



Department  
for Education

# **Evaluation of Ealing Building My Future**

**Evaluation report**

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## Key messages

Building My Future (BMF) was developed by Ealing Council and its partners in recognition of the need to provide support to young people with additional needs (i.e. learning difficulties, autism, and/or Asperger syndrome) at an earlier stage. The aim was to improve outcomes in relation to wellbeing, education and participation, and to prevent the use of expensive, and potentially unsuitable, special school provision.

The highly-skilled, multidisciplinary, multi-agency BMF team was greater than the sum of its parts. By removing the need to refer young people to different services, the BMF team was able to provide more tailored, holistic and responsive support than would have been the case if services were only working in partnership.

Qualitative evidence shows that BMF brought about improvements in:

- Young people's personal wellbeing, participation in mainstream education, and preparedness for adult life.
- Parents' and carers' relationships with their child and with their child's school/college. They also developed new skills/approaches to support their child.
- The capacity of schools/colleges to provide support to young people with additional needs. Some school/college staff also developed new skills/approaches.

These improvements are not materialising immediately in quantitative data, especially in relation to a comparison group of young people with similar needs. This picture may change if evaluation is conducted over a longer period with a larger cohort.

Quantitative data presented a mixed picture about whether BMF achieved a positive fiscal impact. The majority of stakeholders were confident that cost avoidance could be achieved over a longer time period.

BMF trialled working with some young people with more complex needs who were already in contact with services (e.g. Looked After Children). There is emerging evidence that this cohort also benefitted from BMF and presented a greater potential for cost savings. The blend of skills within the team may need to be adjusted to respond to the higher level needs of this cohort (e.g. more clinical or educational psychologists).

Sustaining BMF was challenging because: (a) timescales for local authority decision-making, the evaluation, and funding were not aligned; and (b) the local authority was juggling reduced funding, plus increased demand for services and complexity of need. Maintaining the team with fidelity to the model was a challenge since Ealing Council was not able to offer job certainty to in-demand professionals, resulting in early departures of key team members that could not be back-filled.

# Executive summary

## Introduction

Building My Future (BMF) is a multidisciplinary, multi-agency early intervention service, designed to improve wellbeing, education and participation outcomes for young people aged 10-25 years with additional needs in Ealing. It aims to have a positive fiscal impact via a mixture of cost avoidance and cost savings. The pilot was supported by the Department for Education's (DfE) Children's Social Care Innovation Programme (Innovation Programme hereafter).

The BMF team includes a team manager, social workers, clinical psychologists, occupational therapist, speech and language therapist, youth workers, educational psychologist, careers advisor and practice support officer. The team provides intensive support to young people with additional needs (individually and in groups) and their parents and carers and school/college lasting approximately six months.

## The evaluation

The report considers the period from September 2017 to February 2020. The evaluation deployed a mixed methods approach, including semi-structured interviews with BMF staff, stakeholders from Ealing Council, schools/colleges and other services, young people and parents and carers. The evaluation conducted a comparative outcomes analysis, using data provided by Ealing Council in relation to the BMF cohort and a comparison group of young people with similar needs from the recent past. This analysis included data on social care, education and youth justice, and used tariffs to produce a cost-benefit analysis. Ealing Council also produced an analysis of cost savings and cost avoidance, based on a review of closed cases.

## Key findings

### Implementation and process

BMF's flexible, multidisciplinary and multi-agency approach was a key strength. It worked holistically, built positive relationships with young people, and boosted engagement with their education setting. By having a mix of skilled professionals in a single team, BMF

used resources flexibly and efficiently, without the need for additional referrals. This coordinated response was recognised as effective by Ofsted and CQC.<sup>1</sup>

Other enablers included strong involvement of parents and carers (individually and via the Ealing Parent and Carer Forum) and of young people in design and decision-making processes. Another enabler was Ealing Council's previous experience of establishing and running multidisciplinary teams. This meant they were able to quickly construct robust governance and participation structures and achieve buy-in from other teams/departments.

Obstacles included engaging some schools that were reticent to participate in the initial stages of BMF and having to work across a range of different databases, increasing time required for administration. Achieving the desired outcomes for young people within the time limits of the intervention, and delivering the pilot within the funding timescales, were also challenges.

## Outcomes for young people

- **Preventing and/or reducing the use of maintained special schools and independent and non-maintained special schools (INMSS):** A wide range of stakeholders identified examples where existing school placements were supported and/or stabilised or where more suitable alternative placements were secured. Quantitative data suggested that these achievements were in line with the comparison group. BMF managers were confident that this picture would improve with a longer time period and a larger cohort and cited a review of 102 cases conducted by Ealing staff, where there were more than 50 cases where potential school placement breakdown and/or use of a special school was avoided.
- **Improved attendance and reduced exclusions:** Case file reviews and stakeholder interviews showed that BMF successfully supported young people that were persistently absent from school/college and/or at high risk of exclusion. In contrast, quantitative analysis showed that achievements were consistent with the comparison group.
- **Improved attainment:** Stakeholders agreed that BMF was having beneficial impacts on young people's attainment and cited the link between improved attendance and improved attainment<sup>2</sup>. Quantitative data was not available.

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<sup>1</sup>Joint local area SEND inspection in Ealing, available at <https://files.ofsted.gov.uk/v1/file/50064202> [accessed 21.02.2020]

<sup>2</sup> Department for Education (2015) *The link between absence and attainment at KS2 and KS4*.

- **Improved wellbeing:** Qualitative evidence from professional stakeholders and parents and carers showed that young people's wellbeing improved, with particular impact for those facing anxiety and social isolation. Quantitative data highlighted an increase in need within this group as measured by escalation to statutory services. It is likely that this was a result of identifying previously unmet need.

## Outcomes for parents and carers

A wide range of stakeholders identified improvements in parents and carers access to, and engagement with, services as a result of BMF. Individuals were also provided with new/enhanced skills to support their child. Parents and carers reported improvements in their relationships with their child and with school/college, as well as improvements in their own wellbeing.

## Outcomes for professionals

More resources were required than originally expected to engage with schools/colleges. Once BMF had secured their involvement, schools/colleges benefitted from access to additional specialist capacity. Staff in some schools/colleges also improved their skills and learned new approaches to working with young people.

## Impact on public services in Ealing

The quantitative outcomes analysis showed that 12 months after a BMF referral, the cost of services used by young people increased by 2% (n=51). In contrast, the costs for the comparison group decreased by 7%. However, an analysis conducted by BMF over an 18-month period identified cost avoidance and cost savings equivalent to nearly £2.6m per annum (n=102, though no comparison group). Consultations with key stakeholders highlighted that BMF had the capacity to achieve cost avoidance but this would materialise over the longer-term, mainly by maintaining young people's participation in mainstream education. To achieve more immediate savings, stakeholders suggested that BMF would need to work with young people with more complex needs.

## Lessons and implications

1. There is demand from the full range of stakeholders for more services that offer support to young people with additional needs.
2. A co-production approach enhances the design, operation and review of innovative services.
3. Local areas considering establishing a new service should undertake a robust needs assessment to ensure that the intervention is based on needs, is matched

to the causes of escalating need, and reflects the challenges that are faced by young people with additional needs.

4. A multidisciplinary and multi-agency team that can work holistically with a young person, their family and their school placement in a range of settings can facilitate positive outcomes for young people, including improved access to mainstream education, increased personal wellbeing, and preparedness for adult life.
5. Achieving cost savings for public services by working with young people predominantly below the threshold for statutory services is challenging, especially because BMF involved a highly skilled but expensive team.
6. A lack of alignment between the timescales of the Innovation Programme, the evaluation, and local authority decision-making resulted in some discontinuity of service, decision-making not informed by the full evaluation evidence, and early attrition of staff.

# 1. Overview of the project

## Project context

Building My Future (BMF) is a multidisciplinary, multi-agency responsive service, designed to support young people aged 10-25 years, their parents or carers, and their school or college, where there may be difficulties accessing education due to a young person's additional needs.<sup>3</sup> BMF supports young people at risk of exclusion or withdrawal from society to stay in or return to participation and meaningful activity.

It builds upon Ealing's nationally recognised Intensive Therapeutic Break Service (ITBS), that is successfully working with a small cohort of disabled children with high-level needs on the edge of care in special schools. The programme was designed co-productively, including input from the Ealing Parent and Carer Forum and young people.

It was originally designed to respond to a number of pressures, including disproportionate exclusion from school for students receiving special educational needs (SEN) support, growing numbers of young people attending special school as a proportion of the school population, and a significant expenditure on independent and non-maintained special schools (INMSS) and other financial pressures, such as reduced funding from central government.

## Project aims and intended outcomes

The project's aims and intended outcomes are detailed in the logic model which is provided in Appendix 1 – Logic Model. The logic model was co-produced by Cordis Bright and Ealing Council in 2018. It highlights the following key outcomes for BMF:

- Improved participation by young people with additional needs in mainstream education:
  - Reduction in number of exclusions from school (fixed-term and permanent).
  - Improved school attendance.
  - Reduction in number of young people entering maintained special schools.
  - Reduction in the number of young people entering INMSS.
  - For those aged 19+ years, an increase in the number of young people in education, employment and training.
- Improved levels of attainment by young people with additional needs.

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<sup>3</sup> For the purposes of this report we use 'young person' to refer to children and young people aged from approximately 10 years old up to 25 who are participating in BMF.

- Improved levels of wellbeing among young people with additional needs:
  - Reduction in the number of young people becoming looked after.
  - Improvement in young people's wellbeing.
  - Young people with additional needs are better equipped to transition into independent adult living.
- Cost efficient approach to supporting young people with additional needs.

Over the course of the pilot, its intended aims and outcomes have remained broadly consistent, with a clear focus on improved wellbeing and outcomes for young people, as well as a focus on the importance of preventing school placement breakdown and unnecessary use of costly INMSS. Originally, it was intended that BMF would achieve cashable cost savings for Ealing Council primarily as a result of reducing numbers of Looked After Children and use of INMSS. However, stakeholders have increasingly discussed the possibility of longer-term cost avoidance from earlier intervention.

The target cohort for BMF is outlined in Table 1. During the pilot, eligibility criteria were adapted to lower the minimum age from 11 to 10 years old. This allowed BMF to work with young people in Year 6 prior to transitioning to secondary education. The BMF team also trialled the provision of support to young people of variable levels of need, including some who were receiving support from other services.

