Department for Education

Ealing Brighter Futures Intensive Engagement Model: Working with adolescents in and on the edge of care

Research report

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Introduction

Ealing's Brighter Futures Intensive Engagement Model is a complex, whole system intervention that was launched in June 2015. Its implementation was intended to support and enable the children's social care workforce to build effective, consistent relationships with adolescents, families, communities and carers, and to use those successful relationships to bring about positive change.

The principles underpinning the Brighter Futures Intensive Engagement Model included:

- redesigning the model of service delivery: creating multidisciplinary teams with lower caseloads to allow professionals to build relationships and work intensively with young people, families and carers
- shifting power and decision-making: providing young people with a choice of lead professional, offering access to youth mentors to help young people present their views, and introducing personalised budgets
- providing intensive support to young people, families and carers: providing skilled, intensive interventions to prevent family breakdown, for children on the edge of care and where foster placements are identified as being at risk of breakdown
- providing responsive 24/7 services: providing support to young people, families and carers at weekends from someone who knows the family
- expanded support for adolescents on the edge of care (that is, access to provision available to those in care): positive activities, education, employment and training support, and specialist services for those at risk of involvement in gangs or sexual exploitation
- reshaping the fostering service: adopting a new model of recruitment, reward and retention and providing intensive training for foster carers (Dyadic Developmental Training) and offering 24/7 support

Central to the Model has been the creation of 2 new multi-disciplinary edge of care teams (MAST East and MAST West) and a new in care team (CONNECT team). These teams were established in June 2015 and a range of professionals, including social workers, clinical psychologists, connexions workers, education specialists, youth justice workers, family support workers, fostering support social workers, youth workers, and youth mentors were recruited. Team structures are presented in Appendix 1. Caseloads within MAST and CONNECT are lower than in traditional social work teams, with each worker holding 6-8 cases, to allow more time to work intensively with young people and their parents or carers. Another core feature of the pilot has been work to reshape the fostering service and provide enhanced training for staff and foster carers, to help prevent placement breakdowns and support young people in out of authority residential care to move back to the local area to live with foster families.

The Thomas Coram Research Unit, UCL Institute of Education was commissioned to evaluate Brighter Futures between May 2015 and July 2016. The central aims of the evaluation were to:

- identify factors that supported or inhibited implementation of the model, taking account of the views and experiences of a range of key stakeholders
- examine whether specific elements of the Brighter Futures Intensive Engagement Model improved relationships between the children's social care workforce, young people, families and carers, and whether this, and more responsive support, promoted positive change
- explore the costs and consequences of changing service responses to meet the needs of adolescents in, and on, the edge of care

A mixed methods approach was employed, including baseline and follow up interviews with strategic and operational managers and focus groups with the MAST and CONNECT teams; surveys of young people, birth parents and foster carers; evaluation of training; use of social network analysis to explore working relationships and links between young people carers and families; interviews with young people, their carers and lead professionals; and costing exercise and analysis of administrative data from the looked after children statistical returns.

Key findings and conclusions

- organisational conditions and the structures put in place to support implementation (including training, practice integration and daily meetings) have helped establish a new model of service delivery
- professionals welcomed the opportunity to be able to work intensively with young people and families to provide the services and support required to bring about positive changes
- strategic managers, professionals in the teams, and foster carers have observed changes in language, tools and practice to support effective working relationships with young people and their families, and perceive that the Model has promoted improved outcomes with illustrative examples provided
- the young people, parents and carers who participated in the research were overwhelmingly positive about the intensive and relational model of service provided by the Ealing's Brighter Future teams
- the proposal to allow young people to choose their lead professional had not been implemented but the majority of those interviewed were positive about the frequency of contact with their lead worker and the quality of the relationship
- daily team meetings were reported to have been an important vehicle to:
  - establish trust within the new teams
  - facilitate inter-disciplinary dialogue and learning
  - offer mutual support and guidance
  - ensure that multi-disciplinary expertise informed the design and delivery of tailored packages of support

- lead workers in the Brighter Futures teams were connected to, and drew upon, a far wider range of multi-disciplinary expertise from within their team to inform their direct work, which reduced the need to make referrals and facilitated timely service responses and tailored support
- although there were a greater number of within-team professionals involved in the Brighter Future cases, not all had direct contact with the young person. Instead, the lead professional acted as a central point of contact and as a critical conduit for information exchange across the professional network
- shared ownership of case responsibility was welcomed by professionals to manage and hold risk; by young people, parents and carers because it meant that they did not have to repeat their story and support was on hand, even if issues arose when lead professionals were on annual leave
- practice support[1] officers' knowledge and understanding of the needs and circumstances of young people and their families was welcomed by parents and foster carers
- young people said that they trusted youth mentors and youth workers and welcomed their involvement and support. The relationships and rapport that youth mentors and youth workers were able to establish facilitated engagement with other professionals over time
- placement stability was promoted: only 1 of the CONNECT placements broke down. Foster carers said that enhanced support from the team, coupled with training to help them understand and manage behaviour, had been important to prevent crises escalating and resulting in breakdowns
- professionals in MAST and CONNECT applied to work with adolescents and were recruited to these posts. A number of them had also received training in the Family Partnership Model (FPM) before they attended Brighter Futures training. Baseline knowledge scores were high but fell slightly between baseline and follow up
- the core training received by professionals in the MAST and CONNECT teams led to an increase in the mean average scores for self-efficacy, attitudes and working relationships
- MAST professionals felt that they would benefit from receiving the Dyadic Developmental Psychotherapy (DDP) training that had been delivered to CONNECT. They also said that it was unclear how the different approaches introduced in training fitted together
- CONNECT were positive about the use of DDP and playfulness, acceptance, curiosity and empathy (PACE:a way of thinking, feeling, communicating and behaving that aims to make the child feel safe) to move beyond process-driven social work towards relational practice and to improve outcomes for adolescents with complex needs

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[1] Practice Support Officers provide administrative and practical support to the team. When lead workers are unavailable they can link children and families to appropriate support from another member of the team.

- the foster carers interviewed were positive about the nurturing attachments training they had received as part of DDP, and they perceived that this had improved their interactions with, and the care they were able to provide to, their foster children
- it is too early to determine whether investment in enhanced services and support will reduce costs to the public purse and promote young people's wellbeing and life chances in the future but early indications do suggest that additional services are starting to make a difference

Recommendations for policy and practice

- continue to embed the multi-disciplinary intensive engagement model, supported by maintenance of lower caseloads and daily team meetings
- review the configuration of teams in light of the age profile of cohorts and the needs and circumstances of young people and families. Both MAST and CONNECT suggested increasing the ratio of social workers within the teams
- ensure that clinical psychologists remain in the MAST and CONNECT teams but consider re-focusing their activity on direct therapeutic interventions, instead of fulfilling statutory social work and therapeutic functions.
- maintain the youth mentor and/or youth worker role in the MAST and CONNECT teams to facilitate engagement with support services, and sustain funding for leisure and outdoor activities, which research evidence suggests promote resilience
- educational support workers, connexions workers and youth justice workers were an integral part of both the MAST and CONNECT teams. In relation to youth justice workers, consideration might be given to whether these professionals could provide support and advice to more than 1 team. It may also be appropriate for educational support and connexions professionals to work across teams bearing in mind the age profile of this particular cohort and the remit of the Virtual School in Ealing to support children and young people in care from early years to post-18. Further strengthening the collaborative and integrated partnership working between the CONNECT team and Ealing's Virtual School could support this
- CONNECT currently works with the most complex cases. To avoid staff burnout and promote sustainability, it would be desirable for members of the team to hold a more mixed case portfolio of LAC cases
- additional training on statutory social work systems and processes for professionals from other disciplines
- clarify step-down arrangements and management of the phased reduction of the intensity of support and the impact on young people's support networks and continued access to leisure activities and so on
- manualise the package of training provided to the MAST teams to ensure that professionals understand how the different approaches and models fit together and their application to practice in different contexts
- consider training MAST and edge of care workers in DDP

- foster carers recommended providing training in DDP prior to placements and ensuring that DDP-trained foster carers provided respite for young people supported by CONNECT
- develop communication strategies to enhance wider stakeholders' understanding of the intensive engagement model and therapeutic approach
- ongoing monitoring of MIS data to determine whether intended longer-term cost benefits and outcomes are achieved

Overview of Evaluation

What was the project intending to achieve?

Ealing's Brighter Futures Intensive Engagement Model is a complex, whole system intervention that was launched in June 2015. Its implementation was intended to support and enable the children's social care workforce to build effective, consistent relationships with adolescents, families, communities and carers, and to use those successful relationships to bring about positive change.

The intended outcomes of the project were to:

- reduce re-referrals to children's social care in respect of adolescents**
- reduce the number of 15-17 year olds who are the subject of a child in need or child protection plan and who subsequently enter care or accommodation
- reduce the time young people spend as the subject of a child in need or child protection plan, or looked after**
- reduce adolescent admissions to care or accommodation (through the provision of intensive edge of care support)
- increase the proportion of looked after adolescents who are in safe stable foster placements in the local area, rather than placed out of authority in residential care;
- promote placement stability
- improve the recruitment of foster carers
- improve the retention of social workers and foster carers through enhanced job satisfaction**
- improve school attendance
- improve outcomes for adolescents on a number of indicators, including, educational attainment and reductions in substance misuse, offending behavior and early parenthood**
- reduce emotional symptoms, conduct problems, hyperactivity, and peer relationship problems on the Strengths and Difficulties Questionnaire
- achieve costs savings in the longer term**

When the project was launched it was recognized that that not all these outcomes would be achieved in the short term (that it, by mid-2016). Outcomes followed by ** were expected to take longer to come to fruition, post-implementation of the Brighter Futures Intensive Engagement Model.

The Brighter Futures Intensive Engagement Model

The principles underpinning the Brighter Futures Intensive Engagement Model included:

- redesigning the model of service delivery by creating multidisciplinary teams with lower caseloads to allow professionals to build relationships and work intensively with young people, families and carers
- shifting power and decision-making by providing young people with a choice of lead professional, offering access to youth mentors to help young people present their views, and introducing personalized budgets
- providing intensive support to young people, families and carers by providing skilled, intensive interventions to prevent family breakdown for children on the edge of care and where foster placements are identified as being at risk of breakdown
- providing responsive 24/7 services through support to young people, families and carers at weekends from someone who knows the family
- expanded support for adolescents on the edge of care (that is, access to provision available to those in care) through positive activities, education, employment and training support, and specialist services for those at risk of involvement in gangs or sexual exploitation
- reshaping the fostering service by adopting a new model of recruitment, reward and retention and providing intensive training for foster carers through Dyadic Developmental Training, and offering 24/7 support

Central to the Model was the creation of 2 new multi-disciplinary edge of care teams (MAST EAST and MAST West) and a new in care team (CONNECT team). These teams were established in June 2015 and a range of professionals, including social workers, clinical psychologists, connexions workers, education specialists, youth justice workers, family support workers, fostering support social workers, youth workers, and youth mentors were recruited. Team structures are presented in Appendix 1. Caseloads within MAST and CONNECT are lower than in traditional social work teams, with each worker holding 6-8 cases, to allow more time to work intensively with young people and their parents or carers. Another core feature of the pilot has been work to reshape the fostering service and provide enhanced training for staff and foster carers, to help prevent placement breakdowns and support young people in out of authority residential care to move back to the local area to live with foster families.

Evaluation aims

The central aims of the evaluation were to:

- identify factors that supported or inhibited implementation of the model, taking account of the views and experiences of a range of key stakeholders
- examine whether specific elements of the Brighter Futures Intensive Engagement Model improved relationships between the children's social care workforce, young

people, families and carers and whether this, and more responsive support, promoted positive change

- explore the costs and consequences of changing service responses to meet the needs of adolescents in and on the edge of care

The study examined whether the Model, or aspects of it:

- promoted positive relationships and social networks (inter-professional, professional to a parent or young person, parentor carer to a young person and peer to peer)
- promote placement stability and provide adolescents with complex needs with a secure, stable base
- empowered young people to participate in the decision-making processes;
- promoted resilience, improve young people's attainment, self-regulation and engagement in positive activities
- enhanced foster carers' and professionals' knowledge, skills and self-efficacy in supporting adolescents
- yielded financial benefits, considered in the context of the outcomes achieved

Methodology

A mixed methods approach was adopted for the evaluation including interviews with strategic and operational managers (5 baseline and 4 at follow up); focus groups with the MAST and CONNECT teams (3 baseline and 3 follow up); survey of young people (22 baseline and 17 midway through implementation); survey of birth parents (15 baseline) and foster carers (6 baseline); use of social network analysis to explore working relationships and links between young people, carers, and families (10 focus groups); training questionnaires to examine changes in knowledge, self-efficacy and attitudes pre- and post–training; interviews with young people (18 MAST, 7 CONNECT), their carers (9 interviews) and lead professionals (14 interviews); and a costing exercise and analysis of administrative data from the looked after children statistical returns. Further details are provided in Appendix 2.

Ethical approval for the research was obtained from the UCL Institute of Education's Research Ethics Committee. Further details are provided in Appendix 2 In order to preserve confidentiality pseudonyms have been used throughout the report. Minor details have also been changed in all the cases studies; however, none of these details relate to the core issues that they are used to illustrate.

Limitations

The short timeframe for the evaluation set by the Department for Education and the dual demands this placed on the local authority, in terms of implementing new teams and models of working, and supporting the research, influenced the recruitment of participants and sample sizes. Delays and difficulties securing a reasonable response rate to the surveys meant that there was insufficient time remaining to administer and

collect follow-up data from young people, birth parents and foster carers. Challenges to recruiting young people and their families for interview also meant that sample sizes were lower than planned and the comparisons that it has been possible to draw were more limited than envisaged. The final phase of data collection also coincided with an Ofsted visit. The demands of the inspection meant that the local authority did not have capacity to supply as much quantitative data as had been planned to inform the evaluation.

Key findings

Factors supporting implementation

Working together and bringing together different perspectives has the potential to improve decision-making and service delivery (Horwath and Morrison, 2011; Oliver and Roos, 2005; Scholten et al., 2007). Nouwen, Decuyper and Put (2012) suggest that leadership, team architecture and team learning are important to support effective decision-making in teams.

Figure 1: Effective decision making in child welfare teams (from Nouwen et al, 2012, p.2102)

Leadership

Team architecture
- Committed professionals
- Trust
- Alignment

Team learning
- Collective information processing
- Shared mental models

Effective team decision making
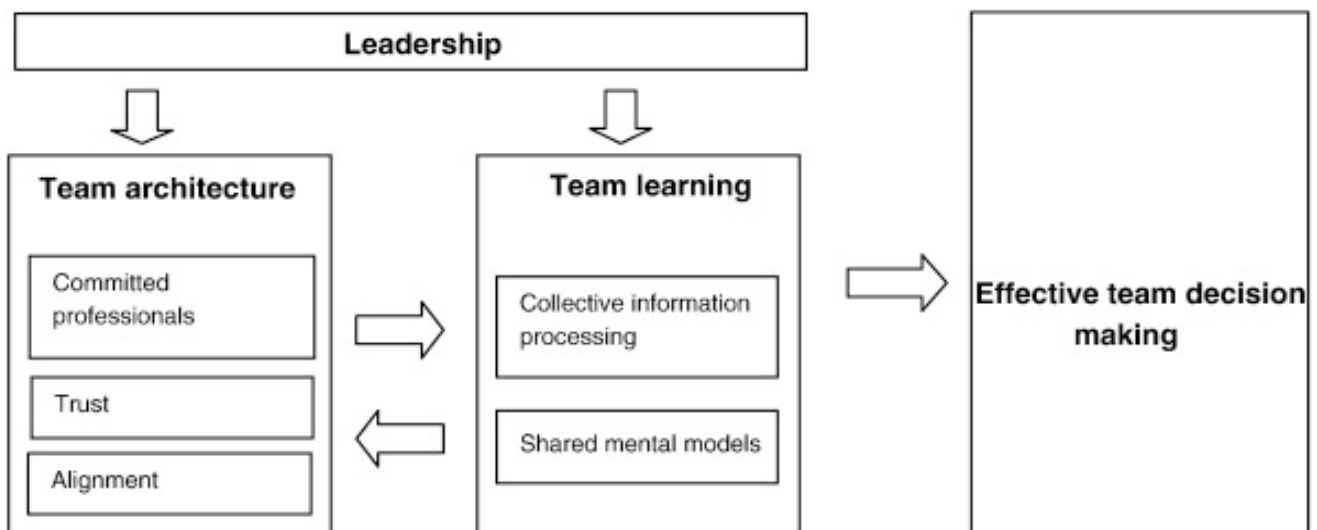
Drawing on this model and the research teams' analysis of data from baseline and follow up interviews with frontline professionals, operational and strategic managers suggests that the structures in place have supported implementation of a new model of service delivery. Moreover, findings from the latest Ofsted inspection suggest that standard practice did not suffer as a consequence of the innovation. The inspection rated the service as good and commented that 'effective social work practice is monitored and overseen by managers and is leading to good outcomes for children'. They also said that 'timely effective multi-agency action is safeguarding the large majority of children'.

Leadership

Baseline interviews with strategic leaders revealed that they were committed to making changes and doing things differently. Moreover, their ambitions resonated with messages from frontline staff. As one senior manager explained:

> Many of the social workers will be clear that they are really struggling with that cohort, they are really struggling with the kids who are gang associated, who are victims of CSE, who are so disenchanted, disenfranchised, disregulated, that they

have neither the time nor necessarily the expertise to work with them, and they don't use, because of the way that we are currently structured, they don't have access to the people who would do that.

This knowledge informed the development of the Brighter Futures Intensive Engagement Model and interviews suggested that there was a shared commitment to implementing changes in order to:

…try and ensure that we bring young people back into the local authority, into a local placement, their own community, but to do that safely. That might be within their own home, or it might be with a foster carer (Senior manager).

This shared understanding and agreement of the need to change the approach to working with adolescents, accompanied by mutual commitment to working together, was also recognised at the frontline, as one of the teams explained:

The sheer will to make it work from the top down, that commitment…and the way they are talking positive about it, right the way down to individual team members, at this point certainly it feels like it [Brighter Futures] can't not work.

