.2	79.7	38.8	76.6	41.7

It provides a strong indication that the innovative practice model of Haringey Community Gold had exceeded even than its own expectations in raising retention levels of young people, by effective methods of engagement. In short, the programme was demonstrably attractive to its target participants.

A qualitative view of first five months of delivery prior to lockdown is offered by the direct experience of delivery partners. It was the view of the LBH outreach team that 'we hit the ground running', particularly as 'it's a new programme, it hasn't been done before, it's not something that is off the shelf, that is quite an innovative way of doing things, that is bottom up rather than top down' and that that despite a late start, 'we had a cracking first couple of months where we… probably engaged… around 4-500 young people' (LBH outreach team, HCG). The added value of HCG as a joined-up programme was contrasted to the previous situation in which there had been 'lots of opportunities run by lots of different organisations but quite a lot of the time people don't know about them' (LBH outreach team, HCG)).

This positive start experienced by HCG was echoed by a delivery partner, who explained that 'the programme… used to have sessions with 10-14-year-olds… training them up in interests that they had... that was going really well. We had 96 sign up, up until that point… we were going to get more… but then that's when lockdown came in'. (Delivery partner A, HCG). Similar views were expressed by other partners, who indicated that 'it's well documented that we were packed out. I mean the programme served its purpose, which was 'off the streets less heat'. Get as many as we can off the street and there'll be no heat' (Delivery partner B, HCG) and that prior to lockdown 'it was going really well... we had a lot of young people coming through the door that wanted out support… so for us the referrals and the other people that we engage with were much, much higher before the lockdown (Delivery partner C, HCG).

Another positive feature of the HCG programme prior to lockdown was that the demand for access to programme activities from young people was so high that in some cases it exceeded the capacity of existing partners to provide places, which led to the commissioning of additional provision from providers outside the consortium in order to address specific needs of HCG beneficiaries: 'Four hundred young people said they would like to find a job… we've got two employment providers… they can't process 400 people, so we had to create external partnerships, where… those 400 would be referred to any services that are available' (LBH outreach team, HCG).

In terms of the HCG referral model, several partners indicated that the majority of their beneficiaries had been directly recruited prior to lockdown, while internal referral had happened mainly via the LBH outreach team acting as a gateway into the programmes offered by the other partners. In terms of the relative lack of referrals between partners other than those emanating from the outreach team, one partner felt that this was because there had not been a 'publicised version of what each group does (Delivery partner B, HCG)'. Another partner expressed the view that there had been a lack of incentive for internal referrals due to the risk of double counting, although it was emphasised by the LBH outreach team that beneficiaries could in fact take part in up to three activities run by different partners after they were registered. Despite these observations, it seems clear from the figures on output achievement discussed earlier that the level of internal referrals did not impact on HCG's ability to meet its targets prior to lockdown.

6.2.1 Immediate impact of lockdown

When the impact of the Covid-19 lockdown is considered, there was an immediate quantitative effect on project activity. Actual starts and completions for the second (April-June) quarter of 2020 fell from being 101.9% (starts) and 310.1% (completions) against their respective profiles in the previous quarter to only 15% (starts) and 43.8% (completions) against profile. However, the conversion rate of actual starts to actual completions fell only slightly from 79.7% in Jan-March 2020 to 76.6% during April-June, as seen in Table 6.1.

These figures reflect the severe challenges faced by programme partners in recruitment for beneficiaries during the first three full months of the nationwide Covid-19 lockdown, i.e. April-June 2020. Conversely, the relative consistency of retention and conversion rates for beneficiaries who had already started activities clearly shows the strength and attractiveness to young people of the engagement models used by HCG partners.

Unsurprisingly, cumulative progress against profile for all quarters to date now fell, from 75.2% of profiled starts and 115.5% of profiled completions by the end of March 2020, to 57.5% of profiled starts and 93.9% of profiled completions by the end of June 2020 (see Table 6.1). However, this is still a significant achievement, firstly because cumulative completions were only 6.1% below profile and secondly because the cumulative conversion rate of starts to completions, at 41.7%, was still two thirds higher than the rate of 25% that was originally profiled across the life of the HCG programme.

