Evaluation of better by design

A report for Achieving for Children

July 2016

Frontier Economics and Ipsos MORI

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Executive Summary

Achieving for Children (AfC) is a social enterprise company created by the Royal Borough of Kingston upon Thames and the London Borough of Richmond upon Thames to provide their children's services.

In 2015, AfC successfully bid for one year of funding from the Department for Education (DfE) Children's Social Services Innovation Programme. The funding was for AfC to deliver and evaluate a project called Better by Design (BBD).

BBD is a new project, developed by AfC in collaboration with the University of Birmingham. BBD comprises a different way of working with young people who present particularly challenging behaviours. It combines social learning principles with collaborative problem solving approaches, in order to build the skills and capabilities of young people in care, or on the edge of care. The aim is for them to manage their own challenges, difficulties and relationships in a different and more constructive way, and thereby improve their behaviours and the way they relate to others.

Key innovations of the project are:

- **Recruitment of 'Innovation Family Workers'[1]**. A new team of Innovation Family Workers has been recruited for BBD, specifically without social care experience or social work qualifications but with strong inter-relational skills.

- **New 'Innovation Mentors':** the BBD project involves recruiting specialist foster carers known as 'Innovation Mentors' who are trained in BBD by AfC.

- **Migrate young people in out-of-borough residential care back to in-borough Innovation Mentors via a 'residential hub'.** This residential short-stay setting is home to the young people for around 8 weeks. During this time the Innovation Family Workers introduce the young people to BBD approaches and prepare them for life with their new Innovation Mentor.

- **Work with young people (and their families or care givers) on the edge of care to keep them from entering care:** The aim is to improve the way young people and their primary care givers engage and interact at home. This is so that the young people can remain in a home setting, if it is safe to do so.

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[1]   These are not qualified social workers but instead work they are fully trained in BBD and work closely with the young people in a similar capacity to key workers, applying BBD approaches.

As this project is innovative, the DfE, alongside AfC, commissioned Frontier Economics and Ipsos MORI to carry out an independent evaluation of the implementation of the programme (a 'process' evaluation) and an evaluation of outcomes for young people (an 'impact' evaluation).

A total of 18 young people participated in the BBD programme over the period April 2015 to February 2016. This includes three young people who have migrated from residential care outside of the borough to the new short-stay residential hub, and Innovation Family Workers started to work alongside 15 young people who are considered to be on the edge of care. The number of young people participating in BBD is small due to the significant challenges associated with designing, delivering and evaluating the impacts of a large innovative programme involving young people with challenging behaviours, in less than ten months. At this stage, we cannot therefore deliver an evaluation of the impact of BBD on outcomes of young people as this would be neither robust (too few young people for conclusions to be drawn) nor ethical (it would be too difficult to protect the anonymity of the young people with such small sample sizes).

This report therefore focuses on highlighting important learning points about what has worked well and what has not as part of the process evaluation. It also provides an initial (although partial) assessment of the financial cost of the BBD programme compared to the likely costs of looking after, or working alongside, the young people in the absence of BBD. It is important that the evaluation continues so that outcomes for the young people can be monitored.

Key findings from the process evaluation

Key findings are:

- **The short timeframe to design, implement and operationalise BBD was very challenging.** Given the complexity of the project, more time would have been valuable to plan elements of the project such as staff training; identifying young people to go through the programme and designing the referral pathway; developing and implementing the communications strategy; and, operationalisation of the BBD approach in the residential hub (including arrangements for education provision).

- **Integration of the BBD project within AfC would have been helped by having a longer planning period accompanied by a clearer communications strategy.** The project team delivered presentations about the project to the whole AfC service and to teams at different levels of the organisation. The BBD project team feel that a more 'drip feed' approach over a longer period would have worked better. The loss of two senior managers who had led the development of the BBD concept and design of

the project also contributed to an apparent lack of clarity in AfC about the project.

- **The process of recruiting the Innovation Family Workers was successful in meeting its objectives.** The BBD project team set out to recruit 5 or 6 Innovation Family Workers who had strong interrelation skills, but did not require any social care experience. An assessment centre day was used to assess candidates, involving a number of tests, tasks, teamwork exercises, and interviews – 5 posts were filled.

- **The training delivered to Innovation Family Workers was rated highly by the new recruits though would have benefited from being complemented with more practical 'on the job' learning.** Specific BBD training of around 8 days was provided by a mixture of AfC staff and the University of Birmingham (who developed the BBD framework). This approach could have been improved by including more case shadowing, for example.

- **The BBD project has had some success in recruiting specialist foster carers, despite the national shortage.** Partnering and using links with Independent Foster Agencies (IFAs) is being used until a pool of Innovation Mentors can be recruited. Several specialist foster carers have advanced to the stage of being submitted for Panel approval.

- **A qualified social worker is necessary within the BBD management team, especially since Innovation Family Workers have been recruited without social care experience.** The unplanned early departure from AfC of the senior manager (a qualified social worker) who had developed the concept and design of the BBD project left some gaps in the systems of support for Innovation Family Workers. It became evident that an operational lead role (qualified social worker) was needed to oversee the case responsibility. The BBD project team identified this gap and successfully filled this post in November 2015.

- **The original plans for a short-stay residential hub, staffed with residential workers trained in BBD fell through. This meant a suitable alternative residential setting had to be found which led to many practical challenges.** Although a new residential hub was sourced, it did not have an established team or team manager, so the BBD expertise that was intended to be in the hub was initially lacking. The BBD team noted that in retrospect, they would have trained staff in the hub before taking in young people.

- **Challenges in delivering the BBD programme meant that only 3 young people were migrated back from out-of-borough residential care,**

compared to the original plan for 9. Young people were migrated from out-of-borough residential care into the new residential hub closer to home for 8-10 weeks. Following the hub, they were then placed with a specialist foster carer ('Innovation Mentor'). Young people were only moved to the residential hub once a foster placement had been arranged. Setting up the hub and recruiting Innovation Mentors took longer than anticipated, which delayed young people moving into the hub.

- **Our costs analysis shows that over the evaluation period April 2015 to February 2016, costs of the residential hub exceeded the financial savings from avoided out-of-borough residential care by £369,000.** The high fixed costs associated with a residential setting imply that a key factor in driving cost effectiveness is the number of young people going through the hub. As noted in the previous point, the number of young people entering the hub was lower than anticipated.

- **Education provision in the residential hub added an unplanned expenditure to the costs of running the BBD project.** The original plan had anticipated education would be provided by the virtual school. However, regulatory constraints meant that the virtual school could not be used, so accredited external tuition was sourced and paid for (an unplanned expenditure).

- **Given the dynamic and complex nature of the cohorts targeted by this BBD intervention, a clear referral path for entry to BBD is needed.** On the edge of care side of the programme, the BBD project team has identified that supporting families in crisis may not be how they can add maximum value – earlier intervention to allow work with families before crisis-point could help to prevent escalations and provide greater clarity in the referral pathway. This would need to be fully evaluated at a future date.

- **We understand that the current residential hub will no longer be in use post-March 2016. AfC is committed to the BBD programme and is intending to source its own in-borough residential hub in 2017/18**. In the interim, Innovation Family Workers will work with the young people in their current out-of-borough setting. The young people will then move directly from their current setting to their specialist foster carer, having met with them several times beforehand.

Although an impact evaluation has not been possible at this stage, we recommend data on outcomes for the young people continue to be collected. An evaluation should be carried out in around a year's time when more young people have been through the BBD programme.

1. Overview of project

1.1 Introduction to the Better by Design Project

Achieving for Children (AfC) is a social enterprise company created by the Royal Borough of Kingston upon Thames and the London Borough of Richmond upon Thames to provide their children's services.

In 2015, AfC successfully bid for one year of funding from the Department for Education (DfE) Children's Social Services Innovation Programme. The funding was for AfC to deliver and evaluate a project called Better by Design (BBD).

BBD is a new project, developed by AfC in collaboration with the University of Birmingham. BBD comprises a different way of working with young people who present particularly challenging behaviours. It combines social learning principles with collaborative problem solving approaches, in order to build the skills and capabilities of the young people in care, or on the edge of care. The aim is for them to manage their own challenges, difficulties and relationships in a different and more constructive way, and thereby improve their behaviours and the way they relate to others (see Appendix 1 for further information on the theory behind BBD).

The innovative nature of the project comprised the following elements:

- **Recruitment of 'Innovation Family Workers'[2]**. A new team of Innovation Family Workers has been recruited for BBD, specifically without a requirement for social care experience or social work qualifications. This is because of the national challenges in recruiting qualified social workers and to test the hypothesis that being able to work effectively with young people with challenging behaviours does not require previous social work experience *per se*, but strong inter-relational skills and emotional intelligence.

- **New 'Innovation Mentors'.** The BBD project involves recruiting specialist foster carers known as Innovation Mentors who are trained in BBD by AfC. Innovation Mentors provide a home for young people who have been migrated back from out-of-borough care. They look after the young people over a sustained period, while applying approaches and methods of care that are consistent with BBD.

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[2] These are not qualified social workers but instead work they are fully trained in BBD and work closely with the young people in a similar capacity as key workers, applying BBD approaches.

- **Migrate young people in out-of-borough residential care back to local Innovation Mentors via a 'residential hub'.** This residential short-stay setting is home to the young people for around 8 weeks. During this time the Innovation Family Workers will introduce them to BBD approaches and work alongside them to prepare them for life with their new Innovation Mentor.

- **Work with young people (and their families or care givers) on the edge of care to keep them from entering care:** The aim is to improve the way young people and their primary care givers engage and interact at home so that the young people are able to remain at home, if it is safe to do so.

The BBD programme can therefore be considered in two parts: one part aims to avoid young people remaining in, or being sent to, high cost out-of-borough residential care (where appropriate). The second part focuses on 'edge of care' cases which aims to prevent young people from being taken into care (or returning to care).

1.2 Intended outcomes

The aims of the BBD project are to work alongside young people and their families to help build their skills and capabilities to deal with issues and challenges that they might otherwise find difficult. In doing so, there is a range of intended outcomes as described below.

Young people in out-of-borough residential care: For young people currently placed in out-of-borough care, the BBD programme aims to provide them with the opportunity to work alongside their Innovation Family Worker and to build a relationship founded on a sense of attachment, trust and belonging. In doing so, the Innovation Family Worker will apply a range of BBD tools to support the young person in developing skills and capabilities in dealing with challenges. Anticipated outcomes would include:

- Improving the way they relate to themselves and others (and therefore the behaviours they present);

- Improving the placement stability of looked after children with their foster carers due to improvements in the behaviours they present; and,

- Looking after young people in a foster care setting, and at a lower cost than out-of-borough residential care.

In turn this should lead to outcomes for the young people including:

- Lowering their propensity to abscond;

- Improving their attendance and engagement with education; and,

- Lowering anti-social behaviour such as committing offences, violent behaviours, or alcohol or other substance misuse.

Young people on the edge of care: the BBD programme aims to work with young people on the edge of care and their primary caregivers (often the parents) to improve the way in which they relate to each other so that they are able to get along and have better circumstances at home. The intended outcomes are therefore:

- Improving the way young people and their care givers relate to themselves and each other (and therefore the behaviours they present);

- Improving the chances of the young people remaining in their home setting (for as long as is safe to do so) and therefore reducing the number of cases of children being taken into care;

- Increasing the likelihood of de-escalating cases and reducing the need for intervention; and,

- Increasing the number of case closures owing to improved family situations.

In turn this should lead to outcomes for the young people including:

- Lowering the propensity for young people to abscond;

- Improving their attendance and engagement with education; and,

- Lowering anti-social behaviour such as committing offences, violent behaviours, or alcohol or other substance misuse.

1.3 Relevant existing research relating to this innovation

In collaboration with AfC, the University of Birmingham has developed the BBD framework. This comprises tools and techniques that are to be applied by the Innovation Family Workers based on solid theoretical underpinnings.

The theories that underpin BBD include: attachment theory (Bowlby, 1979); family systems theory (Forder, 1976); social learning theory (Bandura, 1977); contextualisation (Turnell & Essex, 2006); child development theory and the theory of belonging (Baumeister & Leary, 1995). Further details are in Appendix 1.

Using these underpinning theories, the BBD framework seeks to facilitate the following:

- Identify a safe place for the young person to live;

- Develop a plan to keep those who live in the home safe;

- Develop the skills of the young person to be able to deal with the challenges they face; and,

- Identify and develop life-long connections for the young person who will support all of the above.

1.4 Changes to the activities of BBD since it was designed

The BBD programme team originally planned to migrate nine young people back from out-of-borough residential care to specialist foster carers (Innovation Mentors) over the course of the year. Innovation Family Workers were intended to engage with twelve families and work with them to improve circumstances at home.

Various challenges have, however, been encountered in project implementation. As a result, to February 2016, just three young people from out-of-borough care had been migrated through the residential hub, with a fourth expected shortly thereafter. Innovation Family Workers started working with a number of edge of care young people and families in December 2015.

The delays in full implementation of the programme, and hence the smaller than anticipated sample sizes, have been for a number of reasons. These include:

- The short timeframe to design, implement and operationalise BBD was very challenging;

- The original plans for a short-stay residential hub, staffed with residential workers trained to work with BBD fell through;

- Recruiting Innovation Mentors involved a long period of publicity and approvals, against a backdrop of a national shortage in foster carers; and,

- The dynamic nature of the cohorts from which young people can be selected for the BBD programme means identifying a stable set of treatment and comparator groups was not possible.

BBD was operational from April 2015 and recruited the first out-of-borough young person into the programme in September 2015. It continues to be adapted as the team learns more about what is working well and what is not: see sections 3.3 and 3.4 for further discussion of the lessons learnt.

We understand that the current residential hub will no longer be in use post-March 2016. However, AfC is committed to the BBD programme and is intending to source its own in-borough hub in 2017/18. In the interim, Innovation Family

Workers will work with the young people in their current out-of-borough setting. The young people will then move directly from their current setting to their specialist foster carer, having met with them several times beforehand.

1.5 Context for the innovation

The BBD project has been developed by AfC in collaboration with the University of Birmingham. The context to the BBD intervention is that:

- Kingston and Richmond face an acute shortage of specialist foster carers. This means that young people with challenging behaviours are often sent to out-of-borough residential care, which is very costly;

- Kingston and Richmond find it difficult to recruit and retain qualified social workers; and,

- 'Standard' interventions often focus on crisis management or short term interventions rather than sustained interventions that are able to lead to lasting behavioural change.

