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Inside Out

Evaluation report

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Key messages

While some teenagers in care are settled, well looked after and able to move onto successful outcomes, there are others with much less stability. Such young people are often characterised by a history of trauma, offending behaviour, frequent episodes of going missing, and, particularly among girls, a high risk of child sexual exploitation (CSE). Their experience of frequent placement breakdowns is costly to the authorities as they are forced to re-locate young people and provide increasingly expensive residential placements for them. Previous research has shown that placement breakdown is often associated with a change of social worker (Ward and Skuse, 2001) and this evaluation has illustrated how frequent changes in those tasked with supporting them (including social workers, key workers and placement providers) can trigger previous traumas related to attachment and reinforce a view that 'adults cannot be trusted' for young people.

Developing a close relationship with an Inside Out coach can help such young people to achieve more stability. More specifically, when young people joined the programme, they had an average of around 34 missing episodes over the last 12 months – one year later this had significantly dropped to around 6 missing episodes over the same time period.

Delivering this support is time intensive. The Inside Out coaches work with 2 or 3 young people at the same time and provide intensive relationship-based support tailored to the needs of each of them. Our analysis suggests that delivering and administering the programme costs about £16,900 per participant, but the current and future benefits are likely to outweigh these costs, with a calculated benefit-cost ratio (BCR) of around 2.5. This means that for every £1 invested in the delivery of Inside Out, about £2.50 of (cashable and non-cashable) benefits accrue to the LA and wider public sector.

The success of the Inside Out project relies on the recruitment and retention of coaches with the right skills, characteristics and flexibility to engage and support young people who are often very vulnerable. Interviews with the coaches, social workers, providers and participants showed that it took a lot of persistence and resilience to develop trusting relationships with the young people given their histories of trauma, instability and attachment issues, which led them to distrust most adults.

This means that selecting the right staff as coaches was at the heart of success – most had substantial experience of working with vulnerable young people, were able to build on links with local networks and professionals, and had the flexibility to adapt to the changing needs and requirements of participants. Given the centrality of the coaches in this programme, it is also key to retain their services to work with the same young people over the 18 months of the programme – otherwise, there is a danger the programme will be seen as repeating previous patterns of being let down by adults in the eyes of the young people.

Executive summary

Introduction

This reports presents findings from the evaluation of the first 21 months of implementing the Inside Out project carried out by the Tavistock Institute of Human Relations (TIHR). This project was supported through the Department for Education's Children's Social Care Innovation Programme.

The project

Inside Out is an innovative intervention developed jointly by Essex, Hertfordshire and Norfolk County Councils aimed at providing intensive targeted support for young people in care aged 14.5 to 18 years who have had multiple placements over the last 12 months (or those deemed at risk of following a similar path). This is done through intensive, relationship-based support through a coach employed by The Children's Society (TCS), who aims to work closely with participants, social workers and placement providers to effect positive change – including more stable placements, improved wellbeing, less risky behaviour, and a more positive transition to adulthood. Additional support includes peer activities and support for the family by KidsInspire (a local family-focused voluntary and community sector (VCS) organisation) therapists.

The evaluation

The evaluation for this project took place between February 2018 and March 2020 and was based on a mixed methods design consisting of 4 elements, including project scoping, a qualitative element, a quantitative element, and an assessment of the value for money of delivering the project. More specifically, this involved:

- Qualitative interviews with over 15 key stakeholders across the 3 local authorities at 3 time points
- Qualitative interviews with 10 project participants across the 3 areas – this included 4 participants interviewed on 2 occasions in Essex
- Qualitative interviews with around 16 providers, social workers, coaches and other key informants in Essex at 3 time points
- Baseline qualitative interviews with a similar number of providers, social workers, coaches and other key informants in Norfolk and Hertfordshire on 1 occasion

- Quantitative analysis of SSDA903 children-looked-after (CLA) data and youth offending data to measure the impact of participating in Inside Out compared with a comparison group of non-participants
- A cost benefit analysis to compare the current costs, cost savings and reduction in future costs, in relation to staff time, placement costs, missing episodes as well as potential future savings in relation to unemployment and mental health service use, of delivering the Inside Out project in Essex.

Key findings

Developing a close relationship with an Inside Out coach can help young people in care with a history of many placement moves to achieve more stability. More specifically, when young people joined the programme, they had an average of around 34 missing episodes over the previous 12 months – one year later this had significantly dropped to around 6 missing episodes over the same time period.

The evaluation also demonstrated many other positive outcomes for young people via qualitative interviews with social workers, coaches, placement providers and participants. This included improvements in wellbeing and relationships with others, reduced risky behaviours, and clearer ambitions about future education or employment options. At the same time, there were also examples of some young people achieving a positive outcome, such as finding a job or an apprenticeship, but not being able to sustain it. This is not surprising given the many challenges some of them faced.

Our analysis suggests that delivering the programme costs about £16,900 per participant, but the current and future benefits are likely to outweigh these costs, with a calculated benefit-cost ratio (BCR) of around 2.5. This means that for every £1 invested in the delivery of Inside Out, about £2.50 of (cashable and non-cashable) benefits accrue to the LA and wider public sector.

Lessons and implications

The evaluation has highlighted several lessons for the continued success of this project in the 3 LAs and possibly in other areas.

First, it is clear that the model relies on the recruitment and retention of coaches with the right skills, characteristics and flexibility to engage and support young people who are often the most vulnerable. Interviews with the coaches, social workers, providers and participants showed that it took a lot of persistence and resilience to develop trusting relationships with the young people given their histories of trauma, instability and distrust in adults. This means that selecting the right staff as coaches was at the heart of success

– most had substantial experience of working with vulnerable young people, were able to build on links with local networks and professionals, and had the flexibility to adapt to the changing needs and requirements of participants. Given the centrality of the coaches in this programme, it is also key to retain their services to work with the same young people over the 18 months of the programme – otherwise, there is the danger the programme will be seen as repeating damaging patterns of participants being let down by adults.

Second, the Inside Out project relies on the successful coordination of the roles and relationships around the young person and avoiding unnecessary conflict or friction between these. There are various important ways in which this can be done. One includes putting someone in each LA in charge of working with the delivery partner (TCS) to select the right young people for participation, matching coaches to them, and brokering and supporting the relationships between social workers, coaches, providers and participants. Equally important is ensuring good communication between the coach and social worker – to ensure that they are aware of any issues that have arisen and can work together to respond to them. This relies on regular meetings and telephone or email contact.

Finally, the Inside Out project has been built around a new way of managing risk around young people with many missing episodes. The commitment to such an approach has been ‘owned’ and supported at a very senior level – to enable practitioners to respond to such episodes in new ways. The evaluation provided several examples of how coaches and social workers worked closely together in ways to manage such episodes to avoid escalation. In many cases, the coach played a crucial role in keeping in touch with the young person, providing them with food or other essential items, and ensuring that they were safe. This helps to build trust and, as participants approach their 18th birthday, is one way of helping them to learn to become more independent and behave in a responsible way – by keeping others informed of where they are and that they are safe. Such an approach also relies on building good relationships with other key services in the area, including police, education, Youth Offending Team (YOT) to make sure they understand and support it.

1. Overview of the project

1.1 Project context

Interviews with 15 stakeholders across the 3 participating local authorities (LAs) were used before the start of the project in May/June 2018 to explore the context for the Inside Out programme in Essex, Hertfordshire and Norfolk County Councils.

Particular contextual issues included:

- Increasing pressure on services: as a result of funding cuts and greater complexity of need that services are trying to meet;
- Current care system is not meeting the needs of some young people with the most needs: a small minority of young people in the 3 LAs are placed in residential care – but placements often break down and they are moved on to other more secure placements ; while providers say the placements provide safe, therapeutic residential care all 3 LAs questioned this, and suggested that young people often do not receive or access the support they need;
- Lack of suitable and affordable provision locally for such young people: placements are often in other areas and can be very expensive – and it is hard to monitor quality of care provided;
- Lack of joined up support for young people and families: there are often lots of professionals around the child but not necessarily in contact with each other; services are inconsistent, not joined up or connected, they provide short-term solutions, that may not solve anything, and they are not always available at the time they are needed;
- Young people do not access the support they need: including the support of universal services (for example mental health issues, education support, etc.) when needed and often require increasingly expensive, intensive services when they are perhaps too late.

1.2 Project aims and intended outcomes

Inside Out is an innovative intervention developed jointly by Essex, Hertfordshire and Norfolk County Councils aimed at providing intensive targeted support for young people in care who have had multiple placements over the last 12 months (or those deemed at risk of following a similar path). This is done through intensive, relationship-based support through a coach employed by The Children's Society (TCS), who aims to work closely with participants' social workers and placement providers to effect positive change – including more stable placements, improved wellbeing, less risky behaviour,

and a more positive transition to adulthood. Additional support includes peer activities and, where appropriate, support for the whole family by KidsInspire (a local family-focused voluntary and community sector (VCS) organisation) therapists.

An important element of the project is that the coach is entirely independent of the placement provider. Young people in residential care are all assigned a placement-based keyworker, with whom they are supposed to develop a trusted relationship. This means that this relationship with the key worker, if it develops at all, is dependent on that placement continuing. This model is problematic for young people with a history of placement breakdowns and broken attachments. The Inside Out coach aims to address this by providing continuity regardless of placement changes.

More specifically, for participants the Inside Out project aims to:

- Help young people to 'step down' from expensive residential placements to lower intensity cheaper and more local provision
- Increase their stability in their placements: evidenced by a reduction in placement changes and less missing episodes
- Build supportive networks around the young people – this could include their family or other relatives, but also friends or contacts made through the programme
- Help young people access the support they need when they need it to help overcome issues with regard to education, health, mental health, etc.
- Encourage them to avoid risky behaviours and reduce their vulnerability to risks of CSE, gang involvement, drug use or other offending behaviour
- Improve their mental health or wellbeing
- Change the young people's life trajectories – so that they are able to achieve more positive outcomes in education or work and avoid (further) contact with the criminal justice system or other negative outcomes.

The 3 LAs also hoped that Inside Out would enable them to improve their relationships with placement providers and other local services to ensure that they are able to support these young people better, and develop new ways of working with this target group that can be shared with other LAs. They were also aiming to achieve savings due to lower placement costs and a reduction in public service costs.

Inside Out addresses the challenge of a relatively small proportion of young people in care in these 3 authorities for whom it has often proved impossible to find long-term settled placements. They are often characterised by a history of trauma, offending behaviour, frequent episodes of going missing, and, particularly among girls, a high risk of child sexual exploitation (CSE). Frequent placement breakdowns are costly to the authorities, as they are forced to re-locate young people to increasingly expensive

residential placements (often away from their home areas). This innovative intervention builds on previous research on the effectiveness of using relationship-based social work interventions (Ruch, Turney, and Ward, 2010; Forrester and Harwin, 2011).

Previous studies have shown that helping young people in care to achieve stability and prepare them for their transition to adulthood are key to supporting more positive outcomes. Several studies have demonstrated the difficulty many young people in residential care face in achieving a successful transition to adulthood and independent living (Havlicek et al., 2014; McCoy et al., 2008). Similarly, Scannapieco et al (2016) found that 'Most children leaving foster care do not have the financial, medical, or social support tools necessary to bridge this transition successfully' (p.293). A review of the outcomes for those leaving care in the UK reported (Sinclair, 2005) that they often ended up feeling lonely, short of money, unemployed and depressed.

It has been estimated that around half of teenage placements break down before the young person reaches 18 – the Social Care Institute for Excellence has found that 'teenage' placements have a 50% chance of breaking down and that placement breakdown is often associated with a change of social worker (Ward and Skuse, 2001). On the other hand, other research has shown that placement instability reduces for older teenagers, perhaps because, given their age, placements for older teenagers are not planned to last as long (Sinclair, 2005). However, only a minority described leaving for 'positive reasons' as opposed to a 'quarrel' or 'being pushed out'. Yet another view of the step down comes from studies that find that as many as half of foster youth who are stepped down to less restrictive placement settings eventually return to higher levels of care (Farmer et al., 2003).

1.3 Project activities

The main focus of the project is on the individual support provided to participants by the TCS Inside Out coach. The coaches provide flexible young person-centred support in response to participants' individual needs. Contact is often face-to-face but also involves keeping in touch via phone, text messages or social media. This can be for up to 25 hours per week and for a duration of up to 18 months. It is targeted at children in care aged between 14.5 and 18 years old. Coaches also sometimes contact or run activities with family members or peers depending on the circumstances of the young person. They also keep in regular contact, where possible, with social workers, placement providers and other professionals.

Project delivery started in Essex in July 2018 and expanded to Hertfordshire in May 2019 and Norfolk in July 2019 – starting with 11 young people from Essex for the first year of the programme and expanding provision in Essex and the other 2 regions over the remaining time of the intervention up until March 2021. As of January 2020, 33 young

people had engaged with the intervention. The goal is for 59 young people to have been through the programme by 2021. The expected length of engagement is up to 18 months per participants, although there is some flexibility for support to finish sooner or to extend this time period in response to particular needs.

Further details of the Inside Out project and its intended outcomes and impacts can be found in the revised Theory of Change (see Appendix 1).

2. Overview of the evaluation

2.1 Evaluation questions

This evaluation aimed to address the following 9 evaluation questions, which were formulated to address the key aims of the Inside Out evaluation:

1. Has the innovation helped young people to achieve more stable and safe placements?
2. Has the innovation improved participants' relationships with their family, carers and peers?
3. Has the innovation equipped participants to be more likely to engage in EET and/or make a more successful transition to adulthood?
4. Has the innovation made participants more emotionally resilient and improved their wellbeing and mental health?
5. What barriers were identified to achieving positive outcomes for participants engaging in the Inside Out project?
6. What has been learned about what works and why in implementing this innovation in 3 different authorities?
7. Has the innovation supported the development of partnership working within and between the 3 authorities?
8. Has the innovation resulted in reduced days spent in state care and, in particular, use of high cost residential placements?
9. Does the innovation have the potential to result in less spending by the 3 authorities and to other agencies?