Table 1: BMF eligibility criteria

Essential Criteria	Additional presenting issues
<p>The young person must meet <b>all</b> of the following criteria:</p> <ol style="list-style-type: none"> <li>1. Resident within the borough of Ealing</li> <li>2. Aged between 10 years and 25 years</li> <li>3. Has received a single agency intervention from agencies outside the family or school</li> <li>4. Will have learning difficulties (specific or general) and/or Autism/Asperger's, but may not have a formal diagnosis.</li> <li>5. The BMF programme will support young people generally below the statutory threshold for involvement with social care and other statutory services.</li> </ol>	<p>The child/ young person must also present <b>one or more</b> of the following criteria:</p> <ol style="list-style-type: none"> <li>1. <b>Behaviour that challenges at home and/or at school</b> <ul style="list-style-type: none"> <li>• Examples: Families are very worried and struggling to manage (but not yet at crisis); Antisocial behaviour</li> </ul> </li> <li>2. <b>Missing out on education/employment</b> <ul style="list-style-type: none"> <li>• Examples: Absenteeism from school/college; At risk of exclusion from services; May have experienced internal and/or fixed term exclusions at school/college; Not in Education, Employment or Training</li> </ul> </li> <li>3. <b>May have mental health needs</b> <ul style="list-style-type: none"> <li>• Examples: Anxiety, depression, self-harm, eating difficulties, sleep deprivation; Withdrawn, early signs of social exclusion</li> </ul> </li> <li>4. <b>May have had Youth Offending Service involvement</b> <ul style="list-style-type: none"> <li>• Examples: At risk of first time entrance to youth justice; Youth referral order; Detention order; Youth conditional caution</li> </ul> </li> </ol>

Source: BMF documentation

## Project activities

### The BMF team

BMF involves a multidisciplinary and multi-agency team of professionals:

- 1 full-time equivalent (FTE) team manager
- 1.6 FTE clinical psychologist
- 0.8 FTE educational psychologist

- 2 FTE social workers
- 0.6 FTE occupational therapist
- 0.6 FTE speech and language therapist
- 2 FTE youth workers
- 1 FTE Connexions workers (careers advisor)
- 1 FTE Practice Support Officer

## **The BMF model**

The BMF model was originally conceived as a 28 week intervention. The original BMF model was to have two linked teams, which had defined roles within the 28 week case duration. They were: the Core Team (social workers, clinical and educational psychologists, occupational therapist, speech and language therapist, BMF youth worker); and the Virtual Team (BMF youth worker, Connexions worker). It was intended that the Core Team would work intensively with each young person for up to 12 weeks, before the case was stepped down to the Virtual Team for the remaining 16 weeks.

Early on, the BMF model was adapted: the two teams were brought together into a single team and a distinct hand-over between teams was removed. This change was made in response to learning from early implementation that support from staff in both teams may be more effective when delivered simultaneously and flexibly in response to young people's needs. While the overall average length of intervention has remained within the planned timescales (i.e. 28 weeks), the involvement by members of the former 'Core' BMF team has typically lasted longer than originally planned, with a less distinct staged stepping-down process. Youth workers were also involved at an earlier stage than originally anticipated. The overall impact was that the team was able to respond more dynamically, and it facilitated a more gradual and flexible tapering of support. For some young people supported by the youth workers, this also involved support to participate in mainstream youth services. It was noted that the structure of BMF helped to break down professional silos. For instance, the youth workers and Connexions team are recognised as peers within the team, who bring important insights about, and the ability to build strong relationships with, young people.

## **Referrals and allocated cases**

BMF was awarded funding in July 2017 and it began taking referrals from 1 April 2018.

Between April 2018 and November 2019, the BMF team received 288 referrals, of which 135 (46%) cases were deemed eligible and passed onto assessment. The most frequent source of referrals was Children's Services (30%) followed by schools (22%).<sup>4</sup>

Of the 135 young people referred to BMF who were deemed appropriate to pass forward to assessment, 117 had been assessed at 30 November 2019. Of those 117 young people, 35% had a Special Education Need (SEN) identified at assessment, 22% had a diagnosis of Autism and 17% had a diagnosis of Asperger's syndrome. Of the 117 young people who completed an assessment, 52% were identified as having a mental health condition. 47% were either not in education, employment or training (NEET) or not registered at, or attending, school. A full breakdown of needs at assessment are included at Appendix 2 – Needs at assessment.

Stakeholders within the BMF team noted challenges in relation to referrals: at the outset of the pilot, some professionals who were able to refer into the service expressed uncertainty around the eligibility criteria. While familiarity with the service grew over time, subsequent changes to the target cohort that BMF worked with also made it challenging for agencies to know exactly who they should refer.

## **Case closures**

At 30 November 2019, 70 cases were allocated to BMF (either open, at assessment or pending assessment) and 70 cases had closed. Of closed cases, 66% were closed following the completion of the work. 14% were closed following a lack of engagement, 4% closed due to criteria not being met and 1% due to the individual being transferred to Adult Social Care. The remaining 15% were closed for reasons not specified.

Stakeholders and documentary evidence identified an original target of 156 young people to receive a BMF intervention. Assuming no further cases were opened, BMF operated at 90% of target capacity.

## **BMF Life Skills programme**

From October 2018, BMF rolled out an additional weekly programme to support up to 28 young people who had been identified within the BMF cohort, called BMF Life Skills. The programme was led by the BMF Youth Workers, supported by the wider Integrated Youth Service. It focused on young people's social skills and raising their self-esteem and confidence.

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<sup>4</sup> BMF project management data (correct to Nov 2019)

The BMF Life Skills programme differed from mainstream youth work because it was open only to individuals accessing support from the BMF team. It offered a range of activities which included one-to-one youth work, bespoke workshops on issues selected by the group, trips and residential visits, and support to complete programmes such as AQA awards or Duke of Edinburgh.

### **Risk of Escalation Indicator tool**

The development of a Risk of Escalation Indicator (ROEI) tool was proposed as part of BMF's original funding application. This would have been a predictive modelling tool developed to identify earlier those young people who may be about to meet or have met the criteria for a BMF intervention. However, this was not developed due to the complexity of the data governance requirements that would have been necessary to allow the required level of data sharing across the multiple systems. Stakeholders with insight into the decision-making process also highlighted that investing resource in the ROEI tool was seen as potentially more speculative and less likely to influence outcomes for young people than investing in the BMF team. As a result, funding was re-allocated to resource the BMF team.

## 2. Overview of the evaluation

### Evaluation questions

This evaluation focussed on both the process of implementing the BMF programme and on the impact of the programme. It focussed on 5 key areas:

#### 1. Outcomes for young people

- a. What is the impact of the project on outcomes for young people?
- b. What factors enable or hinder the achievement of better outcomes for young people?
- c. What is the impact of the project on the quality of support or care for young people?
- d. What factors enable or hinder improvements to the quality of support or care for young people?

#### 2. Outcomes for parents and carers

- a. What is the impact of the project on outcomes for parents and carers?
- b. What factors enable or hinder the achievement of better outcomes for parents and carers?
- c. What is the impact of the project on the quality of support or care for parents and carers?
- d. What factors enable or hinder improvements to the quality of support or care for parents and carers?

#### 3. Outcomes for professionals working with young people with additional needs

- a. What is the impact of the project on confidence and skills of teachers and other school staff?
- b. What factors enable or hinder the achievement of improved confidence and skills for teachers and other school staff?

#### 4. Impact on public services in Ealing

- a. Is the model effectively meeting the needs of stakeholders such as schools, health and police?
- b. What are the cost implications of the project? Is it cost-effective?

#### 5. Process (implementation) factors

- a. What are the key mechanisms of change and how do these relate to observed or measured impact?
- b. What needs to happen at the organisational and community levels for projects to be a success?
- c. What are the necessary and sufficient legal and policy conditions of project success?
- d. Is there sufficient flexibility in the system for projects to be implemented successfully?

- e. What is lacking (or present) in the system that hinders the success of the project?
- f. What lessons are there for wider roll out of the model?

## Evaluation methods

The chosen methodology was a mixed-methods, theory-informed approach centred on testing the logic model. This approach was agreed between Ealing Council, the DfE (who commissioned the independent evaluation) and Cordis Bright in June 2018. This included two periods of fieldwork, conducted between September 2018 to February 2019, and from September 2019 to February 2020. In total, the following research methods were carried out:

- Eight interviews with young people.
- Interviews with key stakeholders, including BMF staff and Ealing Council staff (10 in year 1 and 10 in year 2).
- 14 interviews with parents and carers.
- Interviews with wider stakeholders such as teachers, Special Educational Needs Coordinators (SENCOs) (10 in year 1 and 10 in year 2).
- Analysis of monitoring data and distance travel tools, including comparison with a historical matched-pairs counterfactual cohort.
- 10 independent case file reviews.

Table 2 demonstrates how each method linked to the corresponding research questions.

**Table 2 Method / evaluation question matrix**

	Interviews with young people	Interviews with parents and carers	Interviews with BMF staff	Interviews with wider stakeholders	Case file reviews	Outcomes data	Cost-benefit analysis
Outcomes for young people	✓	✓	✓	✓	✓	✓	
Outcomes for parents and carers	✓	✓	✓	✓			
Outcomes for professionals working with children with additional needs	✓	✓	✓	✓			
Impact on public services	✓	✓	✓	✓		✓	✓
Process factors	✓	✓	✓	✓	✓	✓	

## Changes to evaluation methods

All of the methods that were originally anticipated were deployed. There were some differences in timing and numbers of participants, i.e. consultation with young people and parents and carers took place only at one point in time, and fewer interviews were conducted with young people than planned. The main reasons for this were timing and number of consents received from parents and carers and from young people. A higher proportion of parents and carers than expected chose to limit the participation of their child to only include case file reviews. Another contributing factor was length of time required to agree with Ealing Council the privacy and informed consent materials and the relevant information sharing protocols

## Limitations of the evaluation

There are three main limitations to this evaluation.

Firstly, the number of interviews conducted with families was smaller than anticipated (see above for further information about this). These small samples have been considered when reviewing the findings of the qualitative consultation as their generalisability is limited.