Looking forward to the remainder of the HCG programme, at the end of June 2020, there remained 3941 starts and 642 completions of profiled HCG outputs across the remaining seven quarters between July 2020 and December 2021. The three scenarios identified in Table 6.2 illustrate potential risks faced in terms of meeting these outputs. (The underlying calculations used to produce these figures are shown in Appendix 1).

Table 6.2: Possible output scenarios under Covid-19

Scenario	Assumptions about effects of lockdown in immediate future	Average number of starts needed per quarter to meet profile post-lockdown	Average number of completions per quarter to meet profile post-lockdown	Conversion rate of starts to completions required post-lockdown	Risk
1	None	657	107	16.3%	Required number of quarterly starts is over 50% above that achieved to date by HCG
2	Starts &completions stay at same levels seen in Q2 of 2020 for Q3 of 2020 only	757	104	13.8%	
3	Starts & completions stay at same levels seen in Q2 of 2020 for Q3 & Q4 of 2020	906	100	11.1%	
4	Starts for all remaining quarters assumed to be 316	317	107	31.6%	Starts will not meet current HCG profile

Although scenarios 1-3 would need a much lower conversion rate of starts to completions than has been achieved so far by HCG, the real challenge is that the average number of starts per quarter so far has only been 412 overall, or 475 prior to lockdown, falling to 158 in the quarter entirely affected by lockdown, April-June 2020. Yet the first three scenarios require on average over 600 starts per quarter. In Scenario 4, the number of quarterly starts for the remainder of the programme is set conservatively at an average of its April-June level (158) and the cumulative level prior to that (475), which makes it 316.5. The required conversion rate needed to achieve the remaining number of profiled outputs would then be above the rate assumed by the original HCG profile (25%), but below that achieved to date (41.7%).

All of three scenarios suggest that the existing profile of starts may be hard to achieve, arguably due to the cumulative effect of a late programme start during 2019 and the impact of Covid-19 in 2020. Whilst results to date suggest there is far less risk in meeting the profile for completions (see Table 6.1), a shortfall on starts would mean that fewer young people than planned would have the opportunity to experience HCG activities, whether or not they went on to complete the activity. Possible options to redress such a shortfall could include: (a) reducing the number of profiled starts, (b) providing additional resources to HCG.

Qualitative responses of the HCG delivery partners on the immediate impact and challenges as well as opportunities faced as a result of the Covid-19 lockdown can be grouped into four main themes, which are as follows:

- Effects on services of losing face-to-face access to young people
- Effects on health and well-being of young people, families and delivery teams
- Effects of transitioning to alternative modes of delivery (phone and online)
- Emerging opportunities to deliver new or altered services to meet needs

6.2.2 Effect of losing face-to-face access

The loss of face-to-face access by HCG partners to young people caused by the lockdown affected all partners. For the LBH outreach team, this meant they had to 'shut down a lot of settings - football, basketball, studio time' and that 'a similar instruction was given to all the partners' (LBH outreach team, HCG).

While all partners made efforts to maintain contacts with young people via phone and online, the immediate impact of the loss of face-to-face access on HCG partners was illustrated by the view that 'our work is based on building rapport with young people, so it was not an easy transition', which meant that the biggest challenge posed by lockdown was 'managing disillusioned and bored youths'. (Delivery partner D, HCG). This was echoed by another partner, for whom the biggest challenge became 'engaging people', not in terms of 'getting numbers' but in persuading them to 'get to the session', especially once the activity was being delivered online, and the equipment available to deliver the session was 'not up to standard of online media that young people are used to' (Delivery partner E, HCG). Similarly, for a partner delivering access to employment, the key challenge became 'keeping them available… getting through to them [by phone]- one - and secondly retaining their interest (Delivery partner C, HCG)'. The general picture seemed to be that the immediate effects of losing face-to-face contact were challenging, although as subsequent sections will show, the picture would change again in the light of the transition to alternative modes of service delivery and the development of new or altered services.