2.2 Evaluation methods

This report presents the findings from Phase 1 of the evaluation of Inside Out between February 2018 and March 2020 – Phase 2 will explore the implementation and impact of the project until March 2021. The main evaluation methods used for this study consisted for four elements, including:

A scoping and review element (February 2018 to June 2018)

- Theory of Change workshops with representative of the 3 LAs to agree and review the project Theory of Change (June 2018, December 2018)

- Interviews with 15 key stakeholders across the 3 LAs to inform the Theory of Change (May/June 2018), follow-up interviews with a sub-sample of 10 stakeholders to reflect on progress made and expectations from roll-out of project to Hertfordshire and Norfolk (May/June 2019), interviews with 4 stakeholders to reflect on lessons learned and sustainability of the project (January 2020).

A process evaluation element (September 2018 to February 2020)

- A mixture of formal and informal feedback from 14 project participants across the 3 areas. This included qualitative interviews with 10 project participants, including baseline and follow-up interviews with 4 of the 11 young people who started the project in Essex, and baseline interviews with 5 participants in Hertfordshire and 1 in Norfolk; we also had more informal contact and discussions with 4 other participants across the 3 areas during activity days
- Qualitative baseline interviews with 17 providers, social workers and coaches (November/December 2018); and 16 follow-up interviews (but also including social worker managers, service managers, personal advisors; May/June 2019); and 16 final interviews (January/February 2020) in Essex
- Qualitative baseline interviews with 12 providers, social workers and coaches (December 2019 – February 2020) in Norfolk
- Qualitative baseline interviews with 13 providers, social workers and coaches (October/November 2019) in Hertfordshire.

A quantitative element (July 2018 to February 2020)

- Quantitative analysis of SSDA903¹ children looked after (CLA) data and youth offending data to measure impact on participants in terms of wellbeing, placement moves, missing episodes, education status, offending behaviour as well as CSE risk level for all 11 participants who started Inside Out in Essex in the first 6 months of the programme in comparison with a matched sample of 11 non-participants – see Appendix 2 for further details on the methodology and data used
- In addition to the analysis of secondary quantitative data, coaches were asked to administer a self-completion wellbeing scale (SWEMWBS²) among participants across all 3 LAs: 28 were received at baseline (as close to the start date as

¹ The SSDA903 refers to the children looked after (CLA) data which local authorities use to record the details of CLA in their authority on a regular basis – there is also an annual return of the data to the DfE.

² This scale is the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS²) developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing; see: <https://www.corc.uk.net/outcome-experience-measures/short-warwick-edinburgh-mental-wellbeing-scale/>

possible), 12 after about 3 months, 6 after 9 months (for Essex only) and only 1 after 15 months (Essex) – see Appendix 3 for an overview of the timing of data collection for different variables and measures.

A value for money element (January to March 2020)

- Cost benefit analysis: Comparison of current costs, cost savings and reduction in future costs using a comparison group as counterfactual, in relation to staff time, placement costs, missing episodes as well as potential future savings in relation to unemployment and mental health service use. The calculation of the benefit-cost ratio (BCR) is limited to Essex in this report due to current outcome data availability; but the same methodology is being followed for Norfolk and Hertfordshire and will be reported on subsequently in September 2021.

2.3 Changes to evaluation methods

The main change to the evaluation method concerns our engagement with young people on the project. The original plan was to conduct longitudinal interviews with them at 3 time points – after joining the project, about half-way through, and towards the end of their involvement. However, some young people did not consent to be interviewed – as the coaches explained, many of them are very reluctant to engage with adults they do not know and so were not willing to participate in the study. This meant that we had to adopt more flexible approaches for collecting the views and experiences of participants. In 4 cases, we were able to meet with and interview young people at two time points during their involvement in Inside Out in Essex. We have also conducted baseline interviews with 6 participants in Hertfordshire and Norfolk.

We also attended participant activity days in Essex and Hertfordshire to engage informally with young people, and asked coaches to share a link to a short online survey with those not wanting to meet with us (promising full confidentiality and anonymity). The survey asked a few closed questions about their experiences of participating in Inside Out (for example: All in all, has working with the coach made your life better? (Definitely not, Not really, Not sure, Sort of, Definitely yes) – see Appendix 5 for the full survey. So far we have received only 1 response to this survey, but we will continue to use it over the coming months across all 3 areas as part of Phase 2 of the evaluation (see Section 2.2 above).

Taken together this means that we met with and received a mixture of more formal and informal feedback from 6 young people in Essex, 7 in Hertfordshire, and 1 in Norfolk – a total of 14 out of 33 participants across the project as a whole.

2.4 Limitations of the evaluation

The most important limitation of the evaluation has been that the Inside Out project is targeted at a small group of young people in each of the 3 areas with very particular needs and characteristics (see Appendix 4) – this means that sample sizes for both qualitative and quantitative methods were quite limited and also made it difficult to identify a suitably similar comparison group. This was further complicated by the fact that delivery Hertfordshire (May 2019) and Norfolk (July 2019) started later than originally anticipated. As a result, this report focuses predominantly on what has been learned about delivery and outcomes in Essex – where one full cohort of around 10 young people have been involved and have completed around 18 months of support on the programme. Fortunately, Phase 2 of the evaluation will continue until September 2021 which will allow for the full impact and learning from the programme across all 3 areas to be incorporated into a final report.

The quantitative analysis has also been limited by some noticeable gaps in the local SSDA903 data – particularly levels of completeness of the Strength and Difficulties Questionnaire (SDQ)³ to measure wellbeing over time were quite limited. In Essex, for example, despite social workers and coaches actively supporting the collection of such data for all participants at baseline, after 6 and 12 months, we were only able to collect longitudinal data for this measure at all three datapoints for 6 of the 11 participants. This means that in several cases, the analysis lacked the power (i.e., the probability of rejecting the null hypothesis when it is false) to identify significant changes. More generally, the quantitative analysis is based on indicators for particular outcomes (for example: number of placements over the last 12 months as an indicator for ‘placement stability’) which were either measured routinely or collected as additional primary data at particular time points. However, as the qualitative evidence shows, progress is often not linear for these young people and their wellbeing or stability may be disrupted or change suddenly and abruptly.

Future plans for the Phase 2 evaluation beyond March 2020 (up until September 2021) will include conducting the cost-benefit analysis for all 3 LAs and measuring the impact of the programme on all participants.

³ The SDQ is a brief emotional and behavioural screening questionnaire for children and young people that can be used to diagnose issues relating to, and measure improvements in, mental health and wellbeing.

3. Key findings

This report focuses predominantly on what has been learned about delivery and outcomes in Essex, as implementation and delivery of the project has been going on the longest in this area. At the same time, we highlight any noticeable similarities or differences in the other 2 areas where these have been found or they are relevant.

3.1 What were the characteristics of Inside Out participants?

The impact of the programme has to be understood in the context of the programme being targeted at young people in care facing significant challenges and at risk of not achieving a positive transition to adulthood. More specifically, this included (as described in the final project Theory of Change – see Appendix 1):

- a history of lack of stability, including unstable placements and/or missing episodes
- multiple complex needs including substance misuse; mental health problems; being at risk of CSE; offending behaviour; gang involvement; being not in education, employment or training (NEET), risky behaviours, etc.
- deemed to be at significant risk of poor long-term outcomes including unemployment, involvement in the criminal justice system, and health problems
- poor relationships with services/ professionals, including placement providers, social workers, teachers, etc. and their families
- attachment issues which may cause difficulties in building trusting relationships with adults.

This is illustrated by the following vignettes relating to 2 participants (all vignettes in this report use pseudonyms and individuals' details are slightly modified to preserve the anonymity and confidentiality of participants):

Multiple needs vignettes

Jane has been in care since she was 9 but has had many placement moves since her early teens – both planned and unplanned, as a result of the placements' inability to contain her volatile and destructive behaviours towards staff. While in care, she got involved in a gang through a relationship with a much older boy and was deemed at high risk both of CSE and involvement in criminal activities. At the start of Inside Out, she had just been moved to semi-independent accommodation (SIA) in a rural area and felt very isolated and lonely. She was supposed to have started college but was refusing to participate. She spent most of her time in bed, sleeping. Jane had gone missing 16 times in the last 12 months before joining the programme.

Rob's mother died when he was very young. He went into foster care when he was 10 having suffered many years of neglect whilst living with his father, stepmother and several siblings. He was recently diagnosed with post-traumatic stress disorder (PTSD) as a result of his childhood traumas. Just over a year before joining Inside Out, his behaviour became more threatening, criminal activity increased and he was not attending school. Rob's foster care placement broke down and he was moved to residential care. This was followed by 11 placement moves in a 12-month period and many missing episodes – Rob also served 3 months in a Youth Offender Institution (YOI).

Analysis of the SSDA903 data provides further contextual information on the 11 participants starting in Essex within the first 6 months of the programme – who are the focus of this section of the report (as these are the young people who have either already completed or are close to completing around 18 months of support). This includes 1 young person who dropped out early.

The SSDA903 refers to the children looked after (CLA) data return for children who have been looked after at any time during the year which LAs are required to submit to the DfE once each year and published in aggregate form annually. Instead of relying on the aggregate data, participating local authorities agreed to share child-level data reports from their case management system (ICS) used to explore the characteristics, behaviour, and risk factors of CLAs and to analyse the impact of the programme on Inside Out participants. Table 1 provides an overview of these variables (see Appendix 3 for further details of when different variables and data were collected during the project):

Table 1: Main variables included in the analysis

Variable	Details
Age	Age in years at the time of the data report
Age at entering care	Age in years at the time of entering care
Type of placement	Placement type is a categorical variable referring to where the child is living (e.g., foster placement, residential care home). It is recorded with a description of the type of placement or a code as described in the guide to the SSSDA903 data collection. ⁴
Number of placements over the last 12 months	This records the number of placements over the last year at the time of the data report
Number of missing episodes over the last 3 months	This records the number of missing episodes recorded in the last 3 months at the time of the data report
Number of missing episodes over the last 12 months	This records the number of missing episodes recorded in the last 12 months at the time of the data report
SDQ score	SDQ score refers to the total difficulties score of the Strengths and Difficulties Questionnaire (SDQ) which ranges from 0-40. This score is required for every child being looked after continuously for at least one year at the end of March every year. The SDQ is collected annually, therefore, it refers to the latest score in each data report.
EET or NEET status	Categorical variable indicating if a child is engaged in education, training or employment or is considered NEET at the time of the data report.
CSE risk level	Categorical variable specifying the Child Sexual Exploitation (CSE) risk level from 'Non CSE', to 'Standard', 'Medium' and 'High'.
Number of offences over the last 12 months	This refers to the number of offences reported in the last 12 months at the time of the data report. This is a derived variable from the youth offending team (YOT) data.

4

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/795375/CLA_SSDA903_2018-19_Guide_Version_1.3_.pdf

The analysis showed that at the start of the programme among the 11 young people joining Inside Out (see Appendix 4 for baseline information on participants in all 3 areas):

- The average age was 15.3 – with a range of 14 to 16 years
- The average age of entering care was 10.9 years – with a range of 4 to 15 years
- The majority were placed in residential accommodation; one was in foster care and another in secure accommodation
- The average number of placements over the previous 12 months when joining Inside Out was 4.4
- The average number of missing episodes over the previous 12 months was 32.2, and 4.5 missing episodes over the previous 3 months when joining the programme
- The average SDQ score at entry was ‘very high’ at 20.6 with a range from 12 to 31. Most had a SDQ score classified as ‘high’ or ‘very high’⁵
- Eight young people were registered as being in education and 2 participants were classified as NEET. For one this information was missing
- For 4 young people an exploitation risk level was recorded (ranging from ‘medium’ to ‘victim’)
- For all but 3, at least one criminal offence was recorded in the 12 months period before joining Inside Out, with an average number of around 5 offences committed during this period.

3.2 What impact has Inside Out had on participants?

Given this context, analysis of the SSDA903 data at various intervals and qualitative interviews with coaches, social workers, providers and others demonstrated that the programme has had a considerable impact on (virtually) all young people that have been supported by a coach – although the impact varies from some small, but yet noticeable, improvements for some, to much more significant changes for others that it is hoped can make a real difference to their lives in the long term. At the same time, as argued below (see Section 3.2.5), given the challenging backgrounds of these young people even an intensive coaching programme lasting up to 18 months such as Inside Out cannot be expected to overcome many years of neglect, trauma and exposure to risks. Instead, its

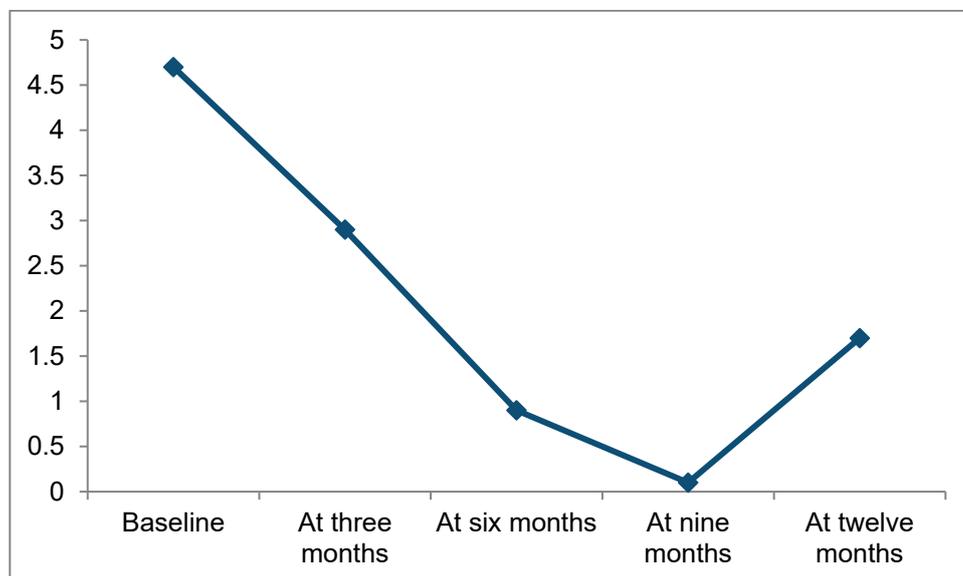
⁵ This average is based on only 10 participants as no SDQ was available for one within 6 months of joining Inside Out.

aim is more likely to be mitigating the adverse effects of their histories and guiding them towards a more positive life trajectory.