Secondly, caution has been exercised when drawing conclusions from the quantitative analysis of outcomes data and comparison with a historical matched-pairs counterfactual cohort. This is because:

- The size of the BMF cohort and of the comparison group is relatively small, i.e. 51 in each.
- The time period over which impact was measured is relatively short, i.e. about six months of support, followed by six months to gauge the extent to which any changes were sustained.
- BMF staff with knowledge of both the BMF cohort and the comparison group identified that – despite using a matched-pairs approach – the two cohorts may not be sufficiently similar. This principally relates to the scale and complexity of the needs of individual children within each cohort. Combined with the small sample size, it may be that outliers impact upon the analysis.
- Over the course of the pilot, the needs of the young people supported by BMF changed. In particular, in later cases, individuals with higher levels of need were supported by BMF. Therefore, the sample presented in the analysis may not be comparable to the BMF cohort as a whole.

Thirdly, the evaluation also includes calculations from a cost avoidance and cost saving analysis undertaken by BMF staff. This involved BMF practitioners retrospectively making a judgement, based on their expertise and knowledge of BMF participants, about the likely trajectory of a young person's needs without a BMF intervention, and then drawing a comparison to the actual outcomes achieved. Cost avoidance and cost savings were calculated based on the estimated difference between what BMF practitioners expected might have happened without BMF and what did happen. However, there is no comparison group to validate these estimations and the forecast about potential outcomes without BMF was undertaken after involvement of BMF rather than before.

Despite the limitations, we judge the mixed-methods approach to be robust and appropriate for this project.

### 3. Key findings

The following section summarises key findings from the Ealing BMF qualitative consultations with stakeholders and families, findings from case file reviews and the data study. It is organised into the following subsections, in line with the research questions: (1) implementation and process factors; (2) improved outcomes for young people; (3) improved outcomes for parents and carers; (4) improved outcomes for professionals working with young people with additional needs; and (5) impact on public services in Ealing.

#### Implementation and process factors

##### Core rationale

BMF staff and stakeholders demonstrated a strong shared understanding of the purpose of the BMF programme, agreeing that it was a service designed to provide intensive, short-term support to young people with additional needs with a strong focus on education. It was widely acknowledged that the programme also aspired to be a cost-efficient service, primarily by preventing the use of placements in INMSS.

While there was a consistent level of understanding about the rationale, stakeholders reported that eligibility criteria had been subject to revisions. For instance, stakeholders reported that over the course of the Innovation Programme, the BMF team had varied the referral criteria to try and identify young people who would both benefit from a BMF intervention, and also provide an opportunity for cost avoidance and potentially cost savings. BMF staff and stakeholders with strategic insight to the pilot reported that BMF trialled accepting referrals of young people with more complex needs who were often already in contact with statutory services.

Most stakeholders praised the willingness of BMF to review eligibility criteria and assess the extent to which it was working with the young people who would most benefit from BMF. That said, there were some other implications of these changes:

- For a number of stakeholders, this created some uncertainty about the target group of young people, impacting on their confidence in referring young people to BMF.
- For some members of the BMF team, this caused some confusion about the purpose of BMF, especially the balance between providing preventive or remedial interventions.
- In relation to widening the criteria to young people with lower levels of need, while stakeholders were confident that a BMF intervention would help support the achievement of positive outcomes, they also raised concerns about the ability of BMF

to create cost savings in the immediate term by reducing the support required. They were more confident that over a longer period, a BMF intervention would likely result in cost avoidance.

- In relation to expanding the criteria to young people with higher levels of need, some stakeholders raised concerns about how BMF would add value. For instance, a stakeholder reported that it was not clear how BMF distinguished itself from other services: “I am unclear why we ever accepted [some complex cases] as they could just have easily been accepted by other Ealing services such as SAFE [Supportive Action for Families in Ealing] or CAMHS [Child and Adolescent Mental Health Services]”. On the other hand, strategic stakeholders highlighted that this change increased the potential for BMF to create improvements for young people and their families and, in turn, create cost savings and cost avoidance. It was noted by key stakeholders that this approach of trialling new ways of working was overall a strength of the pilot.

## Enablers and obstacles to implementation

### Enablers

- **Flexible service model:** A range of stakeholders praised the way that BMF had been adapted throughout the Innovation Programme. Key adaptations included: (1) flexing the intervention timescales to allow a longer intensive intervention before stepping down; (2) introducing a BMF youth club specifically for young people with additional needs; (3) changing the eligibility criteria, especially the inclusion of young people aged 10 years transitioning to secondary education. Young people and key stakeholders widely praised the Life Skills youth club for providing a space for young people with additional needs to safely engage with their peers and socialise. More widely, stakeholders and BMF staff highlighted how additional flexibility allowed time to build good relationships with young people and their families, supporting a range of improved outcomes.
- **Skilled multidisciplinary and multi-agency team (MDT):** Evidence from key stakeholders, wider stakeholders and families indicated the importance of the MDT approach of BMF. It was identified that the combination of professionals co-located in a single team (within Ealing Council’s Service for Children with Additional Needs) had created conditions for effective problem solving, effective information sharing, and shared learning. As an interviewee put it, “I love that if I have a question, I can turn around and tap someone on the back”.

Wider stakeholders, in particular those working within schools and colleges, indicated that BMF was particularly effective because, if a professional identified that a young person needed support from another profession, they could source that from within the team, rather than make a time-consuming referral into another service.

Additionally, it was highlighted that BMF was unique compared to many other services because it gave permission for professionals to work outside of their usual setting. For example, clinical staff were able to work alongside social workers or youth workers, in the home, at school or college or in community settings where young people were comfortable. This, and not needing to make referrals to access support by professions represented in the BMF team, helped improve the team's overall responsiveness. This coordinated response was recognised as effective by Ofsted and CQC during a recent inspection.<sup>5</sup>

As a multi-agency team, stakeholders also reported that this allowed teams access to information stored on different services' systems and allowed practitioners to share skills with one another. This contributed to the BMF team's ability to support potentially complex cases, using a wide range of information and skills.

- **Ealing Council's previous MDT experience:** Senior staff members highlighted how BMF benefitted from Ealing's previous experience of running innovative programmes within similar fields. They were able to quickly construct a robust governance structure, including support from other departments such as finance. It was suggested that other local authorities without this experience may struggle to implement a similar team. In Ealing, it was noted by key stakeholders how other services had demonstrated good buy-in and provided effective challenge to BMF, which may not be replicated elsewhere.
- **Incorporating the voice of young people:** A range of evidence demonstrated how the voice of young people featured strongly throughout the design, implementation and delivery of BMF. At the outset, the Ealing Youth Service and Ealing Mencap conducted a focus group with young people to support the original proposal. Reviews of case files further demonstrated that young people were consulted throughout their intervention. For example, there was widespread evidence in case file reviews that the referral and assessment decisions had been shared with the young person and that accessible language was used. Young people's views were recorded within their plans, and updated throughout, with clear evidence that these views were considered when setting goals and planning support.
- **Involving parents and carers:** Ealing also engaged the Ealing Parent and Carer Forum (EPCF) at the outset, and throughout the pilot, including supporting recruitment and providing strategic challenge, providing insight into the experience of families with a young person with additional needs. The review of case files found evidence that parents and carers were engaged throughout the BMF intervention, and support was provided to them as well as their child.

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<sup>5</sup>Joint local area SEND inspection in Ealing, available at <https://files.ofsted.gov.uk/v1/file/50064202> [accessed 21.02.2020]

## Barriers

- **Engaging schools:** A small number of BMF staff reported that, at the start of BMF, there had been a challenge engaging with certain schools. While the approach to providing schools with hands-on advice, support, ideas and strategies was overall seen as a strength of the team, it was noted that initially the schools that worked most closely with BMF had tended to be those which shared BMF's wider ethos regarding supporting young people in mainstream education as far as possible. Schools that BMF struggled to engage typically felt less able to apply flexibility around discipline and behaviour policies. Such policies were identified by key stakeholders as often contributing to difficulties faced by young people with additional needs. Stakeholders noted that for these schools, it was important to ensure there was dedicated time over a sustained period to encourage engagement and highlight the benefits of BMF.
- **IT systems:** All BMF staff interviewed reported that the various databases used by different professionals created a challenge in ensuring that all necessary information was shared and recorded on the MOSAIC system used by BMF. Additionally, for professionals that used other systems, they were required to duplicate information on multiple systems to ensure accurate information was recorded consistently.
- **Intervention duration:** Achieving a sustainable change within the timeframe of the BMF intervention was identified as a challenge by stakeholders and families. As noted previously, BMF interventions were typically completed within the target six-month period and that time was used flexibly. Whilst a strength of BMF was the positive relations that professionals built with young people, as noted by parents and carers and young people, BMF staff reflected that this took time to establish and therefore affected the ability to deliver support within specified timescales. This point was further stressed by a minority of parents and carers, particularly those who identified the needs of their children as more complex, who felt BMF was too short to make substantial difference to their child. BMF staff acknowledged that this may be an issue that required review in the future. On balance, however, it was noted that the BMF model had been applied flexibly to mitigate this issue, which allowed practitioners to work with young people for as long as their needs dictated.
- **Funding timescales:** The Innovation Programme's timings, including the evaluation, did not align with Ealing Council's strategic decision-making and budget-setting processes. As a result, there was a period of uncertainty towards the end of the programme when it was not clear whether the programme would continue or in what form. Key stakeholders noted that this uncertainty contributed to staff leaving before the end of the programme, and also depressed the number of referrals in the latter stages of the project. More widely, the timescales were challenging to recruit staff, set-up the programme and engage with potential referrers, develop and deliver the model, and then evaluate. As noted elsewhere, the relatively short pilot period meant that the medium to long term impact has not been assessed. It was also noted that

establishing a pilot while local authorities were experiencing a challenging financial climate and rising demand added complexity. An extended pilot would have had greater potential to test the impact of BMF over a longer period and provide more opportunity for sustainability planning.

## **Outcomes for young people with additional needs**

### **Improved participation of young people with additional needs in mainstream education**

A range of evidence from key stakeholders, wider stakeholders, parents and carers, and young people suggested that BMF had a number of successes in:

- Preventing young people from needing to access maintained special schools and INMSS.
- Preventing exclusions (temporary and permanent) from mainstream school.

For instance, BMF staff and stakeholders were able to identify multiple examples of young people who they reported were on a trajectory towards exclusion (and possible subsequent use of a special school) but were supported to prevent this outcome. A number of young people and parents and carers were also able to speak to their own experience, highlighting that due to a range of challenges they felt they would have been permanently excluded without assistance from BMF. For example, a young person explained how support from the speech and language therapist at school and a youth worker outside school helped them to engage more positively with their classmates and manage their anger. The young person identified a number of small changes that were suggested to the school, which when implemented made it easier for them to interact positively and lessened the risk of exclusions.