6.2.3 Effects on health and well-being

The impact of lockdown also led to concerns about health and wellbeing both for young people and for HCG delivery staff. For one partner, this challenged the output-driven programme requirement to sign up new beneficiaries. 'Instead of concentrating on all the new young people, we've got a lot of traumatised young people… they've just been through an experience that doesn't make sense to them… what they have walked away with is a lot of anxiety, being behind with their schoolwork.

Just before lockdown we were working with two young boys who were on the verge of being excluded from school, and they're still in limbo (Delivery partner A, HCG)'. Moreover, an online survey of programme beneficiaries during lockdown had also indicated that 'about 80 to 90% of the young people admitted to having stress and anxiety … children don't use the word depression [but] it sounds like a lot of children are falling into the depression category (Delivery partner A, HCG)'.

The health of HCG delivery teams was also affected directly. For one partner, 'one of the major problems for me was that I was ill from March onto Mid-May. I had quite severe Covid symptoms. So that's a long time, it impacted our project (Delivery partner F, HCG)'. There were also on psychological well-being. 'In April… personal losses started to happen. People were starting to get news of people that were… starting to get Covid… it started to get a little bit more real… I think everybody's mental health and their own kind of circumstances and their own worries and anxieties became quite high (LBH outreach team, HCG)'. One of the results for both staff and young people was that 'by May, we had an elevation of referrals to mental health. Not only with staff … but also the young people (LBH outreach team, HCG)'. For HCG staff, despite these challenges, 'people kind of got round the idea of we have to continue no matter what anyway' and 'things did start again' (LBH outreach team, HCG). However, for some partners, the transition to new working methods also brought challenges for staff health and wellbeing in that 'an overload of time online is affecting people's mental health (Delivery partner F, HCG)'. These experiences confirm that the health impacts of the Covid-19 lockdown had been psychological as well as physical; and had affected the health of individuals (a) directly; and (b) indirectly, when relatives and/or friends had become ill.

6.2.4 Effects of transitioning to alternative modes of delivery

Once face-to-face access by young people to HCG services had stopped, partners had mixed experiences on the use of online communications via applications such as Zoom and Microsoft Teams. For one partner, 'with Teams [our staff] used it… but when it comes to young people, a lot of the time what we got was 'I don't have a laptop… someone else is using it'… it was more difficult in trying to get them to respond and to engage with us…. to be honest they always preferred a phone call… (Delivery partner C, HCG)'.

Steel Warrior's Summer Programme

Conversely, another partner found that 'the technologies that we were using were… quite effective… but in normal times they would be much more effective', due to the point that 'if you've got… social unrest… [and] a hike in crime... with regards to the demographic that we were dealing with, those factors were also impacting the young people as well (Delivery partner G, HCG)'. Here again, the accessibility of communications technology was not the same for all, even amongst those young people who did have online access, as 'we gradually realised that a lot of these young people had different learning styles… for a lot of them, it's slightly more difficult to engage… purely just due to attention span... we found that even with the ones who did really benefit from using the technology, there's nothing better than face-to-face (Delivery partner G, HCG)'. Overall, it would appear that the transition to alternative modes of delivery meant that the extent and quality of access to services by young people could not be predicted in advance and would need to be understood by partners on the basis of emerging experience. It was equally clear, however, that alternative modes delivery also presented new opportunities for HCG partners, therefore these are discussed in the next section.

6.2.5 Emerging opportunities to deliver new or altered services

Amongst the unexpected impacts of the Covid-19 lockdown were a number of opportunities that emerged for HCG partners. For many, the need to contact beneficiaries by telephone in order not to lose touch had unexpected benefits, in that 'the good thing for me as a provider is the fact that you get to hear their stories. What ails them, what's the problem, what they need help with…they confided in me in terms of what's going on... a lot of interaction on the phone… which normally, because they always come here every day…wouldn't happen… it brings a little bit of closeness... you get to know them.' (Delivery partner B, HCG)'.