3.2.1 Increased stability

Analysis of the SSDA903 data from Essex suggests that participating in the programme helps to increase young people's stability. This is particularly significant in relation to their missing episodes. Figure 1 below shows that missing episodes over the last 3 months significantly declined from an average of 4.7 at baseline ($p=.002$) for 10 participants.⁶ This change is even more apparent when comparing the number of missing episodes over the last 12 months at the start and a year into the programme – when young people joined they had an average of 33.6 missing episodes over the previous 12 months; a year later, this had gone down to 5.7 missing episodes over the last 12 months ($p=.005$).

Figure 1: Average number of missing episodes over the previous 3 months for Inside Out cohort



Source: Essex SSDA903 data; N=10.

There was a similar trend in placement stability – when joining the programme, participants had, on average, been in 4.1 placements over the last 12 months, while a year later this had declined to an average of 2.2 placements over the last 12 months. This change, though, relating to only 10 participants was only marginally statistically

⁶ Data on the number of missing episodes after 15 months was only available for 8 of the 10 participants as the other 2 had started the programme less than 15 months ago – but the change was also statistically significant. One of the 11 participants who joined the programme dropped out early – and so is excluded from this analysis.

significant ($p=.057$ – with statistical significance normally set at $p<.05$) – such a change is likely to be significant with more participants.

It is also worth noting that the qualitative interviews with social workers and coaches revealed that placement moves for these young people included both planned and unplanned ones. Thus, several of the participants on Inside Out were moved into SIA as they approached their 18th birthday. Without such enforced changes, the stability data reported above would have shown a larger reduction in placement moves – mirroring the significantly reduced number of missing episodes for this cohort.

Qualitative data from the interviews with coaches, social workers, providers and participants provided further evidence of this change – and the role of Inside Out in supporting it. As one social worker commented, for example:

“Since they [Inside Out] have become involved, he’s settled, and remained in his placement for over a year – actually a year and 2 months” (social worker).

This is also illustrated by the following vignette:

Increased stability vignette

Harry has been in care since he was a young child, with experience of abuse and subsequent trauma. He was moved from his placement at the start of Inside Out due to his aggressive and controlling behaviour towards staff and other young people living there. But he engaged well with the coach who managed to keep regular contact with him despite several missing episodes and some other placement breakdowns. Over a year after joining Inside Out, the coach helped him move into semi-independent accommodation and he seems a lot more settled since then with no more missing episodes. Harry was hopeful about beginning an apprenticeship soon.

As described in Section 2.3, it was very difficult to identify a valid comparison group for participants on the Inside Out programme. Analysis of the changes in stability of such a group (see Appendix 2) suggested a similar downward trend over time but this change was not statistically significant for the comparison group (with p-values of $p=.091$ and $p=.082$ for missing episodes and number of placements respectively).

This would suggest that as young people in care mature, the number of missing episodes and placement moves decline ‘naturally’, but that Inside Out had a positive effect on the former for the participants on the programme. The overall trend towards increased stability could also be linked with young people being moved to SIA as they approach their 18th birthday. It is possible that less structured and restrictive placements such as this could reduce the urge to go missing. However, this hypothesis will need to be

substantiated and explored further in the coming year in relation to larger number of participants in Essex and the other 2 areas as part of the Phase 2 of the evaluation.

3.2.2 Improved mental health and wellbeing

SDQ scores were not available for all participants at baseline and follow-ups, so the analysis is only based on 6 participants at baseline, after 6 months and a year after joining (while participants were still on the programme). It showed a small decrease in average SDQ scores (with a decrease indicating an improvement in wellbeing) over this period – from an average of 20.33 at baseline, to 17.00 at 6 months and 17.17 after 12 months.⁷ On average, this suggests, a change from ‘very high’ (i.e. 20+) to ‘high’ (17-19) level of need⁸. However, this change was not statistically significant ($p=.153$) given the very small sample size of participants for which this data was available longitudinally. Of these, 4 participants improved their score from a higher to lower level of need – including one whose score changed from ‘very high’ to ‘close to average’.

It is also worth noting that analysis of SWEMWBS data for a similar number of participants who completed these self-completion scales did not reveal any significant improvements – although coaches told us that several young people were reluctant to complete them. This resulted in low response rates (while we received 11 scales at baseline, this dropped to around 5 after 3 and 9 months of involvement in the programme). The analysis also suggested that participants’ average scores (23.07) at baseline were in line with the general population norms as identified in the Health Survey for England – this is likely to suggest that the scales did not measure their real level of wellbeing as intended.

Analysis of the SSDA903 data also showed no significant improvement in the level of exploitation risk or their offending behaviour. The average number of offences committed over the last 12 months between joining and a year later declined for 6 of 10 young people (it stayed the same for 1 and increased for 3) – although the average change was not significant.

⁷ The time points of SDQ completion are not consistent across participants due to a delay in the baseline measurement. For most cases, the baseline measurement was no more than 2 months before or after the start. Only in one case included in the analysis, this time period exceeded 2 months, so, there is the possibility of underestimating the distance travelled.

⁸ SDQ scores are classified as close to average (score is between 0-13); slightly raised (score is between 14-16); high (score is between 17-19); and very high (score between 20-40) – with higher scores indicating lower levels of wellbeing and, hence, higher levels of need.

However, qualitative interviews with coaches, social workers and placement providers were able to document several examples of how the Inside Out project had helped most of the participants to become:

- Happier
- Calmer
- Less anxious
- More reflective about their own behaviour.

There was also some evidence that it had helped some to reflect on and/or reduce their risky behaviours, including drug use or gang involvement.

Reduced risky behaviours vignette

Susana was 15 when she joined the Inside Out programme and had only been in care since she was 14. But she and her family were well known to the social care team and other services locally. She was deemed at risk of CSE and drug use. She initially lived in a residential home, but had numerous placement moves and missing episodes – she once went missing for 3 weeks and could not be found. Since joining Inside Out, she has moved back to live with her mother and the coach has supported both of them to stabilise their relationship and living situation. The coach reported that: “Since she’s been placed back with mum, her missing episodes and her risky behaviours appear to have stopped”. Her social worker also noted that she is increasingly reflective since the support started, able to think about her behaviour and make different choices.

Other examples of the positive impact of the Inside Out project on young people’s mental health and wellbeing included:

- A young man asked his coach for help to be referred to a drug charity to address his drug taking and is “showing some reflective behaviour about spending time with the wrong people so he doesn’t end up dealing drugs” (coach)
- One young man engaged in more self-care since the start of the programme: “he is eating more healthily and is going to the gym” (coach)
- One young woman was now no longer at risk of CSE: “We had high concerns about exploitation. She would go off. There was clear exploitation going on. The risk has now not only reduced but it’s no longer there. Her missing episodes have gone right down. When she goes missing it’s more seen as unauthorised absence where she would go to friends that we are OK with” (social work manager)
- Another participant has agreed to work with the Social Care mental health coordinator to address her childhood trauma: “14 or 15 months ago she’d have

never ever agreed to that. (...) she realises that that is worth exploring and how that impacts on her and her relationships around her” (coach).

3.2.3 Relationships with family, carers, peers

Most of the Inside Out participants had very little contact with their families at the start of the programme – in several cases, there was little prospect of them being able to live with or have sustained contact with them due to child protection concerns. However, a year later, Inside Out had supported some of them to establish contact with their parents or other relatives and, in some cases, there was evidence of improvements in their relationships.

Improved relationships vignette

Collette went into care when she was 13 – and at the beginning of Inside Out was 16 and living in an SIA in a rural area a long way from her family. This meant that she had very little contact with them – a visit once every 2-3 months. She quickly established a positive relationship with her coach and kept in regular contact by phone or text messaging. Her coach encouraged her to think about the past and her relationships: “She talks a lot about what happened previously, how she ended up in care”. Now, once she leaves care, she hopes to find a home close to where her family live. She has also made friends with others living in her SIA: “one of the girls has got learning difficulties. So, she took her under her wing and was sort of showing them the ropes”.

Other examples of the positive impact of the Inside Out project on young people’s relationships:

- One young man described his positive relationship with his coach: “I don’t like talking to people and I don’t open up. But with [my coach] I have opened up; I can talk to her about things. I wouldn’t have anything to say usually, I’m not comfortable saying things, but she keeps trying with me, makes me feel comfortable” (participant)
- Similarly, another participant said that he liked speaking about confidential things with someone other than his social worker: “she doesn’t have to write everything down what you say; if I told my social worker stuff about what my dad had said or done, she’d have to write everything down. It is confidential with the social worker, but you know, not really! Whereas with [my coach] it is like really confidential” (participant)
- Others had developed better relationships with their social workers: “now she will phone her social worker if she wants something or if she needs something. Or if

she's got a problem, she'll phone her, whereas before she wouldn't do that" (coach)

- One young man was now living with his family but looking to move into an SIA locally – support from his coach and KidsInspire had significantly stabilised their relationships: "We've seen huge improvements – talking a lot more, less arguing, less outbursts" (coach).

3.2.4 Transition to adulthood and participation in EET

Analysis of the SSDA903 data showed no significant change in the number of young people registered as being NEET – although there were noticeable gaps in the data. Also, some of the young people registered as being in education at the start of the programme, were, according to qualitative interviews with their social workers or coaches, in fact hardly or not engaging in education. This could partly explain the lack of measured impact.

Qualitative interviews with key informants were able to identify positive impacts for some young people in relation to:

- Participating in EET
- Attainment of relevant qualifications
- Having a clearer direction / ambition
- Developing relevant life skills
- Learning to make more positive choices

This is well illustrated by the following vignette:

Positive transition vignette

Robert was 16 when he joined Inside Out and quickly developed a good relationship with the Inside Out coach after joining the programme. Early on, he still had many missing episodes but kept in contact with her and allowed her to bring him food where he was staying. About 6 months into the programme he started showing more stability – the number of missing episodes dropped considerably, he was eating more healthily, and engaged in education. Robert credits the support from his coach with having helped him achieve this change: "Having someone to chat to on my level, showing you what to do, how to do stuff – it makes you stronger in the long run as well because you know you've got that, you've got that support." Eight months later, he's completed his GCSEs and some other vocational qualifications – and is considering several options to start an apprenticeship. He feels that the coach has helped him turn his life around and look to the future: "if you have that bond with someone, you will try your hardest".

Other examples include:

- The coaches providing help to participants to develop valuable 'life skills', such as how to sew a button or how to manage their finances on a tight budget and cooking: "when he moved to this [independent] placement I took him to get some shopping; before he would want to spend £10 of it on pot noodles or cereal, things that aren't realistically what you should be buying for a healthy diet for the week. But anyway (...) we went shopping and he picked up some chicken, some peppers, some onions – basically all the things to make fajitas which interestingly was one of the first things we cooked" (coach)
- A participant said that having a coach had helped him to cope better with living independently: "She helped me get through life – taught me new skills and stuff – because life is really difficult for someone like me, living on my own".
- Young people becoming more reflective about their future choices: "when you have a conversation with him now – he's able to sit and listen and weigh up the pros and cons and come to a decision" (coach)
- A female participant finding work: "She's also been able to not only have a job but maintain that job which is brilliant, really really brilliant. And it sounds like as a result of this co-working between Social Care and the Inside Out worker that has brought this about" (social work manager)

At the same time, there were also examples of young people apparently achieving a positive outcome, but not being able to sustain it. This can be seen as an example of lack of resilience, but also having to deal with many other challenges, including mental health, housing, or anger management issues. One participant had, with the help of his Inside Out coach and others around him, for example, managed to get onto a Level 3 course at a local college despite many years of low attendance in education. But he had struggled with the course and dropped out by the time he was interviewed towards the end of the programme: "I hated the teachers ... and I missed quite a bit of work and found it hard to catch up". Another young person had managed to find a job, but had quit because she had felt exploited – but she was looking for other work. One other young man had started 2 apprenticeships but dropped out of both of them for different reasons.

3.2.5 Contribution of Inside Out to positive outcomes

To what extent can the changes measured and reported be attributed to Inside Out? As discussed in Section 3.2.1, it is possible that some of the changes observed could have come about as a result of a 'natural' maturing effect, as participants age from being 15 or 16 years old to young adults aged 18. But both the quantitative evidence (of a significant reduction in missing episodes in particular) and interviews with social workers, providers,

coaches and participants highlighted the way the relationship with the coach had supported such changes.