BBD is intended to address all three issues. Further detail of the context of the out-of-borough and the edge of care innovations is set out in Appendix 2.

2 Overview of the evaluation

2.1 The evaluation questions

There are a number of questions that the evaluation of BBD was designed to address. The headline questions are below, with more detailed sub-questions in Appendix 3.

1. **What was the rationale for the intervention**?

2. **How well did the process for setting up the programme work**?

3. **How well does the intervention fit with existing systems?**

4. **What have the impacts been?**

5. **What have we learned about what works and scalability?**

2.2 The methodology used to address the evaluation questions[3]

The evaluation comprised two parts: the first was a process evaluation (questions 1, 2, 3 and 5) and the second was an impact evaluation (question 4).

This report focuses on questions 1, 2, 3 and 5 only, and provides guidance on how question 4 can be addressed. The reason for this is that the notable delays in implementing BBD meant that by the end of the evaluation period (March 2016) the sample sizes of the BBD treatment groups were very small. To date only 3 young people have completed the short stay in the 'hub', and 15 edge of care families have only recently begun their work with the Innovation Family Workers.

It is therefore neither feasible nor ethical to report on impacts at this stage. The sample sizes are too small to draw robust conclusions of impact and the period over which the Innovation Family Workers have been working with the edge of care families is too short for outcomes to be credibly observed.

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[3] Ethical clearance for the methodology described was provided by three sources: the Chief Executive of Achieving for Children; the Director of Children's Social Care in Achieving for Children; and the Rees Centre (Oxford University) on behalf of the Department for Education.

Further, the small sample sizes mean that any reporting on the particular young people and their families at this stage risks their anonymity being compromised, and would therefore be unethical.

Therefore, we have agreed with the Department for Education that alongside the process evaluation, this evaluation report will cover:

- Evidence on the costs of implementation of BBD with commentary around how these compare to the costs of looking after the young people in out-of-borough residential care and of working with edge of care families, without BBD (see section 3.2 and Appendix 5);

- An evidence-based view of the likely outcomes that would be expected to be observed for looked after children and young people on the edge of care in the absence of BBD, based on published statistics (see Appendix 6). This can be used as a 'counterfactual' i.e. a baseline against which actual outcomes can be compared in a future evaluation; and,

- An evaluation plan which sets out how the monitoring data collection can continue over coming months and how the evaluation of the impacts of BBD could be carried out at a future date (see Appendix 4)

The methodology used for each part of the evaluation is set out below.

2.2.1 Process evaluation: methodology

Our methodology for the process evaluation to address questions 1, 2, 3 and 5 comprises several elements:

- **Document review**: we reviewed the Better by Design project plans to ensure we have a good understanding of the planned approach for implementing BBD. This included a review of the staff support needed to deliver the intervention; delivery partners; services to be procured; activities that need to take place for implementation; the timing of what would be implemented and when; and the anticipated risks and barriers to implementation;

- **Stakeholder interviews:** we carried out a series of 12 in-depth semi-structured interviews with parties involved in the delivery of the intervention. Those interviewed included the BBD project team; the designer of the intervention (who has since left AfC); the Innovation Family Workers; and the co-developers of BBD; and,

- **Meetings with the project team:** we have held monthly meetings with the core delivery team in order to ensure we had regular and full contemporaneous progress updates on the implementation of the programme, including activities undertaken and timing of actions.

Guidance is provided in Appendix 4 relating to the proposed method for carrying out the impact evaluation.

2.3 Changes to evaluation methodology from the original design

There were several changes to the evaluation methodology compared with the original plan.

First, it became apparent over the course of the early stages of the project that the sample sizes were going to be small. Hence a case study approach was likely to be the most robust way of carrying out the analysis. However, even so, it is not possible to report on outcomes at this stage given the prohibitively small sample sizes involved.

Second, the process of identifying the treatment group for the edge of care part of the BBD programme had to be revised. This was due to the dynamic nature of this cohort of young people and consequent changes over the course of the weeks (and in some cases within a day) in the cohort of young people eligible for BBD. We therefore devised, in discussions with AfC, an approach that was more aligned to the referral process so that earlier identification of the young people was possible.

Third, it was not possible to recruit comparators for evaluation of the out-of-borough part of the BBD programme (they were not willing to participate in the study). Therefore, all eligible young people were considered as a potential treatment group and we amended the approach such that the counterfactual would involve a triangulation of:

- Descriptive statistics from published data (see Appendix 6);

- Exploration of data held by Achieving for Children on the treatment groups for a 'before' versus 'after' assessment; and,

- Baseline information from the young people on the basis of qualitative interviews at the start of their engagement with the programme and follow-up interviews; plus their responses to standard questionnaires (including the Strengths and Difficulties Questionnaire).

At this stage, it is not possible to report on outcomes and carry out the impact evaluation. A method for how this could be done in the future as sample sizes increase is described in Appendix 4.

3 Key findings

3.1 Extent to which intended outcomes have been achieved

Given the difficulties described above in terms of the small sample sizes, at this point in time an impact evaluation of BBD is not possible. This section of the report therefore focuses on the findings from the process evaluation.

We address each of the evaluation questions below and present the evidence and lessons learned.

3.1.1 What is the rationale for the intervention?

The rationale for the intervention is described in section 1 and draws on the theoretical underpinnings of working with young people in a different way i.e. based on collaborative problem solving, attachment theory and social learning theory.

Innovation Family Workers were specifically not required to have social worker qualifications or social care experience upon their recruitment. This was in recognition of both the national challenges in recruiting qualified social workers and the hypothesis that the relational and interpersonal skills of those working with young people are more important than social work qualifications *per se*.

A short-stay residential setting was proposed as a way to help transition the young people from out-of-borough care and prepare them for living with their Innovation Mentor. The residential setting provides the opportunity for the young people to be introduced to the BBD approach and so that they have the opportunity to meet and get to know their Innovation Mentors before moving in with them. The Innovation Mentors would also be trained in BBD.

3.1.2 How well did the process for setting up the programme work?

Question: What have been the most significant challenges to delivering the programme in line with the plan? Were they anticipated in advance?

Interviews with the project team revealed that the most significant challenges to delivering the programme were the following:

1. **The short timeframe to design, implement and operationalise BBD was very challenging**. The timing of the programme has been ambitious and the clear message from the BBD project team is that it would have been helpful to

have more time to plan in detail the various aspects of the programme before implementing it. For example, this would include planning and delivery of the training programme for the Innovation Family Workers, Innovation Mentors and the residential hub staff; the process of identifying young people to go through the programme and the referral pathway; the communications strategy needed to help integrate the programme within AfC's existing services; and operationalisation of the BBD approach in the residential hub (including education provision).

2. **Integration of the BBD project within AfC would have been helped by having a longer planning period accompanied by a clearer communications strategy**. The project team delivered presentations about the project to the whole AfC service and to teams at different levels of the organisation. However, having reflected on this approach, the BBD project team feel that a more 'drip feed' approaches over a longer period, rather than one-off presentations would have allowed the project to be better understood. Also, not long after being awarded funding for the BBD project, two senior managers who had led the development of the concept and design of the project left AfC. The BBD project team noted that this contributed to an apparent lack of clarity for others in AfC about the project. The BBD team felt that some social workers, managers and others in AfC appeared to have misinterpreted the programme; some appeared sceptical of the programme (and the role of the Innovation Family Workers); and some were wondering how it was going to help or affect them.

3. **A qualified social worker proved a necessary addition to the BBD management team, especially since Innovation Family Workers have been recruited without social care experience**. The unplanned early departure from AfC of the senior manager (a qualified social worker) who had developed the concept and design of the BBD project left some gaps in the support for Innovation Family Workers. For example, although the project team had a Clinical Lead who was highly skilled having worked for a number of years in a multidimensional treatment foster care (MTFC) programme, the post-holder was not a qualified social worker. Therefore, it became evident that an operational lead role (qualified social worker) was needed to oversee the case responsibility. This was seen to have been particularly important given the Innovation Family Workers did not have social work or social care experience. The BBD project team identified this gap and successfully filled this post in November 2015.

4. **The original plans for a short-stay residential hub, staffed with residential workers trained in BBD, fell through. This meant a suitable alternative**

residential setting had to be found which led to many practical challenges. The use of a residential hub was intended to provide an opportunity for the young people to be introduced to the BBD ethos, working alongside their Innovation Family Worker; and the opportunity to meet and get to know their Innovation Mentor before moving in with them. It was initially agreed that the residential hub would be set up and managed by a partnering charity. Subsequent structural reorganisation within the charity would have led to delays in securing a suitable venue; therefore, it was decided that AfC would find an alternative residential hub and co-ordinate it themselves. Although a new residential hub was found, it did not have an established team or team manager, meaning the expertise that was intended to be in the hub was initially lacking. There was some delay before staff in the hub could be trained in the BBD ethos. During this time the Clinical Lead was based in the hub to help coach the model in action, but there remained a difference in approaches. The BBD team observed that this diluted the 'purity' with which the BBD approach could be applied and in some cases reportedly caused confusion for the young people. Therefore, the BBD team noted that in retrospect, they would have had trained staff in the hub before taking in young people.

In terms of whether the challenges identified were anticipated, we note that the original BBD project plan had a risk register. Many of the risks highlighted above were identified. The list below identifies the relevant risks, the risk assessment in the project plan and the proposed mitigation action.

- "Threat to projected savings if [there is a] delay in flow of LAC entrants" (moderate risk): proposed mitigation action was to consider using resources for dual purpose in the interim.

- "Delay in setting up [the project] impacts on key activities down the line" (low/moderate risk): proposed mitigation action was to 'prioritise this'.

- "Partner unable to deliver on promises" (low/moderate risk): proposed mitigation action was to consider using resources within the Southwest London Commissioning Group.

- "Risk of delays at various points" (low/moderate risk): proposed mitigation action was to apply strong project management.

- "Smooth transition between implementation phases compromised" (low/moderate risk): proposed mitigation action was to apply strong project management.

- "Recruitment of new carers cannot keep pace with demand" (low/moderate risk): proposed mitigation action was to "build capacity with our Providers Forum".

- "Suitable property not identified" (moderate risk): proposed mitigation action was "to explore other partners within our Providers Forum".

We note that most risks were assessed as low/moderate or moderate yet they came to fruition in some form. We also note that the mitigation actions that were proposed are in some places vague (e.g. 'prioritise this') or not specific (e.g. 'apply strong project management').

Question: What process was involved in recruiting the Innovation Family Workers and how successful was it? Is there clarity about what they will do and how they should do it?

The process of recruiting the Innovation Family Workers was successful in meeting its objectives. The BBD project team set out to recruit 5 or 6 Innovation Family Workers who had strong interrelational skills, but no requirement for social care experience. Adverts were placed primarily online, inviting online applications, after which the candidates received a short telephone interview. They were then invited to a one-day assessment centre involving a number of tests, tasks, teamwork exercises, and interviews. Young people from the Children in Care Council carried out one of the interviews to explore the extent to which the candidates could engage with young people. At the end of the assessment day, the candidates were invited back for a final interview with the BBD project leads and Clinical lead for BBD. Five out of 6 posts were filled in line with the plan.

A significant number of applications were received for the positions. Many of the Innovation Family Workers that were recruited reported that they were attracted to the fact that they did not need to have previous social care experience. However, the lack of social care experience has led to some difficulties being faced by the Innovation Family Workers, which heightened the need for appropriate supervisions from a qualified social worker (the BBD Operational Lead).

Question: What process was used to find a suitable residential hub and what challenges were faced?

A charity with whom AfC regularly works was proposed in the original project plan to source and set up the short-stay residential hub. However, upon securing funding from the DfE it emerged that they would not be able to fulfil this commitment due to internal restructuring, so AfC had to find an alternative. Setting up a new residential setting in the timeframe available was not going to be feasible

given the time it takes for Ofsted registration, so a search began for an existing registered residential setting.

Use of the hub over the course of the BBD programme to date has allowed substantial learning about the use of a short stay residential setting. The intended objectives were for the hub to provide the opportunity for the young people to be introduced to the BBD ethos; to work with their Innovation Family Worker; and to get to know their Innovation Mentor before moving in to live with them. As described above, training the staff in BBD earlier would have better supported BBD implementation.

Question: What process was used to recruit the Innovation Mentors and were recruitment targets met?

There is already a national shortage of foster carers. In addition, it can take up to 3 months for the appropriate clearances to be granted.

A cross-borough advertising campaign was initiated with professionally designed materials. Adverts were placed on the AfC and local authority websites, billboards in the boroughs and neighbouring boroughs, local newspaper adverts, and AfC representatives were in attendance at local events such as the Barnes summer fair. Inquiries were immediately followed up with home visits to begin the process. A range of applications were received and a small number have been submitted to the Panel for approval. Independent Fostering Agencies (IFAs), trained in BBD approaches, have been used as the interim backstop.

Question: How was the training programme for the Innovation Mentors and Innovation Family Workers designed and delivered, and how effective was it?

Before starting to work with young people, the Innovation Family Workers received training from different sources. Specific BBD training of around 8 days was provided by a mixture of AfC staff (including the Clinical Lead for BBD) and the University of Birmingham who developed the BBD framework. During the training the Innovation Family Workers have covered a wide range of topics such as attachment theory, social learning theory, awareness of where problems could stem from in young people's lives, collaborative problem solving and safety planning (making the home safe). The Innovation Family Workers also received wider AfC training on such issues as child protection, domestic violence and child sexual exploitation.

On a more practical level, the Innovation Family Workers also were able to look through some case files and were able to arrange voluntary shadowing of social workers.

In terms of the effectiveness of the training, all Innovation Family Workers reported that they found the training very useful. In particular, the training delivered by the University of Birmingham was praised. There was a common perception that more practical and hands-on training would have been helpful. Indeed, several of the Innovation Family Workers commented that they would have liked to have more interactive training on handling different situations. All Innovation Family Workers stated that on a scale of 1 to 10, their readiness to work with the young people after the training (where 1 is not ready at all and 10 is extremely ready) was 6 or 7.

Innovation Mentors (specialist foster carers) received training on the BBD programme for 2 days, the effectiveness of which cannot, at this stage, be evaluated due to the small sample size of Innovation Mentors.

