



Department
for Education

Shared Lives 16+ (Pilot)

Evaluation report

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Key messages

Between October 2017 and March 2020 the Shared Lives pilot has been implemented with 65 care experienced young people benefitting from an arrangement where they share a home with carer(s) who offer personalised support.

Developing strong inter-agency relationships with children's social care and leaving care teams was key to implementation success and could take time. This highlights the need for increased integration across children's and adults services and greater awareness of the variety of options for young people leaving care.

A community-based, family environment, offered through Shared Lives, provided young people with consistency and stability that facilitated a sense of belonging. Young people, staff and carers attributed positive outcomes to these relationships. Analysis of monitoring data and surveys indicated improved outcomes in relation to mental health and emotional wellbeing, vulnerability to risk and integration with family and community.

Staff and carers emphasised the importance of choice and autonomy for young people to enable increased independence. Young people reported that they felt that their Shared Lives arrangement had led to increased choice and autonomy.

Specific training for Shared Lives staff and carers to prepare them for working with young people leaving care is recommended. A counselling, supervision or peer support model could further support carers to sustain placements.

The evaluation highlighted the importance of pace in preparing young people for transition with findings about the significance of early and gradual preparation relevant to all leaving care services.

This report highlights the importance of provision for young people leaving care with learning disabilities and additional needs. This includes those who require support but will not meet the criteria for adult social care. Further research is needed to understand the support and accommodation options available for this population and their experiences of these.

The Shared Lives offer is not time-limited in the same way as other arrangements for young people leaving care so has the potential to provide longer term stability.

Following the investment from this pilot and the inter-agency relationships that have been developed, all schemes will continue to provide the Shared Lives offer to young people leaving care. Learning has been shared with other schemes nationally and 18 additional local authorities (LAs) are now interested in schemes developing the offer in their localities.

Executive summary

Introduction

The Shared Lives 16+ pilot aimed to improve outcomes for young people leaving care in 7 sites across England between October 2017 and March 2020. The pilot was supported through the Department for Education's Children's Social Care Innovation Programme (Innovation Programme hereafter). The evaluation was funded by the Department for Education (DfE) and completed by a team at The Manchester Metropolitan University. This report describes key findings from the evaluation of the implementation of the pilot, the process as experienced by young people and carers, and the outcomes that were achieved for young people. The report outlines learning and recommendations for the extension of this pilot project and other innovations for young people leaving care.

The project

This pilot was run by Shared Lives Plus, the national membership body for Shared Lives schemes and carers. Seven schemes implemented the pilot to work with young people in transition from local authority care in their localities across England.

The pilot aimed to reduce the significant challenges young people face when leaving care such as mental health and wellbeing (Dixon, 2008), poor educational outcomes and housing insecurity (Power and Raphael, 2018). Young people were matched for compatibility with an approved and trained Shared Lives carer who supported them to move in and share family and community life. There were 65 Shared Lives arrangements across six of the seven schemes during the pilot.

The evaluation

This evaluation used a mixed-method approach. Interviews with young people, staff, carers and local authority stakeholders were utilised as an evaluation of process to understand the experiences of implementation and the arrangements. An outcome evaluation collected monitoring and survey data to determine distance travelled in relation to young people's engagement in education, employment and training (EET); integration with family and community; physical health; mental health and vulnerability to risk. Interviews with young people, carers, staff and stakeholders provided qualitative data regarding the barriers and facilitators to positive outcomes. A break-even cost analysis was used to examine the costs associated with the programme and the potential cost savings.

Key findings

There is evidence to support the conclusion that the Shared Lives pilot has been successful in implementation through the recruitment of a development co-ordinator, the establishment of regular seminars to share experiences, the establishment of referrals and most importantly the recruitment of resilient carers with community connections who provide a young person with a stable, family home.

The person-centred nature of the arrangements provided choice, autonomy, consistency and stability according to interviews with young people, carers, staff and stakeholders. Carers felt supported by the schemes but areas for improvement were identified as specific training in caring for a young person with care experience, and more emotional support for carers, for example through a peer support model. Young people were positive about their experiences and valued the support from carers.

There is evidence to support the conclusion that a Shared Lives arrangement can facilitate outcomes in relation to the pilot's identified areas of increased independence and quality of life through better risk management, better management of relationships, health and wellbeing, and living skills.

Interviews with young people, carers and staff showed that relationships with birth families were supported where appropriate and carers helped them to understand better management of relationships through discussions and through experiencing positive relationships in their Shared Lives arrangement. Increased integration with family and community was evidenced for some young people in the findings from monitoring data and survey analysis. Better risk management was identified in a reduction in the number of young people identified as vulnerable to risk such as sexual exploitation, violent and aggressive behaviour and substance use. While there was no evidence that physical health improved, young people and carers described improvements in emotional health and this was supported by the findings from the analysis of monitoring data and surveys. Interviews with carers and young people gave examples of the way living skills were developed in the everyday family environment at a suitable pace for the young person.

The cost analysis suggests it is likely that Shared Lives offers a break-even service meaning that costs are equivalent or less when compared with alternative provision. There are also potentially significant savings in the long term if the positive outcomes identified lead to reduced social cost. This is discussed further in the findings section of the report.

Lessons and implications

Shared Lives provides stability and belonging for young people leaving care who may need additional support in their transition to adulthood and independence, or adult social care, where this can become a long term arrangement.

Training, specifically around working with young people leaving care and a counselling, supervision or peer support model, could further support carers to sustain placements.