At the same time, it is clear that young people's journeys were usually not linear. In fact, they often experienced a reversal before things started to improve – as predicted by stakeholders at the start of the project and documented in the Theory of Change (see Appendix 1). Such reversals could include, for example, refusing to engage with the coach, criminal behaviour, drug taking, placement breakdowns or several missing episodes. It seems that the continued support provided by the Inside Out coaches during such difficult periods in some cases actually helped to build trust and facilitated further engagement afterwards. The case study below provides a good illustration of this.

Non-linear progression vignette

Daniel joined Inside Out aged 16 – he was living in a residential placement and engaged very little with other services. The provider described him as “very socially isolated, very hypervigilant, [with] high levels of anxiety” and that, initially, he was also very reluctant to engage with the coach: “he tried pushing them away and he was very difficult early on”. However, the coach visited the placement regularly “just shadowing at the home just chatting with staff, having a cup of tea, and just becoming a face. And then he started engaging”. Six months later, she was meeting with him 2-3 times a week for a few hours each time and also sending him text messages daily – which he read but often did not reply to. She took him for small trips outside the house and even to a big event in London. The coach and a therapist from KidsInspire had also started work with his whole family, as he was very eager to move back home. Overall, engagement was progressing really well, but there were often sudden set-backs: “he has peaks and troughs. One minute he's really OK, the next – if something goes really well he tends to go on a bit of a low afterwards”. About a year after joining the project, he went to live with his family again. But this did not last very long and he was moved back to his placement. After further weekly whole family meetings with the therapist and the coach, he has now moved back to live with them, although they are looking for him to move to a therapeutic SIA locally. But he is reluctant to do so: “He's scared. It's a new place. He doesn't know anyone. He's sick of moving around. And he's living with his mum who's being a mum and he loves that, he absolutely loves that”.

Section 3.4 explores this question in more depth and sets out the main factors contributing to the positive outcomes observed. However, the following section first explores how the positive outcomes identified in this evaluation can be converted into cashable and non-cashable savings to the LA and public sector in order to calculate the benefit-cost ratio (BCR) of delivering the Inside Out project.

3.3 What are the cost benefits of delivering Inside Out?

The cost benefits of delivering Inside Out were calculated by comparing the costs of delivery in Essex County Council with the estimated current and future cost savings resulting from it. An important point to note is that this analysis assumes that there are a range of stakeholders who are affected by the actions and outcomes of young people in care – not just the LA and staff within it, but also potentially the police (for example, dealing with missing episodes or offending behaviour) and NHS (for example, treatment for substance misuse or mental health), as well as the participants themselves (for example, through improved wellbeing). It is also worth noting that the current calculation only demonstrates the cost benefit of delivery in Essex – this will be expanded to include the other two LAs as part of the Phase 2 of the evaluation.

Our framework for analysis is set out in Table 2 below.

Table 2: Main components of CBA framework

The cost of providing Inside Out coaching
Inside Out coaching, supervision and administration costs - Local Authority
Reduction in current costs as a result of Inside Out
Social worker time (before versus during) - Local Authority
Placement costs (before versus during) - Local Authority
Missing episodes (before versus during) - Local Authority, Police
Reduction in future costs as a result of Inside Out
Mental health (expected spend after intervention versus counterfactual) - NHS, Schools
Unemployment (expected spend after intervention versus counterfactual) - DWP / HMRC

We consider in turn the 3 main elements set out in Table 2.

3.3.1 The cost of delivering Inside Out

These costs relate to the provision of supervision, administration, selection and coaching of Inside Out participants in Essex. It is worth noting that we have not included the set-up costs for Inside Out, which would include such aspects as organising the programme, coordination between authorities, and steering group and learning events. The main reason for this is that the cost benefit analysis focuses on providing an estimate of the value for money generated by a ‘business-as-usual’ delivery of the programme and therefore excludes such costs.

Starting with the ongoing costs for administration of the programme and supervision of coaches, we include a third of the costs of each of these roles and tasks for Essex (as these roles and tasks are shared across the 3 authorities). We also add 4 days per month of Essex Social Care team support for participant selection and ongoing support. This results in a total cost of around £46,000 pa, including national insurance, travel and overheads, drawing on data from PSSRU 'Unit Costs of Health and Social Care 2019' (p.80).⁹

Table 3: Inside Out coaches' time use (Jan to Dec 2019)

Activity	Total hours in 2019	Average hours per month
Remote communication with parent/carer	131.6	11.0
Remote communication with – professionals	749.8	62.5
Remote communication with – young person	225.0	18.8
Face to face – parent/carer	81.8	6.8
Face to face – professionals	195.8	16.3
Face to face – young person	1,053.8	87.8
Face to face – whole family	315.1	26.3
Management Discussions	94.4	7.9
Administration	87.8	7.3
Effect of missed sessions ¹⁰	154.0	12.8
Travel time	602.7	50.2
Total per cohort	3,691.6	307.6
Average per client	360.0	30.0

Source: The Children Society administration data

Turning to coaching costs, we calculate this by multiplying the number of hours that coaches require to fulfil their duties (which includes administration as well as contact time) by cost per hour of doing so. The first step is to review the number of hours that coaches have used. Table 3 above shows hours spent on activities by coaches over the

⁹ See: <https://www.pssru.ac.uk/project-pages/unit-costs/unit-costs-2019/>

¹⁰ This refers to time used to travel and attend meetings with young people that resulted in a 'no-show'.

period October 2019 to December 2019, based on data provided to us by the Inside Out delivery partner.

Due to slightly fluctuating numbers of young people involved in the project in 2019 (particularly one young person dropping out), this figure is not exactly equal to the total number of hours divided by 11 participants. Instead, the average time spent in delivering Inside Out is calculated by dividing the total time spent per month by the number of participants on the project in that month and adding this for each month – to reach an annual total of 360 hours per participant during 2019.

The second step is to estimate the financial cost of providing this level of staffing, on a cost per hour basis. The salary range for coaches is £23,388 to £29,255, with a mid-range of £26,320. However, when other factors are added in (using data from ‘PSSRU 2019 Unit Costs of Health and Social Care’), we estimate that staff costs per person are likely to be about double the mid-range salary cost alone, at around £52,635 per year, as shown in Table 4.¹¹

Table 4: Indicative assessment of cost per member of staff

Cost item	Cost per year
Mid-range salary for a coach	£26,320
On-costs (22.7% added on for national insurance and pensions)	£5,975
Overheads (27.6% added for rent, utilities, finance, HR, central management)	£17,340
Training (estimate per person)	£500
Travel (estimate per person)	£2,500
Total	£52,635

Source: The Children Society administration data and estimates

With an allocation per member of staff of around 1,540 hours per year, this suggests a staff cost of £34.18 per hour (calculated by dividing the total cost per staff (£52,635) by the hours per year).

The final step is to multiply staff costs by average time used by the coaches in delivering the Inside Out project, using the total figure in Table 2 by the staff costs per hour (3,692 hours times £34.18 per hour is around £126,190). With a time use per participant of 360 hours per year, we calculate a cost of around £12,300 per participant of providing Inside Out coaching for each year. Adding the supervision, administration, selection costs to this

¹¹ See: <https://www.pssru.ac.uk/project-pages/unit-costs/unit-costs-2019/>

(divided by participants), we arrive at a **total figure of £16,900** for providing Inside Out coaching for each participant per year.

3.3.2 Reduction in current costs

This section explores the identified cost reductions as a result of delivering Inside Out with regard to (a) social worker time; (b) placement costs; and (c) missing episodes. This is calculated as a counterfactual – what time would have been spent if Inside Out had not taken place?

Social worker time:

We started with calculating indicative estimates of social worker activities and time used to support the types of young people involved in Inside Out (conducted in November 2018 by the Essex County Council social care team) and other information provided by LA stakeholders (see Appendix 6 – Table A). The actual time savings for social workers for such activities were calculated based on qualitative interviews conducted in January 2020 with 7 social workers with an Inside Out participant in their case-load (see Appendix 6 – Table B for details of these estimates). This takes into account time savings associated with arranging new placements (when needed), handling missing episodes and crises, communication, undertaking visits, and providing guardian assistance (for issues such as GP visits). This resulted in an estimated overall reduction in time spent in supporting the 10 participants in Essex as a result of the availability of Inside Out coaches of 17.53 hours per month which is around a 67% reduction – from 26.1 hours to 8.6 hours per month. We have further scaled down (by a factor of 28%) the reduction in time spent to 12.6 hours a month to exclude the effects of a major outlier.

Assuming a cost of around £50 per hour of social worker time ('PSSRU Unit Costs of Health and Social Care, 2018, p.80') that includes salary costs, as well as National Insurance, Pensions, holiday allowance, sickness leave and overhead costs, this implies **an annual saving of around £7,560** for each participant.

Placement costs:

One of the aims of Inside Out was not only to increase placement stability (resulting in social worker time savings as calculated above) but also to enable participants to live in less expensive placements such as semi-independent housing (SIA) or to avoid escalation to more secure, and therefore costly, types of accommodation – resulting in cost savings. The impact of the programme on such cost savings was calculated by comparing trends in the Inside Out cohort with a comparison group of young people in care with similar characteristics.

Our analysis suggests that of the 11 Inside Out participants for which data are available, during the year to February 2020, 3 achieved a form of 'step-down' in accommodation, either to semi-independent care or to foster care – a proportion of 27.3% (this calculation

includes the participant who dropped out and did not step-down; including them in the assessment makes for a more cautious estimate of improvement). In contrast, out of 108 young people aged 14 or above between 2015 and 2019 in residential or secure accommodation only 16 (14.8%) achieved a similar form of 'step-down' over the same period. This suggests a statistically significant difference of 12.5% at a 95% confidence level. This translates into a **cost saving of around £16,130 per annum** (based on an average cost of residential care of £199,200 and SIA of £69,700).

This represents a conservative estimate, since it is plausible that one client could be supported to achieve semi-independent or foster care for a period greater than one year; we would recommend that continued data gathering takes place to review this possibility.

Missing episodes:

As reported in Section 3.1.1 above, there was a reduction in missing episodes for 10 Inside Out participants in Essex over the previous 12 months from 33.6 to 5.7 after a year of participating in the programme – a reduction of 27.9 missing episodes on average. This compares with a reduction in missing episodes over a similar time period of 15.09 among the comparison group (see Appendix 6 – Table C).

The improvement in the intervention group above and beyond that observed in the comparator group is of the order of 38%; however the high level of volatility at baseline among Inside Out participants (as indicated by a high standard deviation in the sample), the small sample size, as well as the difference in differences not yielding a statistically significant effect ($p > .05$) suggests a need to apply caution in our estimate. We have therefore scaled down by a conservative estimate of around one-third, in line with the ratio between the baseline and follow-up standard deviation. This results in a reduction of 8.5 missing episodes per participant as a result of the Inside Out programme.

The cost savings of this can be calculated using data from an evaluation conducted in 2019 by the Greater Manchester Combined Authority (GMCA) of The Children's Society's Footsteps programme in Greater Manchester (unpublished). This estimated a cost of around £2,200 for each missing episode per child. As this cost estimate included social worker time, we exclude this from our estimate of a cost of £2,070 per missing episode (see Appendix 6 – Table D for further details of this analysis). This means that Inside Out generates about a **cost saving of £17,590 per annum** as a result of an average reduction of around 8.5 missing episodes per participant.

3.3.3 Reduction in future public sector costs

As argued above, our cost benefit model included both current and future cost savings – the latter include savings due to (a) treatment for mental health issues; and (b) any future effect on tax and benefit payments due to unemployment. It was impossible to detect any cost savings for the latter as we were not able to detect any positive impacts of the

programme on young people's participation in education, employment or training as reported in Section 3.2.4.

However, we did detect a reduction in SDQ scores in a small sub-sample of 6 participants (see Section 3.2.2) – for whom the SDQ improved on average from 20.33 to 17.17 over a 12-month period. This was compared with a comparative group of 24 young people in residential care in 2015 (see Appendix 6 – Table E). This comparison group was different from that used in the analysis of the change in missing episodes – mainly because of such a high number of cases without SDQ scores at the before and after stage within this group. Historical SSSDA903 data from Essex County Council was therefore used instead to identify a similar sample of children in residential care in previous years (from 2015 onwards).

The analysis identified a relative statistically significant improvement of 2.62 in SDQ scores for Inside Out relative to the comparison group – which equates to a 13% improvement. Such an improvement is important as it is likely to lead to cost savings to the public sector by reducing expenditure on mental health treatment, in both the short- and medium-term (early adulthood).

The actual cost saving needs to take into consideration the cost of treatment if an issue arises, and the predicted frequency of issues arising. Based on a review of the literature, cost and expected length of treatment for different mental health issues, the public cost of avoiding mental health issues is estimated at £6,005 per issue (see Appendix 6 – Table F).

This was estimated on the following findings from the literature:

- According to Knapp et al (2016), for a group of 12 to 15 year olds, front-line education required expenditure of £900 per year, and special education required expenditure of £700 per year, for a 3 year period in dealing with hyperkinetic disorders, conduct disorders and emotional disorders (p.4)
- According to Curtis and Burns (2019), the average cost per counselling intervention for children with mental or emotional difficulties is around £1,125
- The average cost of service provision for adults suffering from depression and/or anxiety disorders, per person per year is around £1,025 (Curtis and Burns, 2019).

In terms of the number of periods of treatment required, we draw on the finding that, according to Patton et al (2014)¹²:

¹² It is worth noting that this study estimated outcomes for adolescents in general and not just those in care.

- around half of young men and two-thirds of young women suffered at least one further episode in young adult years after an episode of adolescent diagnosable depression and anxiety
- for those teenagers with a single episode lasting less than 6 months, persistence into adult years was much lower than those with longer lasting illness or recurrent episodes of ill health.