Team learning and team architecture

'Effective team decision making can be regarded as resulting from effective team learning' (Nouwen et al., 2012, p.2102). Sharing, co-construction, constructive conflicts and team reflexivity are ways of collectively processing information and sharing knowledge and opinions. This helps support the development of shared understanding of who knows what within a team (Decutper et al., 2010; Ellis, Porter and Wolverton, 2008). Organisational research also suggests that committed professionals and trust are pivotal elements supporting team learning to occur (Nouwen et al., 2012). First, shared decision making is problematic if team members are not willing, or do not feel able, to bring their knowledge and expertise to the table. Second, space for high quality interaction is important to support the development of trust and confidence amongst the team so that they can work effectively as a group (Costa, Roe and Taillieu, 2001; Edmonson, 2004; Webber, 2008). Third, psychological safety is also important so that team members are willing to express their views and ask for help, give feedback, and reflect critically (Edmonson, 1996, 2003), rather than avoid expressing opinions that may diverge from others in the group.

Induction days, the training programme, and practice integration sessions, as well as the daily meetings, were perceived to have been important not only in equipping workers with new skills and knowledge, but also in promoting the development of a shared language and ethos, building trust and opening up space for critical reflection. One of the CONNECT team reflected that:

> Our focus has been on the kind of training to work differently, and to think therapeutically… I think that's what enables us to kind of pull together and work as a team, in the way that we do (CONNECT focus group).

The practice integration sessions were also seen to be a positive forum in which to reflect upon challenges and issues and what strategies might be employed to overcome them. These sessions, alongside the daily meetings, were perceived to have been key to building trust and promoting collaborative working to inform decisions about approaches to work with young people and families who may be resistant and with complex needs.

Resource and caseload

Reduced caseloads, coupled with resources that allowed workers to meet with young people more regularly, and funding for activities were also identified as critical underpinnings to improve engagement and promote positive change. As one team explained:

> Booking up to boxing, or skiing, or residential trips, that kind of work, the creative part of what we do, that's different to what we do in locality, and if that's taken away I think that really impacts on how we can get those young people motivated and engaged in our service (MAST focus group).

Challenges during implementation of the Brighter Futures Intensive Engagement Model

The timeframe for implementation of the Brighter Futures Intensive Engagement Model was short and ambitious, as per the parameters set by the Department for Education for the Children's Innovation Fund Programme. Engagement in an independent evaluation at the same time as embedding the pilot added an additional burden and demand on professionals.

Roles and professional identities

Teams had experienced challenges as 'people stepped up to do work that they've never done before, people for example who are taking up lead roles for example who aren't social workers' (Senior manager). Those without any background or training in social work reported feeling unprepared for this aspect of the multidisciplinary team role and suggested that the training on statutory social work processes was not sufficiently comprehensive. As a result, they reported having to rely heavily on their social work colleagues for help and advice, which had a knock-on effect for these colleagues' workloads.

Both the CONNECT and MAST teams spoke about the need for a higher ratio of social workers in their teams:

> I'd also say we need a higher ratio of social workers…I think that was the biggest difficulty …I also think that helps in terms of spreading out the weight of the CP cases…I came into this team in the hope that I could be more creative in the way that I work, so it wasn't so rigid in terms of the statutory stuff, and at times, getting better, but at times I haven't been able to do that, I've had to stick to the statutory because there's only 2 of us in the team (MAST social worker).

Psychologists within the teams also highlighted that leading cases and undertaking statutory social work function takes over a lot and reduced their capacity to complete specific pieces of therapeutic work. Relatedly, workers highlighted the the tensions that could arise in trying to fulfil 2 roles. For example, one lead professional explained:

> Statutory stuff…as well as therapeutic work, sometimes the 2 don't sit, they are difficult to kind of join together in the same piece of work, so for example if, you know, one of the key things about therapeutic work is about developing trust and openness and not feeling that something could be taken away or a different power could be put on, and if you have these 2 roles how do you do that without impacting on therapeutic work? (MAST focus group).

Although professionals had been proactively working to negotiate a pathway through these complexities, and messages from parents and young people involved in the pilot have been overwhelmingly positive, professionals still had some reservations about fulfilling dual functions in their work with individual children and their families. On the whole this was because professionals wanted to retain full use of their own disciplinary expertise.

Case complexity and intensity

While caseloads in the new Brighter Futures teams are much lower than in locality and long term looked after children teams, the new multi-disciplinary team model of service delivery means that frequency of contact and intensity of direct work is far higher for each case. Both the MAST and CONNECT teams raised concerns that if caseloads were increased then this would mean that it would be impossible to 'give so much time and energy to these families', and without this there was uncertainty that the 'same quality of outcome' would be achievable.

The CONNECT team talked about the complex and unstable nature of the cases that were transferred to them and the impact this could have:

> It almost feels that when it's in crisis, which does happen, we've got too many cases. When things are OK it feels kind of manageable, but then all of the resources that are going into managing those crisis, where does that leave those other cases, and then do they become less stable because we are not focusing on them? (CONNECT focus group).

As one of the team reflected:

We can't manage every single case in crisis, because otherwise the people around the table will diminish, it will just be one less, one less, because it's not sustainable.

Although the MAST teams also acknowledged that the intensity of the work could be emotionally exhausting, they also highlighted how rewarding the team around the worker approach and intervening to prevent family breakdown were.

Out of authority placements and Independent Fostering Agency (IFA) carers

Placement availability within the Borough has also had an impact upon the CONNECT team's ability to provide regular and intensive support to those young people who were still placed a significant distance outside of the Borough. As the team explained:

The overall thinking in the beginning was that a lot of the young people would be quite local, so therefore we'd have more time available, so you know, that's not necessarily happened with the majority of them, because we are still involved in travelling quite far, and not, you know, it is taking a lot longer to intervene…it's linked to placement availability (CONNECT focus group).

A further challenge identified by the CONNECT team was that Independent Fostering Agency Carers had not received training in DDP.

The model work's great when you've got in house carers...even when they're difficult, whether the foster carer's difficult or the children are still having issues and are complex – you can still manage that or it feels manageable when that is held within the team... where I find the child that is in an IFA carer they're quite difficult to work, they don't fit the programme...And they do need this DDP language and understanding to be part of it (CONNECT lead professional).

Overall, the issues raised were being examined and reviewed during early implementation of the pilot and system conditions appeared to provide a strong foundation for positive adaptation and further refinement of the Model inf the future.

Training: knowledge, skills and self-efficacy

Workforce development to provide professionals with the right mix of skills, tools, knowledge and values to build effective relationships with young people and families was an important part of the Brighter Futures programme.

Brighter Futures training was delivered to members of MAST and CONNECT with 5 'learn, change and sustain' workshops on working with parents and carers; working as a team; working with children and young people who are hard to engage; working with the network; learning together.

The course that was delivered was underpinned by the Family Partnership Model (FPM) and drew upon the Helping Families Programme (HFP) and Adolescent Mentalisation-based Integrative Treatment (AMBIT). DDP training was also delivered to the CONNECT team and was in the early stage of roll-out to foster carers at the time of reporting. Working Attachments and a Working Attachments in Schools training course (5 and 3 day courses respectively) were also delivered. Attendees at the Working Attachments course included foster carers, social workers, team managers and educational psychologists. Working Attachments in Schools was delivered to teachers and behaviour consultants.

Practice integration was built-in to the programme to support a whole team approach to learning (9 sessions). The training facilitators also provided supervision to managers and deputy team managers to help embed the training in practice.

Questionnaires were designed around the intended learning outcomes of each of the programmes, for example, goals relating to FPM, AMBIT and DDP. The questionnaires were administered immediately before training and at the end of each course and assessed working relationships, knowledge, attitudes and self-efficacy.

Brighter Futures core training for MAST and CONNECT

MAST baseline and follow-up analysis

At baseline (n=30):

- members of the Brighter Futures teams all expressed an interest in working with the adolescent cohort and went through a formal recruitment process. A number had also undergone FPM training. This may be one explanation for the high baseline scores
- we found significant associations between the attitude index (with those with 6-10 years of training having the highest mean score), the knowledge index and previous training in FPM, self-efficacy and previous training in DDP or AMBIT
- participants who had received previous training in FPM had a higher mean score for the knowledge index than those who had not
- high levels (90%) of agreement with the following questions concerning working relationships questions: levels of trust within the team; equal relationship with peers from own discipline; comfortable working with people from own discipline; confidence in relationships with peers from other safeguarding disciplines; good understanding of the roles of different professionals who engage in work to safeguard children

Follow-up (n=19)

- the mean average scores increased with regards to working relationships, attitudes and self-efficacy but the knowledge score decreased. As noted above

baseline knowledge scores were high, and a number of the team had already received FPM training

- the greatest improvement was on the 'relationship' index with a mean score increase of 5.17% (from 72% at baseline to 77% at follow up)

Further details on the range of scores at baseline and follow up are presented in Appendix 2.

Comparison of MAST and CONNECT scores at follow up

Baseline questionnaires were not completed by CONNECT but data was available at follow up[2]. This comparison analysis included 12 CONNECT cases and 19 MAST cases.

- the MAST team scores were higher than those of CONNECT on all the indexes except self-efficacy
- both teams had high scores on the working relationship index

See Appendix 2 for further details.

Interviews and focus groups with the MAST and CONNECT teams suggested that training was perceived to have helped to root the whole team in the same approach and promoted shared understanding, effective collaborative working and increased self-efficacy.

In the CONNECT focus group they reported that:

> There's a real sense of having confidence in the skills of the professionals because we've got, we have sort of been on training together, we've done lots of things together, even things like this there's a real sense of everyone really justifying their place here and people wanting to be here, and that counts for a lot as far as I'm concerned, confidence in everyone (CONNECT focus group).

Mentalisation (AMBIT) was frequently mentioned as an important tool for practice. Both frontline and strategic managers provided multiple examples of how training had informed approaches to working with families and strengthened practice.

> Oh I think it's been really good...Particularly with the parents that we have had to persevere – I've taken a different stance with them, it hasn't been the usual 'Well you're not doing this, therefore …' we're looking at breaking down constructs, understanding their ethnic background, their cultural…trying to understand it from their perspective as well as trying to get them to sort of mentalise what it would be

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[2] A scenario testing knowledge has been excluded from the analysis because the situation was more relevant to working with young people on the edge of care rather than looked after children.

like to be them as well. So that for me has been quite crucial to the work with the parents (MAST lead professional).

While the value of training was acknowledged, it was noted, particularly by the MAST teams, that at times it was unclear how (or whether) different approaches and models all fitted together, which left some a little confused about exactly what they had been trained in, and how to apply it. Questions were also raised about whether all the elements were relevant or applicable in the work they were undertaking. HFP was developed for primary school aged children with severe and persistent problems, whereas the MAST and CONNECT teams were working with an older cohort, so:

> The model of HFP has just been so heavily diluted because of the client, the age range of the people that we are working with (MAST focus group).

Flexibility to adapt and apply different aspects of the training in different contexts was welcomed.

Working Attachments (5 day) training (n=17)

- participants scored highly on each index at baseline and follow-up
- scores increased for each index between baseline and follow-up but more so for self-efficacy (by 10%) than for knowledge (a 4% increase between baseline and end of course)
- 2/17 participants scored 100 percent for the knowledge index at follow-up and their responses to the attitude questions demonstrated strong agreement with the principles espoused in the training
- there were no statistical differences between the mean scores at each time point by years of service (comparing 0-5 years, 6-10 years and 11+ years), or any previous training received in FPM, DDP or AMBIT
- for most questions, the strength of agreement increased for the attitude questions between baseline and end of course, reflecting increased alignment with the principles underpinning the Brighter Futures training

Dyadic Developmental Psychotherapy (DDP)

The CONNECT team were positive about the use of DDP and PACE (playfulness, acceptance, curiosity and empathy) [a way of thinking, feeling, communicating and behaving that aims to make the child feel safe] as a vehicle to move beyond process-driven social work towards relational practice. As one professional explained:

> I found that the DDP training kind of quite a revelation really, it's almost feeling like we are having to unlearn the way we've been trained to do social work in terms of solving problems and coming up with solutions, and it has completely taken a step back from that, initially, and it felt, although it felt difficult to do because it went against what we previously had learned, it felt right in training and I'm really

looking forward to trying it ...adjusting my own thinking with the way you work with colleagues and family relationships and everything just seems to kind of work (Connect baseline focus group).

One of the MAST teams said that they would have benefitted from attachment training and that DDP training would also have been invaluable to them. As one on the team said:

The training we had was good, but DDP would be more appropriate to the work we are doing here, and we have tried to bring that in but we aren't trained in it…I am finding myself doing more and more PACE (MAST follow up focus group).

Training for foster carers, including kinship carers, on nurturing attachments (part of DDP) has begun with 29 carers currently engaged in training. Interviews undertaken with 5 foster carers showed that they were all generally positive about the DDP training with all 5 stating that it had been transformative in terms of how they understood, interacted and cared for their foster children. As one foster carer said:

It's the longest time she's been in a placement, so I think for me not reacting to all her verbal abuse, and then just giving her time and space, which is part of DDP…I guess it has made her feel more respected…It's worked for her.

Recommendations from foster carers included training in DDP prior to having young people placed, to ensure that carers had space to learn before having a challenging child placed in your home, and ensuring that respite care was provided by other carers who have been trained in DDP techniques in order to provide a consistent model of care. The CONNECT team also highlighted the importance of a whole system approach and partner agencies understanding DDP because 'it's no good giving specific advice and then school doing something completely different that just increases the child's shame' (Foster carer).

Re-designing the model of service delivery to promote positive relationships and social networks

The introduction of multi-disciplinary teams with lower caseloads (6-8 cases) than in traditional social work teams was intended to enable professionals to build effective relationships with young people, families and carers, and to facilitate more intensive work to promote change and improve outcomes. Social Network Analysis was undertaken to explore, map and compare relationships and links between professionals, young people, families and carers in open cases within the MAST teams and CONNECT teams ('innovation model') and to compare these with cases held by locality and looked after children teams ('traditional model'). 2 maps are presented below. A guide to interpreting the SNA maps, the remaining cases and metrics are presented in Appendix 3 and 4.

Social network maps

MAST (edge of care): Joya[3]

Background and context:

Open to the locality team following an allegation by Joya of physical abuse by her parents. Transferred to MAST when Joya's relationship with her mother, with whom she had been living, deteriorated and Joya left home. MAST arranged for Joya to move in with her extended family on a temporary basis.

Focus of MAST's work:

- improving the relationship between Joya and her mother with the aim of returning home
- improving school attendance and addressing poor educational attainment
- engaging Joya in positive activities to raise her self-esteem, support establishment of supportive peer relationships and reduce risk of CSE

Outcomes:

- return home assessed not to be viable but MAST stabilised Joya's placement with the extended family
- Joya's attendance and attainment at school improved
- professionals noted improved self-confidence and self-esteem, good relationships with positive peers, safety from risk of CSE and engagement in groups and activities run by MAST
- case closure anticipated in the near future

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[3] Pseudonyms have been used throughout.

Figure 2: SNA map: Joya (MAST)

Created with NodeXL (http://nodexl.codeplex.com)
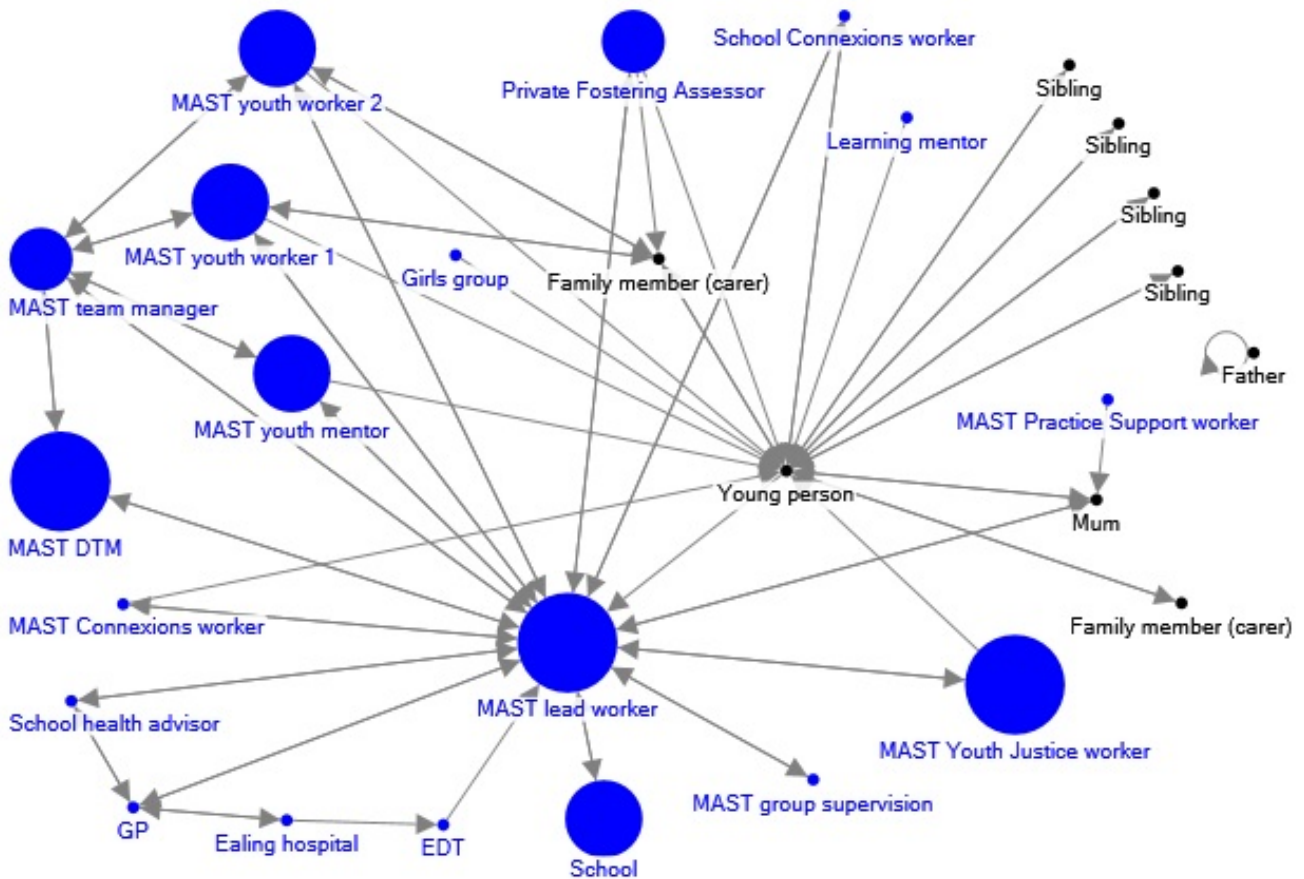
Locality (edge of care): Matt

Background and context:

Case open to the locality team for a lengthy period, with Matt the subject of a number of Child Protection Plans as a result of domestic violence, parental substance misuse and an unsafe home environment.

