



HCG

Haringey Community Gold Young Londoners' Fund

Impact of the COVID-19 'lockdown' upon the
Haringey Community Gold Programme (HCG)

June 2021

HGC Partners Covid-19 Follow-up Consultation/Review 2021

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About this Report

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, in March 2021 to undertake a follow-up of the consultation / review on the impact of the COVID-19 'lockdown' upon the Haringey Community Gold programme (HCG), August 2020.

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1. Introduction

This report presents the findings of a consultation and review exercise into the continuing impact of the UK-wide Covid-19 'lockdown' of 2020-2021 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, 2019), commencing in 2019 and delivered by nine locally-based partner agencies in the London borough of Haringey.





2. Background and project brief

Haringey Community Gold (HCG) is a partnership consisting of seven voluntary and community organisations (VCOs) and two public sector bodies collectively delivering the Mayors Young Londoners Fund programme, a programme that was set up to help children and young people to fulfil their potential, particularly those at risk of getting caught up in crime (GLA, 2020).

HCG is targeted at young people in Haringey and surrounding boroughs and is being delivered over a three-year period commencing in January 2019.

The report of an earlier review/consultation (NLPC/LBH, 2020) published in August 2020 considered the impact of the Covid-19 pandemic on the delivery of HCG following the first four months of the UK-wide lockdown that was first announced on 24.3.20 (BBC, 24.3.20) after the introduction of the emergency Health Protection Regulations and Coronavirus Act, 2020. The report had found the following:

- HCG had by March 2020 achieved 15% more beneficiaries completing the programme than had been profiled, although a late start during 2019 had meant 25% fewer programme starters.
- The immediate impact of lockdown had reduced starts and completions from being respectively 102% and 310% above profile during the January-March quarter of 2020 to only 15% and 44% of their profiles in April-June 2020. However, the retention rate only fell by around 3% in the second quarter of 2020, indicating that levels of engagement of existing beneficiaries persisted despite the lockdown.
- Four key themes emerging during the initial lockdown were identified, which

were (a) effects on services of losing face-to-face access to young people; (b) effects on health and wellbeing of young people, families and delivery teams; (c) effects of transitioning to alternative modes of delivery, both phone and online; and (d) emerging opportunities to deliver new or altered services to meet needs.

- Wider impacts of Covid-19 included a significant loss of delivery time, an increased focus on direct engagement with families of young people and the need for ongoing engagement with beneficiaries who had completed the HCG programme.
- Overall, the impacts of lockdown had included greater collaborative working and innovative adaptation of services as well as challenges to the delivery model and the physical and mental health of partners and beneficiaries.

By December 2020, the HCG partners had completed Year 2 of programme delivery and finalised their delivery plan for Year 3. However, a further rise in reported Covid-19 infection rates had led to the reimposition of a national UK-wide lockdown on 4 January, 2021 following a partial easing of restrictions during the second half of 2020, a (BBC, 4.1.21).

This report therefore is intended to examine the continuing effects of the Covid-19 pandemic on delivery of the HCG programme, in order to better understand the impacts, identified gaps, resource needs and ideas on ways forward. The report will inform the following:

- Analysis of the impact of additional lockdown.

- Update on the impact of the lockdown on HCG and responses of HCG Partners including:
 - Challenges, including resources, outcomes (e.g. areas such as employment)
 - Innovations / reconfiguration of services provision
 - Delivery to date against HCG profiled targets
- Mental health impact of the lockdown
- Recommendations
- Resource impact



3. Methodology

The present study uses a similar mixed-methods research (MMR) design to that of the previous report, which draws on three sources: (a) desk research on programme performance and issues faced by HCG delivery partners, (b) qualitative, semi-structured interviews with programme delivery partners; and (c) a focus group of delivery partners held after individual interviews were completed.