The incidence of medium-term mental health issues is estimated on the basis that SSDA903 data in Essex suggest that high SDQ scores persist for a year or more for around two-thirds of young people, and with a ratio of 2:1 among those with high SDQ scores between boys and girls. Taken together, we calculate that around 37% of the cohort of young people with high or very high SDQ scores will have mental health issues as adults (see Appendix 6 – Table G for how this was calculated).

Putting these together, our assessment of the costs of avoiding mental health issues implies not only an improvement in the wellbeing of young people but also a relatively modest indicative **£780 saving for public services** per participant (calculated by multiplying the estimated £6,005 public sector cost per issue with the 13% reduction in SDQ scores).

3.3.4 Summary of cost savings

Table 5 below presents a summary of financial effects of Inside Out per participant on the basis of the results presented in the previous sections.

Table 5: Summary of financial effects per participant

	Increase in current costs	Decrease in current costs	Decrease in future costs
Inside Out cost – Local Authority	£16,900		
Social worker time – Local Authority		£7,560	
Placement costs – Local Authority		£16,130	
Missing episodes – Police, Schools		£17,590	
Mental health – NHS, Schools (indicative)			£780
Overall	£16,900	£41,280	£780

Source: Summary of calculations conducted

Combining these estimates of the total costs and benefits enabled a cost-benefit ratio to be calculated by comparing the total decrease in current and future costs (£42,060) with the costs for delivering, supervising and administering the Inside Out programme (£16,900), resulting in a benefit-cost ratio (BCR) of around 2.5. This means that for every

£1 invested in the delivery of Inside Out in Essex, about £2.50 of (cashable and non-cashable) benefits accrue to the LA and wider public sector. For the LA alone, the BCR is around 2.4.

The following section explores what factors contributed to achieving the main positive outcomes identified in this report.

3.4 What factors contributed to the success of Inside Out?

The previous sections have demonstrated many positive outcomes and benefits of the Inside Out project. Qualitative interviews with key informants, including senior leaders in the 3 LAs, social workers, coaches, providers, and participants, suggest that such positive outcomes depended on:

- The recruitment and retention of coaches with the right skills, characteristics and flexibility to develop supportive relationships with participants
- Establishing effective relationships between the coach and other professionals supporting the young people
- The successful coordination of the roles and relationships of those working with project participants, including supporting a new way of managing risk around young people with many missing episodes

These are explored in the following sections.

3.4.1 The contribution of the Inside Out coach

Interviews with social workers, providers and senior staff in the 3 LAs suggested that the most important component of the Inside Out project in achieving positive outcomes was the coaches employed by TCS. Feedback from a range of interviewees, including social workers and placement providers, suggested that the programme had successfully recruited appropriate staff:

“The best thing is that they employ very able professionals to mentor and provide interesting activities for young people” (provider).

They carried out their role based on substantial professional experience in relevant fields such as teaching, drugs and alcohol education and support, youth offending, ‘troubled families’ work, young people’s residential care, counselling and mentoring. The coaches were familiar with the types of issues the young people might face, had developed skills and strategies to work with them, and brought familiarity with the nature and remits of the various services involved. They also had good local knowledge, in some cases having previously worked with relevant professionals.

Social workers and the coaches themselves reported that Inside Out coaches required the ability to empathise, to work well in teams, with excellent communication skills and to be patient, flexible and persistent. As noted previously, all young people participating in the programme demonstrated 'attachment issues' which meant that, particularly in the early stages of engagement, they often 'rejected the coach' both verbally and physically:

"We went in there and we were working so hard for these young people to like us but they hated us. And then when we stopped trying so hard and was just being ourselves, they came round to it" (coach).

However, coaches still faced particular moments of rejection at later stages of the programme, sometimes after particularly challenging episodes:

"Hero to zero to hero is our motto!" (coach).

This included frequently refusing to meet or failing to attend arranged meetings. Coaches persistence to seek engagement with participants in light of such 'rejection' was seen by social workers and coaches as the basis of an increasingly trusting and close relationship:

"But [the coach] will just keep going back, even if [...] potentially the young person's not going to be around or anything like that. And I think that has meant quite a lot" (social worker).

This was supported through being trained in the use of Adolescent Mentalisation Based Integrative Therapy (AMBIT)¹³ and the Worth-it coaching model¹⁴. Coaches said that using 'mentalisation' and 'deep' listening approaches helped them to initiate conversations about challenging subjects. This included supporting participants "to understand and name their different feelings and the effects on their behaviour" and to increase their reflective thinking capacity.

Finally, key to the success was a strengths-based approach used by the coaches, encouraging participants to feel more hopeful that they could influence positive changes in their own lives, even though this might not be via a clear or linear path:

"To have someone to reassure you you're going to do well, you're going to do this, is amazing. If I didn't have them, I probably wouldn't have as much confidence I have now" (participant).

¹³ see: <https://www.annafreud.org/training/mentalization-based-treatment-training/ambit-training-programme/>

¹⁴ <https://www.worthit.org.uk/>

As described in Section 1.3, coaches undertook a range of work with young people from meeting and talking, through to supporting wider needs, including advocacy, liaison and arranging activities. When participants had missing episodes, the coach was often the only professional they kept in contact with. Sometimes this was by text message, other times meeting in person. Indeed, such incidents often helped to strengthen their relationship as coaches were not statutorily required to return the young person to their placement as long as they were deemed to be safe. It also enabled to reassure social workers not to escalate their response. Often, the young person chose to return to their placement and a period of stability followed.

Analysis of interviews with coaches, social workers and providers, as well as project participants, identified various factors which can be seen as having enabled the coaches to establish trusting relationships with participants and help many of them achieve the positive outcomes described in this report. These included:

- Operating ‘outside the system’ which meant that they were not encumbered by some of the rules, regulations and statutory duties other professionals need to operate within: “They’ve got professionals in their lives that try and fix things, try and make decisions for them, tell them what they should be thinking, should be feeling, should be doing. And we don’t do that” (coach). This included being a consistent adult for young people when placements or social workers changed.
- Being able to dedicate up to 25 hours per week to engage with 2 or 3 young people over an extended period lasting up to 18 months and keeping in regular, often daily, contact with them (although very few young people took up the full 25 hours allocation on a regular basis): “Like if [my coach] knows I’m stressed, (..) she would tell me. Because she’s basically rung me every day. Like she’s on the phone to me or she’s keeping in touch” (participant)
- Having the flexibility to respond to the particular needs of participants: ‘It’s someone that’s there for you – to chat to. You don’t have to spill it out [...]. They’re independent and [...] you don’t have to see them all the time, you can see them as much as you want to, as little as you want” (participant).

Combined, these factors allowed for the work to progress at the pace of the participants.

Despite the generally positive relationships between coaches and participants, the evaluation did identify some challenges in establishing and/or maintaining these. In some cases, coaches found it difficult to maintain clear boundaries when working with participants’ families. This happened, for example, when a participant went to live with a family member and the latter asked the coach for help and support as she was struggling with both financial and emotional issues herself. Likewise, undertaking functions that helped a young person fulfil YOT orders, or being seen with social workers in the early stages, could influence how some young people perceived the coaches. Coaches

reported needing to be careful in not allowing boundaries to become blurred and to be clear with everyone about this.

The coaching relationship could also be strained if a young person faced a particularly difficult personal issue. This included, for example, planned or unplanned placement moves, mental health issues, involvement in the criminal justice system or the experience of a particularly distressing contact with their birth families. In some cases, this led to participants disengaging or even dropping out of the project. But in other instances, the coaching relationship could actually be strengthened during or as a result of the continued presence of the coach during these times.

For some young people, it was felt by social workers and senior leaders in the 3 LAs that the Inside Out project had come 'too late' and it may have worked better if they had got involved at an earlier age. This included some young people in a chaotic, possibly criminal lifestyle, who did not show a current need or appetite to change. The project does, however, operate an 'open door' policy for such young people allowing them to engage with the coach at a later stage if they change their minds without the need for another referral. This happened on at least one occasion, although even then the engagement did not last very long. Such an approach can be:

“important learning for young people who are often used to professionals withdrawing very quickly in the face of initial rejection or reluctance” (senior leader).

Ending the coaching relationship towards the end of the 18-month period has been a challenge in most cases, with many endings being extended because of a sudden crisis in the young people's lives. This perhaps highlights the continuing vulnerability of participants as they navigate the move into adulthood, the strength of the bond established between coach and young person and the flexibility of the model. However, there were a few examples of successful endings, as illustrated by the following vignette.

Successful ending vignette

Aaron lived in a SIA placement, but with a lot of missing episodes over the last 2 years. He started work with his coach on moving into the SIA and was supported to build new friendships and engage in education with a home tutor. This helped him to feel more settled, less reactive to situations and to build better family relationships, with the help of a KidsInspire therapist. As the coaching relationship drew to a close, meetings became less frequent and then were replaced with weekly text messaging. Aaron informed the coach he was ready to continue without her support and so they arranged a goodbye call, with Aaron taking the TCS phone number if he wanted to get in touch again in future. Although he faces challenges ahead and was sad to lose the support of his coach, he was keen to see how he could get on without it.

Finally, despite having informal and formal whole-team support including group clinical supervision, a need was identified for some further emotional support for coaches at an individual level. This recognises the toll of the work and the intensity of the coaching relationship. There is the potential that coaches could ‘burn out’ without a safe space to process their experiences and emotions around the work.

3.4.2 Relationship between the coach and other professionals

While the ability of the coaches to work with participants is probably the key factor behind the success of Inside Out, it also relies on establishing mutually supportive relationships between the coaches and other key professionals, in particular with social workers. This was recognised at a strategic level in all 3 LAs:

“Where the professionals around the child have a good working relationship, the child tends to fare better within the project” (senior leader).

Interviews with social workers and coaches showed that establishing and maintaining such relationships largely depends on clear and regular communication between the coach and other professionals. This needs to start with an initial meeting once a young person is referred to the project in order to establish roles, responsibilities and boundaries and discuss the preferred ways and regularity of keeping in touch. Regular communication thereafter is important to enable each stakeholder to be aware of any particular challenges or issues faced by the young people as they arise, and to work together to overcome them:

“I’ve got a really good relationship with the social worker, the IRO, the personal adviser, college as well. So yeah, there is a really good team right around him and good communication as well” (coach).

Examples of good practice, for example, included:

- Placement providers and social workers sending regular (at least weekly) updates of any issues or concerns to the coach
- The coach sending an email to the social worker after every face-to-face meeting to provide a broad overview of what they had discussed.

Such regular communication helped to create a sense of transparency, so that all professionals were kept well informed about each other’s work and any issues or challenges faced by participants. It also helped the young people to see their social worker, coach and placement providers working together, minimising the opportunities for participants to ‘play off’ the different professionals against each other. One of the coaches explained, for example, that regular communication with the social worker and provider was useful:

“so that the young person knows that you’re working together. Because they can be quite manipulative. And they’ll tell you one thing, tell placement another, tell the social worker another, and once they know that you’re all actually working together they won’t do that – it’s actually good for them” (coach).

Some social workers raised concerns that coaches might have, at times, overstepped boundaries into the role of the social worker. Frequent communication enabled these issues to be picked up at early stages to avoid this from happening:

“It’s the continuous conversations that need to be had just to clarify where we are, what’s happening, how do you see it, that kind of thing” (social worker).

The evaluation also demonstrated that the support provided by Inside Out coaches not only had a positive impact on participants but also often benefited other professionals. In particular, as discussed in Section 3.3.2 above, most social workers said that the availability of the coach had reduced their workload and had also improved their own wellbeing – as they knew that someone was available to support the young person in a time of crisis such as an unplanned placement change or missing episode.

Ways in which the availability of the Inside Out coach had reduced social workers’ workload included:

- Reducing the number of unplanned placement changes and missing episodes so social workers had to spend less time arranging new placements and liaising with the police and filling in additional paperwork
- The coach writing and sharing minutes at meetings attended by both the coach and social worker
- Taking participants to meetings with other services, such as the Youth Offending Services, their GP or other medical appointments
- Visiting the young people in times of particular transition or turmoil and providing them with practical and emotional support.

As one social worker explained:

“Over the year if I didn’t have [coach] and I hadn’t known that [coach] had gone [to visit young person], I would have felt really pressured and would have had to have gone. And probably had to have gone probably weekly if not fortnightly at times just because of the things that were happening”.

Some social workers also reported that the availability of the Inside Out coach aided their own wellbeing and reduced their levels of anxiety because they knew that the young

person was being supported by someone else on a daily basis. This was particularly the case during particular periods of crisis, when social workers might have felt compelled to visit more frequently than statutorily required (once every 6 weeks).

“I think certainly I would say my own anxiety and stress levels about managing [my young person] have reduced since I’ve had [the coach] involved ... And that for me is so much more important, because I don’t know if we’ll ever be able to reduce our paperwork. But that in itself – because I think that just gives you a clearer head as well” (social worker).

While there was less evidence about this in relation to placement providers and foster carers, there was some evidence that coaches took on duties that might otherwise be undertaken by them, such as taking the young person to a doctor’s appointment or to an extracurricular activity. In these cases, carers reported having more time to attend to other activities or enjoy some periods of respite.