Focus of the locality team's work:

- link Matt's mother with substance misuse support
- stabilising the chaotic home environment
- working with the extended family to maximise the practical and emotional support available to Matt

Outcomes:

- no change in Matt's home circumstances (persistence of his Mother's substance misuse and exposure to domestic violence)
- pre-proceedings meeting

Figure 3: SNA map: Matt (Locality)

Created with NodeXL (http://nodexl.codeplex.com)
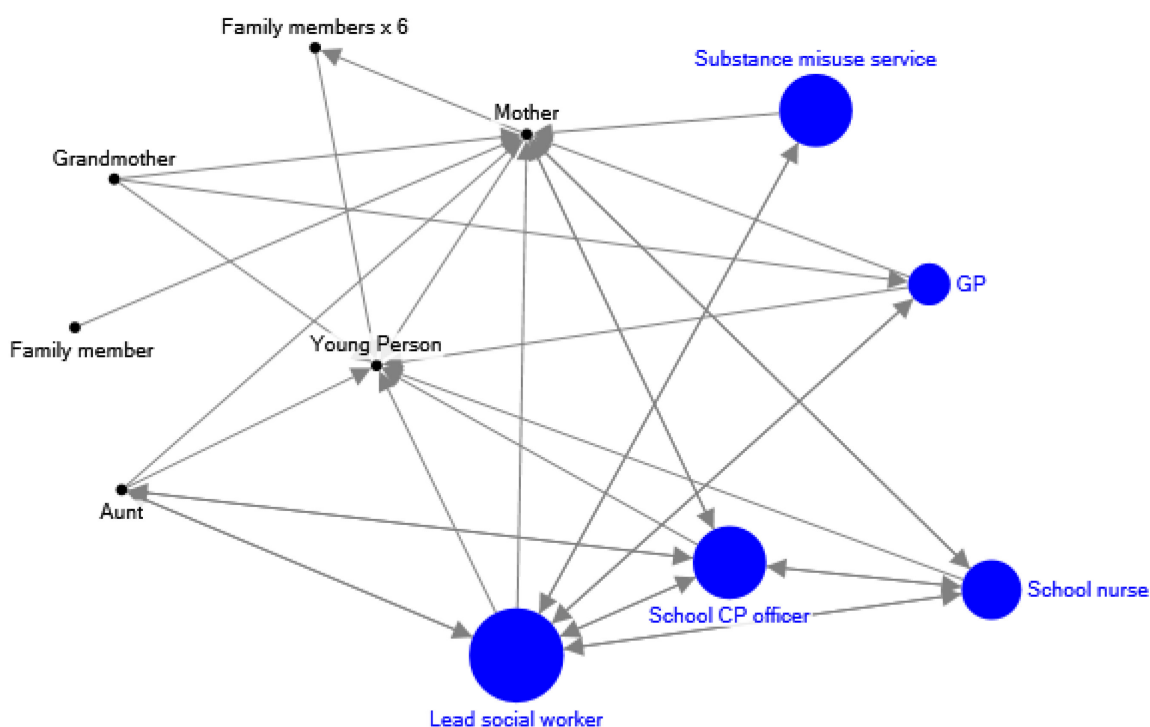
Data from the SNA strand of the evaluation, coupled with that from strategic managers, focus groups with the MAST and CONNECT teams, young people and carers revealed a number of differences in the network of relationships and in case management responsibility.

Team around the worker

In the SNA cases it was clear that the lead professionals from MAST received input from a higher number of other professionals than their counterparts in locality teams (16-23 for MAST; 5-9 for locality). The number of professionals involved in cases in CONNECT and the long term LAC cases was similar (11-13 for CONNECT and 13-18 long term LAC), but multi-disciplinary expertise was drawn from outside the team in long term LAC team cases, whereas this was immediately on hand within CONNECT. Overall, it was clear from the SNA maps and data from the qualitative interviews and focus groups that the lead workers in the Brighter Futures teams were connected to, and had drawn upon, a far wider range of multi-disciplinary expertise to inform their direct work. This in turn was perceived by workers to have supported positive changes in circumstances in all the Brighter Futures SNA cases (4 MAST and 2 CONNECT). As one CONNECT worker explained:

> It's a team approach…In this approach you've got the benefit of going to people from other disciplines and you kind of get the wealth of all of their

knowledge…[Historically] I kind of was solo working for most of my cases…so it was quite easy to get stuck or keep trying the same things, whereas I think I always get a fresh look at the case…in group supervision … which I find massively valuable (CONNECT lead professional).

Another summarised it as *'a team around the lead worker, who can then work directly with the young person'*. This model was perceived to have multiple benefits as a model of working, and as an approach to increase the likelihood of improving outcomes for young people and their families. First, young people in MAST and CONNECT had the benefit of multi-disciplinary expertise without having to tell their story to, or having to work with, all these professionals directly. Rather, the lead professional, or a core team, were able to deliver the package of support required. Additionally, professionals reported that service responses were more timely with faster access to specialist input. Finally, responsibility for the case was shared rather than held by a single professional.

Timely multi-disciplinary input

A strong theme from the professional interviews and focus groups was that the complexity of the issues affecting the young people, families and carers that the Brighter Futures teams were working with, and the length of time they had been presenting these issues, necessitated the input of a range of experts in order to affect change. For example, one of the MAST teams provided the following example:

> So we have a young woman who has been known to social care for absolutely ages, and going up from CP down to CIN…she hasn't engaged with many services before…now she's had some intensive support she's actually out there, she's involved in girls group, her school has seen her raising her standard of work and her communication as well, and although we weren't that optimistic about her achievement before we are now, because she's had quite a lot of different support through the team, so she's had a social worker, they've had a family support worker, and she's been involved in girls group and had a youth mentor working with her at the same time, and that's made a massive change for her (MAST focus group).

Both the MAST and CONNECT teams reported that there were benefits of being able to draw on the immediate support of colleagues, including, for example, clinical psychologists, education specialists, or the youth worker at the point at which the young person or family needed it, rather than having to make a referral. The immediacy of specialist expertise was deemed to be important to respond to complex needs and prevent the escalation of difficulties:

> I think it's brilliant, we are well supported so I don't have to worry, I know if I'm stuck at some point and I need a clinical psychologist's advice it's right there, and if I need an educational specialist it's there, connexions it's there, youth worker it's

there, I mean I don't have to make a referral and wait for them to get back to me,...this is so timely...and it's quick (SNA focus group professional).

Although there were a greater number of within-team professionals involved in the Brighter Future cases, not all had direct contact with the young person. Instead, the lead professional acted as a central point of contact and as a critical conduit for information exchange across the professional network. In Tariq's case (CONNECT), for example, 13 professionals contributed to the case, but only 5 were in direct contact with him. In contrast, in Isa's (long term LAC) case he was in direct contact with 11 professionals.

In the Brighter Futures teams, it was acknowledged that the:

> Difference with how MAST works, and other agencies, is we have one constant person that is the lead worker, who has a relationship with the family, and then building on that relationship you can pull in all those services, and the other people who are going to the families are an extension of me, an extension of MAST (SNA focus group professional).

Enhanced understanding of the role and contributions that team members from different disciplinary backgrounds brought was also perceived to have evolved over the course of the pilot. The inclusion of youth workers and youth mentors within teams was also highlighted as of particular importance to facilitate engagement with services and support. For example, a strategic manager said that:

> This cohort of adolescents has really benefitted from, particularly when a youth mentor or youth worker has been the conduit between the young person and the statutory social worker for instance, a way of engagement.

The reasons for their success was attributed to greater continuity of care and relationship, and their role not being that of a social worker. Particularly for those young people who had not had positive experiences of social workers or children's service intervention in the past, the different approach taken by youth mentors and workers was reported to be important.

Shared responsibility in the MAST and CONNECT teams

Both the SNA maps and metrics revealed that in the MAST and CONNECT teams more professionals shared responsibility for cases than in the traditional team model (see Appendix 4). The Brighter Futures teams highlighted the benefits of shared or team responsibility for cases for both families and professionals.

As the CONNECT team reflected:

> It provides an element of safety in my opinion, it's not me holding a case. We've got very complex cases, I think pretty much all our cases if it was individuals holding it they would have run out of ideas and energy pretty early on…It's team

ownership, it's not individual…I feel this is a much safer model… (CONNECT focus group).

Similarly, the MAST team highlighted that:

> In locality you always have a social worker and whoever is supervising as the main power, whereas actually [in our team] it's a shared group power…if there's a crisis…this all becomes very helpful...you're getting advice from different people with different expertise (MAST focus group).

This 'collective holding of risk, anxiety and worry' was viewed to be important.

> It impacts directly on what the worker is able to do with the young person, because they are able to come to interactions with that young person feeling safe and contained. (Strategic manager).

Co-location, lower caseloads, daily team meetings and group supervision were all identified as key to facilitating this:

> The meetings…are so frequent we've got an opportunity to talk about the plans we are putting in place, so actually it reduces the anxieties… People have got the opportunity to talk daily about what's going on over there, so we can all kind of manage that risk and put the services in (MAST lead professional).

Lower caseloads, additional time and resources were seen to be important to facilitate relationship building with children and families and to enabling creative, holistic support at the intensity required to affect change.

> The intensity that we've been able to work with, you know if I was a locality worker I would have been in there once every 6 weeks – that would not have been enough to have been able to build a good enough relationship with mum to enable the work we are doing with her now…the freedom to be able to see her and [young person] once a week or fortnight has helped us build that relationship (MAST lead professional).

Parents also identified the benefits of a more seamless and intensive service. As one parent explained:

> There's definitely more support available, and that's for the parent and the child…with [name of lead worker] being positive, her positive thinking, and saying I was a good mum, and you are making the right choices, and by looking and observing me in my home…it's more like having a relationship and talking and I guess coming into my home and seeing how I really am, instead of making assumptions (MAST parent).

Foster carers also highlighted the benefits of the changes:

I think what I like about the Connect team and the way they work is that you don't have to keep repeating yourself, because every person working in the team, they know, they know the child, and they know who you are, so...[locality] don't really have a strong understanding of the child, it's usually the social worker who has the relationship with the child, and the social workers, you know, can change once a year, so once again you have to keep repeating, repeating, repeating. With this, you know, everyone seems to know, you just mention the child and you know...we are on the same page...and I just feel you are taken more seriously (CONNECT foster carer).

Shifting power and decision-making to empower young people

Messages from research also suggest that young people want practitioners who are reliable, consistent, honest and who care about them (for example, Bell, 2001; McLeod, 2010). Unreliable or unavailable practitioners and changes of social worker have been found to heighten young people's sense that professionals do not take their views seriously. This can affect their willingness to engage and be honest about their experiences (for example, Whincup, 2011; Munro, 2001; McLeod, 2006, 2007; Winter, 2009). Messages from research also suggest that young people want practitioners who are reliable, consistent, honest and who care about them (for example, Bell, 2001; McLeod, 2010).

Relationships with professionals including youth mentors

Seventeen of the 25 young people who were interviewed were positive about the frequency of contact they had with their lead worker and the quality of this relationship:

I feel like she's done everything she could, she's done an awesome job (Josh, MAST young person).

A number of young people said that they trusted their current lead worker and that they could see a difference between the support they received from MAST or CONNECT compared to their previous workers:

Oh it's much better. Out of 10 it's 10 compared to the other one (Joya, MAST young person).

Another young person reflected that:

Previous social workers, it was really horrible, well previously I just had a social worker that I met rarely, and if I wanted to access, if I wanted anything from her it would be really hard to even get to her. I'd send her an email, I'd phone her, she wouldn't reply back, but my lead worker, she really just, even without me ringing

she rings me to find out what's going on, because I think they really care (Zara, CONNECT young person)

Young people reported more regular and efficient communication between themselves and professionals in the new teams and there were positive comments about the flexibility and responsiveness of their lead workers.

Having professionals in the team who were not social workers was also identified as being important by 6 young people (4 MAST, 2 CONNECT). These young people's previous experiences of social workers meant they had quite negative views which made them wary and disinclined to trust them. Input and support from youth workers and youth mentors was recognised as important to help overcome this barrier. Several young people talked positively about youth mentors who they said they could trust because they were closer in age and/or because they had been through similar experiences. For example, one young person said:

I want someone who is like me and who has been through what I've been through the same experience as me…

We'll go out and eat and talk it through about what's going on and that will make me feel more better, so I feel more open about it and can explain more.

Professionals also highlighted how youth workers and mentors had been able to bridge the gap between young people and lead workers:

The ability for [youth mentors] to do direct work and then try and get [young people] into the boys or girls group and then continue the work because they are there, I wouldn't get that in a social work team at all, so that's been really important. I wish we could have more youth mentors (MAST follow up focus group).

Seeing young people in less formal situations was also perceived to be helpful and offered new insights and understanding to inform service delivery, as one lead professional explained:

When the young people start attending groups and the kind of stuff that we're putting on…and engaging with youth workers, it adds a different dimension to what the social workers and family support workers are doing, we have more information to be able to share…we get to see them in circumstances that you know social workers wouldn't see (Lead professional interview).

Young people's active participation in decision-making

Young people's experiences of participating in decision-making processes were more mixed than the largely positive accounts of the services and support provided by the new multi-disciplinary teams. Some young people said that they had quite a lot of input and

felt they had a voice and that they were heard. However, others perceived that they were not active participants in important decisions about their lives. For example:

> I feel sometimes I get a say and then when it's about something important I don't really get a say, and I feel like the teachers, and the [lead worker] and everyone is just speaking for me. But then they'll slightly ask me 'oh how do you feel? But no-one's really taking notes and stuff (Joya, MAST young person).

Lead professionals also highlighted differences in perspectives about hearing and acting upon young people's wishes and feelings:

> [name of young person] hasn't had a lot of opportunities in the past to make decisions about her life and her care, so I've tried to make that a priority in my work with her. But it's been quite difficult because there has been quite a large and conflicted system especially with school. The education system really struggles to give young people a voice…I have really tried to communicate with the school the importance of keeping her central to the process, and that's the only way she'll be on board with it (MAST lead professional).

Lack of choice or input in decisions tended to result in less positive relationships between young people and their workers. 3 of the 7 young people from CONNECT who were interviewed were unhappy about placement decisions and/or levels of contact with their birth families. One of the aims of Brighter Futures was to move young people from out of authority residential placements to in-house foster placements, but this did not always align with young people's wishes and feelings. For example, Afia said that she had repeatedly asked to move out of her foster placement and back into residential care but this had not been heeded. She explained:

> I don't really like foster homes because I'm not very used to them…Most people say like care homes aren't good, but actually if you are a good person and you still go to a care home you can succeed and do well….
>
> I wouldn't have chosen to move to a foster home, I would've chosen a care home to move to (Afia, CONNECT young person).

Lead professionals spoke about the challenges of promoting what they perceived to be in a young person's best interests whilst also empowering young people who had a different perspective (see also Munro et al., 2012).

Professionals also recognised the importance of working with young people and families to help them understand decisions that conflicted with their wishes. A strategic manager explained the balancing act that children's social care has to negotiate:

> It's about giving young people more decision-making powers within sensible parameters…some young people might make a whole load of demands, often

they do, which are not safe for them. So the challenge for workers working with the 14, 15, 16 year olds, who are really vulnerable is helping them see that their choices aren't always the best ones, and to help steer them into different choices...It has to be negotiated within the relationship that the worker creates with them, because a huge part of the work is to help those young people self-regulate and thereby make the best decisions.

Family participation

Lead professionals noted that they had changed their approach to engaging families:

It was about supporting…you know trying to find out from them what changes they wanted, so it was coming from them rather than us telling them what needed to change. So um…so our role was to just first of all to her them out to find out what it was that they wanted, what changes they wanted (Lead professional interview).

Responses to qualitative questions in 8 out of 15 of the parents' surveys and data from interviews with parents suggested that they had discerned a change since the Brighter Futures teams had been involved with their child and family. One parent commented that:

There's no decision making without me…Before they would say what they would like they put my input in it, ask me how I feel, then the school, and then they make the decision. They ask me are you happy with it, they don't just stay 'This is what's going to happen' (MAST parent).

Professionals suggested that the Brighter Futures model had facilitated working at a pace that meets the needs of the young person and their family. One professional described the new model as 'a partnership with families…it's not seen as we are doing something to you, this is something we are doing together'. Overall, the majority of parents and young people that participated in interviews did perceive professionals to be responsive and committed to building effective working relationships.

Intensive support and responsive services

Supporting foster placements

Historically, strategic managers noted that:

> Social workers were too overwhelmed to support placements properly and I think that foster carers often felt very much on their own (Strategic manager).

It was also acknowledged that there were gaps in the training that was provided to enable foster carers to provide a secure, stable base to adolescents with complex needs. As one manager reflected:

> We are expecting foster carers to care for the most complicated, the most dysregulated children, and yet we are giving them the same old tired old parenting techniques that we use for children who are not troubled (Strategic manager).

Furthermore, both strategic and frontline professionals acknowledged that prior to implementation of Brighter Futures, services and support tended to be rather compartmentalised:

> There are fostering support workers to support the foster carers and looked after children's workers to support the children, and that system doesn't work best around the children, so it causes a schism, so you have your fostering support worker I'll see blaming the child's behaviour …And you'll get the looked after children's social workers saying these foster carers can't cope, and there's a real split, whereas actually we need to take a whole family approach.

Data from follow-up interviews and focus groups suggested that this had changed post-implementation. Professionals reflected that there had been a shift to a whole team approach with foster carers as part of the team as well with more acceptance and nurturing in the system. This was also acknowledged by foster carers too:

> Everyone seems to be on the same page…and I just feel you are taken more seriously (Foster carer).