Early preparation for a leaving care arrangement smooths transition and the Shared Lives option should be considered at an early stage for young people who are likely to need additional support.

Greater integration between children's and adults services in local authorities, along with an increase in awareness within referral teams of the variety of options available for young people from public and independent provision would enhance transition for young people and support innovation.

Shared Lives was described by staff, LA stakeholders and carers as filling a gap in provision for young people leaving care by providing support in a family and community setting. The funding of arrangements was not always straight forward. LAs and schemes need more clarity regarding what is available for young people who will not meet the criteria for adult social care. The funding for this group may also need reviewing to ensure it is sufficient.

Further research is needed in relation to the options available for young people leaving care who have a learning disability or additional need, the impact on outcomes and young people's experiences.

The break-even analysis suggests the social benefit and the comparative costs for alternative placements warrants investment in innovations such as the Shared Lives project.

Data that clearly measures development towards national outcomes objectives outlined above should be collected nationally and across innovations and interventions that support young people leaving care to enable more conclusive evaluation and the monitoring of outcomes.

1. Overview of the project

Project context

This pilot was run by Shared Lives Plus, the national membership body for Shared Lives schemes and carers.¹ The project partnered with seven schemes. Five pilot sites were LA schemes situated in Brighton and Hove, Derby, Durham, Northampton and Telford. Two sites were independent charity schemes: The Grace-Eyre Foundation in Sussex and London and Person Shaped Support (PSS) operating in The Midland and East of England. Schemes aimed to work with young people in transition from local authority care. Further, existing Shared Lives schemes across England, that have not been part of this pilot, provide the potential for the extension of the project in the future; potentially establishing a new option to support young people leaving care nationwide.

The pilot aimed to provide up to two years of support for a maximum of 128 young people (aged 15-17 years old) who were transitioning from care. The inclusion criteria changed during the pilot, with some young people being referred and arrangements agreed up to the age of 25 years, in some examples after a period of homelessness or illness. Under the Innovation Programme pilot, 65 young people were placed across six of the seven sites.

Shared Lives matches people for compatibility with an approved and trained Shared Lives carer and supports them to move in and share family and community life. Originally focused on providing placements for adults with learning disabilities, Shared Lives has widened its remit to include areas such as mental health, older adults and dementia care and now young people leaving care. Central to the Shared Lives ethos is the principle of user involvement and choice.

National and international research demonstrates that young people leaving care face significant challenges in comparison to the wider population (Bengtsson et al, 2018) and often have poorer social outcomes in adulthood (Her Majesty's Government, 2016). Physical and emotional health and wellbeing can be affected by experiences prior to, during and leaving care (Simkiss 2019; Mathews and Sykes, 2012; Dixon, 2008). Trauma and discontinuity in placements and relationships with professionals can lead to social, behavioural and relationship difficulties, including a lack of trust and defensive or self-isolating behaviour (Ferguson, 2018; Colbridge et al, 2017; Winkler, 2014). Levels of engagement in education, employment and training (EET) are significantly lower for care experienced young people, although there is evidence such outcomes can be improved by someone taking an individual interest in the young person and encouraging interests

¹ [Further information on the Shared Lives Plus website](#)

and talents through engagement in social and community activities (Hollingworth, 2012). This prior research indicates that arrangements where young people can develop trusting relationships in a community and family environment can lead to improved outcomes as they transition to adulthood. Other innovations have sought to improve outcomes for care experienced young people by supporting them during their transition to adulthood. Examples of other innovations and a discussion in relation to Shared Lives is provided in appendix 2.

Approximately 75% of young people placed with Shared Lives as part of this pilot have a learning disability ranging from mild and previously undiagnosed to non-verbal autism. This is in contrast to 55% in the wider looked after population (DfE, 2019). There is evidence that children with disabilities are more likely to be looked after, remain in care for longer and have a higher risk of being placed inappropriately in comparison to non-disabled children (Baker, 2011). Long-term foster care offers a permanent base for many disabled looked after children but there remain issues over stability, particularly as children approach adulthood (Baker, 2011). Between the ages of 16 and 18, young people with learning disabilities start to transition between children's and adult social care services. Once a child reaches 18 they transition to adult services following a transition plan which includes options for accommodation. People with learning disabilities transitioning from care have a number of housing placement options. Options include specialist residential care for adults, supported independent living (which can vary from shared housing with intensive support to low levels of support and largely independent lives), independent accommodation or supported shared living through Staying Put arrangements (see appendix 2) or through Shared Lives.

Project aims and intended outcomes

The overall aim of the Shared Lives pilot was to achieve increased 'independence' for young people leaving care, with an explicit acknowledgment that the pace of transition and the degree of independence would need to be relative to the capacity of the individual. A Theory of Change (ToC) was developed as part of the evaluation. This identified the inputs, activities and mechanisms and intended outcomes. The ToC diagram can be found in appendix 1. The overall, long term outcome of increased independence, comprised 4 intended outcomes as identified by project staff. These were: better risk management; better management of relationships; improvement in health and wellbeing and increased living skills. The theory was that this change would be achieved through increased independence allowing engagement in age appropriate risk, engagement with the community to increase social networks and a sense of belonging, and finally support from carers in developing health management and living skills.

Project activities

This project began in August 2017 and the schemes became operational in October 2017.

Shared Lives implemented the following activities nationally to enable it to achieve its intended outcomes:

- Recruitment of a central Shared Lives Plus development officer;
- The establishment of quarterly seminars for information sharing between schemes.