Stakeholders also identified more complex cases, such as a young person with autism, identified as having very challenging behaviour that was likely to result in them moving from mainstream school to a special school. However, the combination of support from a social worker and an educational psychologist to create a behavioural support plan for school and at home helped stabilise that placement, which has been subsequently maintained.

Case file evidence further strengthens this finding: case file reviews identified clear evidence of young people who were at risk of a school placement breakdown being provided with support to successfully avoid this outcome. Feedback from a school highlighted that at the start, they did not think they could support the young person in question, but after BMF intervention they felt they could and would be using a school plan which BMF helped develop. In another example, a young person had been taken off the

school-roll following a period of ill health. The young person's college was initially reluctant to readmit the young person due to concerns about the college's ability to support them successfully. This put the young person at risk of requiring a special school placement. However, BMF helped organise additional support to be provided on an ongoing basis to facilitate the young person's return to college.

The quantitative analysis of outcomes data supports the situation described by stakeholders regarding preventing school placement breakdown. The analysis compared the first 51 young people that completed BMF to a comparison group of 51 young people from Ealing that would have been eligible for a BMF intervention (if it had existed over the period March 2017 to March 2018).<sup>6</sup> The results are provided in Table 3 and show the different school placements that young people were in at the beginning of BMF (left column), compared to the end of BMF (top row). Data for the comparison group is provided in Table 4.

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<sup>6</sup> See section 2 for limitations of the data study.

**Table 3 Comparison of school placements at referral and after 12 months for BMF cohort (n=51)**

		School placement of young person 12 months after BMF referral					
		Mainstream Primary	Mainstream secondary	Pupil Referral Unit	Maintained Special School	INNMS	No placement recorded
School placement of young person at BMF referral	Mainstream Primary		1				
	Mainstream secondary		26	3			2
	Pupil Referral Unit			1			2
	Maintained Special School				1		1
	INNMS					3	1
	No placement recorded				1		9

Source: BMF service usage data

**Table 4 Comparison of school placements at March 2017 and March 2018 for comparison group (n=51)**

		School placement of young person at March 2018					
		Mainstream Primary	Mainstream secondary	Pupil Referral Unit	Maintained Special School	INNMS	No placement recorded
School placement of young person at March 2017	Mainstream Primary	1					
	Mainstream secondary		28				3
	Pupil Referral Unit			2			1
	Maintained Special School				2		
	INNMS					3	1
	No placement recorded						10

Source: Comparison group service usage data

The tables show that:

- 32 young people supported by BMF started in a mainstream primary or secondary school. Of these, 27 were still in a mainstream placement after 12 months. Three young people moved from a mainstream placement into a Pupil Referral Unit and two had no placement recorded. For the comparison group, 32 young people also started in a mainstream primary or secondary school. Of these, 29 young people were still in a mainstream placement after 12 months. None had moved to a Pupil Referral Unit and three had no placement recorded.
- Two young people supported by BMF started in a maintained special school. After 12 months, one remained in the maintained special school and one young person did not have a placement recorded. For the comparison, two young people started in maintained special school and remained in such provision over the 12 month period.
- Four young people supported by BMF started in an INMSS, the same number as the comparison group. After 12 months, three remained in an INMSS and one did not have a placement recorded. This was mirrored in the comparison group.
- A substantial proportion of young people in both groups did not have a recorded placement. In the BMF cohort, this is partially accounted for by the fact that some were known to Adult Social Care and a minority were reported NEET. However, it was also noted during qualitative consultation that young people had been directed towards appropriate alternative education and employment, such as apprenticeships, with BMF's assistance. Case files also identified young people without a placement who were being supported to access an educational placement or work. More detailed information about the circumstances within the comparison group is not available.

Overall, the analysis shows that the majority of young people in the BMF cohort remained in the same education placement that they were in at referral. As a result, little escalation or de-escalation in placement occurs. The similarity of trends between the BMF cohort and the counterfactual cohort suggests that BMF did not outperform expected performance in the short-term.

In relation to exclusions, the available data for the first 51 BMF cases shows a slight increase in the numbers of fixed-term or permanent exclusions within the BMF cohort. Table 5 shows that six young people had received a fixed-term or permanent exclusion in the six months prior to BMF referral, compared to eight young people in the six months following BMF intervention. That said, qualitative evidence suggested that stakeholders expected a clear increase without a BMF intervention, and therefore this appears to be successful. While caution should be applied when comparing with the comparison group – particularly due to the overall small number of young people being excluded in both cohorts – there was a decrease in exclusion rates (from 10 to seven). This suggests that

despite its success, BMF may not outperform the performance of other services historically.

**Table 5 Breakdown of fixed-term and permanent exclusions in the BMF (n=51) and comparison group (n=51)**

	BMF Cohort			Matched comparison group		
	At referral	6 months post BMF	12 months post referral	March 2017	Sept 2017	March 2018
No. of young people given fixed term exclusions	6	3	7	10	11	7
No. of young people permanently excluded	0	1	1	0	1	0

Source: BMF and comparison group service usage data

A range of factors were identified by stakeholders, parents and carers, and young people that were considered influential in the BMF team’s ability to prevent the use of maintained special schools or INMSS and reduce exclusions:

- Responsive MDT approach:** Key stakeholders and wider stakeholders highlighted that the BMF team was able to provide support from a range of professionals without the need to complete time-consuming referrals. It was noted that BMF was not only able to act more responsively than traditional services, but also created conditions for effective collaborative working between team members of differing professions. This latter benefit was also highlighted in case file reviews which identified examples of effective information sharing and coordinated interventions. Linked to this, key stakeholders stressed that BMF had the capacity to provide support across a range of settings, including offering clinical interventions outside traditional clinical settings. This allowed a range of professionals to support young people, their families and schools wherever support was required.
- Use of alternative placements:** BMF staff reported that they had increasingly sought to make use of alternative education and training placements if a mainstream placement was at risk of breakdown. Examples were cited where apprenticeships or online learning courses had proven better-suited to the needs and wishes of young people. A parent and carer whose child had an alternative placement arranged with

BMF support highlighted that it was “far better suited” to their needs and as a result they were “enjoying it significantly more than mainstream school”.

- **Impact on parents and carers:** Parents and carers and a range of other stakeholders highlighted that an obstacle to young people accessing appropriate support was that it can be difficult for parents and carers to effectively navigate and advocate on their child’s behalf given the complexity of services available. A number of parents and carers and young people described how the BMF team had not only supported the young person at school but provided direct assistance to their family to provide reassurance and advice about how to access the support needed. Further details can be seen in the section on Outcomes for parents and carers of young people with additional needs.
- **Impact on education professionals:** BMF staff and education professionals noted that the pilot had provided additional support to schools and colleges to assist with supporting young people with additional needs. BMF staff highlighted how they were able to work holistically with schools to ‘change the narrative’ around a young person and provide additional skills and tactics for supporting them. Key stakeholders highlighted that they could play an intermediary role between young people, parents and carers, and schools – especially where communications had broken down – and facilitate a conversation about what a young person, their family, or the school/college might require to effectively support a young person. By providing hands-on support to schools/colleges as well as the young person and their family, BMF staff were able to change perceptions of what a young person could achieve in a mainstream setting. School professionals particularly highlighted that they benefitted from the additional capacity and improved access to educational and clinical psychology support. Further details can be seen in the section on Outcomes for professionals working with young people with additional needs.

### Improved school attendance

Qualitative and case file evidence shows that BMF was able to achieve considerable success with reducing persistent absenteeism amongst a small number of young people experiencing this challenge. For example, the case file reviews identified a young person whose attendance increased from 58% to 100% following support by BMF.

Data for the BMF cohort shows that four young people were persistently not attending school at referral. At 12 months post referral, two of the four were attending their mainstream school regularly. However, during the same period two different young people’s attendance worsened. By comparison, in the comparison group, four young people were persistently absent from school at March 2017, but only one young person was persistently absent by March 2018.

Case file reviews and stakeholder interviews suggested that BMF successfully supported a number of young people to improve their attendance at school/college more generally. In particular, BMF staff and parents and carers highlighted that improvements in attendance were achieved by BMF via their work in supporting young people with anxiety. For these young people, who were often not attending school/college at all and struggled to leave their home, they particularly benefited from BMF staff visiting them at home. Examples were also given of the different approaches to problem solving that BMF staff used to support young people. This included facilitating changes within the school/college or classroom environment (for example, allowing the young person to sit at a different desk), supporting the young person in their journey to and from school/college, and organising alternative education provision such as online courses or apprenticeships.

For some young people, a contributor to their anxiety was transitioning to secondary school, with one parent describing their child as being “at breaking point” just before transitioning. It was noted that BMF was able to assist the young person’s parent and new school to ensure that necessary information was shared, that a shared plan was in place, and support organised with the aim to mitigate the impacts of this challenging period.

### **Improved attainment of young people with additional needs**

Key stakeholders, parents and carers, and education professionals were optimistic that BMF contributed to improvements in young people’s attainment. This was particularly the case where there had been improvements in young people’s attendance at school and/or where additional support had been provided in school.<sup>7</sup> Examples of where BMF staff had been able to suggest straightforward and practical changes, such as to where a young person sat in the classroom, highlighted how BMF had supported the conditions for improved attainment.<sup>8</sup> Quantitative data on attainment was not available and all stakeholders highlighted that more time would be needed for any measurable improvements in attainment brought about by BMF to be evidenced in this way.

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<sup>7</sup> Research evidence shows a strong link between improving attendance and attainment, for example: Department for Education (2015) *The link between absence and attainment at KS2 and KS4*, available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/412638/The\\_link\\_between\\_absence\\_and\\_attainment\\_at\\_KS2\\_and\\_KS4.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/412638/The_link_between_absence_and_attainment_at_KS2_and_KS4.pdf) [accessed 23.03.20]

<sup>8</sup> No evidence was collected via case file reviews and the data study did not include this as a metric (due to difficulties in securing this data for the counterfactual cohort).