The value of timely access to specialist advice was also highlighted:

> The good thing about this team is, can I say everything is on tap, if you know what I mean, whereas before you'd have to go through your link worker for most things…[Now] if I want to talk to LAC education, because it's a, as I say again multidisciplinary, I can phone a clinical psychologist, I can phone education, I can get them directly, for whatever I need to talk about…everyone in the team knows the background of each child, and that's priceless really, isn't it (Foster carer).

These changes, coupled with DDP training, were seen to have been key to maintaining placements and providing greater continuity of care and therapeutic support for young people. As one foster carer said:

> I wouldn't say it's made it…stress free, but let's face it, it's less stressful because there's quite a lot of reassurance for me, and then I'm able to work with them to get the best support for the boy. And I think particularly with my eldest one during last summer having more intensive support for me did stop possibly a breakdown (Foster carer).

The CONNECT team also highlighted that:

> Some of our foster carers have taken on children that residential homes couldn't or wouldn't, keep safe, and [the foster carers] they've kept, they've held on to those young people for months…so absolutely incredible outcome with regards to that (CONNECT follow-up focus group).

24/7 support to minimise family and placement breakdowns

One of the intentions for the pilot was to move beyond a 9 to 5 mind set so that support was 'more available' when young people and families required it. As the CONNECT team highlighted, only 1 in-house foster placement had broken down during the course of the pilot. Foster carers emphasised the importance they placed on having someone at the end of the phone:

> We have these children with such complex behaviours and you need support, it's vital. But when you phone up in that time and there's no one there you feel really let down. I was very unhappy at that point. But let me tell you it's changed…Support [now] is really good (Foster carer).

Similarly, parents welcomed being able to talk things through and the availability of workers:

> I like the fact that I didn't have to deal with stuff on my own…If something was bothering me I would phone [name] and I talked it through with [name]…Or if I knew something was bothering [young person] I used to phone [name] and say 'Look I haven't spoken to you, but I know this is going on, can you drop in'…And she used to do it (MAST parent).

Both frontline professionals and foster carers attributed expanded support to continuation of placements that might otherwise have broken down. For example, one foster carer said:

> So in terms of recruitment I think you really have to emphasise you are not doing it on your own, there is support. Obviously they are not going to be in your home holding your hand, but emotionally knowing that there is someone there giving you

advice and encouragement, sometimes that is what you need to get by, and I have to say they have been doing it…Because I almost gave up half a dozen times, but still here (laughs) (Foster carer).

Some parents also saw that proactive support from professionals brought significant benefits to their relationship with their child. As one mother explained, she saw her lead worker once a week, but also felt supported because her worker, or another member of the team, was always contactable by phone when needed.

The teams also highlighted how shared knowledge and understanding of children and family's needs and circumstances facilitated the provision of meaningful support. As the MAST team explained:

> Usually there's somebody on the team who can do that [be available on the phone] and I think that flexibility has worked and that is why people feel supported beyond 9 to 5 hours. If foster carers have to make phone calls to Ealing team in the middle of the night and they don't know the case, they don't know what the plan is the placement ends…I think several placements were saved because of our out of hours support.

Positive activities, behavioural change and improved self-esteem and confidence

Brighter Futures provided additional resources to fund young people's participation in leisure activities. Youth mentors and youth workers also encouraged and supported young people to engage in positive past times. Young people talked about being able to attend a range of activities including boxing, the gym, swimming classes and/or the boys or girls' groups.

Kareem reflected that attending the gym and boxing had been positive:

> I've changed. Like I'm in school now finally, well was in a mainstream school but I messed up again, now I'm in college, the college is going alright, I'm doing gym, so I'm keeping fit again, I'm going to start boxing again, I'm getting my own money, yeah, legally… (MAST young person).

He also welcomed the fact that his mother was starting to receive more support, so the focus was not only on him changing, but he could see that they were working with her too.

Professionals also provided multiple examples of the changes they had witnessed in young people. For example, one lead worker recalled that about a year ago one young man:

> …was very aggressive so he would abuse…like he would lash out out and things…you know last time he nearly got in a fight at school he walked away 3 times before lashing out…that was really positive for him. You know obviously it

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did result in a fight and he accepted to the punishment, normally he wouldn't say sorry, this time he did. He is learning to control his aggression…we have paid for membership at the boxing…it's a good way of releasing any anger.

The girls' group was also reported to have provided an important forum for young people to explore social and emotional issues and build positive relationships:

…didn't like her social workers, didn't like her current worker…got engaged with [youth worker] and girls group, and she got fully engaged with all the activities, she went on the Wales [3-day residential trip] as well, and she's been on every activity…She's changed in the last 9 months, you know, she's grown in confidence because of what she got taught at girls group…It feels as though it's not just about the activities it's also about the role that comes with that.

Youth mentors took an active role in supporting attendance and/or attending activities with the young people which helped build relationships and facilitated engagement with other members of the team over time.

One issue that was raised by a small number of young people, foster carers and parents was the impact that case closure would have upon access to activities, and contact and support from workers who they have had high levels of contact and support from. This highlights the importance of adequate planning for case closure, or step-down to less intensive intervention.

Young people's perspectives on changes

Before, we used to have our ups and downs and we used to have arguments and have fights but since the MAST team have been involved less of that has been happening, and we are starting to get along better…It makes me feel more loved and I can open up my feelings a lot more (Abe, MAST team).

The set-up of the new multidisciplinary MAST and CONNECT teams, with lower caseloads, was intended to make it easier for professionals to work intensively with the whole family and promote positive relationships. The interviews conducted by the peer researchers clearly showed that young people valued their relationships and the support they received from professionals, foster carers and family members.

Eleven of 18 young people from MAST who were interviewed highlighted that the support they had received to minimize the risk of family breakdown was really important to them. They also identified that they had seen positive changes in family dynamics, better communication and less conflict since the Brighter Futures initiative began. For example, Nina said:

I used to argue with my mum, like, I don't know, every month or something, about something stupid, and get like in a big argument, but then after it was like kind of rocky, but then after, when we had the team (MAST) come in and it was kind of more calm and controlled, and I can speak to them more (Nina, MAST team).

Similarly, Amara said:

> She [lead worker] has been helping me when I'm angry, she helps me calm down, and she helps me out of situations when I don't know what to do and when my family really annoys me, then she helps me (Amara, MAST team).

Only a small number of looked after young people participated in the Brighter Futures peer research interviews (n=7), but the messages from those who gave their views were mixed. Three young people were positive about the support and care they received, but 4 were more ambivalent. Concerns expressed by young people centred on feeling that foster carers and/or professionals did not take their views seriously; lack of placement choice; and dissatisfaction with contact arrangements. 2 of the 3 young people who had moved from out of authority residential placements to local foster placements were ambivalent about the transition. For example, Afia said:

> I don't really like foster homes beause I'm not very used to them, because the last time I was in a foster home was when I was 9, so I prefer to live in care homes. Most people say like care homes aren't good, but actually if you are a good person and you still go to a care home then you can succeed and do well (Afia, CONNECT team).

As Sinclair and colleagues (2007) highlight there are a number of reasons why young people may be reluctant to commit to, and invest in, placements. This may be connected to young people's acceptance of the need to be in care and their existing commitments (for example, towards their birth family), or due to past loss, separation and placement breakdowns which may make young people wary and inclined towards self-reliance. The quality of foster carers and their capacity to cope with young people's behaviour are also of central importance and influence whether or not young people are provided with a strong foundation to maximise opportunities for successful transitions from care to independence (Schofield, 2003; Sinclair *et al.*, 2007).

3H Advisor

At the end of 2015, the London Borough of Ealing partnered with 3H Advisor[4], an enterprise supported by the Dartington Social Research Unit. Its focus is on good relationships, developed with people who have the 3H's: Head ("My worker helps me achieve my goals"), Heart ("My worker understands me"), and Hands ("My worker helps me get things done"). Asha Ali, from Dartington Social Research Unit, collected the views of young people supported by Brighter Futures. Summary findings from her evaluation are presented in Appendix 5 (Ali, 2016).

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[4] A mobile-friendly app, 3H Advisor, was developed to connect disadvantaged young people to the help available in their boroughs and to give them the platform of rating its quality, using the 3H statements.

Costs, wellbeing and early outcomes

A programme of research undertaken by the Centre for Child and Family Research, Loughborough University has explored the unit cost of services and how they relate to children's needs and outcomes. Findings demonstrate that it is particularly costly to provide services to looked after children and to children with complex educational, behavioural and health needs (Ward, Holmes and Soper, 2008; Holmes and McDermid, 2012). Investing in services to prevent difficulties escalating has the potential to yield financial benefits and enhance young people's wellbeing in the longer term. However, measuring outcomes for young people with the most complex needs is challenging: a great deal of support and resources may be required to achieve modest progress. On this basis, understanding starting points and distance travelled is desirable (Holmes, McDermid and Soper, 2010; Dewson et al, 2000). It is also important to acknowledge that Brighter Futures is an invest-to-save strategy. The 12 month timeframe for evaluation is too short to assess the long term costs and benefits but this chapter provides an early snapshot, based on the data that were available.

Additional services and support provided to young people from CONNECT and MAST

The research team collected data to understand more about changes in the level of support provided to young people following implementation of Brighter Futures. The service checklist designed to capture the data was based on tools developed by other research teams for costing exercises (Beecham and Knapp, 2001; Holmes and McDermid, 2012). 21 young people provided data on the additional support services they received in the 6 months before their case was transferred to one of the Brighter Futures teams, and then at the time of data collection. This showed a substantial increase in the support young people received from one or more professionals to help them manage their anger, tackle behavioural issues and/or to improve family function. Levels of satisfaction with services were high.

Thirty-three of the 48 service inputs provided were perceived as being provided at the appropriate frequency for young people working with CONNECT or MAST. In 6 cases service inputs were perceived as being provided too frequently: youth worker (3), educational specialist (1), youth mentor (1) and other (1). In 9 cases higher levels of support from educational specialists (4), health professionals (2), drug or alcohol support worker (1), youth worker (1), or other worker (1) would have been welcomed by the young people concerned (see Appendix 6 for a more detailed summary).

Of the 9 young people who responded to the question 'have there been any positive changes for you or your family as a result of the support services provided?' 5 said 'yes', 3 had mixed views (for example, 'sort of…it helps family relationships but help us more with this') and 4 said 'no' or 'not yet'.

To estimate the additional cost of providing enhanced support, the research team made use of the Personal Social Services Research Unit costs for health and social care

services (Curtis, 2015) and assumed that the relevant professional provided 1 hour of support per contact during the course of a month. The additional cost of the additional support provided[5] was calculated to be £12,398.45, or a mean average additional spend of £590.40 per young person per month. Additional costs need to be considered with reference to the outcomes achieved. 9 young people moved from residential placements to foster placements during the pilot with associated cost avoidance of around £800,000. The following section presents data on early outcomes and young people's wellbeing and illustrative cost case studies showing changes in patterns of expenditure.

Early outcomes and young people's wellbeing

Young people who participated in the survey completed a number of standardized measures including Huebner's Life Satisfaction Scale (HLSS), the Pearlin Mastery Scale and the Good Childhood Index (family domain). A total of 39 surveys were completed, of which 22 were completed at home between August and November 2015 (baseline of implementation), and 17 were completed at an event held for young people in February 2016 (midway through implementation). Only 3 young people completed a survey at both baseline and midway through implementation. Details about the measures and tables of findings are presented in full in Appendix 6.

The Pearlin Mastery Scale measures an individual's level of mastery, which is a psychological resource that has been defined as "the extent to which one regards one's life-chances as being under one's own control in contrast to being fatalistically ruled" (Pearlin and Schooler, 1978, p.5). Findings revealed a broad spread of total scores but the majority (n=32, 88%) scored in the top half of the scale, indicating generally higher levels of 'Mastery'. A significantly higher percentage of midway completers strongly agreed that 'I can do just about anything I really set my mind to' (41.2% vs. 27.3%). A far greater percentage of midway completers 'Strongly disagreed' or 'Disagreed' that they 'often feel helpless in trying to deal with the problems in my life' than at baseline (64.7% vs. 36.3%).

The Good Childhood index comprises a set of 10 different domains of life to measure subjective well-being. In this evaluation, the survey for young people included the questions that make up the Good Childhood Index's family domain. The majority of young people's total scores (n=27, 69%) fell in the top third of the range (33 and above) indicating a generally higher sense of wellbeing for many in relation to the family domain. A higher percentage of midway completers strongly agreed that 'My parents/carers and I do fun things together' (76.4% vs. 59.1%) and that 'I help make decisions in my family/foster family' (64.7% vs. 40.9%).

In terms of life satisfaction, the majority of young people's total scores sat in the top half of the HLSS (above 27 points) indicating good overall satisfaction with life. A lower

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[5] Health professional and drug and alcohol worker costed at one consultation rather than an hourly rate. 'Other' costed at the hourly social work unit cost.

percentage of midway completers had low life satisfaction scores than those who completed at baseline. These findings suggest a positive direction of travel.

Professional assessments of changes in risks (CSE, educational disengagement, missing episodes, insecure attachments) among the interview cohort showed a mixed picture, with acknowledgement that work was ongoing to support progress (see Appendix 6). It was noted that in 8 of the 21 cases for which data was supplied, missing episodes had reduced (4 CONNECT young people and 4 MAST young people), although in 2 MAST cases, missing episodes were reported to have increased.

Analysis of looked after children statistics for the cohort revealed that the percentage of young people reported as having 3 or more missing episodes increased from 6.3% in the year ending 31 March 2015 to 15.6% the following year.

CONNECT illustrative cost case studies

Two illustrative cost case studies are presented below. These draw on the data from the research, and use Personal Social Services Research Unit (PSSRU) unit cost data on salaries and services. Some details have been changed to protect the identities of the young people concerned. They focus upon patterns of placement, additional support activity and associated costs to illustrate how costs vary over time and according to need.

Young person A

Young person A is aged 11 and entered care 5 years ago. She has a disability and emotional and behavioural difficulties.   She has a history of foster placement breakdowns. Before Brighter Futures began she was placed in an out of authority residential placement.

CONNECT team activity:

- preparation and support for the transition from out of authority residential to a local in-house fostering plus placement
- package of wrap around support to promote placement stability
- identification of a specialist school to manage her behaviour and reduce the likelihood of school exclusions
- establishing and supporting regular birth family contact

Early outcomes:

- ongoing placement in a local 'fostering plus' placement with ongoing support to provide the young person with a secure stable base
- engaging in school and making significant educational progress
- more regular contact with birth family

Professional assessment:

> She has remained in placement…That's a really long placement for her. So it's better than we could have expected in terms of where we were thinking we were going to get to.

Young person's perspective:

- mixed views on the professionals working with her and she was unhappy not to have been able to choose which school to attend
- pleased to be living with a foster family but finds it hard sometimes
- views CONNECT as improvement on previous arrangements and said that the frequency of contact with professionals was 'about right'
- life is 'just the same': no positive changes since CONNECT have been involved

As Table 1 and the qualitative summary shows, prior to CONNECT's involvement, young person A's complex needs were largely met through an out of authority residential placement. Based on PSSRU placement figures the average unit cost of residential placements is £3966.20 per week (compared to £699.02 for a foster placement), so the vast majority of expenditure on meeting her needs was spent on the placement itself. Post-implementation of Brighter Futures' resources were re-directed to provide additional support services via an educational specialist, youth mentor, clinical psychologist and the GP to help address the young person's emotional and behavioural difficulties and facilitate the transition to a local foster placement. Based on PSSRU cost estimates for the relevant staff, the cost of additional support rose from £2,755 (6 months prior to transfer to CONNECT) to £7,630.72 (first 6 months after transfer to CONNECT). Based on professional assessment, this resulted in a positive outcome for the young person concerned: the local foster placement was maintained without breaking down. Moreover, the reduction in placement costs, facilitated by enhanced support, meant that expenditure halved from £105,876 to £54,120.

Table 1: Placement and additional support costs (that is, in addition to core social work processes) for young person A over 12 months (using PSSRU standard unit cost 2015 unless otherwise stated)

Long term LAC team (6 months prior to transfer)						
Placement	Cost	Placement total	Provision of additional support services	Cost of additional services	Total	Total placement and additional support cost
Residential: voluntary and private sector residential	£3966.20 per week for 6 months	£103,121.20	Mainstream school[6]	£29 per day	£2,755	
		£103,121.20			£2,755	**£105,876.20**
CONNECT team (first 6 months)						
Residential: voluntary and private sector residential	£3966.20 per week for 2 months	£34, 373.73	Education specialist	£60.31 per hour x 24	£1,447.44	
			Youth mentor	£33.39 per hour x 6	£200.34	
			Mainstream school	£29 per day	£918.33	

[6] Based on 190 days per academic year

Long term LAC team (6 months prior to transfer)					
Foster care	£699.02 per week for 4 months	£12,116.35	Clinical psychologist (supporting school with behaviour and advising on DDP)	£71.88 per hour x 6	£431.28
			Health/GP	£65 per consultation x 6	£390
			Specialist education provision	£67 per day[7]	£4,243.33
		£46, 490.08			£7,630.72	**£54,120.80**
				Grand total over 12 months: **£159,997**	

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[7] Based on Berridge et al., (2002) with costs inflated

Young person B

Young person B is aged 13 and entered care aged 6. She has had more than 5 social workers and more than 6 foster placements since she became looked after. She had been in her current foster placement for 2 years at the point of transfer to the CONNECT team.

Connect team activity:

- intensive 1 to 1 support and training provided to the foster carer to help stabilise the placement which was assessed to be at risk of breakdown
- renewal of contact with birth mother
- enhanced support for the young person

Early outcomes

Professional assessment:

- 'placement running along smoothly' and young person attached to carer and attending school (Social worker)
- no concerns about young person's behaviour
- clinical psychologist input supporting re-establishment of contact between the young person and birth mother. Face to face contact suspended and letter box contact resumed due to concerns about birth mother's behaviour

Young person's perspective:

- better social worker than the one before (who 'always came a bit late, and sometimes cancelled and said sorry I'm not able to come')
- relationship with foster carer has improved since the CONNECT team have been involved and they are doing more activities together. 'My foster carer is very nice. She's not too soft and she's not too strict…Eight and half (on a scale of 1 to 10)'
- involved in new activities
- would like more regular support from the educational specialist

Variations in costs pre- and post-implementation were less pronounced in the case of young person B, who was not identified as having emotional or behavioural difficulties. The increased support under Brighter Futures resulted in a £793.14 increase in expenditure on additional support services to the young person over a 6 month period. The social worker reported that the placement was stable and the young person was positive about the support provided by the CONNECT team.