The Shared Lives arrangement was intended to facilitate the outcomes for young people through the support and stability provided through the family environment.

Scheme level activities to create and support arrangements included:

- Advertisement for referrals and carers;
- Engaging Children's services;
- Recruiting carers;
- Training for carers;
- Matching carers and young people;
- Annual review;
- Quarterly meetings; and,
- Monitoring.

All activities were implemented at national and scheme level as intended. In January 2019 one of the original eight schemes withdrew due to delays to arrangements in the LA and the feasibility of achieving arrangements in the time remaining before the end of the pilot. As such there are seven schemes included in this evaluation.

2. Overview of the evaluation

Evaluation questions

The overarching aim of this evaluation was to examine the impact of the Shared Lives pilot programme in achieving positive outcomes for young people and to understand processes by which that was accomplished, or not, identifying the common reasons for success or lack of success across the different sites.

The key research questions (RQs) for this evaluation were:

Process

1. What is the Theory of Change and the underlying assumptions?
2. Which elements of the Theory of Change operated as expected and which did not?
3. What is the experience of the programme for care leavers and other stakeholders?
4. What lessons are being learnt at individual, organisational and community levels for wider roll out?

Outcomes

5. What is the impact on outcomes for care leavers (acknowledging variation between sites and between characteristics of young people)? In terms of:

- Quality and stability of their accommodation;
- Educational, employment or training outcomes;
- Physical health;
- Emotional health, well-being and resilience;
- Resilience to unsafe behaviours (for example, substance misuse, missing episodes and criminal justice involvement);
- Integration into family and community.

6. What factors enable or hinder the achievement of better outcomes for care leavers?

Costs and benefits

7. Is this programme cost-effective?

Evaluation methods

The evaluation was completed between March 2018 and March 2020 using the following methods:

- 16 interviews with Shared Lives staff (T1, n=8; T2, n=8) to explore implementation, process and outcomes. RQs 1-4.
- 13 interviews with local authority stakeholders to explore implementation and outcomes (T1, n=7; T2, n=5). RQs 1-4; RQ 5; RQ 6.
- 11 interviews with Shared Lives carers to explore their experiences and the perceived outcomes for young people. RQ3; RQ 4; RQ5; RQ6.
- 9 interviews with young people placed with a Shared Lives carer to explore experiences and self-reported outcomes. RQ3; RQ5; RQ6.
- Evaluation of 3 'Change Stories' which are accounts of young people's progress written by Shared Lives staff to take the place of interviews where young people were not able to take part in an interview due to a learning disability. RQ3; RQ5; RQ6.
- 95 'My Shared Life' surveys provided by Shared Lives to identify young people's self-reported outcomes and the contribution of the innovation to these. 22 of these were completed at both time points allowing the assessment of distance travelled. RQ3; RQ5; RQ6.
- 5 responses to the young people's surveys designed and distributed by the evaluation team.
- Monitoring data from two time points for 54 young people placed for distance travelled analysis. RQ5
- 2 Theory of Change workshops (n=2; n-15). RQ1
- Follow up interviews to refine the Theory of Change (n=8) and at the end of the study (n=7)
- Workshop to verify qualitative themes with staff (n=10); carers (n=2) and young people (n=5)
- Cost capture for break even analysis. RQ7

The analysis of data was a mixed method approach:

- Thematic analysis of qualitative data from interviews, change stories and the free text responses from surveys.

- Distance travelled analysis of monitoring data and surveys where individual level measures were compared from one time point to a second time point.
- Break even analysis where costs for each scheme were calculated, including set-up costs and running costs. This cost was used in comparison with alternative provision in the locality to establish the cost effectiveness of the service.

Changes to evaluation methods

The original proposal included an aspiration to compare outcomes between Shared Lives participants and their peers using existing SSDA903 data for all young people within the age range from each partner local authority (LA). There were concerns about using this data given the heterogeneity of the young people placed with Shared Lives, and the ability to provide statistical comparisons was reliant on the numbers of arrangements with Shared Lives under the pilot. The target number of 120 arrangements was considered the minimum to warrant a comparative due to the spread of arrangements across pilot sites, but this would require a certain level of homogeneity.

Across the Shared Lives project there have been 65 arrangements. Numbers within each scheme varied significantly with one having no arrangements, two schemes having four arrangements and one having 22 arrangements. The number (75%) of the young people placed with learning disabilities and the range of these disabilities means that the requirement for homogeneity was not met, particularly in comparison to the national figure (55%) for children with a special educational need who were looked after in England in 2017-2018 (DfE, 2019).

A further complication to using LA SSDA903 data is that young people were not placed from one LA in each scheme. The spread of LAs coupled with low numbers of young people placed either in or from each LA meant a comparison of outcomes from young people in receipt of the intervention against data held for the cohort in the LA was not possible.

As an alternative, a distance travelled analysis was used to identify improvements in outcomes for young people while in the Shared Lives arrangement. Monitoring data relevant to the outcomes stipulated in the research questions was collected at referral and either when the young person moved on or at the end of the evaluation (October-December 2019).

A young person's survey was developed by the evaluation team and distributed by schemes. There was low return of this survey (T1 n=3; T2 n=2) and staff felt this was due to the survey needing to be completed individually, which was difficult for young people with learning disabilities. As an alternative, the 'My Shared Life' survey was used which is

completed by young people, with support from their carer or shared lives staff where necessary.² This survey contained similar measures in an easy read form.