## Improved wellbeing among young people with additional needs

### Wellbeing of young people with additional needs

BMF staff, parents and carers, and young people were very positive about the overall impact of BMF on young people's wellbeing, indicating numerous examples of young people who had seen substantial improvements in their confidence, sociability and skills for transitioning into independent adult living. These findings were corroborated by the Children's Commissioner, who identified that, "The involvement of youth services in [BMF] has been particularly successful, encouraging children to get out into the community."<sup>9</sup>

Within case files were a number of examples of young people whose wellbeing appeared materially improved by the support offered by BMF. In particular, examples were given of young people who struggled to interact positively with peers or found the experience of school overwhelming. For instance, a young person transitioning to secondary school received support from a range of professionals in BMF, as did the school. This ensured that the support that the young person needed was established from the outset to support their move. Key outcomes recorded in their case file review highlighted that the young person was enjoying their time in school, had formed good relationships with their form group and was confident enough to participate in after school sports clubs.

Improved wellbeing was particularly noted amongst young people participating in the Life Skills programme run by the BMF Youth Workers. Young people identified that the club had given them an opportunity to make new friendships, building their confidence. For example, one young person who regularly attended spoke about how they had improved socially, saying "I used to only hang out with one group of people, but now I am less scared to speak to other people". Young people and their parents and carers highlighted that having a space specifically for young people with additional needs to socialise had created a safe environment. A highlight of the programme was successfully organising a residential trip with a group of young people, "including two children who wouldn't normally leave the house" according to BMF staff. Other young people also completed their Duke of Edinburgh award and AQA qualifications through the Life Skills Programme. These achievements were seen as evidence of the progress that young people had made in terms of their confidence, which had materially improved their own sense of worth and wellbeing.

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<sup>9</sup> Children's Commissioner for England (2019) *Far less than they deserve*, available at: <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/05/CCO-far-less-than-they-deserve-2019.pdf> [accessed 23.03.20]

BMF staff also highlighted that the Life Skills programme provided young people with skills and experiences that would be helpful for leading an independent life. This included practical discussions about topics such as personal hygiene or how to approach a job interview. Young people highlighted that they could also choose topics for discussion that they wanted to learn about.

Lastly, key stakeholders also highlighted the important role that educational and clinical psychologists had on young people's wellbeing. This was particularly true for children with mental health needs who did not reach the threshold for an intervention by Ealing's CAMHS. Stakeholders argued that left untreated, problems such as anxiety had the potential to develop into more severe mental health problems. By offering clinical support for young people at an earlier stage, it was felt BMF could contribute to avoiding this escalation of need. It was noted, however, that as BMF has supported an increased number of young people with more complex needs, these cases required significant input by the psychologists, which created a capacity challenge within the team. Some parents and carers highlighted that they felt their child would have benefited from support from a clinical psychologist but had received support from another professional, which they felt was less impactful.

### **Social care status**

As a proxy measure of wellbeing, the evaluation considered the social care status of young people participating in BMF.

Table 6 shows that:

- Only a small number of participants in BMF were open to either Children's Services or Adult Social Care at referral. This is in line with BMF's aim to primarily work with young people below the threshold for statutory intervention. The comparison group showed a similar profile.
- 12 months after referral, the number of young people who had received support from BMF and were now in contact with Children's or Adult Social Care had increased from 8 to 14. The comparison group had increased from 9 to 12.

**Table 6 Social Care status of BMF cohort (n=51) and comparison group (n=51)**

	BMF Cohort			Matched comparison group		
	At referral	6 months post BMF	12 months post referral	March 2017	Sept 2017	March 2018
No. Child in Need	3	4	6	4	3	3
No. Child Protection	0	0	0	0	1	1
No. Looked After Children	2	2	4	2	2	2
No. Adult social care	3	3	4	3	4	6

Source: BMF and comparison group service usage data

Table 7 provides a more detailed analysis of the social care journeys of young people in the BMF cohort over the 12-month period. It shows the social care status that young people had at the beginning of BMF (left column) and the social care status that the young person had 12 months after the referral (top row). Table 8 shows the same information for the comparison group. The tables show that:

- Of the three young people supported by BMF who were a Child in Need (CIN) at referral, two had stepped down to universal services and one young person had escalated to be Looked After (LAC). For the comparison group, four were CIN at the start point and after 12 months, three remained CIN and one had escalated to requiring a child protection plan (CP).
- Both the young people that were LAC at referral to BMF remained LAC 12 months after referral. This was mirrored in the comparison group.
- The biggest change was that six young people who were not open to Children's Services at referral to BMF were CIN 12 months post referral. For the comparison group, no child who was not open to Children's Services at the start point escalated to higher levels of need after 12 months.
- The largest cohort in both groups was the two-thirds of young people who were not open to Adult or Children's Social Care throughout the period.

Based on this data, BMF has been less successful at preventing the escalation of need, as can be seen by the increase in numbers of young people that were CIN, Looked After,

or being supported by adult social care following BMF. In fact, in line with other early intervention programmes, it is likely that BMF helps to identify unmet need. For instance, BMF staff reported that by working with young people at an earlier stage, they were able to develop a fuller understanding of their needs and challenges and ensure that services responded accordingly. On occasions, this meant escalating a case to a higher category of need.

**Table 7 Comparison of social care status at referral and after 12 months for BMF cohort (n=51)**

		Social care status of young person 12 months after BMF referral				
		No. CIN	No. CP	No. LAC	No. Adult Social Care	Not applicable
Social care status of young person at BMF referral	No. CIN			1		2
	No. CP					
	No. LAC			2		
	No. Adult Social Care				3	
	Not applicable	6		1	1	35

Source: BMF service usage data

**Table 8 Comparison of social care status at March 2017 and March 2018 for comparison group (n=51)**

		Social care status of young person in March 2018				
		No. CIN	No. CP	No. LAC	No. Adult Social Care	Not applicable
Social care status of young person in March 2017	No. CIN	3	1			
	No. CP					
	No. LAC			2		
	No. Adult Social Care				3	
	Not applicable				3	39

Source: Comparison group service usage data

## Outcomes for parents and carers of young people with additional needs

BMF staff and other key stakeholders identified that it was a strength of BMF that it could support families as well as individual young people. It was commonly identified that parents and carers felt that they had struggled to access support for their child for a long time, particularly those whose children did not meet thresholds for other services or did not have a formal diagnosis. This observation was echoed by parents and carers. At times, this contributed to creating a strain on the relationship between parents and carers and schools/colleges, where there had been disagreement about what support a young person might require.

BMF staff noted that they often helped to bridge the gap between the external agencies and the school/college where parents and carers were unable to. This included supporting parents and carers to become more effective advocates for the support that their child might need. BMF and wider stakeholders agreed that this provided a basis for stabilising school/college placements for a young person, since all relevant parties were better aligned.

More broadly, parents and carers reported that they felt they could get the advice and help they needed from BMF, which gave them greater confidence when it came to supporting their child. To a lesser extent parents and carers identified that they had received advice on specific techniques and skills to help manage behaviour at home. Other parents noted that they continued to ask for advice from the BMF staff even after BMF finished working with their child. This was confirmed by evidence in the case files, including an example where BMF had helped organise for a parent to attend non-violent resistance training to help support them at home.

Stakeholders reported that they felt the additional support to parents and carers contributed to improving parents and carers' own wellbeing. Examples were also given where support from BMF to stabilise a young person's school placement had contributed to a parent being able to return to work, because their child was not regularly being sent home from school anymore.

Lastly, key stakeholders were keen to stress the positive relationship BMF had maintained with the Ealing Parent Carer Forum throughout the project. It was agreed that this impacted positively on the way staff engaged with parents, promoting a supportive and non-judgemental ethos. It was noted in the Joint Local Area SEND inspection of Ealing that BMF was a project that has been effective in terms of its use of co-production. This involved a focus group, conducted by the Ealing Youth Service and Ealing MENCAP conducted, with young people to support the original proposal, while Ealing Parent and

Carer Forum were involved in the design of the project, and also provided constructive feedback throughout.

## **Outcomes for professionals working with young people with additional needs**

BMF staff and key stakeholders reflected that as a result of working in an MDT, they felt that they had improved their own skills by learning from different professionals. They reported that it had increased their knowledge of the different skills of other professionals as well, helping them to better understand what support might be most appropriate for a young person with additional needs.

As noted in the section on Implementation and process, BMF initially faced challenges in accessing some schools. As a result, the impact of BMF on educational professionals was restricted. That said, where BMF has worked with schools, there is evidence of a positive impact in some of these schools. BMF staff and school staff reported that the BMF team had helped teachers and school staff increase their skills and confidence supporting young people with additional needs. Examples were noted where members of the BMF team had provided training directly to school staff, introducing a range of strategies for working with young people with additional needs and making them more aware of their specific needs. Some of the education professionals were confident that they and their staff already had the necessary skills, but they recognised the benefit of having greater direct support available within schools. As such, BMF appears to have improved staff skills in some schools, but in schools that did not participate or where the school staff already had the necessary skills, this was not the case.

Both education professionals and key stakeholders reported that BMF had added capacity within the education system – particularly for young people who were below the threshold of need required by other services. As noted elsewhere, BMF’s ability to offer support from multiple professionals without creating multiple referrals was seen as a key strength. In particular, the availability of educational and clinical psychology provided necessary support that schools otherwise struggle to access. It was also noted that the BMF approach to working with schools was appreciated. The team were praised by a member of school staff for not “just giving us a plan, they help us to implement it”.

Case file evidence further highlights that BMF has successfully supported professionals by helping them to access the services required to support young people. For example, in one school BMF helped to arrange for an Education, Health and Care plan to be completed. This included funding for a one-to-one mentor and counselling to be provided for a young person, allowing them to return to school.

## **Cost efficient approach to supporting young people with additional needs**

Qualitative interviews and the data study both suggest that in the short term BMF has not routinely achieved cost avoidance or cost savings across social care and education equivalent to the expenditure on BMF. However, key stakeholders were confident that BMF would achieve cost avoidance over a longer period of time.

In the original funding proposal for BMF to the Department for Education, the financial case was built upon the following assumption:

“Without this approach [the target group’s] needs and the cohorts of growing numbers of children who will follow behind them, will not be effectively addressed across the partnership at an early enough point. As a result, their needs are likely to rapidly escalate and result in higher cost interventions including social care, health and potentially youth custody interventions.” BMF proposal

### **Results from analysis of quantitative data**

The quantitative analysis of outcomes data found that the cost of services used by the cohort of 51 young people that completed BMF increased from £605,875 per annum to £621,006 per annum (a 2% increase) in the 12 months following from referral. This figure does not account for the per child cost of the BMF intervention. In contrast, the cost per annum of services used by the 51 young people in the comparison group decreased from £626,313 per annum to £582,120 per annum (a 7% decrease).