Table 2: Placement and additional support costs (in addition to core social work processes) for young person B over 12 months (using PSSRU standard unit cost 2015 unless otherwise stated)

Placement	Cost	Placement total	Provision of additional support services	Cost of additional services	Total	Total placement and additional support cost
Long term LAC team (6 months prior to transfer)						
Foster placement	£699.02 per week for 6months	£18,174.52	Mainstream schooling	£29 per day	£2,755	
		£18,174.52			£2,755	**£20,929.52**
CONNECT team (first 6 months)						
Foster placement	£699.02 per week for 6 months	£18,174.52	Mainstream schooling	£29 per day	£2,755	
			Educational specialist	£60.31 per hour x 6	£361.86	
			Clinical psychologist	£71.88 per hour x 6	£431.28	
		£18,174.52			£3,548.14	**£21,722.66**
					Grand total over 12 months: **£42,652.18**	

MAST pathways

The first cohort of young people who were transferred to the MAST team were deliberately selected because previous levels of service and response were assessed to be too low to address presenting needs. On this basis the MAST cohort could be understood to have more complex needs than their comparison locality team counterparts. The MAST team acknowledge that the adolescents they were working with would normally be considered in the child protection area, but that the multi-agency response meant that efforts were made to manage presenting risks on child in need plans. Such an approach recognises that safeguarding risks in adolescence may emanate from outside the family home and parents may be willing to work in partnership with services to try and address risks associated with missing episodes, non-attendance in school, criminal peer associations and child sexual exploitation. The unit costs of supporting young people with emotional or behavioural difficulties, plus additional factors are around 3 times higher than the ongoing support costs for children with no additional needs (Holmes et al., 2010). As the illustrative cost case study below shows, longstanding issues may start to be addressed when higher levels of support are provided.

Young Person C

Young person C is aged 14 and has been known to children's services for 6 years. She is currently living with her mother but her younger brother is currently the subject of care proceedings and placed away from home. Her violent behaviour, anger, non-school attendance and suspected gang affiliation were a cause for concern at the point of transfer to the MAST team.

Early outcomes:

- reduction in anger and violence at home
- change in peer relationships and increased engagement with positive role models
- increase in school attendance
- regular attendance at the girls' group

Professional assessment:

- still working on anger issues, and young person C and her mother's interaction but the relationship has improved
- supported transition to a new school has promoted improved school attendance (from 40-80%)

Young person's perspective:

- relationships within the family have improved
- learnt to control anger
- enjoying school and having new friends

Table 3: Additional support costs (in addition to core social work processes) for young person C over 12 months (using PSSRU standard unit cost 2015 unless otherwise stated)

Locality team (6 months prior to transfer)						
Placement	Cost	Placement total	Provision of additional support services	Cost of additional services	Total	Total additional support costs
Living with birth family (no order)	N/A	N/A	Mainstream schooling Family Support worker Mentor Behavioural specialist	£29 per day £53 x 12 £33.39 x 26 £71.88 x 6	£2,755 £636.00 £868.14 £431.28	
		N/A			£4,690.42	**£4,690.42**

MAST team (6 months)						
Living with birth family (no order)	N/A	N/A	New mainstream school	£29 per day	£2,755	
			Educational specialist	£60.31 x 120	£7,237.20	
			Family support worker	£53 x 12	£636.00	
			Youth worker	£53 x 24	£1,272.00	
			Youth mentor	£33.39 x 24	£801.36	
			Behavioural specialist	£71.88 x 24	£1,725.12	
		N/A			£14,426.68	**£14,426.68**
					Grand total over 12 months: **£19,117.10**	

Although it is too early to to determine whether investment in enhanced services and support at the current time will reduce costs to the public purse and promote young people's wellbeing and life changes in the future, early indications do suggest that additional services are starting to make a difference to the lives of children and families who have had longstanding involvement with children's services. Further monitoring of hard and soft outcomes will be important going forward.

Conclusions and recommendations for policy and practice

- organisational conditions and the structures put in place to support implementation (including training, practice integration and daily meetings) have helped establish a new model of service delivery
- professionals welcomed the opportunity to be able to work intensively with young people and families to provide the services and support required to bring about positive changes
- strategic managers, professionals in the teams, and foster carers have observed changes in language, tools and practice to support effective working relationships with young people and their families, and perceive that the Model has promoted improved outcomes, with illustrative examples provided
- the young people, parents and carers who participated in the research were overwhelmingly positive about the intensive and relational model of service provided by the Ealing's Brighter Future teams
- the proposal to allow young people to choose their lead professional had not been implemented but the majority of those interviewed were positive about the frequency of contact with their lead worker and the quality of the relationship.
- daily team meetings were reported to have been an important vehicle to:
  - establish trust within the new teams
  - facilitate inter-disciplinary dialogue and learning
  - offer mutual support and guidance
  - ensure that multi-disciplinary expertise informs the design and delivery of tailored packages of support.
- lead workers in the Brighter Futures teams were connected to, and drew upon, a far wider range of multi-disciplinary expertise from within their team to inform their direct work, which reduced the need to make referrals and facilitated timely service responses and tailored support
- although there were a greater number of within-team professionals involved in the Brighter Future cases, not all had direct contact with the young person. Instead, the lead professional acted as a central point of contact and as a critical conduit for information exchange across the professional network
- shared ownership of case responsibility was welcomed by professionals to manage and hold risk; and by young people, parents and carers, because it meant that they did not have to repeat their story and support was on hand (even if issues arose when lead professionals were on annual leave)
- practice support officers' knowledge and understanding of the needs and circumstances of young people and their families was welcomed by parents and foster carers
- young people said that they trusted youth mentors and youth workers and welcomed their involvement and support. The relationships and rapport that youth mentors and youth workers were able to establish facilitated engagement with other professionals and over time

- placement stability was promoted: only 1 of the CONNECT placements broke down. Foster carers said that enhanced support from the team, coupled with training to help them understand and manage behaviour, had been important to prevent crises escalating and resulting in breakdowns
- professionals in MAST and CONNECT applied to work with adolescents and were recruited to these posts. A number of them had also had also received training in FPM before they attended Brighter Futures training. Baseline knowledge scores were high but fell slightly between baseline and follow up
- the core training received by professionals in the MAST and CONNECT teams led to an increase in the mean average scores for self-efficacy, attitudes and working relationships
- MAST professionals felt that they would benefit from receiving the DDP training that had been delivered to CONNECT. They also said that it was unclear how the different approaches introduced in training fitted together
- CONNECT were positive about the use of DDP and PACE to move beyond process-driven social work towards relational practice, and to improve outcomes for adolescents with complex needs
- the foster carers interviewed were positive about the nurturing attachments training they had received as part of DDP, and they perceived that this had improved their interactions with, and the care they were able to provide, to their foster children
- it is too early to determine whether investment in enhanced services and support will reduce costs to the public purse and promote young people's wellbieng and life chances in the future but early indications do suggest that additional services are starting to make a difference

Recommendations for policy and practice

- continue to embed the multi-disciplinary intensive engagement model, supported by maintenance of lower caseloads and daily team meetings
- review the configuration of teams in light of the age profile of cohorts and the needs and circumstances of young people and families. Both MAST and CONNECT suggested increasing the ratio of social workers within the teams
- ensure that clinical psychologists remain in the MAST and CONNECT teams but consider re-focusing their activity on direct therapeutic interventions, instead of fulfilling statutory social work and therapeutic functions.
- maintain the youth mentor and/or youth worker role in the MAST and CONNECT teams to facilitate engagement with support services, and sustain funding for leisure and outdoor activities which research evidence suggests promote resilience
- educational support workers, connexions workers and youth justice workers were an integral part of both the MAST and CONNECT teams. In relation to youth justice workers, consideration might be given to whether these professionals could

provide support and advice across more than 1 team. It may also be appropriate for educational support and connexions professionals to work across teams bearing in mind the age profile of this particular cohort and the remit of the Virtual School in Ealing to support children and young people in care from early years to post-18. Further strengthening the collaborative and integrated partnership working between the CONNECT team and Ealing's Virtual School could support this

- CONNECT currently work with the most complex cases. To avoid staff burnout and promote sustainability, it would be desirable for members of the team to hold a more mixed case portfolio of LAC cases
- additional training on statutory social work systems and processes for professionals from other disciplines
- clarify step-down arrangements and management of the phased reduction of the intensity of support, and the impact on young people's support networks and continued access to leisure activities
- manualise the package of training provided to the MAST teams to ensure that professionals understand how the different approaches and models fit together, and their application to practice in different contexts
- consider training MAST and edge of care workers in DDP
- foster carers recommended providing training in DDP prior to placements and ensuring that DDP trained foster carers provided respite for young people supported by CONNECT
- develop communication strategies to enhance wider stakeholders' understanding of the intensive engagement model and therapeutic approach
- ongoing monitoring of Management Information System (MIS) data to determine whether intended longer-term cost benefits and outcomes are achieved

APPENDIX 1: Team Structures

Figure 4: MAST and CONNECT team structures

MAST TEAM – East (duplicate structure for West team)

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                        ┌─────────────────────────┐
                        │      Team Manager       │
                        └─────────────────────────┘
             ┌──────────────────┘         └──────────────────┐
┌────────────────────────┐              ┌────────────────────────┐
│        Team 1          │              │        Team 2          │
│                        │              │                        │
│    Deputy Manager      │              │    Deputy Manager      │
│                        │              │                        │
│  Clinical Psychologist │              │  Clinical Psychologist │
│                        │              │                        │
│     Social Worker      │              │     Social Worker      │
│                        │              │                        │
│     Social Worker      │              │     Social Worker      │
│                        │              │                        │
│  Family Support Worker │              │  Family Support Worker │
└────────────────────────┘              └────────────────────────┘
         │         ┌──────────────────────────────┐        │
         ├─────────│         Youth Worker         │────────┤
         │         └──────────────────────────────┘        │
         │         ┌──────────────────────────────┐        │
         ├─────────│      Youth Justice Worker    │────────┤
         │         └──────────────────────────────┘        │
         │         ┌──────────────────────────────┐        │
         ├─────────│         Youth Mentor         │────────┤
         │         └──────────────────────────────┘        │
         │         ┌──────────────────────────────┐        │
         ├─────────│      Education Specialist    │────────┤
         │         └──────────────────────────────┘        │
         │         ┌──────────────────────────────┐        │
         └─────────│       Connexions Worker      │────────┘
                   └──────────────────────────────┘
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CONNECT TEAM

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                        ┌─────────────────────┐
                        │    Team Manager     │
                        └─────────────────────┘

┌──────────────────────┐  ┌─────────────────────┐  ┌──────────────────────┐
│        TEAM 1        │  │ Education Specialist │  │        TEAM 2        │
│                      │  └─────────────────────┘  │                      │
│    Deputy Manager    │                           │    Deputy Manager    │
│                      │  ┌─────────────────────┐  │                      │
│ Clinical Psychologist│  │    Youth Worker     │  │ Clinical Psychologist│
│                      │  └─────────────────────┘  │                      │
│   LAC Social Worker  │                           │   LAC Social Worker  │
│                      │  ┌─────────────────────┐  │                      │
│   LAC Social Worker  │  │    Youth Mentor     │  │   LAC Social Worker  │
│                      │  └─────────────────────┘  │                      │
│ Fostering Support    │                           │ Fostering Support    │
│ Social Worker        │  ┌─────────────────────┐  │ Social Worker        │
│                      │  │  Connexions Worker  │  │                      │
│ Practice Support     │  └─────────────────────┘  │ Practice Support     │
│ Officer              │                           │ Officer              │
└──────────────────────┘  ┌─────────────────────┐  └──────────────────────┘
                          │ Youth Justice Worker│
                          └─────────────────────┘
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APPENDIX 2: Methodology

Table 4: Summary of methods and data collected

	Number completed	Timeframe	Focus
Interviews with strategic and operational managers	9	5 x baseline (June-July 2015) 4 x follow up (May-June 2015)	Baseline: Overview of strengths and limiations of existing practice and a detailed overview of the Brighter Futures implementation plan. Follow up: Perceptions of working relationships, the effectiveness of the new model of service delivery in supporting young people and current carers, and the impact of the training received on practice.
Focus groups with the teams	6	3 x baseline (2 MAST and 1 CONNECT) 3 x follow up (2 MAST and 1 CONNECT)	
Survey of young people	13 CONNECT (10 female, 3 male) 26 MAST[8] (13 female and 13 male)	22 x baseline (home completion August – November 2016) 17 x event completion (midway through implementation)[9]	Combination of closed and open questions and standardised measures to capture data on: How they felt about their life (Huebner's Satisfaction scale). Self-efficacy (Pearlin Mastery scale). Relationships with family and current carers (Good Childhood Index).

[9] Only 3 young people completed both surveys.

	Number completed	Timeframe	Focus
			Services and support they were receiving (service checklist). Relationship with their lead worker and leisure activities they were participating in.
Survey of birth parents	15	Baseline[10]	Questions about their prersonal wellbeing,self-efficacy the services and support they were receiving,relationship with their lead worker and their hopes and expectations for the future and faciliators or barriers to this. Pearlin Mastery scale. Relationship with their family (Score-15 measure) and with the child who was being supported by the Brighter Futures team. Stress Index for Parents of Adolescents – Adolescent/Parent relationship domain).
Survey of foster carers	6	Baseline	Questions relating to young people's emotional and behavioural development, self-efficacy, relationship with their supervising social worker, support and

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[10] At the outset, the intention was to run the surveys at the beginning of the evaluation and follow-up 9-10 months later in order to capture change over time, but low response rates and the limited timeframe for completion of the evaluation meant that the follow-up survey was not administered.

	Number completed	**Timeframe**	**Focus**
			services received and their hopes and expectations for the future and faciliators or barriers to this. Relationships with their foster child (adapted from Stress Index for Parents of Adolescents).
Face to face interviews with young people (peer research methodology)[11]	18 MAST 7 CONNECT	February to June 2016	Strengths and limitations in the level, type and duration of support and services provided to them and their current carers; their participation in decision-making processes; relationships with key people in their lives; engagement in positive activities, and changes in needs and circumstances following implementation of the Brighter Futures Intensive Engagement Model.
Telephone interviews with lead professionals for young people above[12]	14	April to June 2016	Collect case specific information about past experiences, decisions and progress; perspective on the role and contribution that the Intensive Engagement Model has had on case

[11] The research team, in collaboration with 2 experienced participation workers, trained and supported 11 young adults aged 18-25 years who had been in, or on the edge of, care themselves, or who were youth mentors, to conduct the research with young people. The peer researchers were involved not only in conducting interviews with young people but also in designing the research tools, analysing the data and identifying key findings for an accessible peer report and website (see Ward et al., 2016).

[12] Where young people gave their informed consent. Some lead professionals were interviewed about more than 1 case.

	Number completed	Timeframe	Focus
			trajectories; training they have received under the new model; factors that supported or inhibited implementation of core components of the model and perceptions of how their practice has changed as a result.
Face to face or telephone interviews with birth parents and foster carers	9	May-June 2016	As above plus exploration of the extent to which children's social care involvement (for example, through training or intensive support) had influenced their parenting competence and capacity to cope with challenging behaviour.
Social Network Analsysis	10 focus groups	January to June 2016	See below for further details.
Training questionnaires	17 Working Attachments MAST (30 baseline; 19 follow-up); CONNECT (missing baseline data; 12 follow-up)	Pre and post training	Two questionnaires to assess professionals: knowledge; attitudes and perceptions of working relationships with other professionals, and self-efficacy pre- and post-training.

Social Network Analysis

Social Network Analysis has emerged as a key method for investigating social structures and networks and has been successfully applied in a range of contexts including social media, family relationships and friendships and professional settings. In SNA, networks are characterised by 'nodes' (individual actors), and 'ties' or 'edges which are the relationships or interactions that connect the actors'. The information can be used to create visual maps of the network using NodeXL software (Hansen et al, 2011). SNA was used in this evaluation to explore, map and compare the working relationships and links between professionals, the young person, carers and the family in a small number of

Brighter Futures cases ('Innovation model') and to compare these with locality team cases ('traditional model'). Two cases from the MAST East, MAST West, CONNECT, locality and long-term LAC teams were randomly selected from their active caseloads (total of 10 cases). Focus groups were conducted with a small number of key professionals (up to 4) who were involved in each particular case to map and discuss the socio-centric networks and relationships of support.

Those taking part in the SNA exercise were asked to identify all actors relevant to the case, including the young person, family members, carers, friends and professionals both within the team and external. Participants were then asked to draw lines between the actors to show who interacted with whom and to indicate the links or relationships amongst the network of actors in the context of providing advice, help or support; collaborative partnership working; information sharing. Participants were also asked to consider which professionals had case management responsibility, and the degree or extent of this responsibility, on a scale of 1 (minimum) to 5 (maximum).

Analysis

Qualitative interviews with strategic managers, young people, parents, carers, lead professionals and focus groups with the CONNECT and MAST Brighter Futures teams were recorded and transcribed. Data from the interviews and focus groups were analysed thematically by the research team. Once the interviews with young people had been completed, the peer researchers were invited to an analysis event to explore the key themes and issues emerging from the data.

Data from the surveys with young people, parents and carers were entered into Survey Monkey and exported into SPSS for analysis. Due to the low response rates and the absence of a follow-up survey, the data were used in a largely descriptive and contextual capacity.

For the Social Network data, NodeXL software was used for analysis and visualization of networks and relationships and (in conjunction with interview data) was used to represent and examine: working relationships within multi-disciplinary teams; relationships and networks between professionals, young people and parents or carers as well as issues around case management responsibility. The software was used to produce of visual network maps and descriptive statistics or 'metrics' which included information such as the number of links or relationships to and from each individual on the maps.