For some schemes, in order to facilitate the inclusion of young people with learning disabilities and additional complex communication disabilities, 'Change Stories' were provided by scheme managers that tell the story of the young person's Shared Lives experience.

As one scheme did not place young people there were no young people or carer interviews for this site, a report was supplied by the scheme as a further evidence of the implementation process.

Limitations of the evaluation

- There was a low number of arrangements at some sites due to the time taken to implement the pilot. Findings show that the pace of developing relationships with referrers and the time taken to match young people with carers made the establishment of a larger number of arrangements difficult within the evaluation time frame. This has affected the ability to draw clear conclusions about whether outcomes can be attributed to the service.
- Differences in the way Shared Lives arrangements were monitored may have produced differences in data capture for the distance travelled analysis. Some schemes were able to provide more detail about circumstances, for example contact with birth families at referral.
- Enhanced requirements due to General Data Protection Regulation and delays in data sharing agreements postponed the sharing of monitoring data. Earlier sharing of monitoring data could have allowed more targeted recruitment of interview participants.
- The evaluation time period has not seen many young people reach the point where they are ready to move on, meaning clear outcomes relating to independence cannot be established.
- The selection of interviewees by schemes creates the potential that those who are more likely to be favourable about the innovation are represented.

² The 'My Shared Life' survey is part of Shared Lives Plus monitoring. The survey contains questions about family and social life, physical and emotional health, support, how time is spent and if the Shared Lives service helps with various aspects of life.

- Monitoring data was not consistent in amount or quality. Earlier sharing of monitoring data could have allowed for standardisation in the information obtained about young peoples' progress and outcomes.

The evaluative approach was appropriate for this project with the exception of the original comparative design: it should have been clear from the proposal stage that the heterogeneity of the sample would have prevented a clear comparative. For young people with care experience, SSDA903 data only contains information regarding the outcomes of education, employment and training and details about accommodation. This does not identify if accommodation offers quality and stability, preventing comparison with this innovation.

Due to the requirements of funding streams, the young people placed were more likely to have additional needs that would meet criteria for adult social care and many were older than the suggested 15-18yrs. This limits the ability for findings to indicate if this innovation could work for young people without additional needs who are preparing to leave care.

3. Key findings

Findings relate to process (RQs1-3); outcomes (RQs 5 and 6) and costs (RQ7). Lessons learnt at individual, organisational and community levels for wider roll out (RQ4) are addressed in the Lessons and Implications section.

Process

The process findings are discussed in the chronological order of the implementation to demonstrate successes and challenges in providing Shared Lives arrangements for young people leaving care. Three key themes were identified through the thematic analysis in relation to the Shared Lives arrangement: a personalised approach to the care provided; choice and autonomy, and consistency and stability. These themes from the interview data relate directly to the mechanisms identified in the ToC of greater choice, greater autonomy and feeling safe and secure in the arrangement.

Implementing a Shared Lives Scheme

There were variations in the success of implementation across schemes, particularly in relation to referrals and the recruitment of carers (see appendix 3). Schemes were affected by variations in funding, with some having support from leaving care teams, some only being able to place young people who would meet criteria for adult social care funding, and others where staff pursued funding for particular individuals they felt would benefit from a Shared Lives arrangement. Seminars convened by the Shared Lives Plus development officer were valued as a way of sharing good practice and problem solving.

Referrals and relationships between professionals

Relationship building was described by all staff as integral to the success of implementation and to fulfilling the referral element of the intended activities. Emphasis was placed on developing effective relationships with children's services and transition teams. Lack of knowledge of Shared Lives within referring teams had a negative impact on referrals as well-known placements such as supported accommodation were favoured. This was reported to be more problematic for the 2 independent schemes than LA schemes. Whilst staff reported that commissioners were often in support of the Shared Lives offer, this was not always understood within referring teams. Staff talked about having to 'get a foot in the door' (Staff 7: T2) and needing to be persistent, including becoming part of meetings or boards where the Shared Lives offer could be explained.

Challenges were identified throughout the arrangement due to differences in 'culture' across children's and adult services. Shared Lives staff and carers were concerned that

referring teams should understand the Shared Lives ethos particularly in relation to choice and autonomy. Differences in understanding sometimes resulted in inappropriate referrals, for example those that required immediate arrangements leaving no time for suitable matching with a carer, or where the young person did not want a Shared Lives arrangement. The need for Shared Lives staff and carers, who may be used to working under adult social care legislation, to understand the principles for practice and legal requirements within children's services was also recognised.

Overall, staff reported much more awareness of Shared Lives amongst LA teams by the end of the pilot. However, issues such as staff turnover in LAs meant contacts often moved on, requiring new relationships to be established. This ongoing need to build effective professional relationships impacted on timescales for implementation in some areas. The scheme that had placed the largest number of young people highlighted the time it took to build such a project having developed these relationships earlier. Scheme managers felt that two years was not enough to establish the pilot and see the potential impact, as one manager reflected at a quarterly seminar:

“Shared Lives is as the workers understand it and the social services are getting there, but the reason why the children's model will take time I feel is that we are challenging the norm. And that's what we said right at the start of this project, two years isn't long enough. And I know everyone has said that” – *Staff 3: T2*

Recruitment of carers

The recruitment of carers proved a challenge for some schemes. One scheme did not place any young people due to having no carers available despite extensive recruitment work, including the involvement of care experienced young people in developing advertising materials. Interviews with staff and an LA representative at this scheme suggested the cost of housing in this LA was a barrier to recruiting carers. This was validated by another local scheme.