A full breakdown of the cost of services for the BMF cohort and comparison group can be seen at Table 9.

Table 9 Comparison of service user costs for BMF cohort (n=51) and comparison group (n=51)

	BMF cohort (n=51)			Matched counterfactual cohort (n=51)		
	Cost at referral (£pa)	12 months post referral (£pa)	Percentage change	Cost at March 2017 (£pa)	Costs at March 2018 (£pa)	Percentage change
Youth crime first time entrants	£10,859	£3,620	-67%	£25,338	£14,479	-43%
Anti-social behaviour	£0	£0	N/A	£0	£0	N/A
Persistent absence	£7,512	£7,512	0%	£7,512	£1,878	-75%
Fixed term exclusions	£715	£216	-70%	£412	£245	-40%
Permanent exclusion	£0	£2,536	N/A	£0	£0	N/A
School placement cost	£468,647	£401,832	-14%	£468,647	£394,858	-16%
NEET status	£9,274	£18,548	100%	£13,911	£4,637	-67%
Child in Need	£4,878	£9,757	100%	£6,504	£4,878	-25%
Child Protection	£0	£0	N/A	£0	£1,151	N/A
Looked after Child	£60,673	£121,346	100%	£60,673	£60,673	0%
Adult social care	£43,316	£55,640	28%	£43,316	£99,320	129%
<b>Subtotal</b>	<b>£605,875</b>	<b>£621,006</b>	<b>2%</b>	<b>£626,313</b>	<b>£582,120</b>	<b>-7%</b>

Source: BMF and comparison group service usage data and tariff data from the Greater Manchester Combined Authority Cost Benefit Analysis Unit Cost Analysis Database

The 2% increase in the per annum cost of services used by young people who have worked with BMF was driven by an increase in the number of Looked After Children from two to four. As noted in the previous section, preventing young people from requiring higher levels of support from Children's Services was a key aim. The two young people who were Looked After at referral remained Looked After 12 months later, whereas two further children escalated from CIN status and universal services respectively. By comparison, no young people escalated to LAC in the comparison group.

Where the cost of the BMF cohort did decrease was school placement costs: there was a 14% decrease in school costs, which was also by far the largest area of recorded expenditure. In total, six young people were reported to have a less costly placement 12 months after referral. However, in all six cases these young people did not have a recorded placement. This included one young person previously attending an INMSS and another attending a maintained special school, both of whom were reported as NEET at the 12-month stage. This decrease in cost is also in line with comparison group.

There is evidence to suggest that BMF initially worked with a cohort that did not match the cohort included in the original business case in respect of the average service user cost per young person. For example, in the original financial sustainability analysis Ealing identified a target cohort of 156 young people costing a total of £3,347,914 (including school placement and social care costs), equivalent to £21,461 per young person.<sup>10</sup> The average cost per young person at referral in the BMF cohort was only £11,879.50, just 55% of the per child cost in the model. Similarly, 22% of young people in the sustainability model were attending an INMSS, but just 8% of the BMF cohort were. The projected ongoing service expenditure required to operate BMF was costed at £692,500 per annum: the 51 young people in the BMF cohort used services costing just £605,875 per annum. This all builds a picture to suggest that BMF was being targeted in the early stages towards a cohort with needs that were too low to realistically achieve the types of cost savings outlined in the original proposal. This may have been a consequence of the initial referral criteria, which specifically targeted young people who were generally below the statutory threshold for involvement with social care and other statutory services.

## **Results from the additional analysis by Ealing Council**

By comparison, Ealing Council conducted a review of 102 closed cases that had participated in BMF over an 18-month period. Each review considered the needs of the young person at referral and estimated the likely trajectory for that young person if they had not received a BMF intervention. This scenario was compared to the actual outcomes achieved. Tariffs were attributed to negative outcomes that were avoided,

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<sup>10</sup> Ealing Council (2017) *Appendix 5 Ealing Innovation Fund Financial Sustainability Model*

which primarily linked to avoided use of specialist school placements or additional specialist services. A confidence interval was also applied to each calculation to reflect practitioner's confidence about the extent to which this cost avoidance was achieved as a result of the impact of BMF. No counterfactual was included. In total:

- A total of £335,880 cost saving per annum was identified, equivalent to £3,293 per young person. Cost savings were achieved for four young people and half of all cost savings were attributed to one young person.
- A total of £2,259,200 cost avoidance per annum was identified, equivalent to £22,149 per young person. Potential cost avoidance was identified for 69 young people.
- 29 examples were identified where BMF colleagues estimated that there was no cost saving or avoidance achieved.

## Views of stakeholders

In line with the quantitative data, key stakeholders widely acknowledged that it would be difficult to achieve immediate cost savings in many cases. The reasons cited for this included: (a) longer timescales would be needed for any savings to materialise; (b) the savings may accrue to other services, e.g. adult mental health, rather than the organisations that might be expected to fund BMF on an ongoing basis; and (c) the fact that the BMF team comprised a number of highly qualified and relatively costly staff.<sup>11</sup> Nevertheless, there was optimism that in the longer term effective early intervention would prove cost effective, although stakeholders were not clear about the timescale for a return on investment. More widely, there was a core of stakeholders who reported that regardless of the outcome of a cost-benefit analysis, "this [BMF] is spending the money in the right place and in the right way".

## Sustainability of BMF

Key stakeholders with strategic oversight of BMF were in agreement that sustainability of the service was a challenge. This was due to a number of factors including the results of the initial cost-benefit analysis (see above) and the possibility that any savings that were achieved would be accrued in the long-term and probably to another team or agency (e.g. CAHMS) than the one that may be expected to fund BMF on an ongoing basis. The wider context was also recognised as a factor. For instance, since 2010-11 the funding received by Ealing Council from central government has experienced a real-terms

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<sup>11</sup> Financial modelling submitted as part of the original proposal by Ealing Council to the DfE suggested that the annual cost of operating the BMF service would be £692,500 per annum, of which £541,500 was earmarked for team costs.

reduction of £143.7m (-64.3%)<sup>12</sup>. This is higher than London and UK averages<sup>13</sup>. Ealing Council expects to have to make a further £57m in savings over the next three years<sup>14</sup>. In parallel, there has been an increase in demand for services, e.g. number of pupils with an Education, Health and Care plan in Ealing increased by 24%<sup>15</sup> between 2017 and 2019. The factors have placed greater emphasis on the need for a positive return on investment and closer scrutiny on opportunity cost.

In light of this. Ealing Council and the BMF team started to explore the possibility of providing support to a more complex cohort of young people which would increase the potential of achieving cost savings and cost avoidance. These discussions raised questions about the extent to which BMF should also seek to support young people below the threshold of other services in Ealing. Stakeholders suggested that this remained a priority, and that there was still a shared belief that in the longer term the benefits of a BMF intervention would avoid or delay costs in the future. Stakeholders proposed that a mixed model, focusing on a small number of young people with higher levels of need, and more costly education and care support may need to be incorporated into the caseload. There was a hope that this would cross-subsidise the early intervention approach that BMF had taken with other young people. That said, stakeholders noted that the blend of skills within the team may need to be adjusted to respond to higher level needs. Establishing a team that is equally adept at supporting young people of differing levels of need, while still retaining a strong, single service identity would also be a challenge.

Despite the considerable fiscal pressures, the Council were in advanced discussions on how it could support, maximise and continue the considerable learning and practice of BMF after the project was due to finish in March 2020.

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<sup>12</sup> Source: Ealing Council.

<sup>13</sup> Source: Ealing Council.

<sup>14</sup> Source: Ealing Council.

<sup>15</sup> Source: <https://www.gov.uk/government/statistics/statements-of-sen-and-ehc-plans-england-2019>

## 4. Summary of key findings on 7 practice features and 7 outcomes

Evidence from the first round of the Innovation Programme led the DfE to identify 7 features of practice and 7 outcomes to explore further in subsequent rounds. These are considered below.<sup>16</sup>

### Practice features

**Strengths-based practice frameworks:** BMF demonstrated a strengths-based practice approach, including empowering children and families by building their confidence and skills to manage their challenges and build resilience. BMF equipped parents and carers and young people with skills that helped them better manage challenging behaviour and strengthen their existing home and school networks as a means of supporting young people.

**Systemic theoretical models:** BMF demonstrate a number of features of systemic practice, including supporting the parent or carer, young person and school collectively to catalyse change and enhance the partnership working between all three.

**Multidisciplinary skill sets:** Across interviews with stakeholders, there was consensus that the multidisciplinary team is a key strength of BMF in allowing young people to access specialist help quickly without requiring separate, multiple referrals. Several staff noted that this had been aided by training they had received early-on in the programme on using each other's roles effectively. Interviewees also noted that many of the young people BMF supported would not meet statutory levels of need for these services so would not receive them without the programme.

**Group case discussion:** Each case within the BMF cohort is assigned a lead practitioner according to a young person's need, but staff noted that they were able to discuss cases with other team members where they feel their specialist input would be helpful. Regular team meetings also enabled this discussion to take place, including with senior stakeholders within the BMF leadership. Key stakeholders also observed that much of the discussion and decisions about cases begins at the referral meetings, which are attended by all staff.

**Family focus:** Stakeholders reported that the BMF model allowed practitioners to work closely with families in their homes and other environments in which they feel

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<sup>16</sup> Sebba, J., Luke, N., McNeish, D., and Rees, A. (2017) *Children's Social Care Innovation Programme: Final evaluation report*, Department for Education, available [here](#).

comfortable. By providing support to parents and carers as well as young people, BMF has the ability to view the family as a whole and design support accordingly. Evidence from staff and parent interviews positively identified how this improved outcomes for parents, and in turn allowed the family to support their young person.

**High intensity and consistency of practitioner:** Each BMF case had a lead practitioner, who was able to access necessary additional support for young people as needed. Staff noted that due to a lower caseloads than other professionals supporting young people (such as social workers), they were able to spend time building strong relationships with young people and families through intensive 1-to-1 work. Meetings with young people and families took place across the community in places where the young person felt comfortable. Staff and wider professionals acknowledged that building rapport with young people had been one of the team's key strengths.

**Skilled direct work:** BMF staff noted that they were able to provide better support to families through being able to quickly access appropriate support through the other members of the team. By being part of a multidisciplinary team, practitioners did not have to wait to make separate referrals when they required tailored support for a young person. It was also noted by stakeholders with strategic oversight of BMF that the team comprised skilled and experienced staff, which was reflected in the quality of their work.