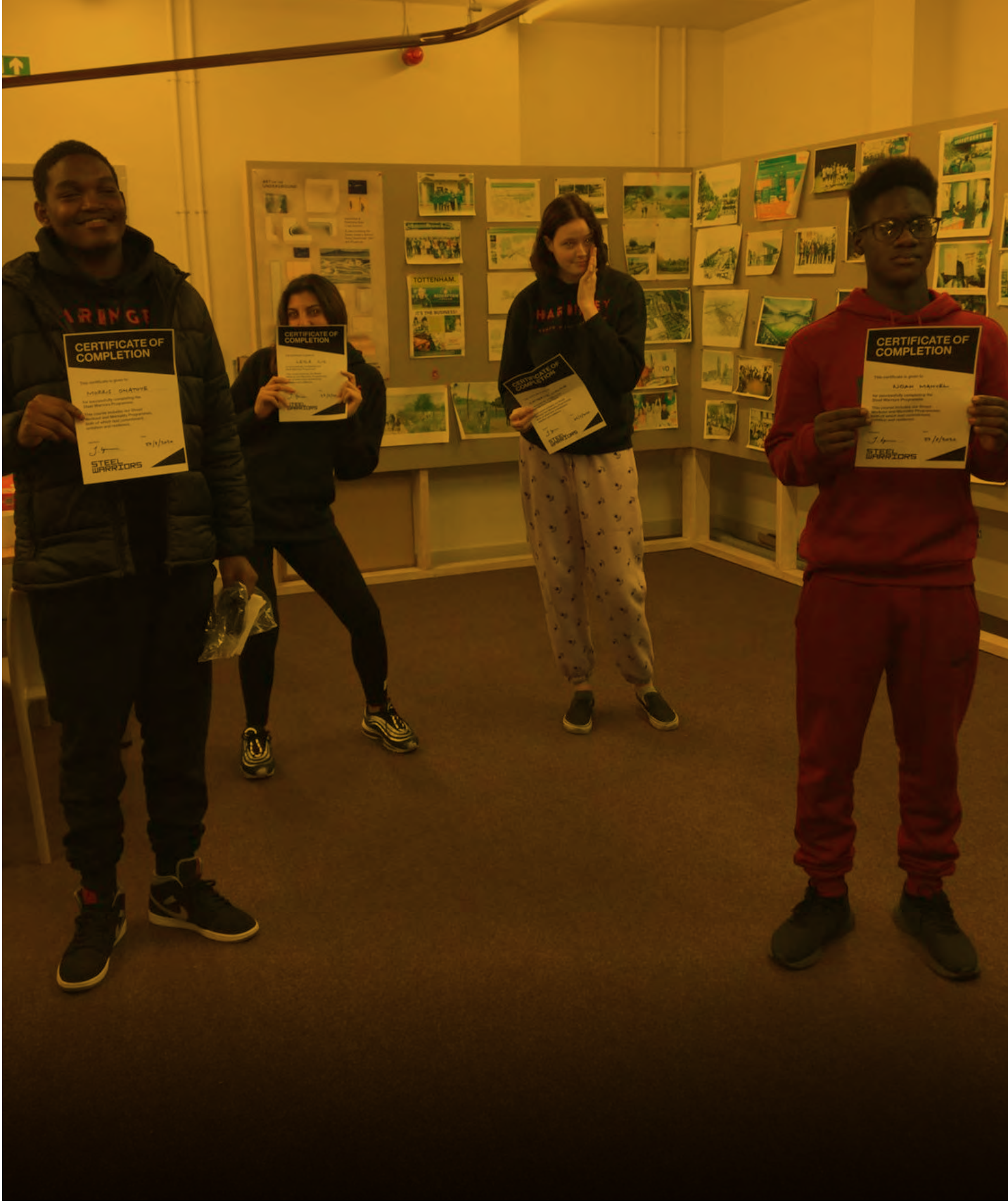
The MMR approach supports a complementary use of discrete research methods in order to measure ‘overlapping but different facets of a phenomenon’ (Greene et al, 1989, p258). As in the previous report, quantitative programme monitoring data has been complemented by a qualitative narrative from delivery partners, whilst individual interviews with delivery partners are complemented by a collective discussion between all delivery partners. The topic list used for the interviews and focus group is listed in Table 3.1.

Table 3.1: Interview participants by sector

Topic	Detail
1	Your experiences of delivering HCG services to date since the lockdown began in early 2020
2	The continuing impact of Covid-19 lockdown on your organisation - internally, externally and participant-facing - including service provision, access by young people, referrals, staffing, health of staff and participants and outcomes
3	Whether any additional, new or innovative services have been needed and how these services have progressed
4	Your future plans for project delivery and any reconfiguration or re-profiling needed
5	Any other challenges and opportunities that may have arisen

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 two-month period commencing in late March of 2021.



4. Report Structure

The results of the study are presented in the following sequence. A summary of progress experienced by the HCG programme up to July 2020 is followed by an examination of findings on the quantitative and qualitative impacts of the continuing lockdown between, 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.



5. The HCG programme up to July 2020

As outlined in section 2 and the previous report (NLPC/LBH, 2020), the first four months of the Covid-19 lockdown had seen immediate impacts in reduced starts and completions, without significantly reducing the retention rate of participants on the HCG programme. Wider impacts had included a loss of delivery time and the emergence of unanticipated needs to engage directly with other stakeholders including families or participants and to provide ongoing support for participants who had completed the programme.

The next section of this report explores the extent to which the delivery of the HCG programme was affected by these and other evolving impacts from July 2020 to March 2021, against a background of changing national and local levels of Covid-19 infections and government-imposed lockdown restrictions.



6. Findings

6.1 Ongoing impacts on participant numbers

The first question to be considered is the extent to which participant numbers continued to be impacted as the lockdown progressed. Quantitatively speaking, the initial impact of the national lockdown imposed on 23.3.20 was seen in the second quarter of 2020 via an absolute fall in both starts and completions of 57% and 72% respectively compared to their levels in the preceding quarter, although completions had remained 27% above profile, as shown in Table 6.1.