Question: Was the programme able to recruit the sample sizes envisaged (9 out-of-borough young people and around 12 edge of care young people)?

Owing to the difficulties explained earlier it was not possible to recruit the number of young people to the programme that were planned in the time available. However, the recruitment process is improving; there is now a clearer referral process in place to identify edge of care young people who would be eligible for the programme. The BBD project team have developed the referral pathway from the experiences of working with the first cohort of young people. Initially, young people and their families who had reached a crisis point, and were considered to be on the edge of care, were referred to BBD through the Adolescent Response Team (ART). The BBD team felt that intervening earlier could have a greater impact and that the programme therefore should target young people before they reach crisis-point. The BBD project team has now established a referral pathway across the various AfC programmes into BBD focussing on early intervention.

3.1.3 How well does the intervention fit with existing systems?

Question: Given two boroughs are involved, did this create any particular challenges and if so, how were they overcome?

Achieving for Children covers two boroughs so there are already good links across the two organisations. This did not seem to pose any particular challenges. However, there were some additional complexities as not all systems and processes are aligned.

Question: What does the Adolescent Response Team (which currently deals with children on the edge of care) think about the new approach? How has it affected what they do and how they do it?

The ART team is becoming more comfortable with the BBD team as they are beginning to better understand the programme.

A significant facilitating factor has been the recruitment to the BBD project team of a senior manager Operational Lead who was also acting team manager of the Adolescent Response Team. This helped because the Operational Lead had control of the allocation of ART cases and therefore was able to signpost cases for BBD that were relevant. However, this post was not filled until November 2015 and so the new process could only be implemented from January 2016.

AfC intends to roll out BBD training to the social care managers so that similar approaches and tools can be used where they are appropriate. They recognise that this will require significant investment in professional development and a culture change as the BBD approaches are significantly different from typical social care practice.

Question: What do the looked-after children (LAC) social workers think about the intervention and working with the Innovation Family Workers?

The views of LAC social workers about the BBD project as a whole have been reported as mixed. There was originally a perceived lack of clarity over the role of BBD and the Innovation Family Workers and how this would impact on the work of LAC social workers. Although Innovation Family Workers cannot manage cases themselves (because they are not qualified social workers), social workers were perceived to not feel adequately informed about the role of Innovation Family Workers. The arrival of the Operational Lead in November 2015 has helped to clarify the situation and to develop clear guidelines about the role of the Innovation Family Workers.

3.2 Evidence of impact on the Innovation Programme's objectives and areas of focus

Although we are not able to assess the impacts of the intervention at this stage, we have provided an initial assessment of the costs of BBD below.

3.2.1 Objectives of the cost analysis

For the out-of-borough part of the BBD programme, we illustrate the costs incurred by Achieving for Children over the period April 2015 to February 2016 in looking after the young people that participated in the programme. We compare these with the costs that would have been incurred over that period if the young people had not participated in the programme.

For the edge of care intervention, we compare the costs associated with working alongside young people and their families (or care givers) as part of the BBD programme, with the costs of those young people and families (or care givers) solely working with the Adolescent Response Team (i.e. the form of support without BBD). The time period is again from April 2015 to February 2016, though note that young people did not enter this part of the programme until December 2015.

Although this cost analysis will allow a comparison of the AfC out-goings both with and without BBD, it will not take into account any potential changes in outcomes for the young people, nor costs incurred or saved by other parties.

The cost analysis for each part of the BBD programme is described below (further information on costs can be found in Appendix 5).

3.2.2 Cost comparison for the out-of-borough BBD programme

This section presents a comparison of the costs to AfC of caring for the young people participating in the out-of-borough part of the BBD programme, with the costs of their care in their previous out-of-borough residential settings. To February 2016, 3 young people had been through the residential hub.

Data for the cost comparison have been provided by Achieving for Children. Any further assumptions are stated.

Comparison of cost with and without the intervention

To compare the costs of caring for the three young people in BBD with the cost of out-of-borough residential care without BBD, we consider the period April 2015 to February 2016. We then estimate:

- The cost of looking after the young people in the BBD programme, including the following elements:

  - The cost of out-of-borough residential care (within the period April 2015 to February 2016) before the young people move to the residential hub;

  - The cost of looking after the young people in the residential hub;

  - The costs of looking after the young people after they leave the hub (i.e. with their new foster carer); and,

- The costs associated with the residential hub to reserve its use for AfC, even when no young people were resident.

- The expected cost to AfC without BBD i.e. the cost of looking after the three young people being in out-of-borough residential care for the whole period from April 2015 to February 2016.

A breakdown of the cost to AfC of the BBD initiative and the costs that would have been incurred without BBD (the counterfactual) are presented in Table 1.

Table 1: Comparison of costs to AfC of the out-of-borough initiative and cost of care in the absence of BBD

Item	BBD costs	Counterfactual costs
BBD set-up cost	**£111,352**	**-**
BBD on-going cost	**£501,268**	**-**
Salary costs	£123,286	-
Residential hub	£312,000	
Education provision within the hub	£37,188	-
Travel costs etc.	£3,194	-
Foster carer payments	£25,600	-
Cost of out-of-borough residential care	**£541,575**	**£785,376**
TOTAL	**£1,154,195**	**£785,376**

Source: Frontier Economics based on AfC data

The cost of looking after the three young people over the period April 2015 to February 2016 with BBD in place is £1,154,195. It should be noted that BBD set up costs are included in this figure, some of which would not be incurred once the programme is operational.

The expected cost of looking after those three young people without BBD is estimated to be £785,376.

The difference between these two figures is £368,819.

The BBD programme therefore has, overall, cost £368,819 more than the expected costs without BBD. This is largely driven by the costs of block booking the residential setting in anticipation of a higher throughput of young people; and salary costs. Had there been a larger number of young people through the residential hub, then the cost per young person would be expected to be lower.

More specifically, the net costs of the programme relative to the case without BBD are as a result of:

- The high upfront cost associated with the reservation fee for the hub;

- The low numbers of young people who have transitioned through the hub (three young people compared with the anticipated nine) as a result of a number of factors such as the need to arrange education for the young

people and the importance of planning and arranging the onward movement of the young person to an appropriate Innovation Mentor;

- The costs of the BBD team which are incurred in addition to the costs of the Looked After Children (LAC) Team[4];

- The late entry of the young people in to the hub[5] relative to what was planned which led to out-of-borough care costs being incurred longer than expected; and,

- The education costs that had to be paid while the young people were in the hub.

A detailed discussion of the costs of the out-of-borough part of the BBD programme is set out in Appendix 5.

Assessment - summary

When comparing the costs over the period April 2015 to February 2016 'with BBD' and 'without BBD', we find BBD has a net cost (i.e. additional costs exceed cost savings) of £368,819.

3.2.3 Cost comparison for the edge of care programme

The BBD Innovation Family Workers work alongside the young people on the edge of care and their families, with the involvement of the qualified social workers in the AfC Adolescent Response Team (ART) as appropriate. The aim is to improve the situation at home so that the young people are able to remain at home if it is safe to do so and avoid escalation to being taken into care.

The BBD team does not manage the cases – they are still managed by qualified social workers in the ART team.

The resource requirements of the ART team could however lessen over time with the involvement of the BBD Innovation Family Workers because they would be likely to need to invest less in ancillary interventions such as parenting classes – such interventions are arranged by the ART team to support families where appropriate. Data relating to the costs of the ART team and their interventions is currently limited, but is now being collected so more should be available over time.

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[4] The Looked After Children's Team provides on-going support and services to children who have Plans of Protection, children with cases in the family proceedings court and Looked after Children.
[5] Young people only moved into the residential hub once a suitable foster placement on exit from the hub was arranged. Delays were incurred in moving young people into the hub due to challenges in recruiting specialist foster parents.

BBD Innovation Family Workers began to work with 15 young people and their families considered on the edge of care in December 2015.

It is hoped that there will be additional future savings from the edge of care part of the BBD programme due to a reduced number of young people entering care and being re-referred into care. These impacts must be monitored and included in a future evaluation.

The estimated costs that are currently known for the edge of care part of the BBD programme are presented below, assuming there are 15 BBD edge of care cases. Data has been provided by AfC.

Comparison of costs

To compare the costs of BBD on the edge of care part of the programme with what would have happened in the absence of BBD, we compare the total cost of BBD associated with working with the edge of care young people from April 2015 to February 2016 plus the cost of the ART team's time spent with the 15 young people; with the cost of the ART team's time spent with the 15 young people if there were no BBD[6] (i.e. the counterfactual).

A comparison of these costs is shown in Table 2.

Table 2: Comparison of costs on the edge of care part of the BBD programme and counterfactual costs over April 2015 to February 2016

Item	BBD costs	Counterfactual costs (not including ART interventions)
BBD set-up cost	**£30,484**	-
BBD on-going cost	**£153,918**	
ART costs	£7,423	£7,423
BBD salary costs	£143,251	-
Travel costs etc.	£3,194	-
TOTAL	**£184,402**	**£7,423**

Source: Frontier Economics

The cost of the edge of care BBD initiative equates to £184,402. This is an additional cost to AfC of £176,929 on top of the cost of the ART team. Note that due to a lack of data, the costs of interventions that the ART team would otherwise

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[6] The cost of ART per young person per month is estimated at £166; see Appendix 5 for further information.

invest in to support families are not possible to include, but would change the above assessment substantially.

The underpinning analysis and assumptions associated with Table 2 are set out in Appendix 5.

Assessment

It is not possible to assess the cost effectiveness of the edge of care part of the BBD programme at this stage. This is because Innovation Family Workers have only been working with edge of care young people since December 2015 so there has been insufficient time to observe how costs have been affected; and data on what the ART would otherwise invest in was not available.

3.3 Lessons learned about the barriers to this innovation (including what did not work and why)

There are several learning points relating to the barriers to this innovative programme being effective:

- **Edge of care selection**: the ART team is a crisis intervention team such that the team is only alerted to the young people when they are at imminent risk of being taken into care. As such, the cohort of eligible young people for BBD is highly fluid and on many occasions not appropriate. The cases are often very complex and the young people are often older adolescents who are subject to peer pressure influencing their behaviour more than the interactions with their parents or care givers. BBD is less likely to be appropriate for these young people.

  In view of this, AfC has re-considered the approach going forward. BBD will soon be considered as an *early intervention* and the team will work alongside Family Support Services much more closely. In doing so, the BBD Innovation Family Workers will be able to work with younger children and the referral pathway will change.

- **The residential hub**: this innovative aspect to the intervention was intended to allow the young people time to transition from their out-of-borough setting to their Innovation Mentor. It was intended to allow time for the Innovation Family Workers to get to know the young people and their challenges, and for the young people to get used to BBD and also get to know their Innovation Mentor before moving in with them.

The hub has been under-utilised due to the range of reasons described in section 2.3. This has led to high costs being incurred to pay for empty beds. Also, as the residential hub staff were not trained in BBD for some time, this led to confusion in the way that the young people interacted with the hub staff compared with the Innovation Family Workers.

In addition, the education for the young people was also in the residential hub. This proved challenging because the tutors were not appropriately prepared for this form of education provision. Three tutors decided not to continue working in the hub because they found it too challenging.

The difficulties recruiting Innovation Mentors had some impact on the timing of when young people could be migrated through the hub. This contributed to the under-utilisation of the hub and the high costs associated with the reservation fee.

- **Innovation Family Workers**: Innovation Family Workers were recruited on the basis of relational and interpersonal skills and with no requirement for social care experience. However, this lack of social care experience has led to some difficulties. Going forward, the BBD team have suggested that asking for some social care experience would be of value. If not then a process of better practical training and supervision from the BBD team would be of value to help learning and building of Innovation Family Worker confidence.

- **Recruiting Innovation Mentors:** this has proved to be a challenging part of the project because of the national shortage of foster carers. The programme has had some success with a small number of applicants being sent to panel for approval. However, the timing of the programme has meant that it was necessary to rely on independent fostering agencies (IFAs) which is costly. The team will be making some changes going forward to aid recruitment. For example, they are considering changing the name from "Mentor" as this gives the impression that the role is more hands off than a foster carer, which is clearly not the case.

As outlined in section 3.1, from the outset the BBD programme had a risk register in place which anticipated several of the challenges above as potential risks. These risks were originally seen as low or moderate, although many occurred. Some of the mitigating actions (for example, "prioritise this") were not specific or clear enough about the appropriate action to take to manage them.

3.4 Lessons learned about the facilitators to this innovation (including what worked well and why)

A number of aspects of BBD implementation have gone well. These are described below.

First, the BBD Framework developed by Birmingham University in collaboration with AfC. The premise of BBD is that it draws together the 'best' or evidence-based parts of various other models used when working with young people such as systemic family therapy (SFT); Multi-dimensional Treatment Foster Care (MTFC); and Multi-Systemic Therapy (MST). These are combined with Social Learning Theory (SLT) and a collaborative problem solving approach in order to design a set of tools, methods and approaches for working with young people. The intention is that it has a more sustainable impact on young people because it builds their capabilities in solving their own problems and understanding their own behaviours. The effectiveness of the framework will only be evident when a fuller assessment of the impact of the programme is carried out.

Second, the recruitment process for Innovation Family Workers is considered by the team as successful because they achieved their objectives of recruiting a team of emotionally intelligent individuals with the strong relational skills that are needed to work with young people. The process was described as very rigorous because it comprised a telephone interview; followed by an assessment day involving tests, group work, personality screening tools and an interview with the Children in Care Council; then a separate interview with the BBD team.

Third, the introduction of an Operational Lead who is a qualified social worker has made a significant difference to the team. This boosted the team's capacity to ensure the Innovation Family Workers are supported through, for example:

- Monthly one-to-one supervisions for 1.5 hours with each Innovation Family Worker;

- Fortnightly group supervisions to allow cases to be discussed and support to be provided across the group; and,

- Case supervision (as provided by the Clinical Lead).

The Operational Lead has oversight of both the out-of-borough BBD initiative and the edge of care BBD initiative and can therefore actively manage the caseload of the Innovation Family Workers.

Fourth, a further aspect of the programme that appears to be working well is the intensity with which the Innovation Family Workers are able to work with the young people and families. The number of visits and level of engagement varies

according to what is appropriate for each case. For some young people, 3-4 visits per week have taken place.