This was echoed by another partner, who indicated that 'I am getting to know them a bit better, because stuff comes out (Delivery partner E, HCG)'. Similarly, for a partner delivering employment-related training, prior to lockdown 'the majority of sessions were always done as a group', however in the light of 'the young people only being reachable by phone' this had meant that 'it allows us to really tailor to just that one person (Delivery partner C, HCG)'.

The economic effects of Covid-19 on young people and their families also led to opportunities for the HCG programme to help both young people and their families. 'We started thinking of … a particular focus around those who are more vulnerable than most... those young people that we might be worried about… we started contacting them regularly… by Easter we were calling… actually getting through to 80 young people. We started to identify things like food poverty and isolation… and we started to address it (LBH outreach team, HCG)'. Similar activities were started by several of the HCG delivery partners, who 'started handing out food to families of the young people who attended…sometimes young people would come in and collect food for their families, or their parents would come in…(Delivery partner A, HCG)'. Besides providing material support to families, the provision of food by HCG partners also 'allowed us to constantly see young people even if it was on their doorstep…(LBH outreach team, HCG).

For one partner delivering employment related provision, there were also opportunities created by the transition to online delivery. 'What it's opened up…from a business perspective, it's the fact that… we're not stuck as an organisation to one particular area of provision. We can provide services now all across the world, Scotland, Wales, etc … what you will find is a lot of the service providers in the consortium…we're all going to get an increase in demand because, unfortunately… there will be a hike in unemployment [and]… a greater demand for our services …(Delivery partner D, HCG)'.

For another partner dealing with a younger age group, the transition opened up an opportunity to develop a 'digital youth club' based on the suggestions of existing beneficiaries in which young people would be 'set challenges' for which they could win prizes …(Delivery partner D, HCG)'.

It seemed clear from experiences of HCG partners that these opportunities were realised because partners and/or the HCG programme generally, were able to adapt relatively quickly to address a dynamic and changing situation, despite the challenges faced by all. As will be discussed in the next section, more work will be needed to ensure that the programme can continue to address evolving needs during and after the ongoing Covid-19 pandemic whilst meeting its contractual targets.

6.3 Wider impacts of lockdown

This section addresses the implications of the ongoing Covid-19 pandemic for the successful continuation and completion of the HCG programme and how the impacts of lockdown may inform the future needs to be addressed by HCG and levels of resources that will be required to do so. In support of that aim, particular reference is made to the collective reflections of HCG partners (a) on their experience of the Covid-19 lockdown; and (b) on their experience of the HCG programme as a whole, as expressed within the focus group conducted as part of this study.

The first practical impact of the lockdown was that time was lost. This occurred not only because of the impacts discussed in the last section of halting face-to-face work, experiencing ill health and having to alter service delivery, but also because of organisational challenges faced by partner internally. These challenges included staff illness, staff being furloughed following lockdown and other resource challenges. As expressed by one partner, 'we are a month to six weeks behind in our delivery programme from where we would be… it's not that we weren't working but it's having to work in a completely different way. And that has taken time to get used to, which is a challenge…also, if it took a month to six weeks to work in this way, I think it's going to be equally as long to go back (Delivery partner F, HCG)'.

The next point to observe is that despite time being lost out of HCG's planned delivery, the needs that HCG was set up to address did not diminish because of lockdown. As explained by one HCG partner, 'the challenges are still there… I'm very concerned, because… lockdown doesn't mean anything to the people, the young people especially who's on the road (Delivery partner B, HCG)'. This was echoed by another partner, who indicated that 'even if they lock down the whole country…these young people still need support and they still need help with rehabilitation for serious youth violence (Delivery partner G, HCG)'. For the LBH outreach team, this provided a note of warning about the transitioning to new modes of delivering services, in that 'it's great that we're able to deliver a service by Zoom but that doesn't mean the recipients of that service will have capacity… to actually take on that service, and join in and take some benefit from it. (LBH outreach team, HCG)'. This point was placed within the context of long-term challenges faced by some young people. 'One of hardest arguments that I personally have to bring across is this idea that a child that… is neglected for 15 years, they are not going to automatically change their outlook and what they've seen in life just by meeting one of us two or three times. That's not the way that it works (LBH outreach team, HCG)'.