The Table also indicates that during the third quarter of 2020 starts more than doubled, probably due to easing of lockdown restrictions at that time, although completions in that quarter fell by 18%, which took the conversion rate to 18.5%, its lowest level in 12 months.

This suggests that lockdown was still impacting on some aspects of delivery, even though more youth activities had been possible during the summer months. This mixed outcome is supported by the timeline of changes to lockdown rules in England, which entailed successive measures to ease the restrictions coming into effect between 1st June and 14th August, followed by a partial tightening of restrictions on 14th and 22nd September (Institute for Government, 2021).

These events are reflected by the experience of one HCG delivery partner, who stated that *'we had a fabulous summer' and 'ended up almost catching up with numbers for that five week period'*, although following the September increase in restrictions *'we really struggled to engage new people'* including schools *'because of the health and safety message'* (Delivery Partner A, HCG).

The fourth quarter of 2020 saw starts and completions rise both absolutely and relative to profile, representing an increase of respectively 42% and 62% against the previous quarter's levels, as seen in Table 6.1.

For the LBH outreach team, the fact that HCG delivery numbers were able to rise in the fourth quarter even after restrictions had tightened in September happened because *'we started to explore options of doing some online work'* as well as *'working with schools to recoup some of the numbers'*, which led to online workshops and seminars with school students on topics including *'relationships'* and *'criminal exploitation'* (LBH outreach team, HCG).

Meanwhile, some face-to-face work continued for those delivery partners who *'were still able to work one-to-one with vulnerable people'* because of exceptions to the Covid restrictions for key workers (Delivery partner B, HCG), although in many cases the face-to-face work was not possible after tighter lockdown restrictions on venue usage meant that physical venues were now unavailable for hire.

All HCG delivery partners therefore faced challenges after a new 3-tier national lockdown re-imposed the stay-at-home restrictions on 5th November, later to be supplemented by two additional tiers of more severe restrictions, which meant that London's restrictions were increased on three separate occasions in December 2020 (London Business Hub, 2021).

Table 6.1: HCG beneficiary starts and completions to date, profiled vs. actual

Indicator	Project quarter or cumulative period										Q2-4 2021 profile	All years
	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	To date as at Q1/21		
Starts (profile)	150	250	800	800	650	850	552	465	650	5,167	1,867	6,000
Starts (actual)		181	869	314	576	245	536	762	732	4,215		4,215
Completions (profile)	25	75	150	250	60	95	130	97	60	942	322	1,500
Completions (actual)		78	130	101	428	121	99	161	683	1,801		1,801
% of actual starts vs. profile		72.4	108.6	39.3	88.6	28.8	97.1	163.9	112.6	81.6		70.3
% of actual completions vs. profile		104	86.7	40.4	713.3	127.4	76.2	166	1138.3	191.2		120.1
Conversion rate (no. of completions/ no. of starts)		43.1	15	32.2	74.3	39.3	18.5	21.1	93.3	42.7	17.2*	42.7