APPENDIX 3: Training data

Table 5: MAST training results: mean scores

Time point	Index	Mean score	Score as %	N
Baseline	Relationship[13]	32.57 (22-38)	72.37 (48.89-84.44)	30
	Attitudes[14]	5.63 (4-8)	56.33 (40-80)	30
	Self-efficacy[15]	13.97 (9-18)	69.83 (45-90)	30
	Knowledge[16]	16.10 (8-22)	73.18 (36.36-100)	30
Follow-up	Relationship[17]	34.89 (28-40)	77.54 (62.22-88.89)	19[18]
	Attitudes[19]	5.74 (4-8)	57.37 (40-80)	19
	Self-efficacy[20]	14.26 (12-16)	71.32 (60-80)	19
	Knowledge[21]	15.37 (11-20)	69.86 (50.00-90.91)	19
Change in mean scores	Relationship	/	5.17	30
	Attitudes	/	1.04	30
	Self-efficacy	/	1.49	30
	Knowledge	/	-3.32	30

Table 6: MAST and CONNECT at follow-up: Comparison of mean scores

Team	Index	Mean score	Score as %	N
CONNECT	Relationship[22]	33.42 (29-41)	74.26 (64.44-91.11)	12
	Attitudes[23]	5.58 (5-8)	55.83 (50-80)	12
	Self-efficacy[24]	14.17 (10-19)	70.83 (50-95)	12
	Knowledge[25]	8.33 (7-10)	83.33 (70-100)	12
MAST	Relationship[26]	34.89 (28-40)	77.54 (62.22-88.89)	19[27]
	Attitudes[28]	5.74 (4-8)	57.37 (40-80)	19
	Self-efficacy[29]	14.26 (12-16)	71.32 (60-80)	19
	Knowledge[30]	8.37 (6-10)	83.68 (60-100)	19

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[13] Max score = 45 points (9 items, scored 1-5).
[14] Max score = 10 points (2 items, scored 1-5).
[15] Max score = 20 points (4 items, scored 1-5).
[16] Max score = 22 points (2 items, scored 1-5 plus 4 items scored 0-3 each).
[17] Max score = 45 points (9 items, scored 1-5).
[18] 21 participants at follow-up but 2 outliers excluded from analysis
[19] Max score = 10 points (2 items, scored 1-5).
[20] Max score = 20 points (4 items, scored 1-5).
[21] Max score = 22 points (2 items, scored 1-5 plus 4 items scored 0-3 each).
[22] Max score = 45 points (9 items, scored 1-5).
[23] Max score = 10 points (2 items, scored 1-5).
[24] Max score = 20 points (4 items, scored 1-5).
[25] Max score = 10 points (2 items, scored 1-5).
[26] Max score = 45 points (9 items, scored 1-5).
[27] 21 participants at follow-up but 2 outliers excluded from analysis
[28] Max score = 10 points (2 items, scored 1-5).
[29] Max score = 20 points (4 items, scored 1-5).
[30] Max score = 10 points (2 items, scored 1-5)

APPENDIX 4: Social Network Analysis maps

Key to interpreting the SNA maps

Blue circle: Professionals involved in the case

Black circles: Non-professional networks (e.g family and friends)

Size of circle: Degree or extent of responsibilty (larger = higher level of responsibility)

Lines between circles: show a relationship where help, support, advice, consultation or information-sharing takes place

Arrows: indicate whether relationships are one-way or reciprocated

Postioning of individuals and distance between people on the map: this is NOT significant. Individual positioning is intended to facilitate clear reading of the network links and relationships.

Note: Names and minor details have been changed in each case to protect the anonymity of those involved. The alterations do not distort the central findings and the conclusions drawn.

CONNECT (in-care) case 1: Tariq

Background context:

Tariq was placed in foster care with one of his brothers due to parental neglect and his mother's mental ill-health. This placement broke down and Tariq moved to a new foster placement. This new placement was assessed to be at risk of breakdown when the case was transferred to CONNECT.

Focus of CONNECT's work:

- assessment of the suitability of the existing placement
- Tariq's educational needs

Outcomes:

- the foster placement Tariq was in when he was transferred to CONNECT team was assessed to be unsuitable

- new foster placement identified and the team have been working with Tariq and his new foster carers to build a relationship of trust and support and reassure Tariq that the placement is intended to be long-term
- a new mainstream school has been found for Tariq that is better able to meet his particular needs

Figure 5: SNA map: Tariq (CONNECT)

Created with NodeXL (http://nodexl.codeplex.com)
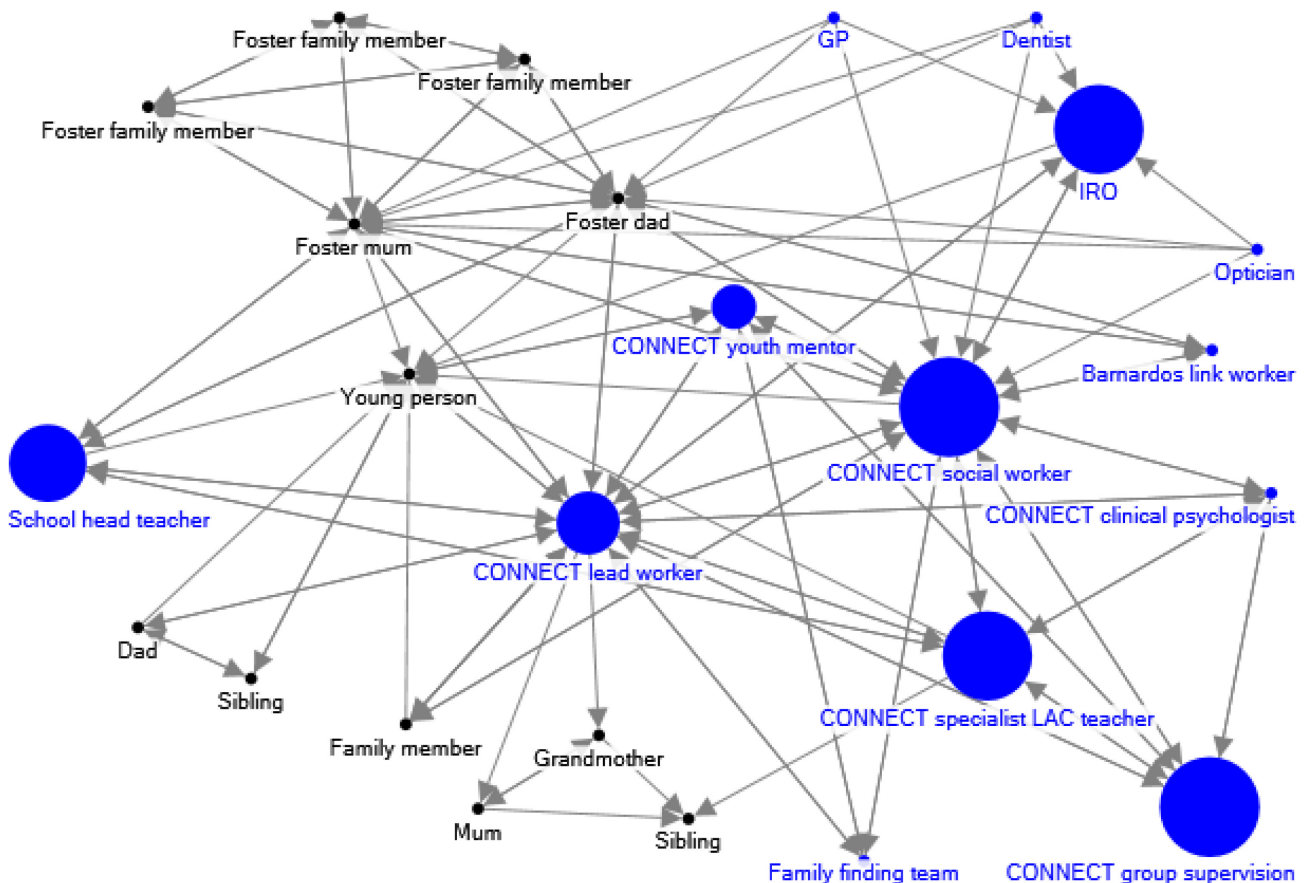
Long term LAC case 1: Isa

Background context:

Isa entered care aged 5 years as a result of domestic violence and parental mental ill-health. His behavioural difficulties led to a number of placement breakdowns, and so Isa was moved to a residential school. Several years later he moved to a foster placement with an experienced carer, but he struggled to settle and the foster carer requested that he be moved. This rejection had a negative effect on Isa's self-esteem but, over time, he settled with his new carers. They observed significant improvements in his socialisation and he built new friendships. Aged 16 Isa was adamant that he wanted to leave care and return to live with his birth family.

Focus of the Long term LAC team's work:

- to encourage Isa to remain with foster carers until he turned 18 so his schooling was not disrupted
- to start the process for Isa to live with father and to support interim placement with grandparents
- provision of educational tuition and linking Isa with the 16+ Virtual School
- to identify a school for Isa so he could complete his final year and GCSEs

Outcomes:

- interim placement with grandparents is stable and the process is underway for Isa to live with this father long-term
- Isa is receiving educational tuition and support and a school is being identified

Figure 6: SNA map: Isa (Long term LAC)

Created with NodeXL (http://nodexl.codeplex.com)
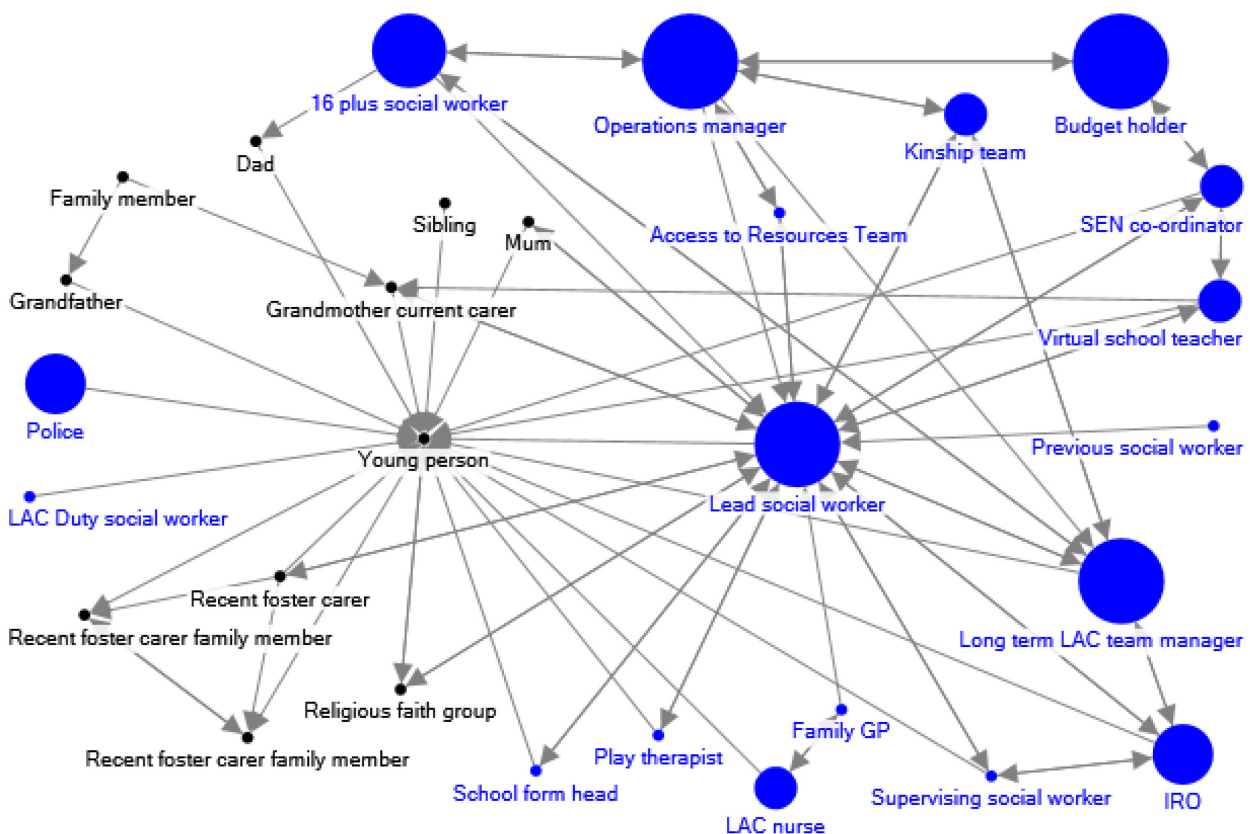
MAST case 2: Kadir

Background context:

Kadir used to live with his parents but a high level of conflict and relationship problems meant that home life was very unstable. Kadir had just moved to live with his grandparents when the case was transferred to the MAST team.
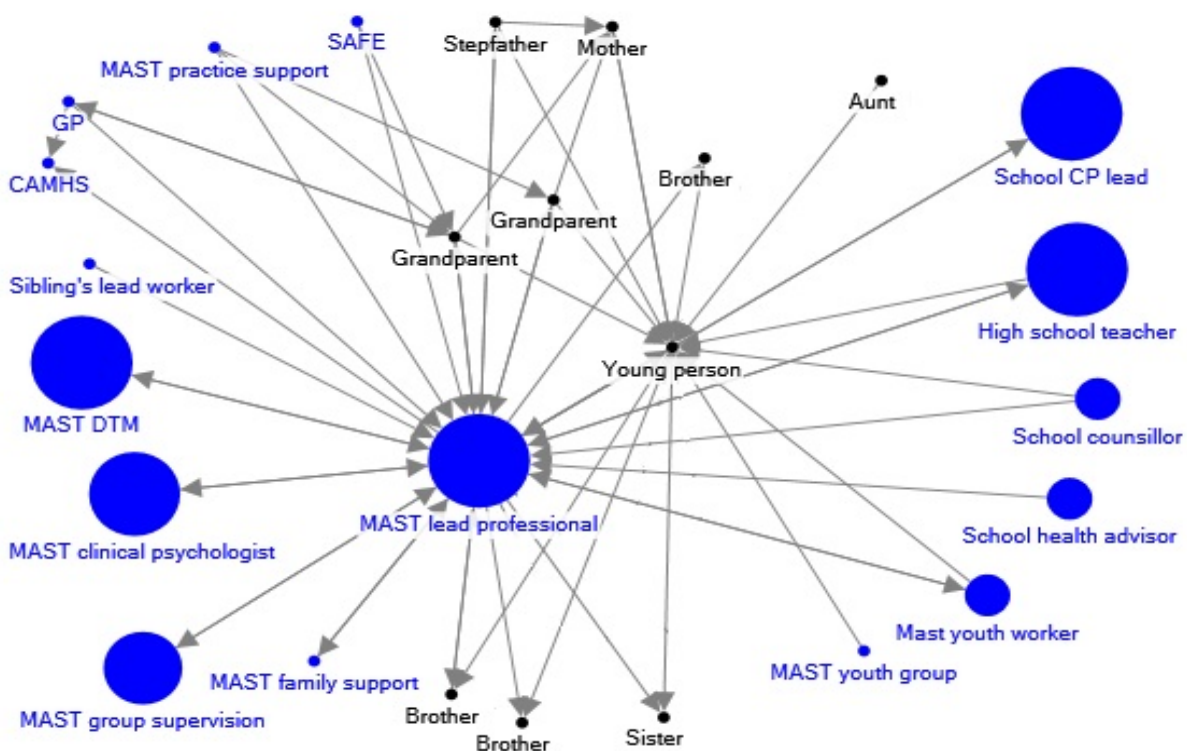
Focus of MAST's work:

- stabilising Kadir's placement with his grandparents
- working with Kadir on his anger and behaviour issues and providing therapeutic sessions
- supporting the grandparents to help them manage Kadir's behaviour
- facilitating contact between Kadir and his siblings
- linking Kadir with positive leisure and peer group activities

Outcomes:

- Kadir's placement with his grandparents is more stable
- improvements in Kadir's anger and behaviour issues
- less conflict and better relationships with other family members

Figure 7: SNA map: Kadir (MAST)

Created with NodeXL (http://nodexl.codeplex.com)

MAST case 3: Sophie

Background context:

There had been several incidences of domestic violence in the family home: Sophie was regularly going missing and there were serious CSE concerns.

Focus of MAST's work:

- to identify a stable foster placement for Sophie outside the Borough to ensure her safety
- providing intensive support and advice to Sophie about CSE, domestic violence and healthy relationships
- to link Sophie with positive role models and peer support such as youth workers, youth mentors and a girls' group

Outcomes:

- due to the high level of CSE risk associated with the case, a suitable foster placement could not be found, but a good out-of-borough residential placement was identified and Sophie has settled there
- Sophie has a good keyworker in the borough where she now lives who has linked her into positive groups and activities in the local area
- MAST lead professional, youth worker and youth mentor are maintaining contact with Sophie and visit her regularly

Figure 8: SNA map: Sophie (MAST)

Created with NodeXL (http://nodexl.codeplex.com)
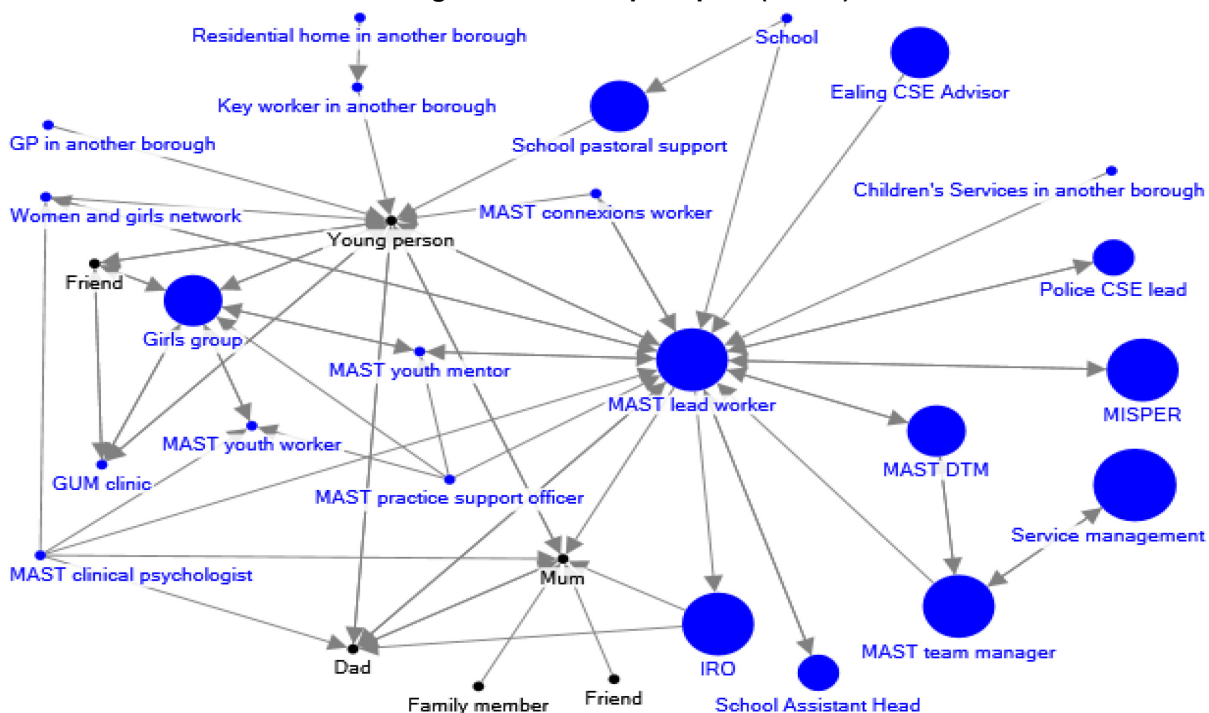
MAST case 4: Adam

Background context:

The case had been known to the locality team for many years because of ongoing conflict and relationship issues between mum and her children and because of Adam's behaviour problems. There were concerns about mum's mental health and parenting capacity and there was a serious risk of mum requesting Adam be taken into care.