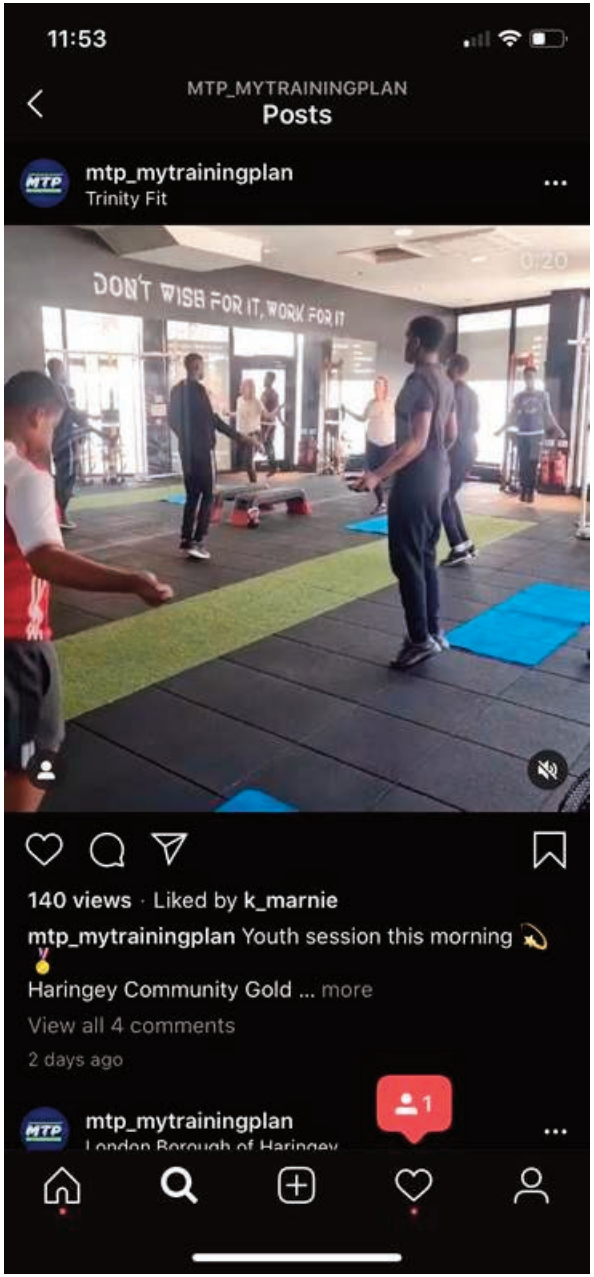
The lockdown period had also highlighted new and emerging needs with implications for the type and level of service to be provided. One of these was the need to engage families, which had been thrown into sharp focus after venues were closed and communications with parents became essential, for safeguarding reasons, in order to contact younger beneficiaries.

‘The mentor will contact parents, and go through the parents to reach the young person… this engagement probably would not have happened if we were in an establishment and the young person was turning up… we are seeing a change… it’s helped the dynamic as to how the young person changed…when it comes to any form of engagement with these young people, it’s much more effective when you engage the parents as well (Delivery partner G, HCG)’.