*profile only

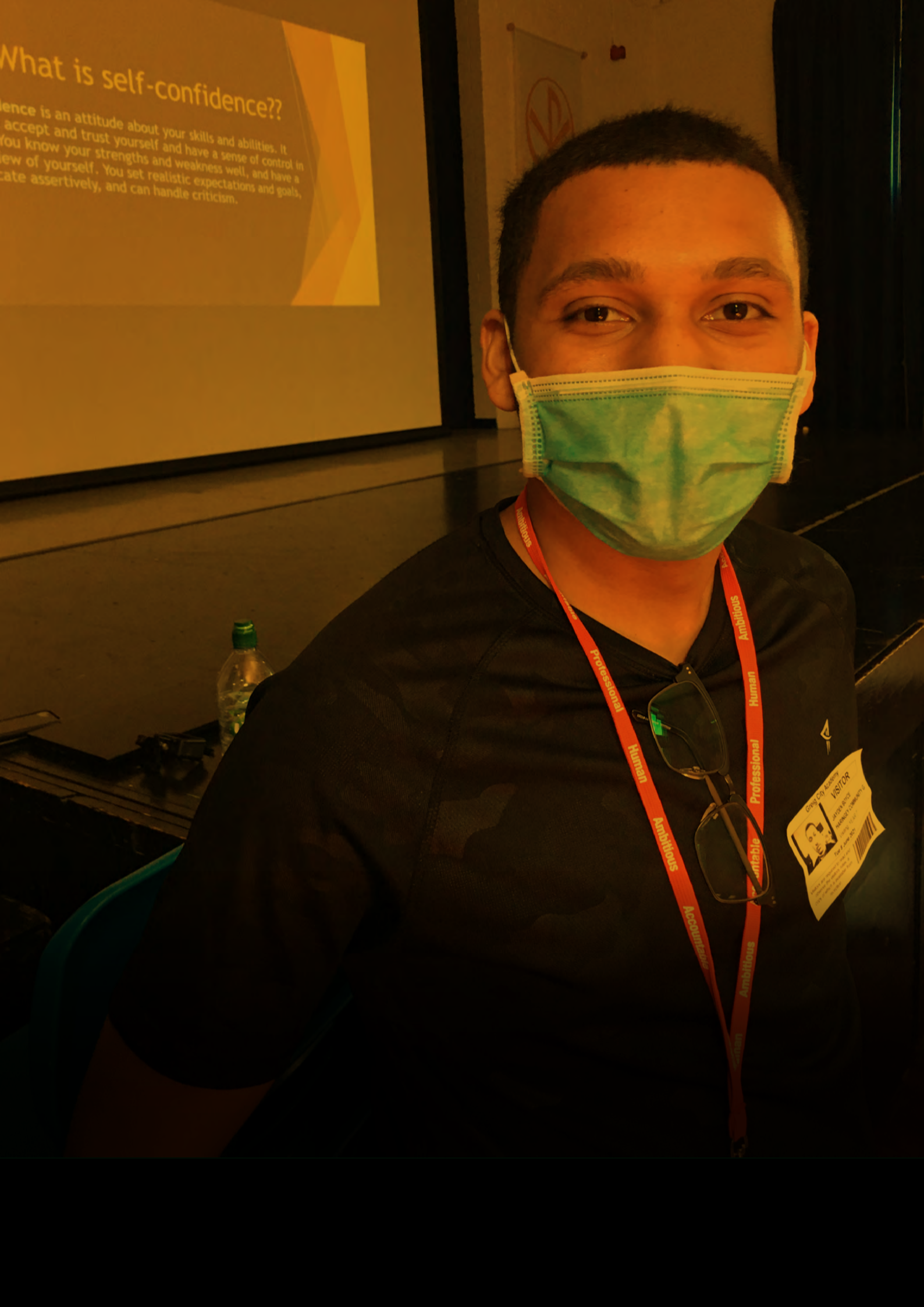
The first quarter of 2021 saw only a minimal fall in starts of 4% along with a major rise in completions of over 400% relative to the previous quarter, whilst both starts and completions were above profile, as shown in Table 6.1. This achievement by the HCG programme is significant as lockdown restrictions in London had been raised to 'Tier 5 level' from 5th January, the highest level of severity since the initial phase of lockdown in March 2020 (Prime Minister's Office, 2021).

At the end of March 2021, with three quarters of delivery of the HCG programme remaining, cumulative completions were already 20% above their lifetime profile, while cumulative starts had reached 70.3 % of their lifetime profile at a point 75% along the project timeline, as shown in Table 6.1. This, along with the cumulative conversion

(retention) rate of 42.7%, which was 71% higher than that profiled, indicates that the HCG programme had continued to achieve remarkable results after a year of lockdown, despite the lasting impact of lockdown on recruitment of participants.

HCG delivery partners have indicated that the fourth-month 'roadmap' for easing of lockdown restrictions issued in late February 2021 (Cabinet Office, 2021) offers strong possibilities of reaching and exceeding total profiled starts, as it would entail the removal of all restrictions by 21.6.21 and allow a full summer programme of youth activities.

This can be seen from Table 6.1, which shows that only 81% of the number of quarterly starts achieved in the first quarter of 2021 will be needed for each remaining



quarter of the programme in order to meet the total profile of starts. Even if the lifting of Covid-19 lockdown restrictions were to be delayed, as was hinted by the UK government in early June 2021 (Guardian, 8.6.21), HCG's performance during the first quarter of 2021 whilst London was on a Tier-5 level lockdown suggests strongly that numbers of profiled starts for the rest of 2021 will be achievable. It is also significant that HCG's cumulative conversion rate of starts to completions at March 2021 of 42.7% was 1% higher than its level at June 2020, which was the point up to which data was analysed in a previous report (NLPC/LBH, 2020). This shows that a year of lockdown restrictions of varying levels has not changed the ability of the HCG programme to achieve a retention rate consistently above that profiled.

6.2 Additional outputs

HCG performance to date can also be considered in relation to additional outputs, which were not within the GLA's mandatory requirements but reflected bespoke targets set by HCG. As seen in Table 6.2, HCG had by March 2021 achieved above or close to its lifetime profile for provision of training opportunities to young people and completions of accredited or unaccredited courses or qualifications. The number of jobs created using HCG funds to date was also ahead of profile, as 88.5% had been achieved at a point 75% along the project timeline.

Table 6.2: HCG additional outputs to date, profiled vs. actual

Indicator	Profile - all years	Cumulative achievement to 31.3.21	Achievement rate vs profile all years (%)
Number of training opportunities provided to young people	900	1,159	128.8
Number of young people gaining employment	300	69	23
Number of young people completing an accredited/unaccredited course or qualification	450	444	98.7
Number of young people accessing mental health support via HCG	300	72	24
Number of jobs created through the YLF fund	87	77	88.5

However, the numbers of young people (a) going into employment and (b) accessing mental health support were both at under a quarter of their lifetime profiles. Feedback from HCG delivery partners suggests that the data for young people accessing mental health support only reflects formal referrals to statutory mental health services rather than the total number of young people who may have been supported on mental health issues by the wider delivery team of HCG partners.