From staff and carer interviews it is clear that the recruitment of skilled carers able to understand the needs of specific young people was often the focus, and more successful, than the drive for increased numbers of carers. For some young people, the move into a Shared Lives arrangement with their existing foster carer (or in one case a residential worker) meant that the young person was able to live with someone they knew and who was considered best able to understand and meet their needs.

Person centred matching and information sharing

The personalised nature of a Shared Lives arrangement was identified across interviews with young people, carers, staff and LA stakeholders. This was illustrated by one local authority representative:

“If they didn’t go to Shared Lives they would probably go into semi-independence, into a private sector setting. You know, they would be offered a number of hours level of support, whereas Shared Lives we can tailor that support around, whereas going into an independent provider it’s packaged as such, whereas Shared Lives is about tailoring that around”.- *LA 4: T1*

Appropriate, person-centred matching of young people with carers was viewed by carers and staff as a vital step in any Shared Lives arrangement. Effective approaches to matching involved information sharing to promote choice for young people and carers, wherever possible. Choice was also promoted by a relationship-based approach, with young people and carers meeting to see how they felt about living together and progressing to an overnight stay, before the arrangement was implemented. The need for accurate, comprehensive and up to date information about young people to support this process was raised in several staff and carer interviews. Issues were raised in relation to the extent and quality of background information about the young people coming into the scheme. This was considered to impact on informed choice for prospective carers, and potentially the stability of the arrangement. Ethical issues were also raised around information sharing:

“I had the basics but basically the deep stuff about the historic abuse and the historic mental health issues, hadn’t been there. It was just the terminology used that he had been subject to physical, sexual abuse etc, but that’s as far as it went.” – *Carer 4*

“I think it’s letting our carers know that we give them as much information as that young person wants us to give because if they don’t consent, then we can’t share it, which you’ve got to stick with it.”
– *Staff 8: T1*

Elsewhere, clear information and a realistic assessment of carer’s skills and capabilities, in relation to the needs of a specific young person, were highlighted as important for effective matching. This linked with the issue of preparatory training for Shared Lives carers, where the limitation of a generic approach and the need for bespoke, person-centred training as part of preparation for individual arrangements was emphasised:

“It’s been very difficult to do a one training fits all. Again, you are looking at the care plan and looking at more bespoke...” *Staff 5: T2*

Preparing for and beginning a Shared Lives arrangement

Young people and stakeholders considered effective preparation for a Shared Lives arrangement to be important for stability, sustainability and positive outcomes. Shared Lives staff were keen to highlight the importance of preparing at an appropriate ‘pace’ for the young person through matching, initial visits and building up to an overnight stay. The matching process for arrangements during the pilot had taken up to 10 months. One carer described a young person who had been prepared for the arrangement including the initial visits and overnight stay saying:

“she moved in and literally settled in within the first few days and stayed settled in.” – *Carer 3*

Another carer explained that a young person moving from a foster placement where they had been for seven years had a number of visits in preparation for the Shared Lives arrangement including while the foster carers were on holiday. This was particularly beneficial for the young person as having autism made change particularly difficult.

This time taken to prepare for an arrangement did not always align with the needs or expectations of referrers:

“The challenge is that with people who want to place typically that age group it is very immediate, it is because there is a breakdown in a foster placement and stuff like that and that’s not the way we work... with us we have a process of matching that can take months”
– *Staff 6: T2*

Some young people described a lack of choice and preparation for moving into a Shared Lives arrangement, due to resource or crisis led decision-making. For example:

“...it was kind of like a rush to get me out of the hospital. So I didn’t really have a great amount of options, it was kind of like the first carer I met... So I didn’t really get to know them well enough.”- *YP 11*

Carers and staff described trying to maintain degrees of choice and autonomy for young people, even if this had not happened at the start of a Shared Lives arrangement. One carer described a discussion with a young person, who had not had time to prepare for the move and did not want to leave their foster carers:

“We understand you haven’t got a choice and you have got to come here, but from there on you will decide when and where you go, and we will help you – we promise we will help you.” – *Carer 7*

Supporting and sustaining a Shared Lives arrangement

Young people and carers received input from Shared Lives at the start of an arrangement. The schemes have development workers who monitor the arrangement and visit every 6-8 weeks. Young people and families are encouraged to contact the Shared Lives staff any time if there are any concerns. However, even with this support, preparatory training, and a personalised matching process focussed on relationship development, for some Shared Lives carers the early stages of the Shared Lives process felt overwhelming:

“... and it hit me like a ton of bricks and I thought, ‘Oh god, what have I done, here? Is this going to be too much for me?’ Work were very supportive and I then went down ... I decided I was going to just work three days a week” – *Carer 4*

Carers, while keen to emphasise the quality of the support from Shared Lives staff, raised the need for further support. It was suggested that face to face training rather than the online training provided by schemes would give an opportunity for peer support and that supervision or counselling for carers would help in coping with the emotional strain of caring for young people with complex needs.

The early stage of a Shared Lives arrangement could be unsettling for young people. Many of the young people had some additional needs and found dealing with change especially stressful. Examples were given of how relationships had developed through choice for the young person and support from Shared Lives, which helped the arrangement to be sustained:

“...thank goodness he went to the right carer because that would have broken down because there was an awful lot but once he started to trust her, there was so much that came out and he needed so much support. But now, I mean we’re nearly two years down the line and touch wood, he’s much more settled now but I do believe if he wasn’t with that carer, it would have broken down” – *Staff 7:*

As illustrated in the example above, some carers noted that issues could emerge once a young person was more settled in a home environment. This illustrates the importance of the sustained support for carers from Shared Lives, for example in connecting carers with other services.