However, there were several barriers to achieving or maintaining such mutually supportive relationships. These included:

- Other time pressures
- Lack of access to the LA information system
- Staff turnover
- Differences in approach or philosophy to working with the young people

In some cases, social workers were not able to keep in touch with the coaches as much as ideally needed due to other time pressures. Thus, for example, there were several instances reported by coaches that social workers had not been able to attend face-to-face meetings due to other commitments. In Essex, this was exacerbated by the fact that coaches did not have access to the social care case management system (Mosaic). It meant, for example, that coaches sometimes lacked up-to-date knowledge about a placement move or some other incident:

“I think there have been difficulties for [the coach] because sometimes we don’t have the time to update her with everything that’s going on. And we are just really busy and she doesn’t have access to records” (social worker).

However, if relationships and communication between coaches and social workers were good, this was not such an issue and as time went on, it was identified less often as a barrier.

Another issue affecting relationships between coaches and professionals was the relatively high level of turnover among social workers. This could undermine established ways of working and also could impact negatively on the stability of participants:

“Unfortunately I had issues contacting the social worker and then when I did eventually manage to contact the social worker, they had actually left. And then the temporary social worker was assigned and she hadn’t met the young person” (coach).

Similarly, planned and unplanned placement changes meant that the coach would have to often spend time building relationships and credibility with new placement staff, and once again establish ways of working together successfully. Issues were also noted in relation to communication between placement providers and coaches. In some cases, placement providers were said to be reluctant to share information with the coach, continuing to see the social worker as the main point of contact. In cases where this occurred, the social worker was placed in the role of ‘go-between’ and the same issue of the social worker’s capacity to relay messages resulted in some information not being provided to the coaches in a timely manner.

While working relationships between key professionals was largely reported to be productive, some instances of professional tension were reported. For instance, such tensions seemed to arise on occasion because of the greater time available, flexibility and smaller caseloads that coaches had in contrast to social workers. This did not stop some strong collaboration between practitioners, as it was recognised as the reality of the different roles. On a few occasions though, some coaches experienced other professionals as withholding information, not engaging with nor actively supporting the coaching relationship, and/or making decisions that worked against the progress made between coach and participant: ‘It’s almost like they see Inside Out as people that have come along and disrupted things or they’re not relevant, we don’t need them. I don’t know what they’re thinking. But they’re not replying to messages’ (coach).

A further tension arose around differences in approach to engaging with young people. While the coaches shared a ‘child centred’ approach that recognised attachment issues, some placement providers were said to operate with more of a ‘behaviour management’ approach, whereby challenging behaviour was addressed with a system of rewards and punishment. The contrast in approaches was felt by some respondents to lead to tensions. Some coaches thought that this could have been overcome by delivering the AMBIT training to coaches, social workers and placement providers at the start of the programme. Such joint training might also be useful to enable the different professionals to spend time together and better understand each other’s approaches.

3.4.3 Coordination of roles and relationships

Analysis of qualitative interviews with strategic leaders in the 3 LAs and members of staff of TCS, as well as the Inside Out coaches, indicated a number of factors that have supported the implementation and delivery of the project at a more strategic level. This included:

- The partnership between the key partners, including the 3 LAs and TCS
- A new way of managing risk in working with young people in care
- The coordination of the team around coaches and participants on the project.

The Inside Out project was managed between 3 LAs and TCS, with Essex County Council initially taking the lead in both coordination and roll out. This relationship was managed and maintained through a series of regular meetings at both strategic and operational level, supplemented by joint learning and reflection sessions. These proved to have helped form and strengthen the partnership:

“Although we did wonder whether we would need monthly steering groups and quite a rigid governance structure, actually in retrospect I think that’s helped because there’s such a lot to discuss in setting up the programme, there’s such a lot in making it work” (senior leader).

The monthly steering group meetings particularly allowed the 3 LAs to develop a robust collaborative structure which allowed them to raise and address issues promptly.

Interviewees also highlighted the importance of the relationship between the LAs and TCS in ensuring the effective delivery of the project. Two factors appear to have supported this partnership. First, TCS is based in Essex and could build on previous collaborations with the LA as part of other related projects:

“I think we’re honest with each other. I think we professionally have good relationships from what I hear about how the coaches are working with us and social workers. I think we trust each other and again it helped that we knew TCS from other projects” (senior leader).

Second, TCS was funded to provide the coaching for Inside Out via a grant rather than via a delivery contract. This funding mechanism was thought to have encouraged a more collaborative approach between partners. Interviewees noted a sense of “being in it together” and keeping a level of trust and honesty between partners:

“It’s not a traditional contracting relationship, very purposely it isn’t – but there’s been moments when things have been a bit difficult where certainly the tone of conversations has been: ‘Well we need to hold them to account, they’re not doing

what they're contracted to do', and I've deliberately tried to shift that back to 'Actually we're all in this together'" (senior leader).

A key factor in the implementation of Inside Out has been how senior leaders in the 3 LAs have supported social workers and coaches to manage the risk associated with the cohort of young people on the project in a different way. They recognised that placements struggled to keep this cohort safe or to meet their needs and prevent missing episodes. The system's traditional response would be to move them to increasingly secure and costly placements often out of county. However, this usually did not resolve the issue and the problems often escalated, leading to further placement breakdowns:

"Residential settings aren't working for them, a foster family is not strong enough, nor their own families, so not just following statutory guidance, that's not good enough" (senior leader).

Therefore, a key component of Inside Out was that, if a participant went missing but stayed in contact with the coach, the episode would be recorded but official action involving the police would otherwise not be taken. By 'relaxing' the boundaries of risk management, the system could monitor a young person's health and safety via contact with their coach without taking more punitive measures. The intention was ultimately to change patterns of behaviour, and to break out of the cycle of escalation.

This approach to managing risk was supported and communicated at all levels within the authorities, involving social workers, coaches, providers and the project steering board. This containment was then maintained and reinforced through regular (strategic and operational) meetings to monitor risk, review progress, and address concerns. In Essex, this approach was further supported through other established practices developed over the preceding years. This included the practice for service managers to convene meetings of the staff around a child during a missing episode to "manage people's anxiety". Such an approach has since been integrated into the Inside Out project:

"that particular service manager has now replicated that approach with young people who are part of Inside Out. Just really helpful meetings with key people involved, not kind of formal strategy meetings or anything like that, but just actually regular touch bases" (senior leader).

Finally, a key factor that supported the implementation and delivery of the project was the role of a senior practitioner in each LA with extensive knowledge and links with key stakeholders in the social care arena: to select the right young people for participation, match coaches to them, and broker and support the relationships between social workers, coaches, providers and participants. This role came to be a node between the different services and teams involved in the project. It was described in the following way:

“[It is] kind of being in the middle – a link between the Inside Out project and where that sits here and the social workers across the service and a link between us and TCS” (senior practitioner).

Interviewees identified several features of this role that supported the effectiveness of the project, including the seniority of the postholder. Initially, when little was known or understood about the new project by the wider social care team, having a champion within the LA, with an existing profile and networks helped to achieve buy-in from social workers and other professional locally.

“To me it was important that [the role holder] had a social work background and was a senior practitioner. I think it needed someone from that role who was respected in that area and could really explain the benefits to young people was important” (senior leader).

The absence of such a role in one LA due to staff turnover was quickly felt by others in the partnerships, resulting in slower referral processes and coordination of activities.

One challenge with regard to partnership working reported in all 3 areas, related to building relationships with wider services. While significant attempts were made to promote awareness of the project and build such links with, for example, the virtual school, police, and youth offending services, this had not had a great deal of sustained effect. LA senior leaders and coaches described the difficulty of ‘cascading’ information about Inside Out within these services. Even if contact was made with key staff within the services, this rarely appeared to have raised awareness among front-line staff who might encounter these young people.

4. Key findings on practice features and outcomes

As reported in the Children's Social Care Innovation Programme Round 1 Final Evaluation Report (Sebba et al., 2017), evidence from the first round of the Innovation Programme led the DfE to identify features of practice and outcomes to explore further in subsequent rounds.

4.1 Features of Practice

Evidence informing this section is drawn from interviews with coaches, social workers, providers and participants.

Strengths-based practice frameworks: This was integrated into Inside Out via training for coaches in AMBIT and the Worth-it training. Coaches reported that these approaches were central to building a trusting relationship with participants and improving outcomes.

Systemic theoretical models: Inside Out works in a systemic way, by integrating additional professional support through the role of coaches with the work of the LA social work teams and other services.

Multi-disciplinary skill sets: Inside Out coaches work with other professionals involved in the young people's life using a 'Team around the coach' model. Effective coordination has contributed to the overall success of this model.

Group case discussion: This feature is not specifically relevant to Inside Out, although there were some instances of service managers in Essex bringing professionals together to discuss and agree approaches.

Family focus: Coaches worked with participants' families on some occasions with the help of KidsInspire. Social workers and coaches reported that in some cases this resulted in improved relationships with family members towards the end of their support, whether or not they were living at home.

High intensity and consistency of practitioner: One coach is allocated to each young person and they meet regularly for up to 18 months. Due to difficulties with recruitment and staff turnover, there have been some coach changes in Norfolk which may have disrupted relationships.

Enabling staff to do skilled direct work: Inside Out coaches offer additional support for direct work with young people, that social workers usually do not have capacity to provide. This was particularly beneficial at times of crisis, for instance during missing episodes or planned or unplanned placement changes.

4.2 Outcomes

Evidence informing this section is drawn from interviews with coaches, social workers, providers and participants and quantitative data drawn from analysis of SSDA903 data and SWEMWBS self-completion scales.

Reducing risk for young people: The reported increase in stability (see below) reduced many young people's exposure to negative influences and behaviours that could, for example, lead to CSE or criminal behaviour. Whilst there was not a significant reduction in offending behaviour, it did decline for 6 of the 10 participants.

Creating greater stability for young people: Quantitative and qualitative data showed that Inside Out had helped increase stability for participants. Missing episodes significantly decreased, and placement stability increased during the project.

Increasing wellbeing for young people and families: Quantitative analysis did not reveal any significant improvements but this could be due to the small sample sizes. Qualitative interviews however were able to identify several wellbeing benefits for participants – including being happier, calmer, less anxious and more reflective.

Reducing days spent in state care: Some participants moved back to their birth families during the project, though kept their status as 'looked after'.

Increasing workforce wellbeing: Qualitative interviews demonstrated some impact on social workers' wellbeing as a result of having another professional working with them to support a highly vulnerable young person, particularly during times of crisis.

Generating better value for money: Our analysis of the implementation of the programme in Essex suggests that delivering the programme costs about £16,900 per participant, but the current and future benefits are likely to outweigh these costs, with a calculated benefit-cost ratio (BCR) of around 2.5. This means that for every £1 invested in the delivery of Inside Out, about £2.50 of (cashable and non-cashable) benefits accrue to the LA and wider public sector. This will need to be explored further once the programme is rolled out more widely in Essex and the other two LAs.

5. Lessons and implications

The evaluation has been able to demonstrate many positive outcomes of the Inside Out project in Essex. These highlight several lessons for the continued success of this project in this area and the other 2 LAs and possibly in other areas.

First, it is clear that the model relies on the recruitment and retention of coaches with the right skills, characteristics and flexibility to engage and support young people who are often the most vulnerable. Interviews with the coaches, social workers, providers and participants showed that it took a lot of persistence and resilience to develop trusting relationships with the young people given their histories of trauma, instability and distrust in adults. This means that selecting the right staff as coaches was at the heart of success – most had substantial experience of working with vulnerable young people, were able to build on links with local networks and professionals, and had the flexibility to adapt to the changing needs and requirements of participants. This included being able to respond to particular crises in the young people's lives, such as missing episodes, placement moves, mental or physical health issues or criminal behaviour, while at other times only maintaining quite minimal remote contact with them (for example, if they were busy at college or had been moved to another part of the country). Given the centrality of the coaches in this programme, it is also key to retain their services to work with the same young people over the 18 months of the programme – otherwise, there is the danger the programme will be seen as repeating previous patterns of being let down by adults in the eyes of the young people. This could partly involve making sure that they are well supported in carrying out their role – for example, by providing them with sufficient support and supervision to cope with the challenging demands.