Focus of MAST's work:

- to help mum acknowledge the problems in the family, and to be willing to receive support. She had been very reticent about this due to her previously negative experiences of social care and other professionals
- intensive intervention to stabilise and improve the relationship between Adam, his siblings and mum

Outcomes:

- significant progress made in mum's parenting capacity and emotional health
- improvements in family communication and relationships
- Adam has been moved to a more suitable school that can better meet his needs
- siblings are also being supported in relation to their education and emotional wellbeing and they have been linked into positive leisure activities and groups

Figure 9: SNA map: Adam (MAST)

Created with NodeXL (http://nodexl.codeplex.com)

66
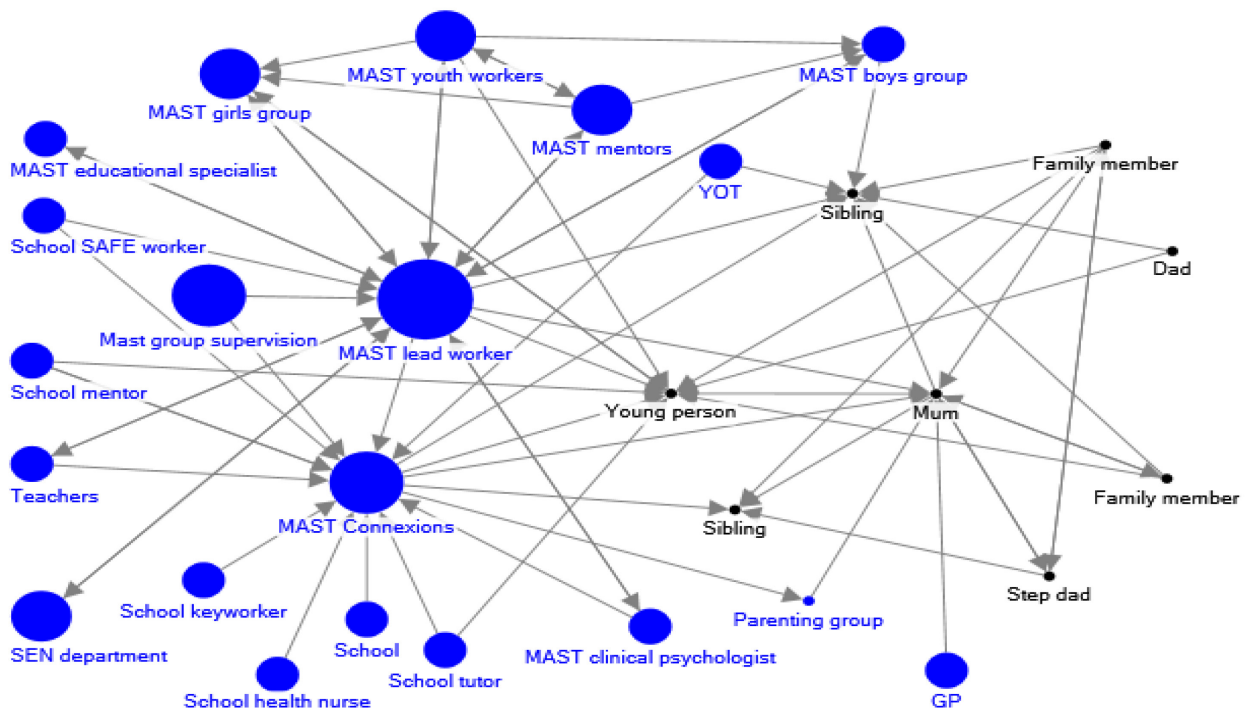
Locality edge of care case 2: Ashley

Background context:

This case came to the locality from another Local Authority when mum and her children were moved to Ealing for their safety after frequent incidences of domestic violence and drug dealing from the property where they lived. Mum has been very resistant to the support and intervention of the locality team because she has strong links to her home area and wishes to return there rather than settle in Ealing, despite the continuing risks there.

Focus of locality team's work:
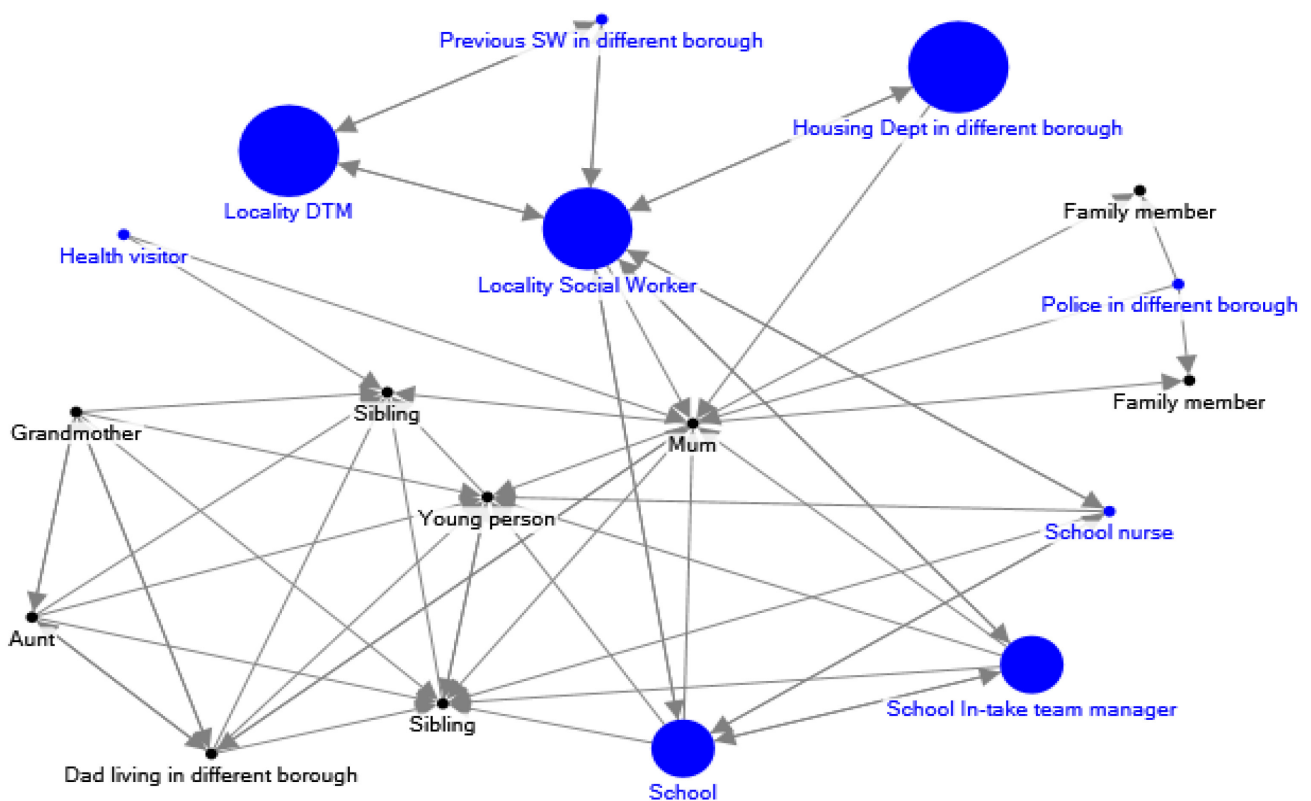
- to get the older 2 children into a school in Ealing
- to get mum to engage with services such as health visiting for her youngest child

Outcomes:

- the locality team have recently been able to get Ashley into a school in Ealing
- other areas of work are being hindered by resistance from mum

Figure 10: SNA map: Ashley (Locality)

Created with NodeXL (http://nodexl.codeplex.com)

CONNECT case 2: Jamie

Background context:

Jamie had been in a residential care placement for some time but he was part of the cohort of young people identified to be moved to a foster placement under the Brighter Futures programme.

Focus of CONNECT's work:

- moving Jamie from residential care to a foster placement
- supporting Jamie and his new foster carers in this new placement

Outcomes:

- a foster placement was identified with a carer already known to Jamie
- the new placement has been stable
- the CONNECT team are working with Jamie and several of his family members to re-establish contact and build relationships

Figure 11: SNA map: Jamie (CONNECT)

Created with NodeXL (http://nodexl.codeplex.com)
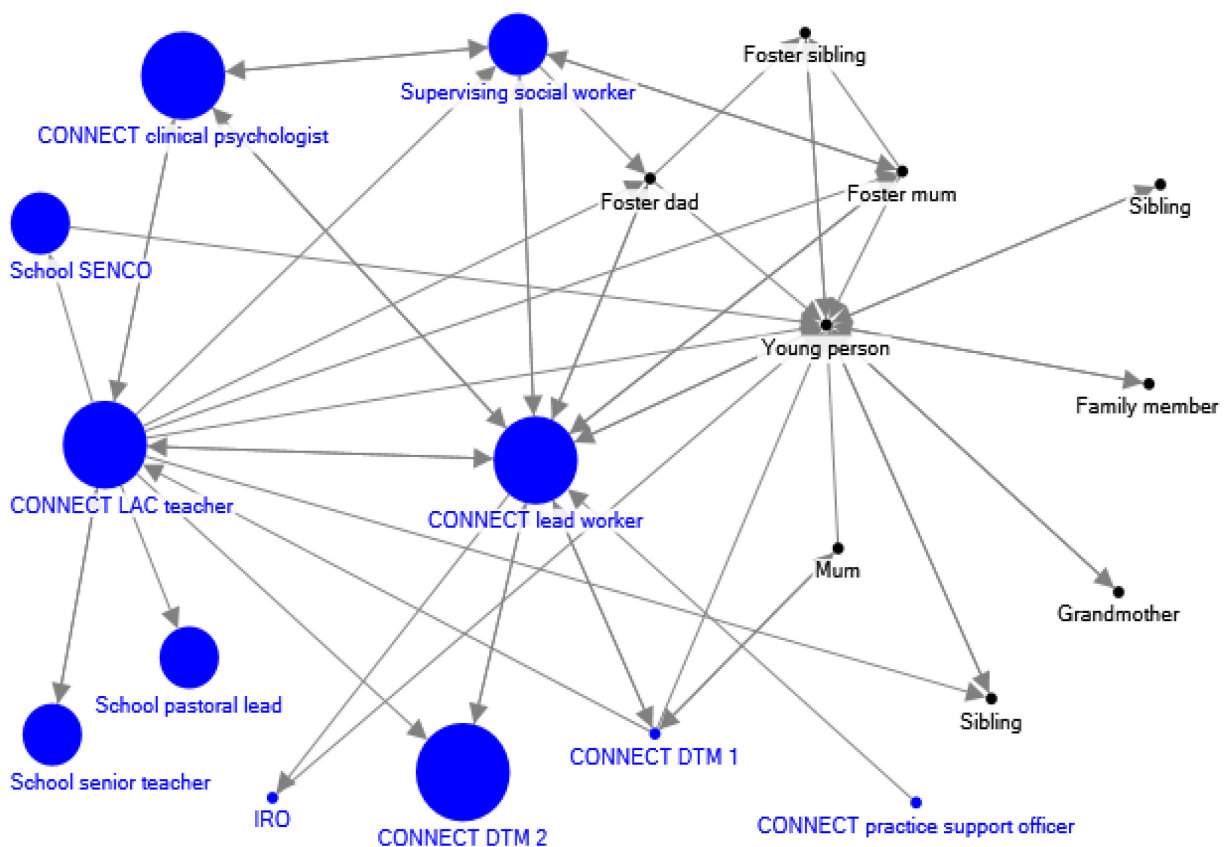
Long term LAC case 2: Nadia

Background context:

Nadia went into care because of severe domestic violence at home and allegations of sexual abuse made by a sibling against their father. Nadia is in a long-term, stable foster placement and has a very good relationship with her carers.

Focus of the Long-term LAC team's work:

- Nadia has been receiving support from CAMHS in relation to her witnessing domestic violence
- work with birth family including supporting and assessing mum's parenting capacity for her other children and mental health support for mum
- facilitating contact between Nadia and her birth family
- one to one educational support for Nadia
- linking Nadia into positive activities and clubs to raise her self-confidence and self-esteem

Outcomes:

- Nadia's self-confidence and self-esteem is improving
- mum is engaging well with the support offered to her and is responding well to mental health and parenting interventions
- Nadia is very engaged with school and is making good progress
- contact arrangements are in place between Nadia and several birth family members

Figure 12: SNA map: Nadia (long term LAC)

Senior managers

Long term LAC team manager

Dad

Foster dad

Foster mum

Contact centre

Supervising social worker

IRO

School

Stepfather

Sibling

LAC nurse

Mum

Sibling

Young person

Social worker

Sibling

Sibling

Sibling

Sports club

Sibling

After school club

Sibling

Sibling

CAMHS

LAC virtual school

Post adoption team

School play therapy

Created with NodeXL (http://nodexl.codeplex.com)
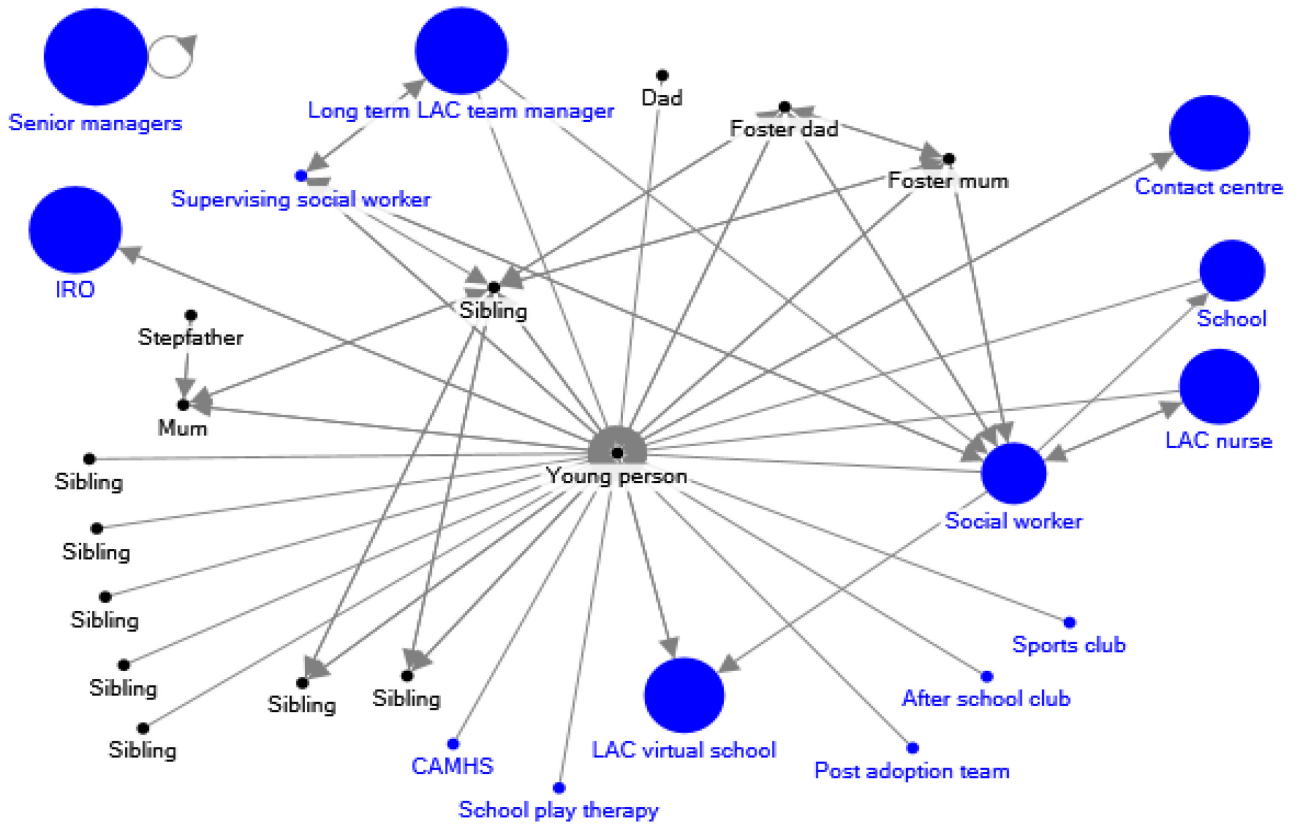
APPENDIX 5: SNA Metrics

Table 7: Table of SNA Metrics

	MAST case: Joya	MAST case: Kadir	MAST case: Sophie	MAST case: Adam	Locality case: Matt	Locality case: Ashley	CONNECT case: Tariq	CONNECT case: Jamie	Long-term LAC case: Isa	Long-term LAC case: Nadia
Total number of professionals linked to the case	19	16	23	20	5	9	13	11	18	13
Lead worker										
Total in-degree (receiving relationships)	16	18	15	10	5	6	13	9	5	17
Other professionals	14	13	14	9	4	6	8	6	4	12
Non-professionals	2	5	1	1	1	0	5	3	1	5
Young Person										
Total in-degree (receiving relationships):	16	11	11	10	8	7	11	13	25	18
Professionals	8	5	7	5	4	2	5	5	11	11
Family members	8	6	3	5	4	5	6	8	14	7

Table 8: Professionals judged to have case responsibility

SNA case	Total number of professionals judged to have case responsibility (excluding lead professional)	Number from within the team	Number from outside the team
MAST: Joya	8	6	2
Locality: Matt	4	0	4
CONNECT: Tariq	6	4	2
Long-term LAC: Isa	7	1	6
MAST: Kadir	8	4	4
MAST: Sophie	11	3	8
MAST: Adam	18	8	10
Locality: Ashley	4	2	2
CONNECT: Jamie	7	3	4
Long-term LAC: Nadia	10	1	9

APPENDIX 6: 3H App
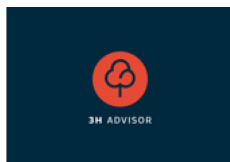
Young People's Views of Brighter Futures in Ealing

Asha Ali

June 2016

About 3H

Young people dealing with family breakdown, homelessness and other challenges don't know where to get the help they need. They do not know where to find people to whom they can relate. An inquiry that brought together about 100 people, young people included, to find better solutions for young people facing severe and multiple disadvantage, showed that relationships are fundamental to recovery.