## Outcomes

**Reducing risk for children:** Quantitative data suggests that BMF may be identifying unmet need. As a result a proportion of children have subsequently accessed higher levels of statutory support than in a counterfactual group.

**Creating greater stability for children:** There was strong qualitative evidence that BMF had prevented school placement breakdown, reinforced by quantitative evidence showing that no students moved from mainstream education to special school in the 12 months post-BMF referral.

**Increasing wellbeing for children and families:** Impacts on young people's wellbeing included reduced anxiety and isolation and increased independence, according to qualitative evidence from key stakeholder interviews. Staff and wider professionals noted that parents and carers feel very supported by BMF and less isolated as a result of the programme working closely with them to support their child. This is also likely to have positive knock-on impact on young people's wellbeing.

**Generating better value for money:** Qualitative evidence suggests that stakeholders are confident that early intervention will ensure future cost avoidance and potential cost savings. While a longer evaluation period may be required to understand whether cost avoidance has been achieved, the data study does not identify any immediate aggregate

cost savings or cost avoidance for the initial 51 BMF young people. The data study also suggests that BMF may have initially been targeted at a cohort whose needs were such that it would be challenging to achieve a cost saving in the short to medium term, because they were primarily accessing universal services only. Qualitative evidence suggests that this may not apply to later cases, where BMF staff indicated that they had worked with young people with higher levels of need that were already being supported by other services.

**Other outcomes:** Reducing days spent in state care, increasing workforce wellbeing and increasing workforce stability were not objectives of BMF and therefore are not being measured as part of this evaluation.

## 5. Lessons and implications

Table 10 Key lessons

Lesson	Evidence
<b>Implementation</b>	
<p>There is demand for a service that offers multidisciplinary, multi-agency support to young people with additional needs at an earlier stage to support better outcomes and wellbeing, as well as preventing escalation to more costly forms of support. There is emerging evidence of demand for a similar service for young people with additional needs in contact with multiple agencies.</p>	<ul style="list-style-type: none"> <li>• Qualitative consultation with BMF staff, key stakeholders, wider stakeholders and parents</li> </ul>
<p>A co-production approach enhances the design, operation and review of innovative services. Characteristics of such an approach include involving young people and parents and carers at all stages of innovation, i.e. identification of need, service design, recruitment, ongoing implementation and review. For BMF, this involved establishing approaches to include individual young people and parents and carers in decisions about their support as well as involving pre-existing forums (such as the Ealing Parent and Carer Forum) in wider governance and decision-making structures.</p>	<ul style="list-style-type: none"> <li>• Qualitative consultation with BMF staff, key stakeholders, wider stakeholders and parents</li> </ul>
<p>Aligning the Innovation Programme, the evaluation, and local authority decision-making process would have supported continuity of service and prevented operational challenges in the latter part of the Innovation Programme. Specifically, Ealing Council was required to make decisions about continuation of the programme prior to the evaluation being completed or the pilot concluded. This resulted in the departures of key staff before the end of the pilot because their roles were not guaranteed.</p>	<ul style="list-style-type: none"> <li>• Qualitative consultation with BMF staff and key stakeholders</li> </ul>
<p>Identifying young people that may benefit from support (either preventative or remedial) is challenging. A strong needs assessment should be undertaken at the start. This will help to ensure that the intervention is based on needs, is matched to the reasons for escalation, and reflects the challenges that are faced by young people with additional needs.</p>	<ul style="list-style-type: none"> <li>• Qualitative consultation with BMF staff and key stakeholders</li> </ul>

Lesson	Evidence
<b>Practice</b>	
<p>A multidisciplinary and multi-agency team that can work holistically with a young person, their family and their school/college placement can facilitate positive outcomes for young people, including improved access to mainstream education, increased personal wellbeing, and preparedness for adult life. The combination of youth work and careers advice alongside other professions positively impacts on young people with additional needs in respect of their personal wellbeing.</p>	<ul style="list-style-type: none"> <li>• Qualitative consultation with BMF staff and stakeholders, wider stakeholders, and families</li> <li>• Case file reviews</li> </ul>
<b>Outcomes</b>	
<p>Achieving cost savings for public services working with young people predominantly below the threshold for statutory services is challenging, particularly for an intervention reliant on a skilled but expensive team of practitioners. This is likely to be because the cohort may not be experiencing substantial escalation into or use of very expensive provision. A service like BMF will contribute to cost avoidance but it is likely that this will not materialise until the medium to long term.</p>	<ul style="list-style-type: none"> <li>• Quantitative data analysis</li> <li>• Cost-benefit analysis</li> <li>• Qualitative consultation with BMF staff and stakeholders</li> </ul>

# Appendix 1 – Logic Model

Figure 1 BMF Logic Model

Inputs →	Activities →	Outputs →	Impacts →	Outcomes
<p><b>Funding</b></p> <ul style="list-style-type: none"> <li>Total funding of £1.6m from DfE Social Care innovation fund and Ealing Council</li> <li>Includes cost of staff, training, and support packages (therapy, personal budgets, respite packages, etc.)</li> </ul> <p><b>Staff</b></p> <ul style="list-style-type: none"> <li>New BMF team including:</li> <li>1 FTE Team manager</li> <li>1.6 FTE Clinical Psychologist</li> <li>0.8 FTE Educational Psychologist</li> <li>2 FTE Social workers</li> <li>0.6 FTE Occupational Therapist</li> <li>0.6 FTE Speech and Language Therapist</li> <li>2 Youth workers</li> <li>1 Assistant Psychologist.</li> <li>Dietician (half day fortnightly)</li> </ul>	<p><b>Recruitment of BMF core team Engagement with local services to develop an agreed joint assessment process</b></p> <p><b>Development of risk assessment tool</b></p> <p><b>12-week intensive intervention</b> inc. assessing referrals, assigning lead practitioner, multidisciplinary assessment, developing positive behaviour plan, training and support for children and young people (CYP), family, and school/college staff</p> <p><b>8-week step-down intervention</b> inc. support from Youth Services and Connexions, and weekly catch-up calls</p>	<p><b>Total number of CYP supported through the BMF programme</b> (target:156 CYP)</p> <p><b>Total number of professionals that receive support or training through the BMF programme</b></p> <p><b>Total number of parent/carers that receive support or training through the BMF programme</b></p> <p><b>New team established and operational</b></p> <p><b>CYP receive support from agencies that they would not have previously received</b> (either at all or not until a later point in time)</p> <p><b>Parents/carers receive support from agencies that they would not have</b></p>	<p><b>Impact on CYP</b></p> <ul style="list-style-type: none"> <li>Improved behaviour at home and at school</li> <li>Improved attitude towards school</li> <li>Improved sense of mental wellbeing</li> <li>Improved ability to interact positively with others</li> <li>Improvement in CYP feeling supported by professionals</li> </ul> <p><b>Impact on families/carers</b></p> <ul style="list-style-type: none"> <li>Improved confidence and skill in supporting their child</li> <li>Feel more supported by local services.</li> <li>Improved belief that a mainstream school is best placed to meet their child's needs</li> </ul>	<p><b>Improved participation by CYP with additional needs in mainstream education</b></p> <ul style="list-style-type: none"> <li>Reduction in number of children being excluded from school (fixed-term and permanent)</li> <li>Improved school attendance</li> <li>Reduction in number of CYP entering maintained special schools</li> <li>Reduction in number of CYP entering independent and non-maintained special schools</li> <li>For those aged 19+, an increase in number of young people in education, employment and training</li> </ul> <p><b>Improved levels of attainment by CYP with additional needs</b> Improved educational attainment</p>

Inputs →	Activities →	Outputs →	Impacts →	Outcomes
<ul style="list-style-type: none"> <li>1 FTE Connexions workers</li> <li>1 YOS worker</li> </ul> <p>Senior management support</p> <p>Support from the Ealing Parent Carer Forum</p>	<p><b>8-week remote monitoring period</b> inc. advice and support where necessary.</p> <p><b>Life Skills programme</b></p>	<p><b>previously received</b> (either at all or not until a later point in time)</p> <p><b>Education professionals receive support from agencies that they would not have previously</b> (either at or not until a later point in time)</p> <p><b>Risk assessment tool in place and in use</b></p>	<ul style="list-style-type: none"> <li>Improved belief that the family is the best place to meet their child's needs.</li> </ul> <p><b>Impact on education professionals (school/ college/ FE staff)</b></p> <ul style="list-style-type: none"> <li>Improved awareness of CYP with additional needs within mainstream educational settings</li> <li>Improved identification and referral of CYP with additional needs</li> <li>Improved confidence and skill in supporting participating CYP within mainstream setting</li> <li>Improved belief that a mainstream school is best placed to meet the CYP's needs.</li> </ul> <p><b>Impact on BMF professionals (BMF core staff/ virtual team/ partner organisations)</b></p> <ul style="list-style-type: none"> <li>Improved awareness of CYP with additional</li> </ul>	<p><b>Improved levels of wellbeing among CYPs with additional needs</b></p> <ul style="list-style-type: none"> <li>Reduction in the number of CYP becoming looked after</li> <li>Improvement in CYP wellbeing</li> <li>Young people with additional needs are better equipped to transition into independent adult living</li> </ul> <p><b>Cost efficient approach to supporting CYP with additional needs</b></p> <ul style="list-style-type: none"> <li>The costs of delivering the service are less than the savings achieved across social care and central education spending</li> </ul>

Inputs →	Activities →	Outputs →	Impacts →	Outcomes
			<p>needs, across education, health and social care</p> <ul style="list-style-type: none"> <li>• Improved identification and assessment of children with additional needs</li> <li>• Improved skill in planning support for CYP with additional needs</li> <li>• Improved confidence and skill supporting participating CYP, especially within mainstream settings</li> <li>• Improved confidence and skills supporting participating CYP in their family</li> <li>• Improved coordination of services and professionals working with CYP with additional needs, including earlier identification of needs</li> </ul>	

## Appendix 2 – Needs at assessment

Table 11: Breakdown of needs identified at assessment

Disability / diagnosis identified at assessment	Total
Special Educational Needs	41
Asperger's Syndrome / high functioning autism	20
Autism / Autistic spectrum	26
Challenging behaviour	21
Diabetes	0
Dysphagia	0
Epilepsy	1
Minor learning disabilities	12
Moderate learning disabilities	5
Severe learning disabilities	0
Profound and multiple learning disabilities	0

Source: BMF management data

## BMF criteria met at assessment

Table 12 Breakdown of BMF criteria met identified at assessment

<b>BMF criteria met at assessment</b>	<b>Total</b>
Youth crime	9
Anti-social behaviour	11
Persistent absence from school	35
Fixed Term Exclusion	28
Permanent exclusion	6
Not registered at school / missing from education	42
In alternative provision	15
Learning disability	56
Mental health	61
NEET	13

Source: BMF management data

# Appendix 3 – Quantitative analysis of outcomes data and cost-benefit analysis

## Methodology

Ealing Council provided two anonymised, service user level data sets for the purpose of this analysis. The first included 93 young people that had participated in BMF. The second was a historical group of 155 people that it was judged would have been eligible for BMF if it had existed at the time.