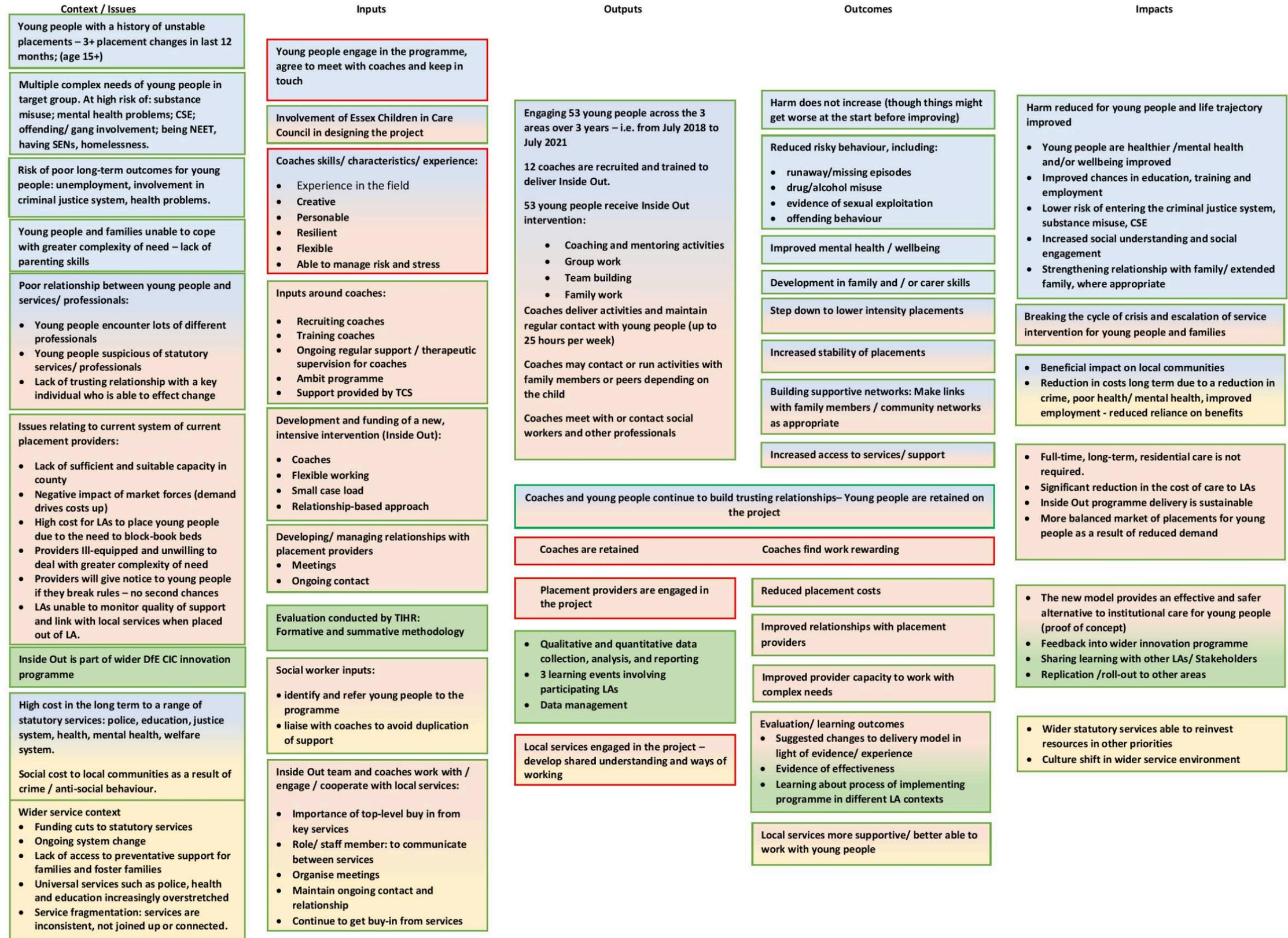
Second, the Inside Out project relies on the successful coordination of the roles and relationships around the young person and avoiding unnecessary conflict or friction between these. There are various important ways in which this has been and continues to be done. One includes the involvement of a senior practitioner in the LA with extensive knowledge and links with key stakeholders in the social care arena: to select the right young people for participation, match coaches to them, and broker and support the relationships between social workers, coaches, providers and participants. Another is the need for good communication between them – to ensure that they are aware of any issues that have arisen and can work together to respond to them. This relies on regular meetings and telephone or email/social media contact. While this requires the social workers, in particular, to dedicate time to such activities, the evaluation has clearly demonstrated that it not only benefits the participants, but also ultimately leads to time and cost savings to the LA – as the coaches are able to reduce the burden on social workers to respond to crisis situations, such as placement moves or missing episodes. The evaluation has also provided several examples of where good communication

between social workers and coaches helped to overcome challenging episodes and often improved the relationship between participants and the professionals around them.

Third, the Inside Out project has been built around a new way of managing risk around young people with many missing episodes. The commitment to such an approach has been 'owned' and supported at a very senior level – to enable practitioners to respond to such episodes in new ways. The evaluation provided several examples of how coaches and social workers worked closely together in ways to manage such episodes to avoid escalation (involving the police and, for example, placing young people in secure residential care). In many cases, the coach played a crucial role in keeping in touch with the young people, providing them with food or other essential items, and ensuring that they were safe. This helped to build trust and, as participants approach their 18th birthdays, is one way of helping them to learn to become more independent and behave in a responsible way – by keeping others informed of where they are and that they are safe. However, the evaluation suggested that such an approach also relies on building good relationships with other key services in the area, including police, education, Youth Offending Teams to make sure they understand and support it.

Finally, the evaluation has shown that the consistent contact provided by Inside Out coaches, situated outside of the social care system, has been beneficial for young people with a history of multiple placement breakdowns and attachment issues. Such provision offers a welcome contrast to the high rate of change amongst many professionals working with such young people in care – because of staff turnover or placement changes – and the overall instability of young people's lives. This evaluation suggests that there may be both cost savings as well as life benefits for the young people involved in having an experienced and skilled coach that can support some of the most vulnerable young people during turbulent times, helping increase stability.

Appendix 1: Theory of Change



Key

The young people and their families

The care/ placement system

The evaluation

Wider contextual/ service environment

Key areas of risk for the project

Key risks to the success of the project:

- 1) Failure to recruit coaches with the right skills/ experience in the three LAs: target number of young people engaged cannot be achieved
- 2) Coaches drop out due to intensive nature of work or moving onto other more highly paid / permanent jobs: this is both upsetting for the young people for whom it may repeat other experiences of abandonment and for the prospect of success for the project as a whole
- 3) Local Services (placement providers, social care, police, YOS, health, education, etc.) do not buy-into the new way of working that give greater latitude to young people on the programme – i.e. do not see the benefit to their service/ targets or cannot buy-into the ways of working due to regulations/ statutory obligations: de-escalation of intervention cannot be achieved / maintained
- 4) Underlying project assumption – that to reduce the cycle of incident/ intervention the project places greater trust with the child/ coach – is shown to be false: the project in fact increases the risk to young people and exacerbates risky behaviour

Appendix 2: Defining Comparison Group

Data to be shared in order to evaluate the impact of Inside Out was agreed with all 3 LAs at the start of the project as part of the scoping stage. A guide was developed setting out data sharing processes and templates for data to be shared with the evaluator. SSDA903 data we requested and received consisted of anonymised routinely collected child-level data according to our outcome indicators as well as background information about CLA: SDQ scores, placement moves, missing episodes, EET status, risk of CSE level, and offending behaviour. Different data sharing schedules were agreed with Essex, Norfolk and Hertfordshire according to their start dates.

All 3 LAs shared with us a data report for the programme start as of July 2018. This programme baseline data report indicated possible participants for each site. Essex continued sharing monthly data reports with an indication of actual and potential participants to allow us to track changes for the intervention group. Hertfordshire and Norfolk shared the next data report with us according to when the first young person joined the programme which was in May and July 2019 respectively. They were then asked to share data with us on a three-monthly basis. The only exception was the youth offending data which we asked to receive every 12 months or at data reporting. We further requested historic data going back 3 years from all sites in order to have a larger data set to identify a relevant comparison group.

In addition to routinely collected data, we asked coaches to help collect an SDQ at the start of the programme if none was available within 3 months of joining, and again 6 months later (in addition to the annual completion of the SDQ expected to be done routinely by placement providers or social workers). To measure any impact on participants' 'wellbeing', we also asked coaches to support participants to complete the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) at baseline, after 3 months, 9 months and 15 months. A second scale, the Oslo-3 Social Support Scale¹⁵ was also administered at the beginning of the project to measure participants' perception of social support. However, the use of this scale was discontinued after 3 months as participants' score at baseline suggested a very high-level starting point with very little room for improvement – meaning that the scale was not appropriate for this particular group of young people.

¹⁵ see: Kocalevent, R.D., Berg, L., Beutel, M.E., Hinz, A., Zenger, M., Härter, M., Nater, U. and Brähler, E., 2018. Social support in the general population: standardization of the Oslo social support scale (OSSS-3). *BMC psychology*, 6(1), p.31.

These 2 additional scales were suggested because of the lack of information on wellbeing and social connections in the data held by local authorities, given that both of these outcomes were identified in the project Theory of Change. The scales were selected based on the following key criteria:

- Relevance: Scales that measure the constructs stated above
- Brevity: Limited number of items
- The mode of delivery: Self-completion mode
- Applicability to young people: This includes age appropriateness

Other important criteria, which related more to the quality of the measure, were:

- Psychometric properties: Reliability and validity of the measure, furthermore sensitivity to change
- Common usage: due to the lack of control group (for these scales), it is preferable to select scales that have been used regularly and recently in the UK for research with this or comparable target groups. This leaves open the possibility to benchmark the results of the assessments – to see, for example, whether at the start of the programme young people’s wellbeing was significantly lower than among other young people in a similar situation, etc.
- Acceptability of the assessments (both individually and overall) to participants – which means that the items are easy to understand and do not ask questions that seem irrelevant or unnecessarily intrusive.

The selection process started with a desk based online search against relevant search terms, review of previously used instruments and review of studies with a similar methodology. We identified several potential scales based on the key criteria. These scales were then further reviewed based on the remaining criteria.

SWEMWEBS is the shortened version of the widely used Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). SWEMWBS is used both in research and practice and has excellent evidence of reliability and validity. The short version consists of 7 items and relates more to functioning than to feeling. It has been shown to be sensitive to change and the scale is validated for individuals older than 12 years.

OSS-3 is a 3-item scale asking respondents about the number of people close to them, the level of concern people would show and the accessibility of help. Items were slightly adjusted to fit the characteristics of this group of young people. The instrument has good levels of reliability and validity. It has been used in numerous population surveys and norms exist for ages 14+.

Analysis

Four different analyses of the data collected and received were conducted up to this stage:

- Programme-level baseline analysis as of July 2018 to inspect potential differences between the 3 local authorities in the general population of looked after children who are older than 11 as well as to confirm differences between potential participants and the wider cohort of CLA.
- Baseline analysis per Local Authority to describe the first cohort of participants in relation to their demographics but also baseline scores of outcome indicators.
- 6-month change over time analysis for participants who joined the programme within the first 6 months in Essex.
- Final impact analysis for all participants who joined the programme within the first 6 months in Essex. For this analysis baseline data and monthly updates were devised according the joining date of each participant.

More generally, all data were analysed in IBM SPSS and figures were created in Microsoft Excel. All data were prepared and cleansed, which included the assignment of missing values, deletion of irrelevant variables, recoding of items, and variable type changes. Datasets were merged depending on the analysis to be carried out. We calculated descriptive statistics for the intervention group and the wider cohort of CLA older than 11 years. Significance tests were used to detect changes over time on outcome indicators and validated psychometric scales. Assumptions for significance tests were explored and for cases that did not meet the assumptions for parametric tests, non-parametric alternatives were used. As sample sizes were usually small, non-parametric tests were used for most of the analysis (for example, Wilcoxon test). We used a significance level of 5 percent and tested two-sided if not stated otherwise. Effect sizes, if applicable, are reported in addition to significance test results to judge about the magnitude of an effect and can be interpreted according to conventions. Conventions for Cramer's V depend on the degrees of freedom (df). In general, the higher the degrees of freedom the smaller the effect size, that can be considered as small, medium and large. For df of 1 Cramer's V=.1 are regarded as small, Cramer's V=.3 as medium, and Cramer's V=.5 as large.

Selecting a comparison group

To be able to attribute outcomes to the intervention, we designed a counterfactual impact evaluation. As an experimental design was not possible due to several practical and ethical reasons, we chose a comparator group approach. This approach compares the outcomes of those who have benefitted from the intervention with outcomes of a group that is similar to the intervention group. The roll-out of the Inside Out programme was staggered in each Local Authority meaning that there was only a limited number of young people on the programme at one time but more were suggested to be eligible and would potentially join the programme at a later stage. Therefore, we planned on using this

'natural' waiting list group due to the capacity of the programme as the comparison group.

We trialled this approach in Essex and selected young people who a) were selected by Essex Council as potential participants; b) were at least 14 years at baseline; c) had a SDQ that was completed within a 6-period before or after baseline; d) had at least one missing episode in the last 12 months at baseline; and e) for whom data was available at baseline and 12 months after. Based on these criteria we selected 11 young people for the comparison group. To ensure that comparison group and the intervention group were comparable we checked if there were any significant differences in relation to: gender; ethnicity; age at entry into care; placement type; SDQ at baseline; number of missing episode in the last 3 and 12 months at baseline; number of placements in the last 12 months at baseline. None of these yielded significant differences between this group and the intervention group ($p > .05$). However, test power was very small and only 11 passed all criteria hence, to select cases as such that were as similar as possible was not possible. Even though the 2 groups were not significantly different in relation to the variables Table 1 shows that the absolute differences between baseline scores of this initial comparison group and the intervention group appear quite large. Given these findings we trialled a second approach not relying on the waiting list but extended the pool of potential cases for the comparison group.

Table 1: Descriptive statistics of outcome indicators of original comparison group based on 'waiting list' and intervention group at baseline

	Group	N	Minimum	Maximum	Mean	SD
Number of missing episodes in last 12 months	Comparison	11	2	38	12.4	13.4
	Intervention	11	2	135	32.2	39.01
Number of missing episodes in last 3 months	Comparison	11	0	22	3.6	6.68
	Intervention	11	0	16	4.5	5.48
Number of placements in last 12 months	Comparison	11	1	5	2.5	1.21
	Intervention	11	1	9	4.4	3.11
SDQ score	Comparison	11	1	27	16.4	7.63
	Intervention	10	12	31	20.6	6.04

Source: Children Looked After data Essex.

This alternative approach involved using the statistical technique of propensity score matching and using historic data (i.e., 2015, 2016, 2017 and 2018) of CLA in Essex in order to select a comparison more closely matched to the intervention group. However, some variables were not recorded as part of the historic dataset for 2015 and 2016, so

that we were only able to use the data from 2017 onwards. For the purpose of matching we used the following indicators at baseline: gender; age; age at entry into care; ethnicity, number of missing episodes in the last 3 months, number of missing episodes in the last 12 months, number of placements in the last 12 months. We were unable to use SDQ due to the large proportion of missing data.