On the outcomes for young people into jobs, the cumulative rate against profile by March 2021 was around one third, but this is perhaps unsurprising given the severe impact of the Covid-19 lockdown to date on employment rates of young people in London and across the UK. This was supported by one of the HCG delivery partners specialising in employment and training, who stated that they had *'struggled with job outcomes'* because the lockdown had meant *'all entry level jobs'* were almost *'non-existent'* (Delivery partner H, HCG).

The background to these experienced is provided by data on the labour market effects of the Covid-19 lockdown. For people who were previously in jobs, the number of payrolled employees in London fell by 5%, affecting 213,900 people, between January 2020 and January 2021, but 60% of those losing their jobs were employees aged under 25 (GLA, 2021). Within Haringey, labour market impacts of the lockdown on young people were more pronounced, in that the number of Universal Credit claimants aged 16-29 increased more than threefold between February 2020 and February 2021, from 3,617 to 12,339. (LBH, 2021).

6.3 Qualitative delivery

This section considers how the quality of programme delivery was affected by the evolving Covid-19 lockdown between the time of the interviews conducted for the

previous report on this topic (NLPC/LBH, 2020), which took place in late July 2020, and the end of March 2021, through the lens of the experiences of HCG delivery partners.

6.3.1 Continuing adaptation

Over this period, all HCG delivery partners continued to adapt their services innovatively in response to the limitations placed on face-to-face work by lockdown restrictions.

For some partners this was easier if they had been *'an early adopter of digital platforms'* who had been *'delivering virtually from way before lockdown'* and were now ready for a *'new norm'* in which *'blended [delivery] will be the way forward'* (Delivery partner B, HCG). Others indicated that blended delivery would now *'carry on regardless'* as part of a *'bigger offer'* able to support more young people than would have been possible with face-to-face services alone, but this time with the *'online offer.. always going to be the first one'* on offer (LBH outreach team, HCG).

Adaptation and innovation by HCG delivery partners to the ongoing Covid-19 lockdown also took other forms. This included *'thinking about our delivery as a product'* by *'recording workshops and... presentations that we do... to create products to go online, to provide sustainability beyond the life of the project... not just for children, for parents and others... as a way of educating young people'* (LBH outreach team, HCG).

Another adaptation introduced was *'widening our delivery'* to enable access by 16 and 17 years old participants to *'our mainstream [accredited] training programmes'* that had not previously been part of the HCG offer (Delivery partner C, HCG). Innovation was also seen in the development of an all-female group with more than 40 participants by a delivery



partner leading on sports provision and personal development, for which interest and demand from potential participants and external agencies had *'gone off the scale'* (Delivery partner D, HCG).

The process of adapting from face-to-face to remote or blended delivery also continued to involve trade-offs between the opportunities offered by new ways of working and the loss of aspects of face-to-face delivery that were hard to replicate.

These included the point that *'relationship building over the phone'* could be *'incredibly difficult'* (LBH outreach team, HCG), a relative loss of *'group dynamics'* and *'interaction'* for those delivering accredited training courses to groups online (Delivery partner C, HCG) and the perception that with telephone or online contact *'you can never replicate the kind of rapport you build with people in the physical world'* (Delivery partner E, HCG).

Another trade-off associated with online delivery was that it could be *'a good resource to reach those who are willing, but...my biggest thing is not just reaching those who are willing but reaching those who are actually carrying the knives'* (Delivery partner F, HCG).

There was also a trade-off between the opportunity for online delivery to expand services to those who might not otherwise have accessed those services, including *'people outside your geographical area'* (Delivery partner D, HCG) and the need to obtain statistical data that would normally be collected from face-to-face participants but was *'more difficult to capture'* from those who *'might not have been engaged or initially registered through the normal routes'* (Delivery partner C, HCG).

In summary, it is clear that HCG partners continued to adapt their services innovatively in response to the ongoing lockdown between mid-2020 and March of 2021. Whilst this ensured that performance

against quantitative targets for starts and completions was maintained, the qualitative trade-offs between old and new ways of engaging with participants represented *'a mixed bag'* (Delivery partner E, HCG).

6.3.2 Health and wellbeing

Given the impacts of the first phase of Covid-19 lockdown on mental and physical health of HCG delivery teams, young people participating in the programme and families of both (NLPC/LBH, 2020), a key question to explore is how health and wellbeing was impacted for the subsequent year.

This is relevant as the UK has so far experienced three waves of Covid-19 infections, peaking in April-May 2020, October-November 2020 and mid-January 2021 (Gov.uk, 2021), of which only the first peak had occurred by the time of the previous report on this topic in August 2020 (NLPC/LBH, 2020). Official data shows that the daily numbers of Covid-19 cases was considerably higher during the second and third peaks than in the first, as shown in Figures 6.1 and 6.2 (UK government, 2021), whilst the daily death toll during the first peak appears to have been exceeded during the third peak.