The analysis compares three 6-month periods for both the BMF cohort and comparison group. This approach was used to model the planned BMF journey, which was intended to last a maximum of 6 months, and then capture a further 6 months of data to review whether impact was sustained in the period immediately after. In practice, some BMF interventions did not conform to the planned 6-month intervention. To ensure consistent reporting periods, the periods were standardised.

**Table 13 Data study timescales**

Cohort	Time period 1	Time period 2	Time period 3
Historical counterfactual	6 months prior to March 2017	6 months prior to March 2017	7-12 months post March 2017
BMF cohort	BMF referral (including 6 months prior)	6 months post BMF referral	7-12 months post referral

At the time of analysis (February 2020), 51 of the 93 young people in the BMF cohort had completed the 12-month period post referral. Therefore 42 of the cohort have not been included in this analysis, since they did not have data for all three time periods.

For young people at each point in time, data was collected in relation to their service use for the following services:

- Social Care status (i.e. Child in Need, Child Protection, Looked After Child)
- Adult Social Care status
- Education and employment including:
  - Type of school attending

- NEET status
  - Fixed-term exclusions
  - Permanent exclusions
  - Persistent absences from school
- Youth justice contacts
  - Antisocial behaviour incidents.

Each service was attributed a tariff using the Greater Manchester Combined Authority Cost-Benefit Analysis Tool and PSSRU unit costs of Health and Social Care 2019 report.<sup>17,18</sup>

## Profile of cohorts

Each of the 51 young people who had completed BMF were ‘matched’ to a similar young person within the comparison group, using a matched-pairs approach. The young people were matched based on the following criteria:

- Total cost at Time 1
- Social Care status at Time 1
- School Cost (if applicable) at Time 1
- Age at Time 1
- Gender at Time 1
- Ethnicity at Time 1

The young people were first matched by cost. If there were multiple possible matches, then matches were refined using Social Care status. If there were still multiple matches, results were further refined using the above criteria. If after the final criteria were applied there were still multiple options at the end, a match was chosen at random. The final BMF cohort and comparison group had the following characteristics:

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<sup>17</sup> Greater Manchester Combined Authority, “Cost-Benefit Analysis Tool”, available at: <https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/> [accessed 27.02.2020]

<sup>18</sup> PSSRU “Unit costs of Health and Social Care 2019”, available at: <https://www.pssru.ac.uk/project-pages/unit-costs/unit-costs-2019/> [accessed 27.02.2020]

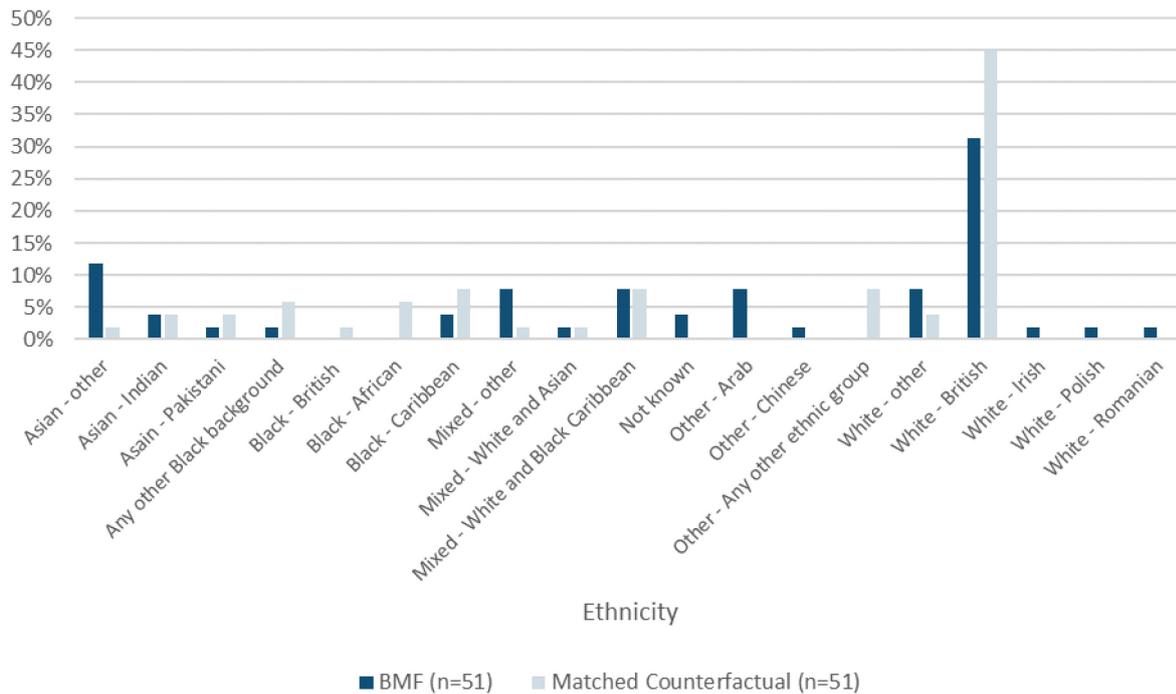
**Table 14 BMF cohort and matched counterfactual cohort characteristics**

	<b>BMF cohort</b>	<b>Counterfactual cohort</b>
Total number of young people	51	51
Average Age	14.8	15.1
Average cost at T1	£11,880	£12,282
No. LAC	2	2
No. CP	0	0
No. CIN	3	4
No. ASC	3	3
No. Primary school	1	1
No. Secondary	31	31
No. Special school	6	6
No. PRU	3	3
Male / Female split	43/8	42/9

Source: BMF and counterfactual cohort service usage data

In respect of ethnicity, the BMF cohort was split across 16 ethnic profiles, whereas the comparison group was split over 13 (although the more significant use of the 'Other' category may suggest that differences can be accounted for by recording practices). In both cohorts, White British is the largest cohort, making up 31% of the BMF cohort and 45% of the comparison group.

**Figure 2 Ethnicity profile of BMF (n=51) and comparison group (n=51)**



Source: BMF management data

Overall, the BMF cohort and the comparison group were sufficiently similar to enable robust comparisons to be made.

## Analysis of changes

The analysis considered change against a range of indicators linked to the key outcomes for young people set out in the BMF logic model. The following section considers each of these outcomes as follows:

- Improved participation by young people with additional needs in mainstream education:
  - Use of mainstream school placements
  - Attendance
  - Fixed-term or permanent exclusions
  - NEET status
- Improved levels of wellbeing among young people with additional needs:
  - Social Care status
  - Contact with youth justice system
- Cost efficient approach to supporting young people with additional needs

## Improved participation by young people with additional needs in mainstream education

Overall, the BMF cohort performs in line with the comparison group in respect of use of INMSS and Special Schools.

### School placement

Table 15 shows that in the comparison group, six pupils were attending a maintained or non-maintained special school at March 2017, which falls to five pupils in March 2018. An identical trend is observed in the BMF cohort. This is noteworthy because it does not reflect the original assumption made in the BMF financial sustainability case, which suggested young people in this cohort were at risk of rapid escalation from mainstream education to special schools.

**Table 15 Breakdown of school placements at three points in time for BMF cohort (n=51) and comparison group (n=51)**

	BMF Cohort			Matched comparison group		
	At referral	6 months post BMF	12 months post referral	March 2017	Sept 2017	March 2018
Mainstream primary	1	0	0	1	1	1
Mainstream secondary	31	29	27	31	31	28
Pupil referral unit	3	4	4	3	2	2
Ealing special school	2	1	2	2	2	2
Independent and Non-Maintained Special School - day placement	4	5	3	4	4	3
No placement recorded	10	12	15	10	11	15

Source: BMF and counterfactual cohort service usage data

## Criminal Justice

Additionally, BMF collected data linked to young people's interaction with the Youth Justice system (YJS). It was identified in the original BMF proposal that amongst the non-financial outcomes BMF would seek to achieve, it would include a decrease in the number of young people in contact with the YJS as a victim or perpetrator. Two metrics were collected as part of the evaluation: first time entrants to the criminal justice system and incidents of anti-social behaviour.

Across the 18-month period of this analysis, nobody in either the BMF cohort or the comparison group was recorded as being involved in an instance of anti-social behaviour.

In respect of the number of first-time entrants to the criminal justice system, this measure is a useful proxy to understanding the extent to which BMF may be a protective factor that reduces engagement in harmful activities or outcomes associated with the criminal justice system. Table 17 shows that in the 6 months prior to referral, three young people in the BMF cohort had entered the criminal justice system for the first time. However, in the subsequent 12 months, just one further child entered the criminal justice system. By comparison, over the equivalent 12-month period in the comparison group, four young people entered the criminal justice period for the first time. While the sample size is small, this would suggest that BMF has been successful at preventing young people from becoming drawn into criminal activity.

**Table 16 No. of FTE to CJ system at 3 points in time for BMF cohort (n=51) and comparison group (n=51)**

	BMF Cohort			Matched comparison group		
	At referral	6 months post BMF	12 months post referral	March 2017	Sept 2017	March 2018
First time entrants to criminal justice system	3	0	1	7	0	4

Source: BMF and counterfactual cohort service usage data

## **Cost effective response to supporting young people with additional needs**

Documentation submitted as part of the BMF proposal reported that the BMF service aimed to achieve a cost saving of £147,670 as a result of cost displacements at the end of Year 2 (18-19). This would comprise five young people being diverted from an INMSS to a local specialist provider (£83,613), one Looked After child's support being reduced to universal services (£40,000) and a reduction in numbers of residential LAC placements (£24,057). To assess whether this has been achieved, a cost-benefit analysis was conducted based on the [Unit Cost Database \(2019\)](#) developed by the Greater Manchester Combined Authority (GMCA) and tariffs developed by the [PSSRU](#).



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