Logistic regression was used to calculate propensity scores for all young people in the intervention and potential comparison group given their values on the included variables. This calculates the probability of each young person being in the intervention group, given how closely they match with the characteristics of those young people actually in the intervention group. Next, we manually selected 11 individuals with the closest propensity scores to each of the 11 participants on the programme. This approach resulted in a much better comparison group than the initial one using the ‘waiting list’ approach.

However, even this approach did not yield a perfect match as some Inside Out participants had particularly high values for some of the indicators which could not be matched with anyone in the potential comparison group data. This means that, for example, the average level of missing episodes and placement moves were noticeably higher in the intervention group – see Table 3 below. The matching was also complicated by the fact that there were also gaps in some of the variables for the comparison group particularly in relation to EET status and SDQ scores. However, none of the differences between the comparison and intervention group were statistically significant at baseline ($p > .05$).

Table 2: Demographic information of comparison group and intervention group

	Comparison group				Intervention group			
	Female		Male		Female		Male	
	N	%	N	%	N	%	N	%
Gender	3	27%	8	73%	3	27%	8	73%
	14 years		16 years		15 years		16 years	
Age	3	27%	8	73%	8	73%	3	27%
	White-British		Other		White-British		Other	
Ethnicity	6	55%	5	45%	9	82%	2	18%

Source: Children Looked After data Essex.

Table 3: Descriptive statistics of outcome indicators of comparison group and intervention group at baseline

	Group	N	Minimum	Maximum	Mean	SD
Number of missing episodes in last 12 months	Comparison	11	1	81	22.7	25.87
	Intervention	11	2	135	32.2	39.01
Number of missing episodes in last 3 months	Comparison	11	0	20	5.5	6.46
	Intervention	11	0	16	4.5	5.48
Number of placements in last 12 months	Comparison	11	1	7	3.2	1.60
	Intervention	11	1	9	4.4	3.11

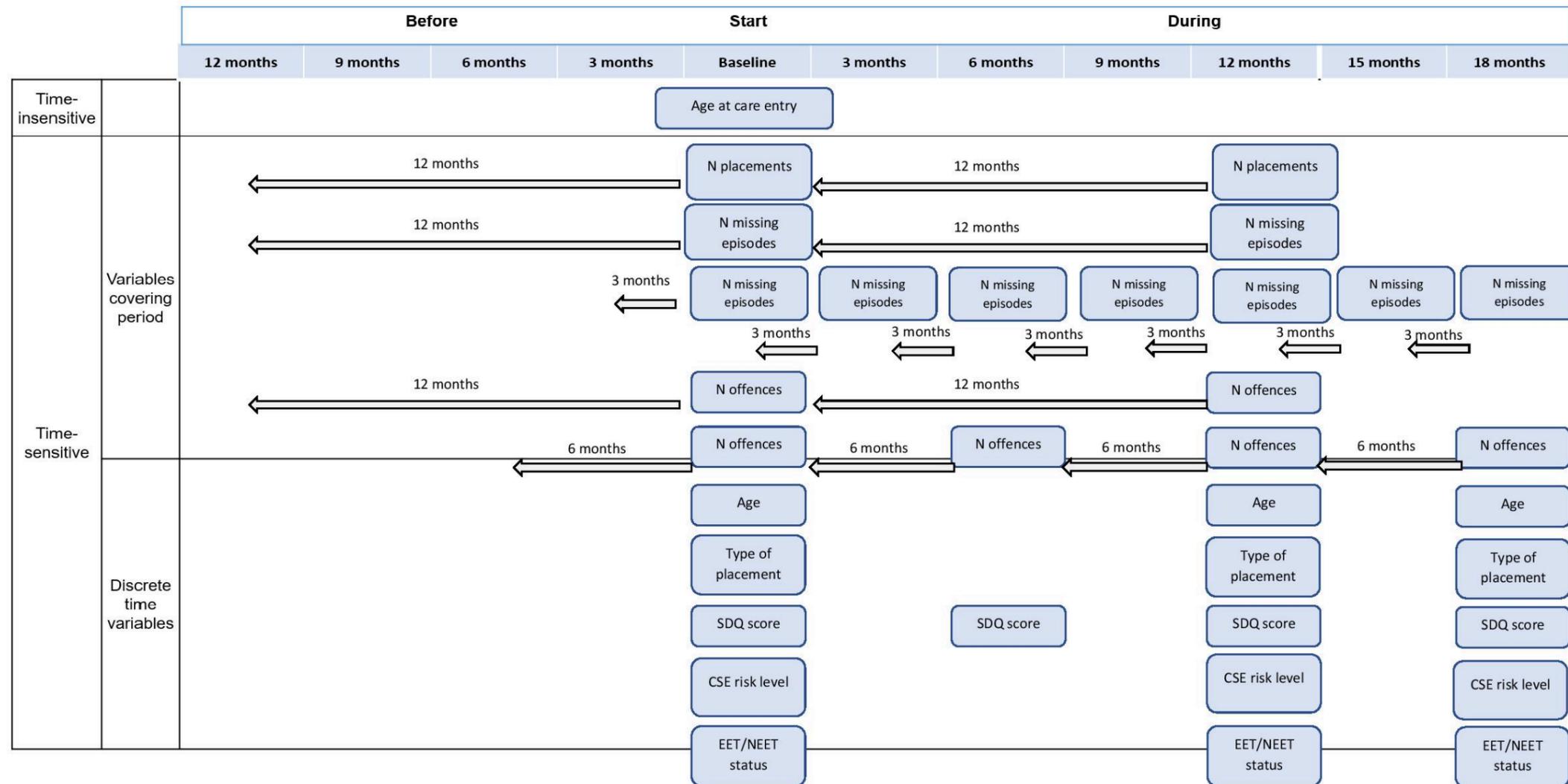
Source: Children Looked After data Essex.

Finally, Table 4 below provides details of the change over time for both the intervention and comparison group as discussed in the main body of the report.

Table 4: Descriptive statistics of outcome indicators of comparison group and intervention group at baseline

	Time	Comparison group			Intervention group		
		N	Mean	SD	N	Mean	SD
Number of missing episodes in last 12 months	Baseline	11	22.7	25.87	10	33.6	40.82
	12 months	11	7.6	14.49	10	5.7	6.68
Number of missing episodes in last 3 months	Baseline	11	5.5	6.46	10	4.7	5.72
	12 months	11	3.5	7.17	10	1.7	2.79
Number of placements in last 12 months	Baseline	11	3.2	1.60	10	4.1	3.14
	12 months	11	2.2	1.72	10	2.2	1.48

Appendix 3: Timing of data collection processes



Appendix 4: SSDA903 Baseline analysis for the 3 LAs

Essex

The analysis showed that among the 11 young people joining Inside Out:

- The average age was 15.3 – with a range of 14 to 16 years
- The average age of entering care was 10.9 years – with a range of 4 to 15 years
- The majority were placed in residential accommodation; one was in foster care and another in secure accommodation
- The average number of placements over the last 12 months was 4.4
- The average number of missing episodes over the last 12 months was 32.18, while over the last 3 months it was 4.46 missing episodes
- The average SDQ score at entry was 20.6 with a range from 12 to 31. Seven out of ten had an SDQ score classified as ‘high’ or ‘very high’.
- Eight young people were registered as being in education and two participants were classified as NEET. For one this information was missing.
- For four young people an exploitation risk level was recorded (ranging from ‘medium’ to ‘victim’).
- For all but three criminal offences were recorded in the 12 months period before baseline, with an average number of offences committed during this period of 5.1.

Hertfordshire

- Eleven young people have started the programme in Hertfordshire between May and October 2019. One young person has already left the programme after two months as that person returned home.
- Four young people were further about to start in early 2020 or had started in December 2019.
- Participants were between 14 and 17 years old (M=15.4, SD=.92)
- Seven female and four male participants joined the programme
- The majority of participants were ‘White-British’
- The average age on entry into care was 12.7 (SD=2.53)
- All participants were placed in homes and hostels (K2)
- The average number of placements in the last 12 months of these 11 young people was 3 (SD=2.05)
- The average number of missing episodes in the last 12 months of these 11 young people was 3.6 (SD=4.3) and in the last 3 months .86 (SD=2.4)
- The average baseline SDQ score of 11 young people with an available score close to the baseline was 18 (SD=6.5) with a range from 10 to 28
- No exploitation risk level was recorded for any of the participants.

Norfolk

- Twelve young people have started the programme in Norfolk from July 2019 onwards. One young person has already left the programme after a 3-months period
- Baseline has been formed by using the closest three-monthly data report (e.g., when a participant joined in August 2019 the data for that participant in July 2019 was used)
- Participants were between 15 and 17 years old (M=15.7, SD=.65)
- The gender distribution was fairly even with seven female and five male participants
- All participants were white
- The average age on entry into care was 12.4 (SD=2.35)
- The majority of participants were placed in residential accommodation or in homes and hostels
- The average number of placements in the last 12 months of these 12 young people was 2.8 (SD=1.95)
- The average number of missing episodes in the last 12 months of these 12 young people was 3.1 (SD=4.1). The average number of missing episodes in the last 3 months of these 12 young people was .67 (SD=1.3).
- The average baseline SDQ score of 11 young people with an available score close to the baseline was 17.9 (SD=7.63) with a range from 5 to 26.
- Seven young people were at school, three were missing education and the other two were either working with a tutor or had applied for one
- Only for one participant an exploitation risk level was recorded.
- Three young people had offences committed in the last 12 months before joining the programme. The average of offences across all 12 young people was .75 (SD=1.55) in the previous 12 months and .42 (SD=1.17) in the previous 6 months before joining

Appendix 5: Inside Out participants survey

Inside Out - How is it?

This questionnaire is for you to have the opportunity to let us know what having an Inside Out coach is like. It will only take a minute or two, and will help us to understand whether other young people should have coaches as well.

Your responses will be anonymous.

All in all, has working with the coach made your life better?

- Definitely not Not really Not sure Sort of Definitely yes

Has working with a coach helped you to do any of the following things?

	Definitely not	Not really	Not sure	Sort of	Definitely yes
Feel more in control of your life?	<input type="radio"/>				
Get over problems you were facing?	<input type="radio"/>				
Develop better relationships with other people?	<input type="radio"/>				
Feel more supported?	<input type="radio"/>				

Is there anything you think your coach could do better?

What has been the best part about having an Inside Out coach?

Thank you for your time.

Appendix 6: Cost benefit analysis – additional tables and analysis

Table A: Indicative estimates of time spent per activity

Activity	Average time cost per activity (Hours)
Visits and phone calls to client	
Social worker or Family Support Worker visits	2.5
Social worker staying-in-contact phone calls	1.0
IRO (Independent Reviewing Officers)	1.0
Supervision conversations	0.5
EDT (Emergency Duty Team)	2.5
1: 1 contact with related individuals and organisations	
Social worker meetings with carers (if applicable)	0.5
Follow-up meetings with other services including provider	1.0
Formal organisational meetings	
LAC Reviews / Panel Reviews	5.0
Signs of stability / disruption / education meetings	2.0
Other professional / multi-agency meetings	2.0
Reporting	
Forms (LAC Care Plan Progress Report, YP Care Plan, Pathway plan)	0.5
Case notes - major updates	0.3
Missing episodes	
Liaise and search and administer missing episodes	5.0
Placement arrangements	
Arrange, administer and support new placement	15.0

Table B: Estimates of time spent by social worker per client each month before and after Inside Out

	Before (Hours)	After (Hours)	Difference (Hours)
Social Worker 1	76.0	28.8	47.2
Social Worker 2	10.8	5.7	5.1
Social Worker 3	13.3	5.0	8.3
Social Worker 4	10.8	4.5	6.3
Social Worker 5	16.0	4.0	12.0
Social Worker 6	30.0	6.0	24.0
Social Worker 7	26.0	6.2	19.8
Average	26.1	8.6	17.5
% change			67%

Table C: Statistical analysis of changes in missing episodes for intervention and comparison group

	Number	Average	Standard Deviation
Intervention group			
Baseline	10	33.60	40.82
12 months after	10	5.70	6.68
Difference (1)		27.90	
Comparator group (based on propensity scoring)			
Baseline	11	22.73	25.87
12 months after	11	7.64	14.49
Difference (2)		15.09	
Overall difference (3) = (1) – (2)	21	12.81	
Standard deviation (weighted) (initial)			32.99
Standard deviation (weighted) (all)			21.88
t-statistic (based on initial standard deviation)			1.78
t-statistic (based on overall standard deviation)			2.68

Table D: Indicative assessment of unit costs per missing episode

	Proportion	Cost per incident
Police	74%	£1,630
Schools	16%	£350
Hospital	4%	£90
Local Authority	6%	£130
Total		£2,200
Total excluding Local Authority		£2,070

Table E: SDQ scores for intervention group and historic control group

	Number	Average	Standard Deviation
Intervention group			
Baseline	6	20.33	6.65
12 months after	6	17.17	6.11
Difference (1)		3.16	
Comparison group			
Baseline	24	18.75	5.67
12 months after	24	18.21	6.16
Difference (2)		0.54	
Overall difference (3) = (1) – (2)	30	2.62	

Table F: Assessing unit cost of mental health issues

	Unit cost	Duration	Cost
Short-term effects (school)	£900 + £600 = £1,500	3 years	£4,500
Short-term effects (treatment costs)	£1,125	Once	£1,125
Medium-term effects	£1,025	37%	£380
Overall			£6,005

Table G: Predicted proportion of participants with high SDQ to have mental health issues as an adult

	Proportion with high SDQ	Proportion with persistent problem	Recurrence of problem as young adult given earlier problem	% expected to have mental health issues as adults
Boys	67%	66.7%	50%	22.2%
Girls	33%	66.7%	67%	14.9%
Overall	100%			37.1%

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