For HCG delivery partners and programme participants, the effects of Covid-19 on health and well-being identified during the first lockdown had included (a) challenges to physical health associated with individuals and communities being infected by Covid-19 or being affected by the lockdown via food poverty; and (b) challenges to mental health associated with effects of the virus on individuals and communities and the social and economic dislocation caused by the lockdown (NLPC/LBH, 2020).

All of these challenges continued to impact on those involved with the HCG programme during the rest of 2020 and

Figure 6.1: Daily numbers of people tested positive for Covid-19 in the UK, 2020-2021 (gov.uk, 2021)

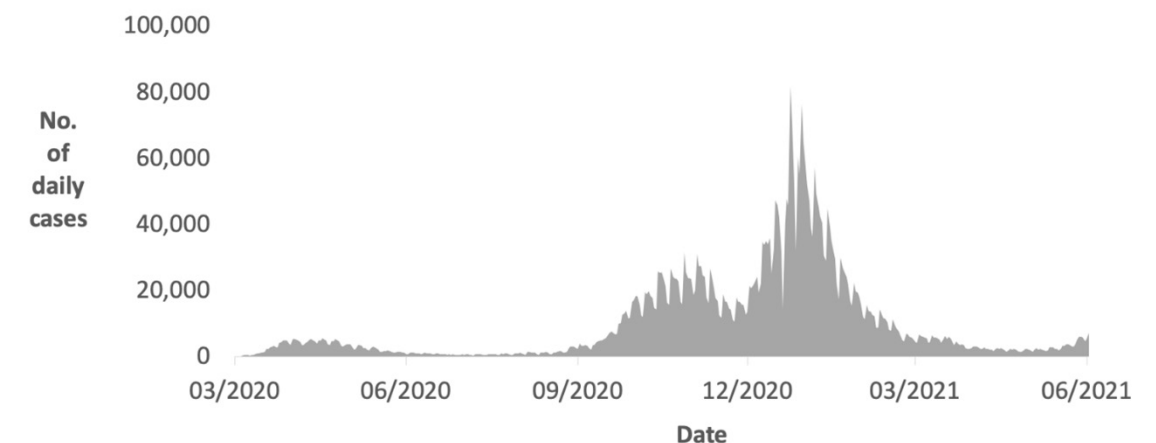
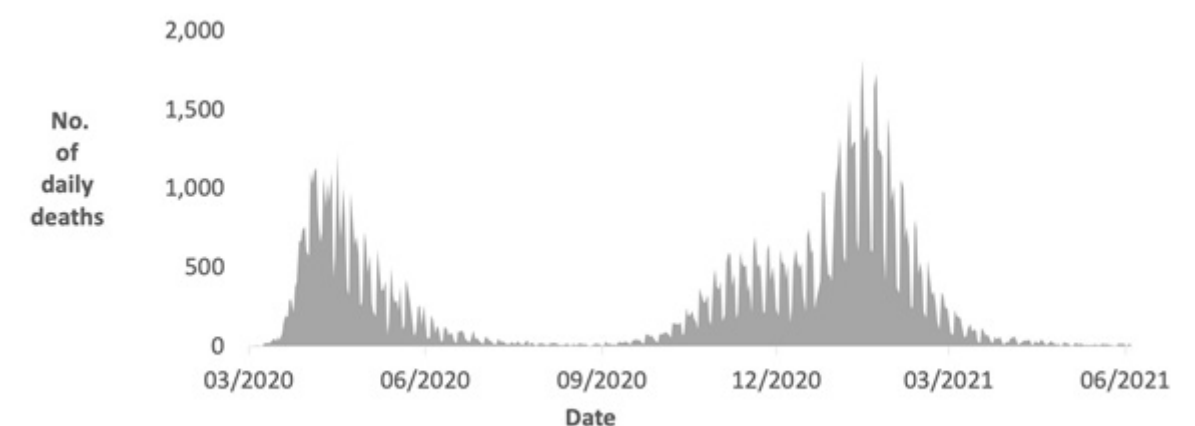


Figure 6.2: Deaths within 28 days of positive Covid-19 test in the UK, 2020-2021 (gov.uk, 2021)



the first quarter of 2021, but in a nuanced way. For one delivery partner *'the situation around covid and the wellbeing and the mental health of the young people'* meant that *'we have actually doubled our subscription of young people for one-to-one work over this quarter'* (Delivery partner B, HCG). This was explained further by the LBH outreach team, who stated that following the heightened lockdown starting in January 2021, *'every week we were now getting cases of mental health coming through...parents started phoning us up... 'My child is doing this, why are they*

doing this, I don't have the time'. They were going through... between psychosis and depression... as a spectrum... there's not the ability to register because they're not new cases. They are people we know and we've developed trust' (LBH outreach team, HCG). This experience underlines the need identified in 2020 to provide ongoing support for young people who have finished their HCG programme activities and cannot therefore be re-registered to receive support from HCG, but still have needs that may not be met by other services (NLPC/HCG, 2020).