4 Limitations of the evaluation and future evaluation

4.1 Limitations of the evaluation and key findings

A fundamental limitation of this evaluation is the fact that it has not been possible to robustly evaluate the impacts of BBD. That said, a wide range of valuable learning points have been identified based on the implementation of the programme. These have been discussed earlier in this report.

It is essential to continue the monitoring of the outcomes of the programme for young people. Associated outcome data (days truant from school; the number of school exclusions; the number of instances of absconding etc.) need to be collected.

In addition, it will be important to monitor the costs incurred by Achieving for Children in delivering its services to young people in out-of-borough care that are being migrated back to local specialist foster carers; and for young people on the edge of care. To date the BBD programme has not been able to demonstrate any savings in costs, and this is largely driven by the small number of young people brought back to borough through the residential hub as a result of the factors described in this report. Only 3 of the planned 9 young people were migrated through the residential hub and this is likely to have significantly affected the cost effectiveness, given the high fixed costs of a residential care setting.

We understand that the current residential hub will no longer be in use post-March 2016. However, AfC is committed to the BBD programme and is intending to source its own in-borough hub in 2017/18.

4.2 Appropriateness of the evaluative approach for this innovation

The evaluative approach for this study is considered robust. Indeed, had sample sizes been larger and a longer time available over which to monitor outcomes then this report would have been able to provide an impact evaluation.

There is no reason to believe that the proposed approach is not appropriate.

4.3 Please outline any capacity built for future evaluation and the sustainability of the evaluation

Over the course of the BBD project we have worked closely with Achieving for Children to build their capability in evaluating BBD going forward. This includes several elements:

- **Evaluation Plan:** a plan for the evaluation has been developed and updated over the course of the project setting out a clear framework for the evaluation (also described in Appendix 4). This includes the logic model; the evaluation questions; the metrics that can be used to monitor outcomes; the means by which data can be collected; how to use the data once collected; and how to interpret data and understand its limitations.

- **Monthly meetings**: we had monthly meetings with the BBD team to share knowledge of the project and to discuss the evaluation approaches being implemented and why.

- **Team briefings**: the evaluation team held individual briefing sessions with members of the BBD team to explain the data collection tools that would be used; how they can be used and what information they will be able to provide.

- **Data collection**: the evaluation team has been careful to explain to the BBD team what data would need to be collected, when and how. This has allowed the BBD team to develop its own spreadsheets of what they need to ask the Innovation Family Workers to carry out or complete and when.

- **Sharing of tools and evaluation materials:** all evaluation materials have been shared by the evaluators with the central BBD team so they will be able to use them over time. This includes:

  - The questionnaires used to collect quantitative information on the behaviour and wellbeing of the young people;

  - The information sheets that can be used as part of the recruitment process of young people and families to the BBD programme so that all potential participants are fully informed about the BBD programme and their role within an evaluation. This includes consent forms that must be signed in order to collect data on individuals;

  - Topic guides for qualitative interviews with young people, specialist foster carers (Innovation Mentors); parents/primary care givers for young people on the edge of care; Innovation Family Workers; and the BBD team; and,

- Weekly data sheet templates: to collect data on the outcomes for young people over time we designed a weekly data collection sheet to be completed by Innovation Family Workers. These report outcomes for the young people, an assessment of progress and the aspects of work carried out by the Innovation Family Workers

4.4 Plans for further evaluation

In terms of continuing the evaluation in the future, we would recommend that AfC continues with the approach that we describe in Appendix 4. This describes how the evaluation questions can be determined; the metrics that can indicate whether outcomes have been achieved; and how relevant data can be collected. It also describes the importance of qualitative evidence in the evaluation because it is essential to capture how the young people, families or care givers, Innovation Family Workers and relevant stakeholders across AfC feel about the project; the impacts on their behaviours; and what they think is working well and not well.

Given that an impact evaluation was not possible for this report, we describe in Appendix 4 a suggested method through which impacts could be evaluated as data are generated over the next 12-18 months.

5 Implications and recommendations for policy and practice

5.1 Evaluative evidence, or lack of, for capacity and sustainability of the innovation

We have described above that it will be essential for the outcomes of the BBD intervention to be monitored over time.

The cost analysis presented in this report clearly demonstrates that for the BBD project using a residential hub to be cost effective, the utilisation of any residential setting would need to be maximised – there are high costs associated with under-utilisation.

5.2 Conditions necessary for this innovation to be embedded

To embed the innovation, the following conditions are considered necessary:

- Any residential setting needs to be optimally utilised and with appropriate provision of education. This involves having an appropriate process for recruitment to the BBD programme, with all staff who come into contact with the young people (staff in the residential setting, Innovation Family Workers, foster carers etc) suitably trained in BBD.

- Innovation Family Workers need to continue to receive adequate training and support in the form of supervisions, practical training, group learning and formal training courses etc. This is because they do not have a social care background so they are developing their own experience when working with young people. It will be important to maintain their confidence and build their experience over time.

- The BBD programme must be bought into across the organisation. This requires clear and targeted communications of what the approach is, how it works, who is involved and how it can fit within existing systems. The absence of this communication has caused misperceptions of the project and some confusion about its role and purpose.

- Streamlined referral processes will be needed so that the intervention is delivered for those who would benefit from it most. BBD will not be appropriate for all young people, and it could be more effective for younger age groups than older groups (this needs to be tested as part of the on-going evaluation).

5.3 Consideration of future development of the innovation and wider application

The innovation could be applied in other Local Authorities but it will be important to demonstrate impact and sustainability in AfC first.

Appendices

1. Relevant existing research relating to this innovation

The theory underpinning BBD has been summarised by the University of Birmingham below.

A significant amount of research has identified the importance of the quality of the relationship of young people with 'helping professionals' in achieving change in social situations (e.g. de Boer & Coady, 2007; Fauth et al., 2010). At the heart of this framework is therefore relationship-based practice: practice grounded in a meaningful relationship with at least one helping professional. This is defined as a relationship in which young people and their carers experience themselves as important to the helping professional. The first aim of the intervention is to build **meaningful relationships** with the young person and their immediate family/carers. No progress can be made without this no matter what tool or technique is used.

A vital component of developing a meaningful relationship is being able to 'contain' strong feelings such as anxiety, fear, shame, guilt, and anger (Bion, 1962; Douglas, 2007). Such feelings play a significant part in the creation and maintenance of the problems faced by the young person and their family. The second aim of the intervention is therefore to develop a **containing relationship** with the young person and their primary caregivers: to create reliably safe boundaries, offer a protective space, and enable the young person to experience themselves as valued (Bowlby, 1988). A meaningful and containing relationship with the young person and their parents/carers is the bedrock of the BBD intervention.

The causes of the problems experienced by the young people and their parents/carers are varied and require varied solutions. The BBD framework therefore brings together a range of ideas which may be useful in the creation of the helping response but there is no formula, format, or prescription of which tools, techniques, or methods will work for any particular situation. Rather, the framework is intended to be used as a guide for intervention. The principle behind the approach should be one of **action research** (McNiff & Whitehead, 2005): a reflective process of progressive problem solving within the team to improve the way the problems are addressed and solved. There should be a continual process of learning from the results from each other in the team. The learning of the team should therefore deepen and broaden over time and the approach adapt to the problems faced.

A number of theories underpin the ideas in this framework:

- **Attachment theory** (Bowlby, 1979): this is a theory of how we respond within relationships when hurt, separated from loved ones, or perceiving a threat. It provides one of the foundations to understanding the relationships between the young person and their parents/carers.

- **Family systems theory** (Forder, 1976): this perspective provides further understanding of the problem as being part of the dynamics and interactions between the young person and their family. It guides the intervention towards working with the whole family.

- **Social learning theory** (Bandura, 1977): this theory of learning based in cognitive processes in social contexts, provides one of the foundations for organising the helping response through providing opportunities for observation, direct instruction, and direct or indirect reinforcement for behaviour.

- **Contextual problems**: The framework is founded in the idea that what can be a problem in one context may not be a problem in another (Turnell & Essex, 2006). Changes in the social environment can help change the problem and even alleviate it. Safety planning is based on this idea by creating specific plans for behaviour in certain situations so that the problem no longer causes such a concern for a person's safety.

- **Child development theory:** The framework also draws on research of challenging behaviour and child development which suggests that most challenging behaviour is due to developmental delay in cognitive, emotional, and social skills (Pollastri et al., 2013). This guides the intervention towards seeking to develop skills in young people.

- **Theory of belonging**: Together with attachment theory, the framework is grounded in the need to belong (Baumeister & Leary, 1995), a human emotional need to be an accepted member of a group, with family, friends, and communities. This guides the intervention towards developing meaningful life-long connections with family and wider family, developing friendships, and engaging in different community activities.

2. Context to the innovation

Further detail on the context to BBD is below.

Out-of-borough care context

As at 31st March 2015, there were 210 children who were looked after in Kingston and Richmond. Kingston and Richmond are among the ten local authorities in

England that have the lowest rate of looked after children per 10,000 children aged under 18 (DfE, 2015a).

Published data suggest that 21-30% of looked after children in Kingston and Richmond are placed within 20 miles of home within the LA boundary. A further 29-36% are placed within 20 miles but outside the LA boundary with 16-25% placed more than 20 miles away and in a different LA. This is shown in Figure 1.

Figure 1: Placement and distance of children looked after at 31st March 2015
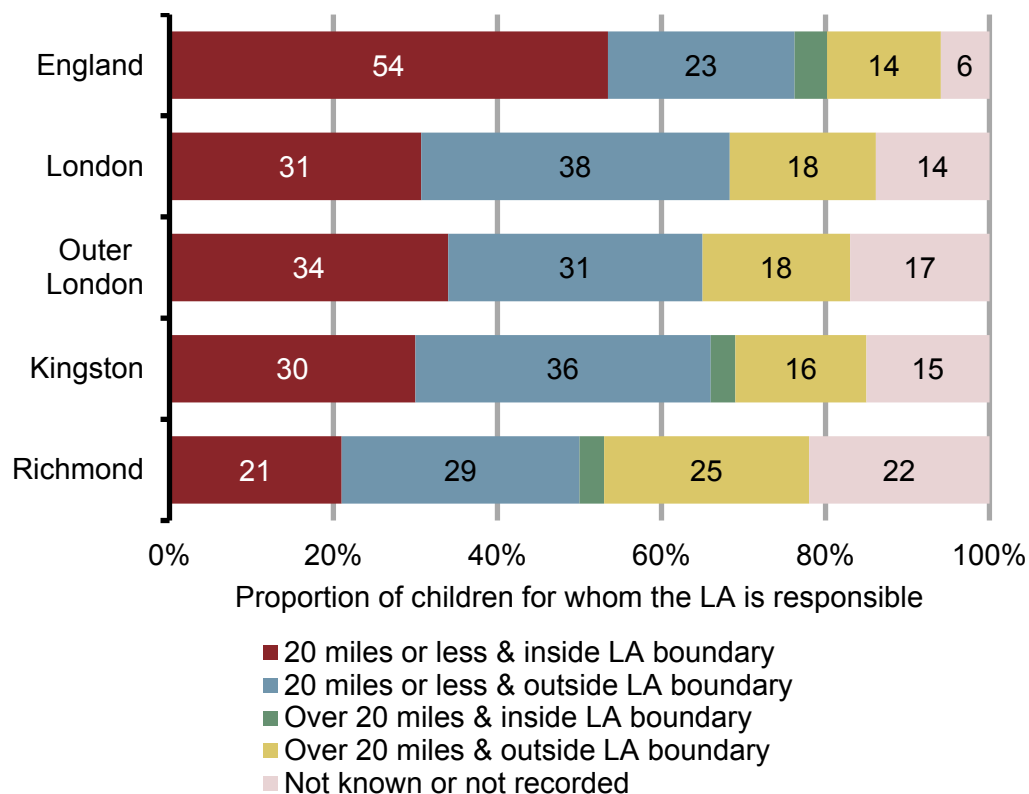
Source: *Department for Education (2015a)*

Note: *As Achieving for Children covers both Kingston and Richmond, some children from one authority may be legitimately placed in the other*

As at March 2015, 40% of children placed within Kingston, and 57% of children placed within Richmond were children from other local authorities (DfE, 2015a).

Edge of care context

For the purposes of this evaluation, we have carefully considered how to define 'edge of care'. We note that four definitions offered by DfE are:

1. Families where there are significant **child protection** concerns

2. A **direct alternative to a long-term care placement** including those provided with respite care, or those who have been accommodated in an emergency but the aim is for them to return to the family quickly with appropriate support

3. Children and young people who **cease to be looked after and** return to their parents or wider family network but where further support is needed

4. Children and young people who have **needs that are escalating** such as behaviour, family relationships or other problems that are worsening and current levels of support are insufficient (DfE, internal paper)

The fourth definition above is most fitting to the definition of edge of care used in the BBD programme. At a national level, 45% of adolescents aged 11 or older who are considered to be on the edge of the care are classed as Children in Need (DfE, 2014).

Evidence we have reviewed suggests that adolescents entering care experience a larger number of placements, have more complex needs and tend to have worse outcomes. Also, at the national scale around 45% (13,870) of those entering care each year are aged 10 or older (DfE, 2015a). These adolescents tend to experience a larger number of placements, poorer educational outcomes and are at increased risk of struggling when they leave care. DfE has found that young people who enter care are often focused on returning to their family and more likely to reject placements (DfE, 2014).

3. Evaluation questions

Our evaluation questions are below.

1. **What was the rationale for the intervention**?

   - What was the rationale for the intervention being designed as it has been, i.e. recruiting Innovation Family Workers (without social care experience); using a residential hub (so young people do not go straight from residential care to foster care settings); developing a new intervention framework based on social learning theory and collaborative problem solving.

2. **How well did the process for setting up the programme work**?

   - What were the anticipated challenges at the outset? What have been the most significant challenges to delivering the programme in line with the plan? Were they anticipated in advance?

   - What process was involved in recruiting the Innovation Family Workers and how successful was it? Is there clarity about what they will do and how they should do it?

- What process was used to find a suitable residential hub and what challenges were faced?

- What process was used to recruit the Innovation Mentors and were targets for recruitment met?

- How was the training programme for the Innovation Mentors and Innovation Family Workers designed and delivered, and how effective was it?

- Was the programme able to recruit the sample sizes envisaged (9 out-of-borough young people revised down to 6[7] and around 12 edge of care young people)?