Four young people who were part of the inquiry created 3H Advisor, an enterprise supported by the Dartington Social Research Unit. Its focus is on good relationships, developed with people who have the 3H's: Head ("My worker helps me achieve my goals"), Heart ("My worker understands me"), and Hands ("My worker helps me get things done").

Building on this idea, a mobile-friendly app, 3H Advisor, was developed to connect disadvantaged young people to help available in their boroughs, and to give them the platform through which to rate its quality, using the 3H statements.

At the end of 2015, London Borough of Ealing partnered with 3H Advisor to collect the views of local young people who were in or on the edge of care. All were supported by a new relational approach called Brighter Futures.

Young people who were part of the Brighter Futures Programme had the option of independently rating 2 support teams: one for those in care (Connect Team) and one for those on the edge of care (Mast Team). This report presents the views of young people who had given their views of the 2 support teams within 3H Advisor parameters.

Methodology

The 3H Advisor team organised meetings with all parties involved in Brighter Futures. Young people were informed about the existence of the App as a channel of sharing their views on the

programme. The staff of Brighter futures were also introduced to 3H Advisor App. Lastly, peer mentors were trained under the 3H Model and helped promote the use of the App in Ealing.

The views of young people were collected in 2 ways: through the App and paper rating-sheets. The App is freely downloadable from AppStore or PlayStore. On signing up to the App, young people had 2 rating options: Mast Team - supporting those on the edge of care - and Connect Team - supporting those young people who were in care.

The rating sheets were a paper version of the statements on the App. These were placed where it was convenient for young people to respond. Once completed, they were dispatched in a secured box to the Westside Young People's Centre. The 3H Advisor team collected the data and routinely input it on the App.

Young people who contributed their views, via the App or on paper, were put in a prize draw that gave out to the winner a £20 gift voucher, weekly.

Findings

Ratings

Consumer feedback on the quality of help was collected from 59 young people (53 supported by MAST team and 6 supported by Connect Team) for a total of 117 ratings. Of these 59 users, 41 young people gave their views once, while 18 re-rated the support teams more than once (ranging from 2 to 8 ratings). The data were collected solely through the paper-sheet 3H ratings.

The quality of help, based on the 18 users who re-rated the support services, was generally high. The table reports the data at 2 time points: at the beginning of the project, and after 4 months of being part of Brighter Futures.

Table 9: Pre and post consumer feedback of Brighter Futures

Which H	Baseline	Follow-up
Overall	4.33	4.61
Head	4.39	4.56
Heart	4.00	4.50
Hands	4.33	4.50

*Users rated each measure from one (lowest) to 5 (highest), before and after 4 months.

Figure 13: Pre and post-consumer feedback of Brighter Futures Programme
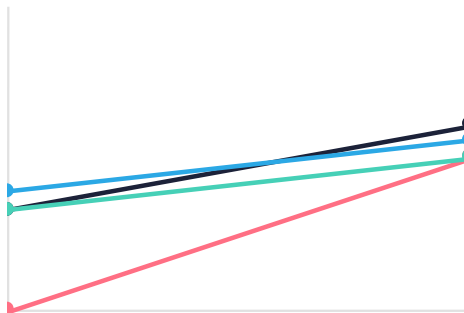
Lessons learnt

There are 4 messages we take away from applying the 3H Advisor in Ealing.

First is that young people on the edge of care were more receptive to 3H Advisor than young people in care. The data we collected came mainly from young people supported by the Mast Team. We think one reason for this might be the fact that a proportion of young people in care were not living in Ealing, which made it more difficult for them to get engaged with 3H Advisor. Another explanation might be that young people who are in care have other things to deal with, such as adjusting to a new family, which leaves little room for engaging in other things, for instance giving their views on 3H Advisor App.

Second is that the data was primarily collected via paper rather than the App. This might be because consumer satisfaction cannot be solved by technology alone. We think it is important to better understand user participation, learn how to engage with users and their views on what they need help with, and only after that to use technology to build volume of responses.

Third is the staff's warm reception of the 3H Advisor App. Contrary to our expectations that independent ratings of young people of their helpers might create an anti-body reaction within public systems, London Borough of Ealing have actively sought to know what local young people think about the quality of the help. Throughout the implementation, the staff of Brighter Futures promoted the 3H Advisor App to the young people they supported.

The fourth lesson is the instrumental role of engaging with all parties (users, staff, and executive people) to ensure the uptake of 3H Advisor App in a community. We found that we needed to frequently remind young people of what 3H App was and what it could for them; although we were not Ealing-based from the beginning, we quickly realised the need to be in the same place with the staff and people supported by Brighter Futures.

Young people reflect on 3H App in Ealing

When we asked young people to reflect on 3H Advisor App, they told us 5 things. They wanted more functions on the App, for example, a rating-reminder as they often forgot about it, and a commenting box where they could share views that were not captured by the 3H statements. Young people also mentioned some practical issues related to the App that contributed to them not using it, such as not enough phone memory to accommodate the 3H app or the frequent change of phones. In terms of ratings, they were reluctant to rate their worker badly, so sometimes they thought about someone else who had been helpful to them, often a youth worker, and awarded the high ratings for the support received from them. The App did make them think about their relationship with their worker. Lastly, they thought the lack of advertisement about 3H App made it difficult to use the App more.

Conclusion and where next with 3H Advisor

The Brighter Futures policy in Ealing reflects a significant change in the way local authorities may respond to children in care or on the edge of care. The 3H Advisor App represents an early attempt to use technology to collect consumer rating data on a relational policy.

Both the policy innovation and the evaluation innovation require further refinement and development. With respect to 3H Advisor one goal is to link the technology to facilitate the face to face meetings with young people using public systems, with the goal of designing specific change in public policy. We will then use the App to collect consumer rating in volume, providing one indication of the impact of the innovation.

APPENDIX 7: Costs, wellbeing and outcomes

Table 10: Frequency of additional support services post implementation of Brighter Futures (n=21)

	Frequency of support					Young people's perceptions of the frequency of support		
Professional support or service	**Daily**	**Weekly**	**Fortnightly**	**Monthly**	**Total**	**Too much**	**About right**	**Not enough**
Educational specialist	3	1	0	3	7	1	4	4
Connexions worker	0	2	1	2	5	0	4	0
Youth justice worker	0	1	1	0	2	0	2	0
Family support worker	1	0	4	1	6	0	6	0
Clinical psychologist	0	1	1	0	2	0	2	0
Health professional, for example GP	0	1	0	3	4	0	2	2
Youth worker	0	5	0	2	7	3	4	1
Youth mentor	0	1	2	0	3	1	4	0
Drug or alcohol support worker	0	0	1	0	1	0	0	1
Other support	0	6	0	1	7	1	5	1

Note: Not all young people provided data on the the frequency of support and on their attitudes.

Table 11: Young people's satisfaction with additional support services

Satisfaction with the support provided					
Professional support or service	**Very unsatisfied**	**Unsatisfied**	**Neither satisfied or dissatisfied**	**Satisfied**	**Very satisfied**
Educational specialist	0	0	1	2	4
Connexions worker	0	0	1	3	1
Youth justice worker	0	0	1	0	1
Family support worker	0	0	4	1	1
Clinical psychologist	0	0	0	0	2
Health professional, for example GP	0	0	0	2	2
Youth worker	1	0	1	2	4
Youth mentor	0	0	0	2	5
Drug or alcohol support worker	1	0	0	0	0
Other support	1	0	1	0	4
Total	3	0	9	12	24

Table 12: Summary of changes in circumstances in the CONNECT cohort from implementation to June 2016 (interview sample, based on professional assessment) (+ improvement; - deterioration)

CONNECT young person	LAC Placement	Reduced CSE	Reduction in missing episodes	Improvements in education	Emotional wellbeing
1	In-house foster placement	No change	☐	☐	Developing safety in relationships
2	In-house foster placement	No change	No change	In EET[31]	Developing safety in relationships
3	In-house foster placement	No change	No change	In EET	Insecure attachments
4	In-house foster placement	No change	No change	In EET	Developing emotional regulation
5	IFA foster placement	No change	☐	In EET	Developing safety in relationships
6	IFA foster placement	No change	☐	In EET	Insecure relationships
7	IFA foster placement	No change	☐	☐	Insecure relationships

[31] Education, employment and training

Table 13:Summary of changes in circumstances in the MAST cohort (interview sample, based on professional assessment (+ improvement; - deterioration)

MAST	Reduced CSE	Reduction in missing episodes	Improvements in education
1	No	No	□
2	No change	□	In EET
3	No	□	In EET
4	No	No	In EET
5	No	No	In EET
6	No	No	In EET
7	No	No	In EET
8	No	□	In EET
9	No	No	In EET
10	No	□	In EET
11	No	No	□
12	□	□	In EET
13	□	□	In EET
14	No	No	In EET
15	No	No	In EET

Huebner's life satisfaction scale (HLSS)

The HLSS is a seven-item self-report measure of life satisfaction designed for use with children aged 8-18. The items require respondents to circle the words next to each statement that rate the extent to which they agree or disagree with that statement. Items 3 and 4 are reverse coded prior to scoring. Scores range from 9 to 45 with higher scores indicating greater life satisfaction.

As the Table shows, the majority of young people's total scores sit in the top half of the scale (above 27 points) indicating good overall satisfaction with life. However, a higher percentage of those who completed the measure at home in the baseline phase of implementation of the Model scored 27 points or less than those who completed at the event midway through implementation; 9 out of 22 for baseline (41%) against 4 out of 16 for midway (24%).

There were some notable differences in responses at 'baseline' and 'midway' in relation to:

- 'my life is just right': a higher percentage selected 'Strongly agree' or 'Agree' at midway completion than baseline completion (64.7% vs. 54.6%)
- a greater percentage of baseline completers strongly agreed that 'I would like to change many things in my life' than midway completers (59.1% vs. 46.8%)
- a higher percentage of midway completers said that they' Strongly agree' or 'Agree' that 'I have a good life' compared to baseline completers (70.6% vs. 54.6%)
- a higher percentage of midway completers strongly agreed that they 'have what they want in life' (29.4% vs. 13.6%) and that 'My life is better than most' (35.3% vs. 18.2%)

Table 14: Young people's Huebner's life satisfaction scale scores

	Strongly agree (%)		Agree (%)		Not sure (%)		Disagree (%)		Strongly disagree (%)	
	Home completion	Event completion	Home completion	Event completion	Home completion	Event completion	Home completion	Event completion	Home completion	Event completion
My life is going well	18.2	23.5	36.4	41.2	31.8	17.6	9.1	11.8	4.5	5.9
My life is just right	18.2	23.5	22.7	41.2	31.8	17.6	13.6	5.9	13.6	11.8
I would like to change many things in my life	27.3	5.6	31.8	41.2	13.6	23.5	18.2	23.5	9.1	5.9
I wish I had a different kind of life	13.6	17.6	22.7	29.4	31.8	23.5	18.2	11.8	13.6	17.6
I have a good life	27.3	35.3	27.3	35.3	22.7	11.8	18.2	5.9	4.5	11.8
I have what I want in life	13.6	29.4	31.8	17.6	31.8	23.5	18.2	23.5	4.5	5.9
My life is better than most people's	18.2	35.3	13.6	11.8	45.5	41.2	13.6	5.9	18.2	5.9
I feel safe	31.8	47.1	54.5	29.4	9.1	17.6	4.5	5.9	0	0
I am happy with my local area	27.3	35.3	68.2	35.3	0	17.6	4.5	0	0	11.8

Pearlin Mastery Scale

The Pearlin Mastery Scale measures an individual's level of mastery, which is a psychological resource that has been defined as "the extent to which one regards one's life-chances as being under one's own control in contrast to being fatalistically ruled" (Pearlin and Schooler, 1978, p.5). It is a 7-item scale comprising 5 negatively-worded items and 2 positively-worded items: respondents are asked to rate each item on a scale from Strongly Disagree to Strongly Agree. The negatively-worded items are reverse coded prior to scoring. Total scores range from 7 to 35, with higher scores indicating greater levels of mastery.

- the table shows a broad spread of total scores ranging from 14-35 but the majority (n=32, 88%) scored in the top half of the scale (19 or above) indicating generally higher levels of 'Mastery'. A slightly higher percentage of baseline completers than midway completers score in the bottom half of the scale (5 out of 22, 23% vs. 2 out of 17, 12%)

- the percentage scores for the individual items in the scale show broad similarities between young people who completed at baseline vs. midway especially for 'What happens to me in the future mostly depends on me' and 'There is little I can do to change many of the important things in my life'.

- notable differences in percentage scores are in relation to:
    - 'there is really no way I can solve some of the problems I have': baseline completion 13.6% vs. 0% of midway completers
    - a higher percentage of baseline completers strongly agreed that 'I feel that I'm being pushed around in life' (13.6% vs. 5.9%) and a significantly lower percentage strongly disagreed with this item than did midway completers (18.2% vs. 41.2%)
    - A significantly higher percentage of midway completers strongly agreed that 'I can do just about anything I really set my mind to' (41.2% vs. 27.3%)

A far greater percentage of midway completers selected 'Strongly disagree' or 'Disagree' to the question 'I often feel helpless in trying to deal with the problems in my life' than at baseline (64.7% vs. 36.3%)

	Strongly agree (%)		Agree (%)		Not sure (%)		Disagree (%)		Strongly disagree (%)	
	Home completion	Event completion	Home completion	Event completion	Home completion	Event completion	Home completion	Event completion	Home completion	Event completion
There is really no way I can solve some of the problems I have	13.6	0	13.6	17.6	13.6	17.6	45.5	47.1	13.6	17.6
feel that I'm being pushed around in life	13.6	5.9	22.7	17.6	18.2	11.8	27.3	23.5	18.2	41.2
I have little control over the things that happen to me	0	17.6	36.4	5.9	22.7	29.4	27.3	23.5	13.6	23.5
I can do just about anything I really set my mind to	27.3	41.2	31.8	23.5	31.8	11.8	9.1	11.8	0	11.8
I often feel helpless in trying to deal with the problems in my life	13.6	11.8	22.7	11.8	27.3	11.8	22.7	47.1	13.6	17.6
What happens to me in the future mostly depends on me	18.2	41.2	68.2	29.4	9.1	23.5	0	5.9	4.5	0
There is little I can do to change many of the important things in my life	9.1	11.8	18.2	29.4	31.8	5.9	31.8	35.3	9.1	17.6

Table 15: Young people's sense of mastery

Good Childhood Index (family domain)

This index comprises a set of 10 different domains of life to measure subjective well-being. In this evaluation, the survey for young people included the questions that make up the Good Childhood Index's family domain. For each item, respondents are asked to indicate how far they agree with statements relating to each of the items, on a five-point scale ranging from 'strongly agree' to 'strongly disagree'. Total scores range from 9 to 45 with a higher score indicating a greater sense of wellbeing in relation to the family domain.

Key Findings

- the majority of young people's total scores (n=27, 69%) fell in the top third of the range (33 and above) indicating a generally higher sense of wellbeing for many in relation to the family domain
- only 4 young people had scores in the bottom third of the scale (9-21) (3 baseline completers and 1 midway completer)
- notable differences in percentage scores can be seen in relation to:
  - 'my parents/carers and I do fun things together': 76.4% of midway completers strongly agreed or agreed to this item compared to 59.1% of baseline completers
  - 'I help make decisions in my family/foster family': a higher percentage of midway completers strongly agreed or agreed with this (64.7% vs. 40.9%)

Table 16: Young people's wellbeing: Good-childhood Index

	Strongly agree (%)		Agree (%)		Not sure (%)		Disagree (%)		Strongly disagree (%)	
	Home completion	Event completion	Home completion	Event completion	Home completion	Event completion	Home completion	Event completion	Home completion	Event completion
I enjoy being at home with my family/foster family*	40.9	35.3	31.8	41.2	13.6	5.9	9.1	5.9	0	11.8
My family/foster family is better than most*	45.5	35.3	27.3	35.3	9.1	29.4	13.6	0	0	0
I like spending time with my parent/carers*	27.3	35.3	40.9	47.1	13.6	11.8	13.6	5.9	0	0
My parents/carers treat me fairly*	40.9	41.2	40.9	47.1	9.1	0	4.5	11.8	0	0
My parents/carers and I do fun things together*	27.3	23.5	31.8	52.9	22.7	11.8	13.6	5.9	0	0
My family/foster family gets along well together*	22.7	17.6	50.0	52.9	4.5	5.9	13.6	17.6	0	5.9
Members of my family/foster family talk nicely to one another**	27.3	17.6	50.0	52.9	4.5	5.9	9.1	17.6	0	5.9
My parent/s carers listen to my views and take me seriously*	36.4	23.5	31.8	41.2	13.6	11.8	9.1	17.6	4.5	5.9
I help make decisions in my family/foster family*	22.7	17.6	18.2	47.1	22.7	23.5	22.7	5.9	4.5	5.9

*1 missing from home completion

*2 missing from home

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