Conversely, during earlier stages of the lockdown prior to the beginning of 2021 there had been mixed effects on the mental health of young people. One delivery partner indicated that *'when we spoke to some families, there was a real unusual approach of they were loving it... [the children]... could get to spend time with their families, there was a feeling of more connected. A lot of children where we are don't like school. So for them not to go to school was a bit of a result'* (Delivery partner A, HCG). However, the same delivery partner also stated that whilst not at school, other children had *'been bullied'* online and *'started self-harming'* as a result.

For those delivery partners who had introduced food banks to support the physical well-being of young people and their families earlier during 2020, this continued to have benefits in terms of closer engagement with young people and their families. For one delivery partner, *'it's done us a favour because it's built up an emotional contact ...with us... I'm talking about the young people who live by themselves and haven't got any food... because they're getting the help that they can't get from their family. Because their family is struggling'* (Delivery partner G, HCG).

Similarly, another delivery partner stated that during November 2020, *'what we realised is the economic issues with a lot of families hadn't bettered... a good few families... were made redundant or had one member of the family made redundant ... we met the parents through the food services'*, which had meant the delivery partner could *'get a picture of mental health issues'* affecting families (Delivery partner A, HCG).

This experience may illustrate the fact that the national lockdown reimposed on 5th November 2020 (London Business Hub, 2021) had tangible effects on the well-being of young people and their families,

specifically in relation to food poverty and mental health. It can be concluded that the effects of the ongoing Covid-19 pandemic and lockdown restrictions continued to challenge physical and mental health and wellbeing of young people and their families during the period in 2020-21 under consideration. The fact that HCG delivery partners used this challenge as an opportunity to deepen their insight into community needs and fundraise to provide additional services (such as food banks) not supported by HCG resources indicates their resilience and adaptability as a partnership.

6.3.3 Collaboration and referrals

During the ongoing Covid-19 lockdown in 2020-21, HCG delivery partners continued to collaborate via regular online meetings and the LBH outreach team continued to provide inward referrals of young people to services offered by other partners. A disadvantage of the lockdown-related challenges was that demands on service providers from existing clients tended to increase.

Therefore although community-based delivery partners had *'originally planned to be referring into each other's projects'* (Delivery partner A, HCG) the extent to which this took place was *'poor'* (Delivery partner B, HCG). One positive feature of collaboration was the development of more joint work between HCG delivery partners and statutory services, via the inclusion of community-based HCG services *'as one of the provisions that will go into a child in need plan'*, to support a *'more integrated'* approach than had previously been possible (Delivery partner B, HCG).

6.3.4 Opportunities, challenges and wider lessons

When asked to identify the key – and unexpected- opportunities presented by over a year of working under varying levels of Covid-19 restrictions, HCG delivery

partners partly reinforced themes that had emerged in the earlier report on their response to Covid-19 (NLPC/LBH, 2020) as well as identifying additional issues. Recurring themes included achieving greater engagement with families *'of some of the most at risk young people'* which had enabled *'a wider picture about what's going on for their home life- which gives us a better understanding of why children end up where they do'* (Delivery partner A, HCG).

In terms of the theme of collaboration, besides the increased integration of community based HCG delivery partners into the work of statutory services discussed earlier, the LBH outreach team was also able to *'support and track additional young people'* who had been *'referred to projects outside the partnership'*, which enabled a wider range of specialised services to be provided than only those supported by HCG resources. A new opportunity that evolved during the 2020-21 phase of the Covid-19 lockdown was the expansion of the role of the HCG Youth Advisory Board into a youth-led body that was *'completely independent, not made of your usual suspects'* and that had developed *'the ability to challenge... institutional structures that lose the trust of the public especially young people'* (LBH outreach team, HCG).

HCG delivery partners also identified key challenges that had they continued to face throughout the lockdown. These included *'digital poverty'*, an issue also identified in the previous report on the present topic (NLPC/LBH, 2020), that had meant *'young people in overcrowded accommodation'* either lacked *'their own devices'* or *'the privacy to do the sessions'* using *'their parents devices'* (Delivery partner B, HCG). Another challenge identified by those working with young people most at risk was that *'parents actually don't talk to their kids ... because of work commitments or whatever... to see how they feel'*, a fact that it was felt local authorities *'don't seem*

to want to hear or grasp' (Delivery partner G, HCG). Such missed conversations led by parents were seen as a potential intervention that might help identify and/or manage risks to which a young person was being exposed and ultimately divert them from involvement in criminal activity.

The scale of the multiple challenges faced by young people targeted by the HCG programme was summarised by the response of a HCG delivery partner to a question on the wider lessons that should be learned from the HCG programme by its funding body, the GLA, with the comment that *'the message should be that this is a long term ongoing work. The problems that we're trying to address haven't been resolved over a three year programme'* (Delivery partner E, HCG).