3. **How well does the intervention fit with existing systems?**

- Given two boroughs are involved, did this create any particular challenges and if so, how were they overcome?

- What does the Adolescent Response Team (which currently deals with children on the edge of care) think about the new approach? How has it affected what they do and how they do it?

- What do the social workers of looked after children think about the intervention and working with the innovation family workers?

4. **What have the impacts been?**

We sought to explore:

- How the children felt about remaining at home with their parents (if on the edge of care) or being migrated back into borough (if in out-of-borough care)

- Whether and how the Better by Design Programme affected the behaviour of children on the edge of care, their families and children in out-of-borough care

- Whether outcomes improved for the children on the edge of care

- Whether outcomes improved for the children in out-of-borough care

- Whether there were any unintended impacts (positive or negative) as a result of Better by Design

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[7] This was as a result of delays in implementing the BBD project.

5. **What have we learned about what works and scalability?**

- How effective was the training of Innovation Mentors and Innovation Family Workers?

- What were the financial cost savings from Better by Design relative to the counterfactual?

- Has the available capacity of Innovation Mentors in the borough increased and is it sustainable?

- To what extent is there capacity for AfC to generate revenue by training other local authorities in the same model?

- Under what conditions is the intervention likely to be effective if it were to be applied in other local authorities (i.e. scaled up)?

4. Method for the impact evaluation

For the impact evaluation, we designed the approach described below. As noted above, given the small sample sizes involved, we are not at this stage able to report on outcomes.

This has been set up and implemented with the support of the BBD project team and outcomes data is already being collected and can continue going forward.

Overview of methodology

The evaluation framework we have used for this evaluation, and which we would recommend is continued as part of the future evaluation, is summarised in Figure 2.

Figure 2: Evaluation framework

1 Develop the logic map for the intervention				
2 Define evaluation questions	**3** Select indicators	**4** Select data	**5** Define counterfactuals	**6** Carry out evaluation analysis
1. Specify the key aims of the evaluation i Process evaluation ii Impact evaluation	**Select the indicators that you want to monitor:** - Primary indicators - Secondary indicators These must be realistic and proportionate and allow for monitoring of unforeseen/ unanticipated effects	**Define the data that you want to collect:** - Existing (secondary) and new bespoke (primary) data - Quantitative and qualitative - Covering costs and outcomes	**Select the evaluation methodology:** - Eligibility criteria - Selection of treatment and comparator groups - Triangulate descriptive statistics to inform the counterfactual	**Define how evaluation results should be presented:** - Descriptive statistics - Detailed methodology - Sensitivities and robustness checks

Source: Frontier Economics

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As shown above there are six steps to the evaluation.

Step 1: Develop the logic model.

This describes the theory of change underpinning the intervention in terms of the:

- **Inputs** that are needed to deliver the programme such as people, time and financial investment, for example, Innovation Family Workers.

- **Activities** that need to take place to convert the inputs into **outputs** i.e. the ways in which Innovation Family Workers work alongside young people.

- **Outcomes** that are intended outcomes to be facilitated by the delivery of the outputs. For example, lower instances of absconding.

- **Longer term impacts** that would also be expected to arise over time as a result of the intervention. These would relate to the outcomes for the young people that are not observed for some years. For example, health or education-related outcomes.

- The logic model for this intervention is shown in Figure 3.

Figure 3: Better By Design Logic Model

Inputs	Outputs	Primary outcomes	Secondary outcomes	Long term Impacts
University of Birmingham time to develop the New Intervention Framework	Framework to be applied across Innovation Mentors and Innovation Family Workers	(i) Days avoided from out-of-borough residential care	(i) Lower truancy levels	Better educated children
Resources to recruit and train Innovation Family Workers	Innovation Mentors trained	(ii) Placement stability	(ii) Fewer offences reported	
Resources to recruit and train Innovation Mentors	6 Innovation Family Workers recruited and trained	(iii) Fewer step ups to tier 4; increase in step downs to tier 2 or 1	(iii) Fewer absconded children/ reported missing 24+ hours	Improved parenting
Resources to manage the day-to-day running of the programme	Support in setting up the residential hub	(iv) Increase in case closures	(iv) Fewer exclusions from school	Higher wellbeing of children and parents
	Residential hub to deliver Better by Design approach	(v) Cost savings	(v) Higher education attainment (longer term metric)	
Resources for residential hub	Young people working with Family Workers	(vi) Qualitative evidence of better outcomes for children		Increased employability of children

Source: Frontier Economics

The purpose of the logic model is to set out in a clear and transparent way, the channels through which the benefits of the intervention are likely to be realised, relative to what would have happened without the intervention. The logic model underpins the design of the evaluation.

Step 2: Articulate the evaluation questions.

These were described in section 2.1 and relate to both the process evaluation (how the intervention has been implemented and what we can learn about what worked well and what didn't); and the impact evaluation (the extent to which the anticipated outcomes have been achieved, and the conditions under which better outcomes were more likely).

Step 3: Select outcome indicators.

This relates to the choice of metrics to be used to indicate whether outcomes have been realised and the extent to which this is the case. For this evaluation, we agreed the following primary outcomes and secondary outcomes with AfC.

For the out-of-borough looked after children part of the programme:

Primary outcomes were:

- Number of days avoided of out of borough residential care (i.e. days spent in the residential hub or with the Innovation Mentors) and associated financial cost differentials

- Increased level of family contact (phone, face to face, written) per week

- Greater placement stability: days of consecutive care after being placed with the Innovation Mentor (after the residential hub)

Secondary outcomes were:

- Lower number of reported offences

- Lower number of reported violent outbursts

- Fewer days of truancy from school (better school attendance, if at school)

- Fewer school exclusions

- Fewer incidents of alcohol or other substance abuse reported (if data available)

- Fewer instances of children absconding/reported missing from placement 24+ hours or missing from home

For the edge of care part of the BBD programme:

Primary outcomes were:

- Fewer step ups to tier 4 i.e. referral to services for children with complex needs/ child protection services (for reasons of conduct/family breakdown) and associated avoided financial costs of going into care

- Increase in case closures

- Increase in step down to tier 2 or tier 1

- Increased safety for the child in the family setting

Secondary outcomes were:

- Lower number of reported offences

- Lower number of reported violent outbursts

- Fewer days of truancy from school (better school attendance, if at school)

- Fewer school exclusions

- Fewer incidents of alcohol or other substance abuse reported (if data available)

- Fewer children absconding/reported missing from placement 24+ hours or missing from home

Step 4: Identify data to collect.

Having identified the outcomes of interest, we then identified the data sources that could be used to monitor and evaluate them. For this we need to triangulate data from a range of sources.

(i) Qualitative data: semi-structured interviews carried out by the independent evaluation team. These include the following.

For the out of borough care part of BBD, the evaluation should include:

- Interviews with the young people:

- A pre-move interview: a semi-structured interview with the young people due to move back to borough before they left their current setting. This is intended to help understand how they are feeling about the move and what they are expecting from the BBD programme.

- An end of hub interview: this is to understand more about the experiences in the hub, their perceptions of the impact of working with the Innovation Family Workers on their behaviour and also how they are feeling about moving to the Innovation Mentor.

- A post-move interview: carried out 8 weeks after moving in with their Innovation Mentors. The purpose is to understand how they are finding their new home and Innovation Mentor, how they are feeling about their own behaviour and if they had noticed any difference, and how settled they feel.

- Interviews with the Innovation Mentors: to understand their experiences with the young people and the BBD programme.

- Interviews with the Innovation Family Workers: to understand how they feel about their training; their work with the young people; challenges and what is working well.

For the edge of care part of the BBD programme we recommend:

- Interviews with the young people: to find out how they are finding the process of working with the Innovation Family Workers and whether they are feeling any different towards themselves and their families.

- Interviews with the parents/primary care givers: to find out how they are finding the process of working with the Innovation Family Workers and whether they are feeling any different towards themselves and their children.

- Interviews with the Innovation Family Workers: to find out how they are feeling about working with edge of care families and whether there are any particular challenges and what is working well.

(ii) Quantitative data: Innovation Family Workers should report weekly on the following outcomes: days in care, hours of education attended by the young person, days truant from school, unauthorised absences, suspected substance misuse and cases of trouble with the police.

We have also undertaken a range of quantitative analyses of secondary data sources relating to outcomes of looked after children and children on the edge of

care, to inform the counterfactual. Additionally we recommend asking young people to complete the following questionnaires at the start and then 8 weeks into the programme.

- For behavioural screening: the Strengths and Difficulties Questionnaire (SDQ) (Goodman,1997)

- For resilience (for example the Resilience Assessment Questionnaire, RAQ8) (Management Advisory Service)

- Wellbeing i.e. feelings (e.g. feeling good about oneself) and thoughts (e.g. dealing with problems well) as measured via the Warwick-Edinburgh Mental Wellbeing Scale[8](WEMWBS)

Step 5: Define counterfactuals

This important step of the evaluation involves defining the treatment group and appropriate counterfactuals.

Defining the treatment group

The approach used to select the children who will be migrated back to in-borough residential care from out-of-borough is set out below. The process begins with clear criteria for eligibility to go through the BBD programme. These criteria are in the box below.

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[8] The Warwick-Edinburgh Mental Well-being Scale was funded by the Scottish Executive National Programme for improving mental health and well-being, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh.

ELIGIBILITY CRITERIA FOR OUT OF BOROUGH YOUNG PEOPLE

The criteria are:

- Must have a long term care plan for fostering

- Must be a Richmond or Kingston looked after child

- Must be currently placed in or en route to a high cost residential home or foster placement

- Must have behavioural problems that can be considered to be externalising such as being aggressive toward people or animals, destruction of property, deceitfulness or theft, hitting, throwing, running away and serious violations of rules

- May have a diagnosis of conduct disorder, ADHD, oppositional defiant disorder, amongst others

- Does not have a diagnosis of moderate or profound learning disability

- The BBD framework is specifically targeted towards young people aged between 10 and 14 although, with further discussion and assessment the BBD team may consider young people aged up to 17 years

As the expected sample size for the programme was very small (fewer than 5 young people for the out-of-borough part of the BBD programme), it was agreed that a case study approach should be used to allow outcomes for the young people in the programme to be understood in some depth, and that these would be compared to a comparator group of young people who are eligible for the programme but are not selected. The approach we began for selecting the treatment and comparator groups is:

1. Begin with the pool of children currently in out-of-borough care: 78 children are currently in out of borough care of which 18 are more than 20 miles away from home).

2. Exclude children who have medically diagnosed mental health conditions (such that their need for specialist care means that it would be inappropriate for them to join the Better by Design programme); or diagnosed learning disabilities along with those who self-harm or are at risk of suicide.

3. Exclude children who are younger than 10 and older than 14.

4. To select the young people to go through the programme, 12 children were identified as eligible. These were matched into pairs based on characteristics including previous time in care, number of placements, age and gender. A coin was tossed to determine which child within each pair would go through the BBD programme.

5. This naturally provided 6 children to be the treatment group and a group of 6 children to be invited to be a comparator group.

6. Both groups were intended to be monitored for the evaluation. However, recruitment issues meant that there was no comparator group and the other delays in the programme resulted in a sample size of just 3 young people.

In all cases, both treatment and control, written consent to participate in the evaluation was sought from the young people and their parent/carer in line with the ethical guidelines.

It should be noted again that the fluidity of the eligible cohort for a programme such as this poses significant challenges for the evaluation. Circumstances of the young people can change within a day and ethical considerations must take precedence.

The approach to select the children to be on the edge of care part of the BBD programme is set out below. The process begins with clear criteria for eligibility to go through the BBD programme. These are in the box below.

ELIGIBILITY CRITERIA FOR THE EDGE OF CARE YOUNG PEOPLE

The criteria are:

- Must be a Richmond or Kingston case;

- Must be currently considered to be at risk of becoming looked after;

- Must have behavioural problems that can be considered to be externalising such as being aggressive toward people or animals, destruction of property, deceitfulness or theft, hitting, throwing, running away and serious violations of rules;

- May have a diagnosis of conduct disorder, ADHD, oppositional defiant disorder, amongst others;

- Does not have a diagnosis of moderate of profound learning disability;

- The BBD framework is specifically targeted towards young people aged between 10 and 14 although, with further discussion and assessment the BBD team may consider young people aged up to 17 years.

Given that the population of edge of care families changes day by day, we were aware that the pool of eligible children was likely to be fluid. The original list of young people quickly became out of date. We therefore proposed the following approach to identify treatment and comparators for new cases:

1. Team leads for the BBD and the Adolescent Response Team (ART, who currently deal with edge of care cases) would review all new cases that were referred to the ART team each week and identify those that could be considered for BBD, based on the referral information and the ART team leader's knowledge of the cases, matched against the BBD eligibility criteria.

2. For those that were eligible and considered appropriate by BBD, a quasi-randomised allocation process would be followed, in which young people would be allocated to BBD and usual services (ART) alternately, according to the date of referral. For example, if listed in chronological order, numbers 1, 3, 5, 7 etc. would go through BBD and 2, 4, 6, 8 etc. would be managed by the ART team as normal.

3. All children are required to receive a statutory assessment and it was agreed that this would continue to be carried out by the qualified social workers in ART

(this cannot be done by the unqualified BBD Innovation Family Workers). After the assessment, unless there is reason to believe the BBD is for some reason not appropriate (e.g. new healthcare information is revealed), new cases follow the BBD or ART route to which they were allocated.

In all cases, both treatment and control, written consent to participate in the evaluation was sought from the young people and their parent/carer in line with the ethical guidelines.

Step 6: Undertake evaluation of evidence

As well as addressing the evaluation questions, the purpose of the evaluation was to improve the effectiveness of the intervention going forward, and to learn for other similar interventions in other areas.

Although it has not been possible to evaluate impacts at this stage, the evaluation and analysis should include the following:

- An assessment of the costs of the young people participating in BBD relative to the costs in the absence of BBD. This includes a comparison therefore of:
  - The costs of looking after the young people in the residential hub and then with the Innovation Mentor, plus working alongside the Innovation Family Workers, compared to the costs of looking after the young people in out-of-borough care
  - The costs of Innovation Family Workers working alongside young people on the edge of care and their families, relative to the costs of them working with the Adolescent Response Team and associated interventions

- An assessment of the outcomes for young people participating in the BBD compared with the outcomes if they had not participated. The counterfactual data would derive from a triangulation of (i) outcomes for comparator groups on each part of the BBD programmes, if it were possible to recruit such comparator groups (ii) outcomes that were possible to analyse using published statistics on looked after children and out-of-borough looked after children (iii) qualitative baseline evidence from in-depth semi-structured interviews and (iv) responses to questionnaire toolkits such as the SDQ and WEMWBS before and after entering the BBD programme.