Carers and young people reflected on the importance of choice and autonomy for the young person in sustaining the arrangement. Some young people were not used to this, describing that in foster and residential placements there were strict rules such as a curfew time and that everything was done for them:

“Here you have more freedom and all of that. In fostering you don’t really do that and you can’t really...they have...not control but they kind of have all the choices to make for you but here you can make every choice that you want and different things like that.” – *YP 7*

Some young people needed to adapt to having choice as one carer explains;

“He had never been allowed just to go into the fridge or the cupboard and help himself, whereas we said to him, ‘You help yourself. If there’s anything that we’re having specially for tea or I don’t want you to touch, I will tell you that.’” – *Carer 4*

Young people began to feel able to exert more choice and control as they became settled in their arrangement which was identified as a mechanism in the ToC:

“There’s a, sort of, a settling in period and getting to know you. One of them, he’d leave his bedroom door open every morning. His room was immaculate. And then after a few months his bedroom door would be closed every morning and I thought oh, okay. So, I just peered in when I knew he wasn’t there and it was just a typical, you know – it was a bombsight. I thought, he’s settling in. He’s feeling at home” – *Carer 10*

Carers often talked about treating the young person like everyone else in the house, as individuals and as family members. Developing these relationships, and enabling young people to feel secure and part of the family was linked with the development of independence and living skills. This was also linked with slowly encouraging and supporting the young person to develop confidence in accessing services for themselves.

Being provided with choice in everyday situations for example, making choices about meals and meal times, gave young people an understanding of their rights as adults but also helped them to recognise the need to develop more autonomy and living skills. Two young people discussed, in interviews, how they had wanted to go straight to independent living but they had been persuaded that they needed more support by their personal advisors. Having experienced more autonomy in the Shared Lives arrangement they both recognised that they were not ready for independence.

The increased choice and control could also be challenging for carers. This was raised in particular in relation to the management of money. Once young people reach 18 they have control of their own money and carers gave examples of young people spending large sums of money online or being vulnerable to exploitation. Carers needed to support young people in making appropriate choices and one carer highlighted this:

“He has had to change his peer group which he wanted to do because he knew it wasn’t the right time for him to be with these people because they would drag him down as they drag themselves down. Again, that was just a discussion.” – *Carer 9*

Consistency and stability were identified as key in successfully sustaining arrangements, given that young people had often experienced relationships and placement breakdown. Staff and carers highlighted this as being particularly important as young people began to take age appropriate risks whilst in the safe and secure arrangement.

Outcomes

Given the time-frame of the evaluation, long-term outcomes could not be determined. Improvement and deterioration for young people in relation to the outcomes identified in RQ5 were identified through the triangulation of monitoring data collected by scheme managers, surveys to capture young people’s experiences in relation to the outcome areas and qualitative findings from interviews with young people, carers, staff and stakeholders. A summary of the quantitative findings is provided followed by a discussion of the findings in relation to each outcome area. The survey data provided in the section below is from My Shared Life surveys; evaluation surveys were completed by 5 young people but none of these were repeated at time points which does not allow for any analysis of change. Responses to the evaluation surveys are included in the discussion of the outcomes.

Distance travelled from monitoring data

Monitoring data was collected by scheme managers at referral and a follow-up point either when the young person moved on or the collection point of October-December 2019. Data was recorded in relation to young people’s EET, physical health, emotional health, accommodation, integration with family and community and vulnerability to risk in accordance with the research questions. The duration of time spent in Shared Lives arrangements was between 1 month and 7 years where one young person had been placed with a Shared Lives carer prior to the pilot but had moved to a new carer during the evaluation period. Distance travelled analysis established the difference between the measures at the two time points for each young person (n=54). Table 1 shows the changes for young people according to the outcome measures by scheme. The changes

are identified as an 'improvement' or 'decline' but it is important to note that a 'decline' in the reported measure is not necessarily a negative change, for example no longer being in EET at the follow-up point may mean a young person has finished one stage of education and not yet begun the next. Scheme level analysis is provided in appendix 4.

Table 1: Distance travelled by scheme

Scheme	EET	Mental health	Emotional wellbeing and behaviour	Physical health	Integration into family and community	Vulnerability to risk
Derby	No reported change	Improvement for 2YP	Improvement for 4YP	No reported change	Improvement for 2YP	Improvement for 4YP
Durham	Decline for 1YP	No reported change	Improvement for 1YP	Improvement for 1YP	No data at T2	Improvement for 2YP
Grace-Eyre	No reported change	No reported change	No reported change	No reported change	Improvement for 4YP	Improvement for 2YP
Northampton	3 engaging in volunteering	Improvement for 2YP	Decline for 2YP	No reported change	Improvement for 5YP	Improvement for 5YP
PSS Midlands	Decline for 1YP	Improvement for 1YP	Improvement for 1YP	No reported change	No reported change	Improvement for 2YP
Telford	Improvement for 7YP Decline for 3YP	Improvement for 10YP	No reported change	Improvement for 8YP	Improvement for 6YP	Improvement for 11YP Decline for 1YP
Total n with a reported improvement	10	15	6	9	17	27
Total n with a reported decline	5		2			1

Source: Monitoring data

Surveys: Changes as experienced by young people

'My Shared Life' surveys were completed by or on behalf of young people. 70 young people are recorded as completing at least one survey but as there were only 65 young people placed follow up surveys may have been recorded as baseline surveys in error by the respondent. Of those completing the survey 43 completed it with some help in explaining the questions and prompting, 26 surveys were completed on behalf of the young person due to learning disabilities and 1 survey did not identify if any help had been received. Surveys were completed at six monthly time intervals with 21 young

people completing this at two time points and 2 young people completing the survey at three time points. Where the survey was completed at more than one time point any changes were identified as shown in table 2 below. For one respondent the data was incomplete in the follow-up survey so changes in responses for 22 young people are represented in this table.