This experience was echoed by another HCG partner who had organised a support group during lockdown for parents of teenagers. ‘Unless change happens with the parents, it’s very difficult for children to maintain change in any of the... investment that you’re putting into them. That’s been our experience (Delivery partner F, HCG)’. These experiences pointed to a need for a more holistic model of youth-facing provision, one which was already informed the practice of Haringey partners but which was not specifically resourced as part of HCG’s funded activity, or embraced by all statutory services, possibly because ‘the social work model that is created is around harm to children by parents [but] we’re working with harm… in society…harm from peers, harm from neighbourhoods, harm from school environments, and that’s a completely different model (LBH outreach team, HCG)’.

As with the emerging need to engage families, one partner expressed the view that both prior to lockdown and once face-to-face services were able to resume, the Young Londoners' Fund’s in-built restriction to work only with young people aged 10-21 might indirectly exclude those young people most at risk of involvement in crime, because ‘the street is not just young people…there’s the older young adults that they mix and blend with, they’re the ones who run it. If they don’t come in, the others won’t come in. So if I can get them inside as well, then we’ve done a good job (Delivery partner B, HCG)’. Although this was not a new challenge triggered by lockdown, it is included here to underline HCG’s experience that successful engagement with a target group of young people aged 10-21 who are at risk may also require engagement with others who fall outside that group.

Another need experienced by many HCG partners was the need to manage the continuing effects of lockdown, whether psychological, social or economic, on existing or former HCG beneficiaries, even after the funded activity in which a beneficiary had participated was over. As expressed by one partner, ‘there’s a whole piece of work that needs to be done with the young people who have come through our programme…going back and having that face-to-face time with them again. Almost rewinding the project and then slowly bringing in new people. Even though I know there’s a need… we can't just leave people behind at a time where it’s been quite stressful for them (Delivery partner A, HCG)’.



My Training Plan (MTP) Covid-19 Bootcamp Sessions

All three of these expanded needs, the need to work with families, to work with older young people and the need to provide extended support to existing HCG beneficiaries, would have resource implications for the HCG programme, as none were anticipated by the existing structure and contract.

Moreover, there had been a loss of delivery time from the programme immediately following lockdown. HCG partners expressed the view that both time and material resources would be required in future to adjust as needs evolved during and after lockdown. 'For me and I think for the programme, we need to be given the time to learn and reflect. Because we've had to change the way that we are working. It isn't a tick-box. We had a model, this is what we thought would work, Covid has come in, and we as a programme, we need time to reflect and test the new way of working, if they want to see an impact, if they want to see the change. So give us the time. And with giving us the time, that also impacts on resources, additional resources. Because we're testing the model (Delivery partner F, HCG)'. This view was echoed by another partner, who indicated that 'we've had to be innovative, we've had to reconfigure and there are still some limitations… it's a new way of working, it's not perfect and it is dynamic, it's continuously evolving… in light of some of the restrictions, despite our innovation… they have to look at what they originally expected us to do…. and modify accordingly (Delivery partner H, HCG)'

HCG partners were however emphatic in reflecting that their collective response to the Covid-19 lockdown had brought out strengths. 'Sometimes it takes something like this to sort of wake everybody up and to make everybody… rise towards their potential, because there's a hell of a lot of potential in the consortium, there always has been… certainly we've proved that we can work through these circumstances (Delivery partner C, HCG)'. For the LBH outreach team, the experience meant that 'we can see…fruits of the work that we've done last year… when we got hit with Covid, the consortium was very, very close in the sense of people just willing to... try to find solutions… to be out there and being supporting young people whether that was through food banks or even that phone calls at ten o'clock at night. So there's definitely a joined-up spirit in terms of getting solutions for our young people (LBH outreach team, HCG)'. Another strength observed following lockdown had been an increase in internal communications between HCG partners. To build on this collaboration as well as improving the capacity for internal referrals, it was explained by the LBH outreach team that ideally the partnership required 'a client management system' to which all partners had access, to prevent 'the possibility that young people will fall through the cracks'. (LBH outreach team, HCG)'.