Outcomes to be monitored include the primary and secondary outcomes listed above and would be measured relative to the counterfactual. The analysis should also make clear any interpretations, key learning points and limitations.

5. Evidence for the cost analysis

This Appendix provides more detail on the financial costs of implementing the BBD programme over the period April 2015 to February 2016, relative to the expected financial costs to Achieving for Children in the absence of BBD.

For the out-of-borough part of the BBD programme

The following section outlines the costs associated with the out-of-borough BBD intervention.

Costs for the BBD programme have been split into the set-up costs and on-going costs. These are grouped into categories presented in Table 3.

Table 3: Description of costs included

Cost	Description
Set-up costs	
Conceptual framework	The Better by Design conceptual framework designed by the University of Birmingham (the full cost has been split evenly between the out-of-borough and edge of care parts of the BBD programme)
Initial BBD training	The initial training on the Better by Design concepts delivered by the University of Birmingham (the full cost has been split evenly between the out-of-borough and edge of care parts of the BBD programme)
On-going training	On-going training for the team, family workers and foster carers
Publicity	This includes publicity such as bill boards, adverts in magazines and posters, used to target and recruit new foster carers for the out-of-borough initiative
Residential up-front cost	The residential hub required a block-booking holding fee to be paid in advance
On-going costs	
Salary costs	This includes the costs of running the core BBD team including the Innovation Family Workers
Travel costs and other expenses	Travel, local activities, etc.
Residential on-going cost	The residential hub has a monthly cost per bed
Education costs	Education delivered in the residential hub by a private accredited tutor
Fostering allowance	Foster payments to the new foster carers

Source: Frontier Economics

There will also be the cost of social workers' time spent on each young person's case. As this will be a cost regardless of whether the young person is in or out-of-borough, when carrying out the cost-comparison it is assumed that this will be of

equal cost with and without BBD (aside from travel and travel time costs which were not available) and therefore excluded from the analysis.

Set up costs

Conceptual framework

The University of Birmingham developed the new intervention framework that underpins Better by Design. This framework was built on an extensive evidence base and was applied across:

- The **Innovation Family Workers**: a newly recruited team of five people trained to offer conduct-focussed interventions to young people and their families;

- The **Innovation Mentors**: newly recruited family-based specialist foster-carers; and,

- The **residential hub staff**: the short-stay setting for young people migrated back from out-of-borough care. Here, the young people work with Family Workers to prepare them for the move to specialist foster care.

The development of the conceptual framework cost in total £39,450. As the framework was for both the out-of-borough and edge of care parts of the BBD programme, we have divided this between both parts which implies a cost of **£19,725** associated with the out-of-borough intervention.

The framework design process consisted of time and expertise of experts from the University of Birmingham, planning meetings, workshops, presentations, preparation of draft materials for discussion and testing and then finalising the framework. These activities took place across the duration of the programme.

Training costs

During the summer of 2015, the University of Birmingham delivered training on the concepts of BBD at a cost of £17,000[9]. Additional training costing £4,518 also took place over April 2015 to February 2016. The training covered both the out-of-borough and edge of care initiatives.

Assuming an equal allocation of this cost across both parts of the programme, the associated cost of training to February 2016 for the out-of-borough initiative is estimated at **£8,500** for the initial training and **£2,259** for the on-going training.

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[9] This was assumed to have all been incurred by July 2015.

Publicity costs

Publicity activity (including bill boards, magazine advertising and posters) cost **£19,868** from April 2015 to February 2016[10]. As this was solely aimed at recruiting new foster carers (Innovation Mentors) the whole of this cost is attributed to the out-of-borough part of the programme.

From October 2015 a Publicity and Recruitment Officer began working with the BBD team for one week a month. The associated salary cost is included as part of salary costs discussed below.

Residential hub up-front cost

The residential hub, which young people are moved to before being placed with a foster family, had a **£61,000** upfront block-booking cost. This was paid in September 2015 and was a one-off cost.

Total set up costs

Total set up costs were therefore £111,352.

On-going costs

The on-going costs are the monthly running costs such as the BBD team and Innovation Family Workers, and the cost of the residential hub and subsequent foster care.

The expected cost profile for a young person in out-of-borough care, migrated to the residential hub and then placed with a foster carer, is shown in Figure 4. The cost of out of borough residential care before entering BBD is approximately £5,500 per week; this cost is reduced to approximately £3,000 when they enter the hub staying for 8-10 weeks; and is lower again when placed with a foster carer at £1,600[11] where they are intended to remain.

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[10] It was anticipated that by the end of March 2016, this cost would be closer to £40,000.
[11] This is the weekly cost of foster carers recruited through Independent Fostering Agencies (IFAs) which includes agency fees.

Figure 4: Expected cost profile for a young person in out-of-borough residential care participating in BBD
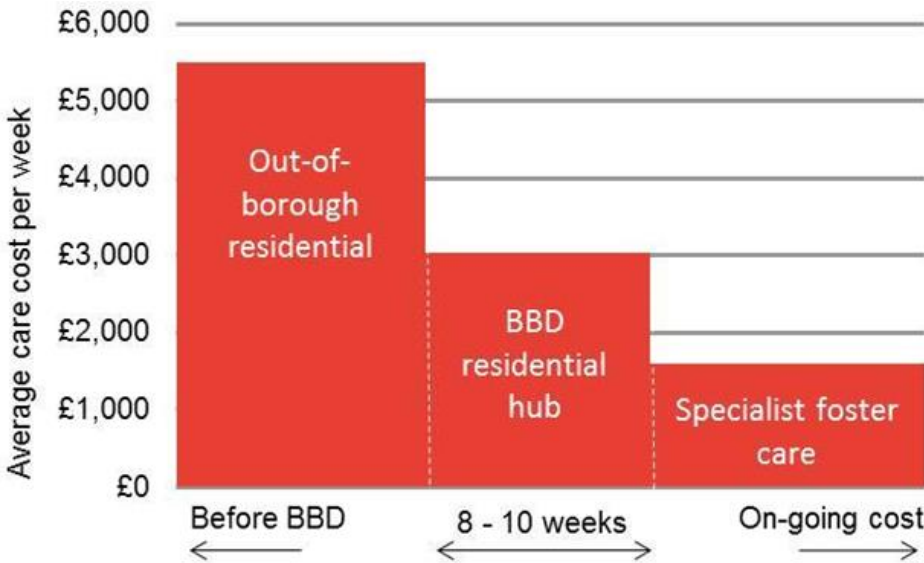
Source: Frontier Economics

During the period April 2015 to February 2016, three young people migrated through the residential hub for 8-week stays at different times. The actual on-going total costs are summarised in Table 4.

Table 4: On-going costs to AfC with BBD (out-of-borough programme)

Item	Total cost from April 2015 to Feb 2016
BBD salary costs	£123,286
Residential Hub (including reservation fee)	£312,000
Education provision in the residential hub	£37,188
Cost of foster care (post hub)	£25,600
Travel costs etc.	£3,194
BBD on-going cost	**£501,268**
Time spent in out-of-borough residential care	**£541,575**
TOTAL ON-GOING COSTS	**£1,042,843**

Source: Frontier Economics, underlying data from Achieving for Children

Note: During April 2015 to February 2016 three young people participated in the out-of-borough part of the BBD programme, one of whom returned to the out of borough setting after the time in the hub.

The BBD salary costs; the costs of the residential hub; the costs of the education provision in the residential hub; the costs of Innovation Mentors; travel and other costs; and, the cost of time spent in out-of-borough care are discussed in more detail below.

BBD core team and Innovation Family Worker costs

The BBD Team consists of a Project Manager, Business Support Lead, Clinical Lead, Operational Lead, Publicity and Recruitment Officer (1 day per week) and 5 newly recruited Innovation Family Workers, as well as a proportion of the Strategic Head of Family Support Services.

It is assumed that:

- The Publicity and Recruitment Officer is based solely on the out-of-borough initiative (not edge of care)

- From April 2015 to November 2015, Innovation Family Workers' time is split evenly across the out-of-borough and edge of care initiatives. From December onwards, Family Workers are assumed to work predominantly on the edge of care programme, spending 20% of their time on the out-of-borough intervention;

- The rest of the team are spread evenly across the out-of-borough and edge of care initiatives[12].

The BBD team staff costs associated with the out-of-borough initiative are estimated to be **£123,286** from April 2015 to February 2016.

As the staff costs are a fixed cost in the short term, the more young people that are migrated back to borough, the lower would be the implied cost per young person.

It has been assumed that any cost to AfC's Looked After Children (LAC) team would also be incurred in the absence of the intervention. Therefore, the cost of the LAC team has been excluded from both the intervention and counterfactual costs.

Residential hub: on-going costs

On top of the initial down-payment for the residential hub, AfC paid a £13,000 charge per month per bed, for 3 beds from July 2015 to February 2016. From July 2015 to February 2016, this has cost AfC £312,000[13].

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[12] Some team members also work on programmes outside of BBD. We have only used salary costs for staff member's time spent on the Better by Design programme in the analysis.
[13] £13,000 x 3 beds x 8 months

From the start of the programme, three young people have spent time living in the hub. Each stayed for around 2 months. Therefore, of the £312,000 charged to AfC to date:

- **£78,000** is the associated charge for the time young people were occupying a bed (£13,000 x 2 months for 3 young people); and

- **£234,000** is the associated charge for the time a bed has been vacant (£312,000 - £78,000).

Education provision in the residential hub

Tutoring is provided within the residential hub.

Initially this was delivered by a teacher employed by AfC's Virtual School for looked after children. As the Virtual School delivers services for the wider looked after children cohort, there was no additional cost to AfC of providing tutoring for BBD.

From mid-November onwards, tutoring was delivered by the National Teaching and Advisory Service (NT&AS) at a cost of £2,187.50 per week. As at February 2016, NT&AS had been employed for 6 weeks in the autumn term and 11 weeks in the spring term, costing **£37,188**[14] (this includes all of the spring term).

Innovation Mentor costs

After 8-10 weeks in the residential hub, the young people are intended to be placed with a specialist foster carer (an "Innovation Mentor"). To date, foster carers have been recruited by Independent Fostering Agencies (IFAs) with agencies receiving £1,600 per week per foster carer.

To the end of February 2016, **£25,600** had been paid in foster carer payments.

Travel costs and other expenses

AfC has reported other miscellaneous costs, such as costs for transport and local activities. To the end of February these totalled £6,388.

Assuming that the costs are spread evenly across the programme and dividing all costs equally across the out-of-borough and edge of care parts of the BBD programme, the associated costs for the out-of-borough part of the programme were **£3,194** from April 2015 to February 2016.

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[14] This assumes lessons took place every weekday of each term.

Out-of-borough care costs

During April 2015 to February 2016 the three young people combined spent a combined total of just under 100 weeks in out-of-borough residential care (this represents the number of weeks between April 2015 and February 2016, less the time in the hub or with a foster carer).

The average out-of-borough residential care cost for these young people is £5,454 per young person per week.

Multiplying the time spent out-of-borough by the cost of out-of-borough residential care for the 3 young people gives a total of **£541,575** over the course of the programme to February 2016.

Cost in the absence of BBD

Next we consider the costs in the absence of BBD.

Out-of-borough education costs have been excluded as they will either be funded through the local authority in which the out-of-borough residential setting is located or directly through the Education Funding Agency[15].

As stated previously, any costs to the LAC team have been assumed to be the same with and without the intervention, so the LAC team costs have been excluded from the analysis.

Residential care costs

The average out-of-borough residential care cost for young people eligible for the BBD is around £5,500 per young person per week. This will vary by type of provision and only covers residential care (so it excludes social worker costs for example). Over the 11 months (or 48 weeks) of the programme to the end of February 2016, this is equivalent to around £270,000 per young person.

As 3 young people participated in the programme then, this would be equivalent to **£785,376** over the period from April 2015 to February 2016.

Costs of the BBD edge of care part of the BBD programme

Costs for the edge of care initiative have been broken down into the following categories:

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[15] Assuming the young person is in a maintained educational setting

- Set-up costs

  - Conceptual framework

  - Initial BBD training

  - On-going training

- On-going costs

  - BBD salary costs

  - Travel costs and other expenses

Set up costs

Conceptual framework

The conceptual framework developed by the University of Birmingham cost £39,450. As described earlier, as this was for both the out-of-borough and edge of care elements, this therefore equates to a cost of **£19,725** associated to the edge of care initiative.

Staff training costs

The University of Birmingham delivered training on the concepts of BBD at a cost of £17,000. Further on-going training costing £4,518 also took place from April 2015 to February 2016. The training covered both the out-of-borough and edge of care initiatives.

Assuming an equal allocation across both parts of the programme, the associated cost of training to February 2016 for the edge of care initiative is estimated at **£8,500** for the initial training and **£2,259** for the on-going training.

Total set up costs are therefore £30,484.

On-going costs

The on-going costs of the edge of care part of the BBD programme are shown in Table 5.

Table 5: On-going costs to AfC with BBD (edge of care programme)

Item	Total cost from April 2015 to Feb 2016
BBD salary costs	£143,251
Travel costs and expenses	£3,194
ART team	£7,473
TOTAL ON-GOING COSTS	**£153,918**

Source: Frontier Economics, underlying data from Achieving for Children

BBD salary costs

The BBD edge of care team consists of a Project Manager, Business Support Lead, Clinical Lead, Operational Lead, and five newly recruited family workers, as well as a proportion of the Strategic Head of Family Support Services.

As family workers began working with young people and their families in December 2015, it is assumed that:

- As Innovation Family Workers only began working actively with young people and their families in December 2015, before that point the cost of their time has been allocated evenly across the out-of-borough and edge of care initiatives. This is because they were preparing and training for this work, alongside working with out-of-borough young people;

- From December onwards, as family workers work predominantly on the edge of care initiative, 80% of their time has been allocated to the intervention; and,

- The rest of the team are spread evenly across the out-of-borough and edge of care initiatives[16]

The BBD salary costs associated with the edge of care initiative are **£143,251** from April 2015 to February 2016.