It was also seen as important for the GLA to appreciate that *'the mainstream isn't able to reach or engage those young people'* (Delivery partner B, HCG). This informed the more positive message that *'If they [the GLA] continue to put trust and faith and resources in the community's hands, the community can make an impact ... this first pandemic [of knife crime] is what's going on, the second is the Covid...look at what we've done already – and that's with Covid... slowing us right down'* (Delivery partner F, HCG). This view was echoed by the comment that that *'it is clear we are dealing with something that no-one expected. They should see how resilient we are ... coming up with... results ... it is money well spent'* (Delivery partner H, HCG). It was similarly argued that the HCG programme should be seen by the GLA as *'a beginning, not an ending'* (Delivery partner C, HCG).

7. Discussion and conclusion

The findings of this review make clear that the HCG programme has faced over a year of challenges associated with the ongoing Covid-19 pandemic and UK lockdown restrictions with considerable resilience.

In response, the HCG partnership has demonstrated a striking capacity to achieve and/or exceed profiled performance targets for young people completing the programme. Three clear examples of this are as follows. Firstly, despite the first peak of the pandemic and the initial lockdown, 94% of profiled programme completions had been achieved by the end of the second quarter of 2020 (NLPC/LBH, 2020). Secondly, following the second and third peaks of the pandemic and the 'Tier-5 lockdown' in the first quarter of 2021, cumulative programme completions by the end of the first quarter of 2021 had risen to 20% above their lifetime profile and 60% above their cumulative profile.

Thirdly, the conversion (retention) rate of the programme had been profiled at 25%, but a cumulative conversion rate of 41.7% had been achieved by June 2020 and this had even risen to 42.7% by March 2021, despite the effects of the pandemic and lockdown.

The resource implications of these achievements are that by a point 27 months into the 3-year programme timeline, i.e. after 75% of HCG's lifespan had elapsed, 1801 young people had successfully completed a programme resourced to support 1125 completions by that point, therefore a 60% gain in cost efficiency had been achieved.

The only mandatory quantitative target in which slippage remained by March 2021 was the number of programme starts, which had been at 57.5% of its

cumulative profile by June 2020, rising to 81.6% of its cumulative profile by March 2021. Here again, the first statistic reflects the understandable challenge posed to participant recruitment by the first peak of the pandemic and the initial lockdown, whilst the second statistic indicates that this challenge had largely been mitigated even after the second and third peaks of the pandemic and the 'Tier-5 lockdown' in the first quarter of 2021.

The findings of this review on qualitative delivery highlight a number of themes that explain the scale of the challenge faced by the HCG partnership as well as its achievement in addressing those challenges:

- **Continuing adaptation and innovation** by HCG delivery partners has been critical to their successful delivery. Agile approaches to online and/or blended delivery in response to lockdown restrictions have yielded benefits but some benefits of face-to-face work cannot easily be replaced.
- **Health and wellbeing** of young people and their families, both physical and mental, has presented ongoing challenges during the Covid-19 pandemic and lockdown, whilst also enabling deeper insights into needs.
- **Collaboration** across the HCG partnership has continued effectively, despite some resource-based limitations, whilst external collaboration with statutory services has been strengthened.
- **Unexpected opportunities** arising from the Covid-19 pandemic and lockdown have included deeper insight into needs of young people and families, added value from external collaborations, an

expanded role for HCG's successful Youth Advisory Board and a legacy of innovative, agile services.

- **Challenges** faced by the HCG programme throughout the period covered by this review have included the effects of the extra social and economic dislocation associated with Covid-19 on the target group, exemplified by 'digital poverty' of young people expected to engage with digital services. A wider challenge may be that the needs addressed by HCG cannot be solved within the life of a three year programme, but HCG delivery partners are convinced that empowering community-led services to support young people at risk from crime will ensure that needs that cannot be met by mainstream services will be addressed.

It seems clear on reflection that the HCG programme has been able to provide an essential range of interventions to a vulnerable target group during a period of unprecedented social and economic hardship. As discussed in section 6.2, ample evidence now exists that young people have been disproportionately affected by the economic effects of Covid-19. It is also clear from the evidence base that informed the design of the HCG programme that the range of risk factors associated with exposure of young people to violent crime are more likely to affect those experiencing lower than average socio-economic conditions (LBH, 2019). It is therefore reasonable to conclude that continuation of the work done by the HCG programme beyond the life of the GLA funding should be treated as a high priority for LBH and the HCG partnership.



8. Recommendations

- That all possible measures are taken to secure sufficient resources for the continuation of the HCG programme for a period of at least another three years.
- That the findings of this report are used to inform future programmes of youth-facing provision by LBH and the GLA.
- That the HCG partnership's model of service provision is recognised as an effective model of best practice in addressing the needs of young people at risk of involvement in crime and promoted more widely by LBH and the GLA.



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