In summary, the wider impacts of the Covid-19 lockdown on the HCG partnership have included a loss of programme time, the persistence of existing needs for young people at risk and the emerging of widened needs around family support and re-engagement with existing clients. A consensus exists among partners that additional time will be needed to reflect, adjust and consolidate the transition in services that is already under way and that additional resources will be needed to accommodate the widened needs experienced. This qualitative finding complements the quantitative finding of section 6.2.1, in which a scenario analysis showed that a shortfall in profiled programme starts would need to be addressed either by reducing the current profile or providing additional resources to HCG.

7. Discussion and conclusion

It was established earlier (in section 5) that the Haringey Community Gold programme was introduced in response to 'significant levels of youth violence in the borough', in response to which it had offered 'a community-based and long-term approach' (LBH, 2019). It was also shown that the programme represented significant value added, both quantitatively and qualitatively, in the context of existing youth-facing provision in the London borough of Haringey as well being relatively cost-effective in the context of all YLF projects across London. In terms of the expected effects of the Covid-19 lockdown, national research had indicated serious risks were likely to be faced by young people, which might be compounded by the known disproportionate effects of Covid-19 on BAME communities, who made up the majority of HCG beneficiaries (and also the majority of HCG staff).

This means that the 'baseline' prior to the Covid-19 lockdown – in a qualitative sense - was characterised firstly an innovative, recently-enhanced model of youth-facing provision and secondly, a significant level of youth need that was expected to become greater as a result of lockdown. Quantitatively, HCG's baseline prior to lockdown had shown significant over-achievement against profiled numbers of programme completions and conversion rates of starts to completions, indicating that anticipated needs had been more than met to date.

Against this background, it was shown in Section 6 that HCG experienced a major fall in recruitment of young people against profile, as a result of the lockdown, during the April-June quarter of 2020. There were also significant qualitative impacts associated with the loss of face-to-face access by young people to the programme, the health impacts of Covid-19 and the need to transition to non-physical modes of services delivery. Despite this, it was shown that cumulative programme completions and conversion rates had only fallen marginally. The major challenge then identified from the scenario analysis was a possible shortfall in programme starts, for which possible solutions would entail either increasing programme resources or reducing the profiled 6000 programme starts. Qualitatively, the response to lockdown by HCG partners had included the realisation of unexpected opportunities around the mode and content as services were adapted to meet emerging needs.

The wider impacts on the HCG programme of the Covid-19 lockdown were shown to include the persistence of existing needs for young people at risk and the emerging of widened needs around family support and re-engagement with existing clients. Along with the effects of losing time out of programme delivery and engaging fewer beneficiaries during the first full quarter of lockdown, this was seen to indicate that the HCG programme would need adjustment time as well as additional resources in order to fulfil its aims.

The use of an outcome-based approach to measure change delivered for young people, which was open to criticism within current discourse around youth work, required that outcomes were pre-defined before project approval. The findings suggest that one disadvantage of this approach might be that outcomes identified as necessary for HCG's effectiveness following the Covid-19 lockdown, such as engagement with families and re-engagement with existing clients, would not have formal value or specific resources within existing HCG contracts.

What can be concluded about the impact of Covid-19 and the ensuing UK-wide public lockdown on the HCG programme during 2020? Firstly, these events had a series of unanticipated consequences both on the delivery partners and on the young people for whom the programme exists. They challenged the method of face-to-face delivery that had been at the core of HCG and youth-facing provision generally, although they left intact the commitment of partners to maintain close rapport with beneficiaries whilst adapting their delivery methods. The lockdown brought challenges around the physical and psychological health of HCG partners and young people, the transition to non-physical service delivery and expanded needs experienced by existing and new programme beneficiaries. At the same time, the lockdown enabled the realisation of opportunities around meeting some of these expanded needs, reaching a wider target group via online services and building deeper bonds with beneficiaries and their families over the telephone. Most importantly, the lockdown appears to have strengthened the model of the HCG consortium by increasing collaborative work and mutual learning.

8. Recommendations

1. That the GLA considers the recommended expenditure and output reprofile (attached at Appendix 2) as a revised template on which to support the successful continuation and completion of the HCG programme, based on the findings of this study on the effects of Covid-19 on the HCG programme.