Travel costs and other expenses

AfC has reported other miscellaneous costs, such as costs for transport and local activities. Up to the end of February these totalled £6,388.

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[16] Some team members also work on programmes outside of BBD. We have only used salary costs for staff member's time spent on the Better by Design programme in the analysis.

Assuming that the costs are spread evenly across the programme and dividing all other miscellaneous costs equally across the out-of-borough and edge of care initiatives, the associated costs for the edge of care initiative total **£3,194** from April 2015 to February 2016.

Cost of the Adolescent Response Team

Young people identified by AfC as needing support due to challenging behaviour, family relationship or other problems are referred to the Adolescent Response Team. The Adolescent Response Team (ART) work with 11-18 year olds when issues have escalated to the point of crisis and the family's stability may be jeopardised.

During the last year (November 2014 to November 2015) 276 young people were referred to ART with 189 cases closed.

Achieving for Children has estimated that the annual cost of the Adolescent Response Team was £550,000 in 2014-15. This covers £500,000 of staff salaries and £50,000 of non-staff/salary costs (including recruitment, publicity and training costs). As with other BBD staff costs, overheads and capital costs have been excluded to ensure we are comparing like with like.

To derive a cost for the ART team as it relates to BBD, the following calculations have been made:

- During 2014-15, ART handled 276 cases. This is equivalent to a monthly cost per young person of £166 (£550,000 / 12 months / 276 cases = £166)

- This is multiplied by the number of young people being worked with as part of the BBD edge of care intervention to give a total monthly cost of ART of £2,491 (£166 x 15 young people = £2,491) per month

- From December 2015 to February 2016 this totals **£7,473** (£2,491 x 3 months = £7,473)

6. Evaluation framework for BBD: developing a counterfactual

To carry out an impact evaluation, the outcomes of the young people participating in BBD should be compared with a comparison group. This will allow the added value of the intervention to be measured. There are several ways to construct the comparison group, which are outlined below:

1. Random selection: subject to eligibility criteria being met, randomly select young people from the eligible pool to take part in BBD and to form the comparison group. The comparison group would therefore comprise young people eligible to go through the programme and would share many similar characteristics with the treatment group, while remaining outside of the programme (this is recommended)

2. Compare outcomes of individuals taking part in BBD before and after the intervention. This is not an ideal approach because it would not take into account other factors that could change over the course of the intervention and could impact on outcomes. It would also not be possible to infer the impact of BBD on longer term outcomes, such as GCSE exam results, as what would happen in the absence of the intervention would not be known

3. Compare outcomes of the young people taking part in the intervention with reported outcomes for the wider looked after children/edge of care population. In this approach, the comparison group is effectively developed using statistics and evidence on similar young people that do not participate in BBD

In light of the difficulties in recruiting comparator groups, option 1 is not likely to be feasible in most cases. Option 2 is also not feasible given the absence of longitudinal data prior to the period of the intervention. This section therefore presents evidence that can form the basis of a counterfactual (what would have happened in the absence of BBD), using option 3.

The analysis below gives an indication of the expected behaviours and outcomes for young people similar to those participating in the out-of-borough BBD initiative. As limited national and local data is available on outcomes for young people on the edge of care, it has not been possible to consider this group of young people in the analysis.

Developing a counterfactual for the out-of-borough BBD initiative

The following data and evidence sources have been considered:

- Department for Education published local authority level statistics for children looked after

- Research reports on outcomes for children in care and on the edge of care

Local authority (LA) data is published for each of Kingston-upon-Thames and Richmond-upon-Thames. As the boroughs work together but report their data separately, it is important to note that data referring to 'out-of-borough' young people in one borough's data may refer to children and young people residing in the other AfC borough. As it would not be accurate to combine the data, it is reported individually below.

Statistics of less than 5 children are supressed in the published LA data. Where this is the case, national statistics have been considered and discussed.

Prevalence of children in care in Kingston and Richmond

First the prevalence of children in care in Kingston and Richmond will be discussed. For the out-of-borough BBD initiative, the number and proportion of children placed more than 20 miles from home is the relevant cohort that could be used as the counterfactual.

If the interventions are successful, we would expect the numbers entering care and the number and proportion being placed far from home to decrease.
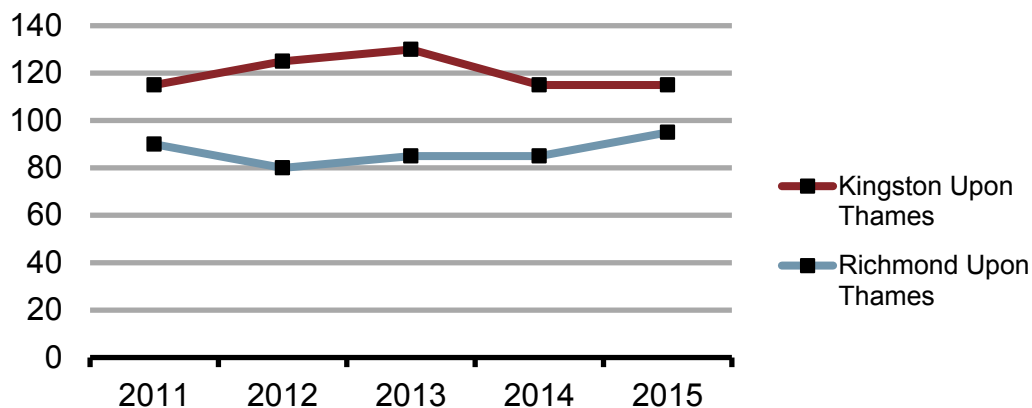
Number of children in care

Kingston and Richmond have low rates of looked after children when compared to other local authorities in England. As at 31st March 2015, both were among the 10 authorities with the lowest rates of looked after children per 10,000 children aged under 18 (DfE, 2015a).

At the end of March 2015, there were 210 children looked after in Kingston and Richmond. Whilst the number of looked after children at the end of the financial year has remained fairly constant (as shown in Figure 5), there is notable fluctuation throughout the year. For example, in 2014-15:

- 60 children in Kingston and 65 children in Richmond started to be looked after

- 60 children in Kingston and 55 children in Richmond ceased to be looked after (DfE, 2015a)

Figure 5: Number of children looked after in Kingston and Richmond at 31st March each year

Source: Department for Education (2015a)

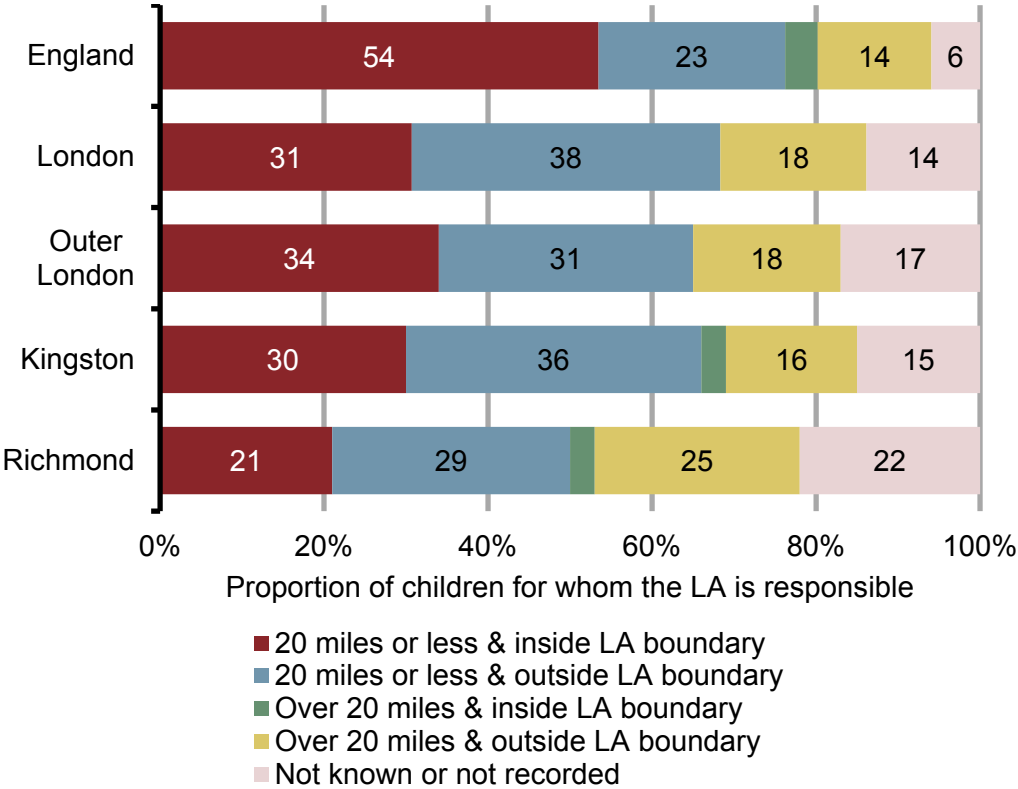## *Number of children out-of-borough and over 20 miles from home*

The Children Act 1989 places considerable emphasis on encouraging LAs to place children, where possible, in the home authority. Cases involving child protection issues and/or the need for specialised care provision may require the child to be placed further from home.

As noted, those reported as being outside the LA boundary may be children and young people from Kingston placed within Richmond, and vice-versa. As the proportion of children placed in the neighbouring LA is not known, considering those placed over 20 miles from home may give a better indication of the number of young people placed far from home.

At 31st March 2015, 16% of children in Kingston and 25% in Richmond were placed over 20 miles from home. This is shown in Figure 6 (DfE, 2015a).

London has a smaller proportion of children placed within 20 miles of their home and within the local authority boundary when compared to England as a whole. Kingston and Richmond are similar to London, although Richmond has a higher proportion of children and young people in care over 20 miles.

Figure 6: Placement and distance of children looked after at 31st March 2015

Proportion of children for whom the LA is responsible

- 20 miles or less & inside LA boundary
- 20 miles or less & outside LA boundary
- Over 20 miles & inside LA boundary
- Over 20 miles & outside LA boundary
- Not known or not recorded

Source: *Department for Education (2015a)*

Note: *As Achieving for Children covers both Kingston and Richmond, some children from one authority may be legitimately placed in the other*

Outcomes for children in care

Understanding the average outcomes on a range of measures for children and young people in care would allow us to compare what the likely outcomes are for the child in care to the actual outcomes of those going through the BBD programme. The outcomes presented here will form the counterfactual under option 3, discussed above.

Anti-social behaviour

Crime

Children in care between the ages of 10 and 17 are 5 times more likely to end up in the criminal justice system than those not in care (Murray, 2012).

30% of respondents to a survey of 15-18 year olds in young offender institutions had been looked after by a local authority at some point. This is despite less than 1% of all children in England being in care (Murray, 2012). Looked after children make up 30% of boys and 44% of girls in custody (Prison Reform Trust, 2013).

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In 2014-15, 5% of looked after children in England aged 10 and above, who had been looked after continuously for at least 12 months, were convicted or subject to a final warning or reprimand during the year. In Richmond this was 15%, figures for Kingston were too small to report (DfE, 2015a).

Substance misuse

During the same year, 4% of looked after children were identified as having a substance misuse problem, in Richmond this was 23% (10 young people out of a sample of 45), figures for Kingston were again too small to publish (DfE, 2015a).

Absconding

In 2014-15, 6% of children looked after in England had a missing[17] incident during the year. In Richmond this was 15% and in Kingston 9% of looked after children (DfE, 2015a).

During the same year, 3% of children looked after in England had an incident away from their placement without authorisation[18]. In Richmond this was 11% and in Kingston 5% of looked after children (DfE, 2015a).

Truancy

In 2014, 4.7% of children who were looked after continuously for at least 12 months were persistently absent from school (missed more than 15% of lessons). In Richmond this was zero (with insufficient data for Kingston) (DfE, 2015c).

Mental health

Young people in care are nearly 5 times more likely to have mental health problems than those not in care, with 49% of those ages 11-15 who are looked after having a mental health condition compared to 11% who live in private households. The most common diagnoses are conduct disorders (37%) followed by emotional disorders, such as anxiety and depression (12%) and hyperactivity (7%) (ONS, 2002).

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[17] "Missing" is defined as a looked after child who is not at their placement or a place they are expected to be and their whereabouts is not known

[18] "Away without authorisation" is defined as a looked after child whose whereabouts is known but who is not at their placements or place they are expected to be and the carer has concerns or the incident has been notified to the local authority or the police.

Over two-thirds of children living in residential care have a mental health condition, compared to less than 40% of those placed with foster carers (ONS, 2002). A breakdown of the proportion of children and young people with a mental health problem by condition and type of care is presented in Figure 7.

**Figure 7: Rates of mental health condition by type of placement**
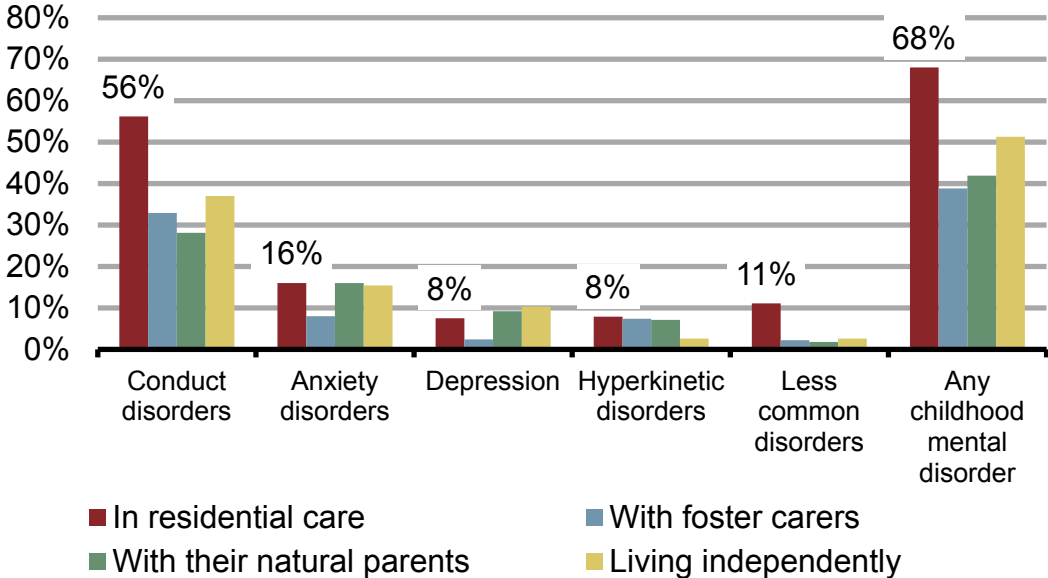
The Strengths and Difficulties Questionnaire (SDQ) is a widely used measure of psychological behaviours for 3-16 year olds. Local authorities have a duty to annually collect and report SDQ scores for all looked after children to the Department for Education: the questionnaire is also being collected every two months as part of the BBD evaluation. SDQ scores are categorised into normal, borderline abnormal and abnormal behaviour.