Table 2: Distance travelled from survey data

	Feeling part of the SL family	Social life	Feeling part of the community	How time is spent	Choice in daily life	Physical health	Emotional health	Number of friends
N of YP responses indicating improvement	19	9	12	9	9	7	12	11
N of YP responses indicating decline		1					1	2

Source: My Shared Life survey

Quality and stability of accommodation

Accommodation is part of the Shared Lives offer so the measures collected in the monitoring data will inevitably indicate that most of the young people are in suitable accommodation, preventing a clear statistical assessment of stability. Most young people had been in foster or residential care prior to Shared Lives, which would normally be considered suitable and stable. As the young people were due to leave care, these placements would not have continued. For some young people, breakdowns in supported accommodation or periods of homelessness had resulted in a referral to Shared Lives. Staff and carers saw Shared Lives as offering better quality and more stable accommodation than alternatives such as supported accommodation and gave examples of where the lack of support had led to these arrangements breaking down.

Fears were raised by some carers about what would have happened for young people who clearly needed continued support at age 18, if Shared Lives had not been available. They reflected on their previous experiences of seeing young people transitioning from care when they were not ready for independence and with little support:

“Independent living would have been a disaster for her, I personally believe she would be a person who ended up overdosing or doing something silly – she could not have coped, she definitely couldn’t have coped. So, independent living wouldn’t have supported her. I

think going into a residential home with staffing there wouldn't have given her the emotional support of being with a family that she needed." – *Carer 7*

This was echoed by staff and stakeholders:

"So really I mean she could have been homeless actually if hadn't been for Shared Lives. She could have been homeless, that's the alternative." – *Staff 3: T2*

The stability of a Shared Lives arrangement was considered in relation to the time they were sustained. At the follow-up point young people placed during the evaluation period had spent between 1 month and 24 months in arrangements. Data was also provided for 7 young people placed before the evaluation period, which demonstrates that some arrangements have been sustained for up to 7 years. Excluding arrangements begun prior to the evaluation period, the average (mean) duration was 8.5 months.

Of the 65 young people placed, monitoring data identifies that 51 young people were still in the arrangement with the same carers. However, 3 arrangements broke down due to the young people's mental health and behaviour. Staff also explained in interviews that arrangements broke down when they were not the young person's choice. A change in carers was required for another 5 young people with reasons being provided for two as carer retirement and the young person being unhappy in the placement. An additional 2 young people were recorded as 'left' with no reason given or indication that they moved on to suitable accommodation. This highlights that Shared Lives arrangements do not prove stable for all young people. The factors that support the stability of an arrangement are discussed in the process section above.

A sense of stability was also linked to the quality of the accommodation and feeling part of a family. Stakeholders, carers, staff and young people highlighted that young people who changed from a fostering placement to a Shared Lives arrangement with the same carers, experienced a smooth transition meaning they did not need to move home, even if they were likely to require care throughout adulthood. As well as providing stability during the arrangement and the transition to adulthood, all carers interviewed were clear that they intended to continue to support the young people practically and emotionally if they moved on to more independent living. In some cases, where young people were not likely to move on independently, carers had made arrangements for them to be cared for indefinitely within the family.

Should support continue beyond a formal arrangement, there may be further benefits and improvements for the young person as they move into adult life. However, this would be unpaid work, which not all carers could provide once arrangements had formally ended, with consequent inequalities in the support young people receive.

Education, employment and training

Monitoring data shows that overall there were 39 young people in EET at referral and 38 at follow-up, suggesting there is little improvement in this area. However, at an individual level improvement has been identified for 10 young people based on additional engagement, including in voluntary roles, at the follow-up point compared to referral. In addition, two young people were reported by scheme managers to have an improved experience of education due to the emotional support of carers. For two schemes, there was an apparent decline in relation to EET for one person in each scheme.

In the My Shared Life survey all young people reported being in education or training. Of 39 responses to one survey question, 31 indicated Shared Lives improves how they spend their time. The five respondents to the evaluation survey were positive about the effect of the support from their Shared Lives carer on EET.

Interviews with young people and carers demonstrated how the support of Shared Lives carers was important in sustaining EET through practical help to attend college, for example supporting travel or encouraging them to attend. Carers, staff and stakeholders also described the carers as acting as advocates for the young people with schools and colleges, resulting in better provision for their needs.

As there is a high proportion of young people with learning disabilities placed with Shared Lives, the level of education varies and one carer describes how work with the college enabled accomplishments:

“We pushed and pushed and, guess what? He passed his English this year, what the school said he would never pass. So, never say never.” – *Carer 4*

Carers were also instrumental in arranging work experience or volunteering and future employment opportunities, as one staff member explained:

“there’s loads of opportunities for her, she could then get a job through her studies and the experience she’s getting and the contacts that the carer has in an area that she wants” – *Staff 5: T1*

Young people also described the way carers had helped them achieve their goals:

“they helped with college. So I’m back doing a supported intern course.... So they’ve helped me get on to that and then they helped me find a bunch of work as well.” – *YP4*

Although EET was not an original intended outcome, in reviewing the ToC, staff identified it as part of the overall outcomes relating to quality of life and the ability to live more independently in the future.