2. That the findings of this report are used to inform future programmes of youth-facing provision by LBH and the GLA.

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Appendix 1: Scenario analysis – supplementary calculations

Table A.1: Calculations used to produce scenario analysis in Table 6.2

	Achieved to date 2019-20	Profile Jul-Sep 2020	Profile Oct-Dec 2020	Profile Jan-Mar 2021	Profile Apr-Jun 2021	Profile Jul-Sep 2021	Profile Oct-Dec 2021	Total (all years)
Scenario 1:								
Starts	2059	657	657	657	657	657	656	6000
Completions	858	107	107	107	107	107	107	1500
Scenario 2:								
Starts	2059	158	757	757	757	755	755	6000
Completions	858	121	105	104	104	104	104	1500
Scenario 3:								
Starts	2059	158	158	907	906	906	906	6000
Completions	858	121	121	100	100	100	100	1500
Scenario 4:								
Starts	2059	316	316	316	316	316	316	3955
Completions	858	107	107	107	107	107	107	1500

Appendix 2: Recommended reprofile for HCG programme

Table A.2.1: Original and new profile for all outputs in quarters 3 and 4 of 2020

HCG Quarters 3 (Jul-Sep) and 4 (Oct-Dec), 2020– All reprofiles combined (excluding BRT, We Care Homes and Access UK)				
	ORIGINAL	NEW	Reduction	Reduction
Output Measure	Tot. outputs	Tot. outputs	Number	Percentage
Number of unique participants YP who started activity	974	632	342	35.16%
Number of unique participants YP who completed an activity	326	210	-116	-35.58%
Number of training opps provided to YP	234	153	-81	-34.62
Number of YP gaining employment (p)	54	35	-19	-35.19%
No. of YP completing an accred/unaccredited course or qualif (p)	134	85	-49	36.57%
Number of YP accessing Ment. Health Spptt via HCG (p)	49	29	-20	-40.82%
Number of jobs created through the YLF fund(p)	4	3	-1	-25.00%
Number of unique participants Prof who started activity	0	0	0	N/A
Number of unique participants Prof who completed an activity	4	0	-4	-100.00%
Number of unique participants Prof Trained receiving 2hrs supervision	1	0	-1	-100.00%

Table A.2.2: Comparison of aggregate reprofile with original profile for Q3+Q4 according to GLA return

	Original target on GLA return Q3 + Q4	Original target on GLA return Less 35%	Outputs reprofiled to date by 7 HCG partners	Shortfall
Number of unique participants YP who started activity	1,055	686	632	54
Number of unique participants YP who completed an activity	277	180	210	-30 (over profile, so no shortfall)

Table A.2.3: Indicative budget for reprofiled expenditure in Q3 and Q4 of 2020

Reprofiled expenditure for 7 of 10 HCG partners				
Capital	**£**	**Revenue**	**£**	**£**
Description	**Amount**	**Description**	**Amount**	**Total**
Mobile phones and credit	4,057	Staff training	1,100	
Laptop computers	6,940	Sports coaching	1,380	
Tablet computers	1,600	Outreach workers	415	
Audio visual equipment	2,400	Boxing sessions	5,000	
Gaming equipment	600	Youth Advisory Board costs	500	
Sports equipment	375	Online events	7,500	
Catering equipment	500	Wifi and teleconferencing costs	1,350	
Miscellaneous	88	Healthy eating consumables	720	
		Venue hire	540	
Sub-total of reprofiled expenditure	16,560		18,505	35,065

Original budget for Q3 & Q4 for the partners shown above		185,980
Original budget for Q3 & Q4 – all partners		250,000
Average percentage of Q3 & Q4 budget reprofiled per partner to date		18.9%
Maximum recommended percentage of budget for Q3 & Q4 of 2020 to be reprofiled to accommodate further changes in provision informed by Covid-19 lockdown		35-50%

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