In 2015, 61% of looked after children in Kingston and 43% in Richmond achieved a score of normal. This compares to 50% of all looked after children in England (DfE, 2015a), and 82% of all children in England (ONS, 1999).

Education

The likelihood of a child in care achieving 5 or more A* - C GCSEs is a quarter of that of all children in England. 16.3% of children who have been looked after continuously for at least 12 months achieved five or more good GCSEs (DfE, 2015c, 2015d); this is shown in Figure 8.

Figure 8: Proportion of children achieving five of more GCSEs, 2014
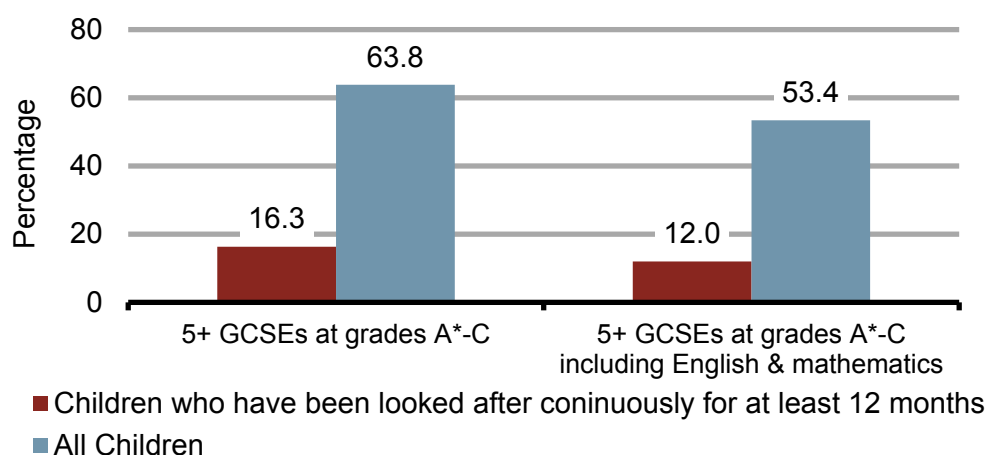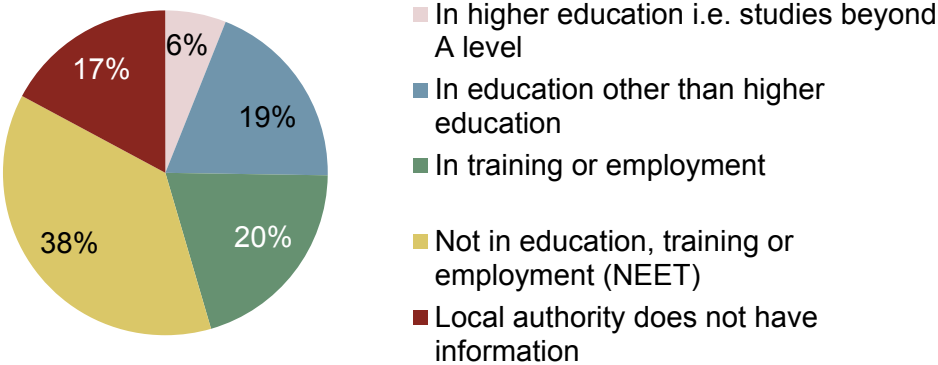
Source: DfE, 2015c, 2015d

In 2013, 6% of looked after children and care leavers in England were in Higher Education, compared with approximately 40% of the general population (UCAS, 2013).

Looked after children also receive more support for Special Educational Needs (SEN) than other children. In 2010, 73% of looked after children were SEN; making them 3.5 times more likely to be SEN than other children (DfE, 2011b).

Destinations following school

As shown in Figure 9, 38% of 19-21 year olds who have been in care are not in education, employment or training (NEET). At 31st March 2014, 27,220 young people in England aged 19-21 were looked after for at least 13 weeks since their 14th birthday. Of which, 45% were in education, training or employment, 38% were NEET and 17% were unknown to the local authority (DfE, 2015b).

Figure 9: Destination of care leavers, 2014

Legend:
- In higher education i.e. studies beyond A level
- In education other than higher education
- In training or employment
- Not in education, training or employment (NEET)
- Local authority does not have information

Source: DfE, 2015b

Of those that were NEET, 14% were not in education, employment or training due to pregnancy or parenting, 16% were due to illness or disability and 70% were due to other reasons not stated.

In Kingston and Richmond, 48% of 19-21 year olds leaving care were in education, employment or training. This compares to 54% in London and 45% nationally (DfE, 2015b).

Number of placements

Figure 10 shows the number of children in care having a series of short placements is decreasing. Increased placement stability is believed to have a positive impact on educational outcomes.

Figure 10: Children looked after during the year ending 31 March who were only looked after under a series of short term placements
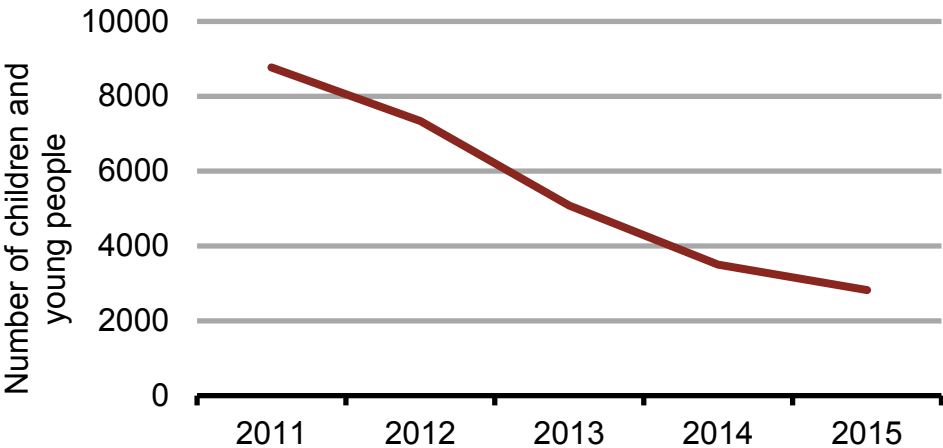

Source: DfE, 2015a

Whilst the number of children looked after from 2009-10 to 2013-14 has

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increased by 11%, the number of children looked after under a short series of placements has decreased by 63%.

Over the same time period, the number of children looked after under a short series of placements has decreased from 30 to fewer than 5 in Richmond, and from 20 to 5 in Kingston (DfE, 2015a).

Increased placement stability is associated with an increased likelihood of achieving 5 good GCSEs, as shown in Figure 11 (SCIE, 2004).

Figure 11: Key Stage 4 attainment for looked after children by number of placements
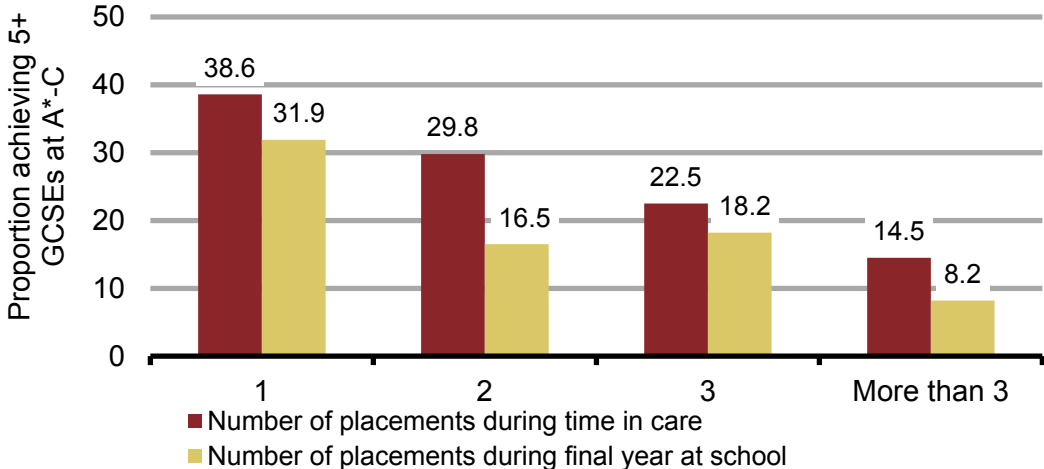
Source: SCIE, 2014

Children on the edge of care

There is limited information on the characteristics of young people considered to be on the edge of care (in part because of the challenge of defining such a diverse cohort). To inform the counterfactual, below is a summary of findings from the Department of Education's *"Rethinking Support for Adolescents In or On the Edge of Care"* report (DfE, 2014).

Adolescents entering care experience a larger number of placements, have more complex needs and tend to have worse outcomes.

Around 39% (11,000) of those entering care each year are aged 11 or older. These adolescents tend to experience a larger number of placements, poorer educational outcomes and are at increased risk of struggling when they leave care.

45% of adolescents aged 11 or older who are considered to be on the edge of the care are classed as Children in Need, 23% of children on a child protection plan and 24% of Serious Case Reviews.

Less than 1% of young people looked after aged 12 or older are adopted. Three quarters return to their birth family when leaving care, however 40% will re-enter care within 5 years with many young people cycling in and out of care.

The Department for Education found that young people who enter care are often focused on returning to their family and more likely to reject placements.

The complexity of needs for these young people is more diverse. By age 14, abuse/ neglect accounts for 42% of entries to care (compared to 70% of children aged 10 or under). 45% of entries in to care are due to a mixture of acute family stress, family dysfunction and socially unacceptable behaviour.

Summary

At 31st March 2015, there were 120 children in care in Kingston and Richmond. 16% of children in Kingston and 25% in Richmond were placed over 20 miles from home. These figures could be used as the baseline to a future impact evaluation.

In the absence of a randomised control group, to ascertain the impact of the BBD programme, outcomes for BBD participants could be compared to the average outcomes for children in care, such as those below:

- There is a 5% likelihood of being convicted or subject to a final warning or reprimand during the year if a young person is looked after, aged 10 and above;

- There is a 4% likelihood of being identified as having a substance misuse problem if a young person is looked after;

- There is a 6% likelihood of being missing and a 3% likelihood of being away without authorisation during the year if a young person is looked after;

- There is a 49% likelihood of having a mental health disorder if a young person is in care;

- There is a 39% likelihood of having a mental health disorder if a young person is living with foster parents;

- There is a 73% likelihood of having special educational needs if a young person is in care;

- There is a 5% likelihood of being persistently absent form school if a young person is 'looked after' continuously for at least 12 months;

- There is a 16% likelihood of achieving 5 good GCSEs or above if a young person is in care continuously for at least 12 months;

- There is a 6% likelihood of entering higher educational if a young person is in care or is leaving care; and,

- There is a 38% likelihood of being not in employment, education or training when aged 19-21 if a young person is looked after for at least 13 weeks since their 14th birthday.

Implications for evaluation

We would recommend that Achieving for Children continue to try to gain consent for a randomly selected comparison group for the out-of-borough and edge of care programmes. Tracking these young people over time will give the most robust counterfactual.

In the absence of a robust comparison group, the statistics above, or similar analysis, may be used.

Valuing the benefits of BBD

To carry out a robust value for money analysis, the costs associated with the BBD programme should be compared to the monetised benefits. As the outcomes for the young people currently on the programme have not yet been realised this is not currently possible.

In future, we would recommend benefits that are attributable to the programme could be evaluated by:

- Measuring the outcomes of young people on the programme. This could include the number of instances of truancy, the number and type of offences committed, educational attainment, etc.

- For each outcome identify the counterfactual, i.e. what would have been expected in the absence of BBD. As noted, we would recommend measuring

the outcomes of a randomly selected comparator group (if this is not possible the figures presented above may be used)

- Infer the impact of the programme, by comparing the proportion of young people going through the programme who achieve each outcome with the proportion of young people achieving each outcome in the comparator group

- Assign a monetary value to all outcomes: for example, the cost of committing a crime, or the associated costs of being a persistent truant[19]

- Calculate the benefits of the BBD programme, by multiplying the change in the outcome due to BBD, by the social value of the outcome. This could reflect a cost-saving, such as the reduced cost of crime to the government and wider society, or a benefit, such as the additional income to an individual accrued from higher educational achievement

To illustrate this, we consider the reduced cost of truancy below.

Hypothetically, let us assume 30 young people are going through the BBD programme and in a given year 3 are persistently truant, missing at least 5 weeks of school a year. This equates to a persistent truancy rate of 10%.

Meanwhile, outcomes for a randomly selected comparator group are also being monitored. In our illustration, let us assume the rate of truancy for this group is found to be 20%.

If we can robustly say that the difference in behaviour is due to the BBD programme (because little else can have impacted on this particular outcome), we can conclude that the initiative has reduced the rate of truancy from 20% to 10%, which is a decrease of 10 percentage points.

The New Economy unit cost database suggests that the cost of a persistent truant at £2,926 per year per person, in 2015/16 prices. This is made up of an estimated cost of £1,878 to the school, local authority and government, and £1,048 in future lost earnings to the individual (Markus et al, 2015a).

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[19] We would recommend using either the New Economy Unit Cost Database (Markus et al, 2015a), the PSSRU (Curtis and Burns, 2015) or the Troubled Families Cost Calculator (Markus et al, 2015b).

Multiplying the change in likelihood of being a persistent truant due to the BBD programme by the cost per person per year infers a saving of **£292.60 per young person per year** (£2,926 x 10 percentage points).

This is the illustrative monetary value given to the benefit per young person associated to the BBD programme.

Monitoring the outcomes of the young people participating in the initiative and comparing these to a suitable comparator group, and applying this methodology to all outcomes, would allow the benefits of the programme to be evaluated.

To then assess the value for money of the programme, costs of delivering the programme should be compared with the monetised benefits realised.

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