Physical Health

The distance travelled analysis of monitoring data showed an improvement in physical health for 1 young person. However, there was also evidence of increased engagement with health services for 8 young people. Surveys showed an improvement in the self-reported physical health of 7 young people out of the 22 respondents.

Staff highlighted in interviews that carers support young people to attend health appointments and to understand healthy eating and personal hygiene, along with providing a healthy lifestyle. This was supported by examples given in interviews with carers and young people.

Where young people had long-term complex health needs, continuity of care from existing foster carers was described by staff and stakeholders as beneficial due to carers' knowledge and experience of the young person's conditions. Additionally, the environment of a family home was considered to have contributed to the improved physical health of one young person who had moved from residential care. The carer, Shared Lives staff and social worker attributed the reduction in the young person's epileptic seizures to them sleeping better in a home environment.

Mental health and emotional wellbeing

Fifteen young people had clear indications of improved mental health and emotional wellbeing in the distance travelled analysis of monitoring data. This was also reflected in the survey data with twelve respondents demonstrating improvement. The survey and monitoring data are from the same population but we cannot identify if the same individuals are represented in these figures. Looked after children have a higher prevalence of mental health issues (McAuley et al, 2009; Midgeley et al, 2017) and trauma can result in defensive behaviours (Winkler, 2014; Colbridge, Hassett and Sisley, 2017).

In interviews, carers reported that they found managing young people's mental health difficult in relation to their behaviours and the emotional impact on the carer:

“[YP] was absolutely difficult and he was very aggressive towards me and so on and I was absolutely without energy.” – *Carer 2*

One member of staff discussed how improving mental health was paramount with a young person who had requested that she accompany him in his interview:

“one of the most important things for us has been keeping you well, and keeping you mentally stable, or as stable as we can. And that has been the outcome that we’ve wanted.” – *Staff 11: T1*

The ability of young people to stay in their Shared Lives arrangement beyond the age of 18 was reported as being beneficial in allowing for a more gradual transition which is beneficial for mental health and wellbeing as explained in a staff interview:

“it’s not a tomorrow you’re 18 and then things are just going to happen, it’s tomorrow you’re 18, you’ll have a nice birthday and actually we’ve talked about all the stuff you’re going to do and you’re still going to be here, which is a massive ... goes into the wellbeing stuff.” – *Staff 6: T2*

This was also reflected in a carer interview:

“originally he was told by his social worker, “You’re here two years and then you’re moving.” You can’t put that on somebody’s life. That caused him major meltdown, major distress, thing is he’s been told, you know, basically it’s open ended, we review it, we see. When he’s ready to move, I will be the first one to move him to help move him. When he wants to do that, I’ll be the first one to support that. At the moment, he doesn’t even want to think about that.” – *Carer 4*

Young people discussed that the family environment and feeling loved or cared about has been important in improving their mental health:

They're just warm and, like, loving and just really, really supportive.... being with [carer] kind of, I don't know, I feel like I need to be in a family environment, otherwise I'd just, I don't know, wouldn't be in a good place. – *YP2*

Vulnerability to risk

Vulnerability to risk showed the highest amount of positive change with an overall improvement for 25 young people out of 54 from the analysis of monitoring data. The following table shows the number of young people where vulnerability to risk has reduced in relation to the specified measures.

Table 3: Vulnerability to risk outcomes

Vulnerability measure	Total n at referral	Total n at follow-up	Changes in individual distance travelled³
Running away	8	1	+7
Self-harm	6	3	+4/-1
Suicidal thoughts	3	1	+2
Suicide attempts	2	1	+1
Substance use	3	2	+2/-1
Alcohol use	7	3	+5/-1
Bullying and harassment	8	3	+7/-2
Domestic violence	7	0	+7
Sexual exploitation	13	3	+11/-1
Anti-social behaviour	9	4	+6/-1
Violent/aggressive behaviour	7	4	+5/-2
Gang-related activity	2	1	+1
Criminal justice involvement	4	1	+3
Totals	50	27	

The My Shared Life survey did not include questions relating to risk. The 5 respondents to the evaluation survey reported that they felt safe and secure in their local community. Regarding risk taking, one young person responded to say they keep themselves safe

³ + indicates improvement (less vulnerability) and – indicates decline (more vulnerability).

and avoid risks, two felt they mostly keep themselves safe but take some risks and two take regular risks but are trying to stay safer. One respondent highlighted feeling safe as the key reason the Shared Lives arrangement was so positive.

In interviews staff, carers and stakeholders credited Shared Lives with reducing vulnerability to risk through helping young people to understand healthy relationships, including where relationships with their birth families are problematic. Staff described how young people leaving care can be vulnerable if they do not have networks and findings regarding social and community involvement are discussed below. Young people reported in interviews and the evaluation survey that they felt supported by their carer and that they felt they could talk to them. Carers felt this assisted with understanding positive and safe relationships, to help in recognising and managing risk and in taking some risks when appropriate:

“She doesn't have to be pressured to do things that she doesn't feel comfortable doing. So that is one of the biggest challenges for the young care leavers, is that risk element side and being able to identify this is risky but actually, if I do this, it won't be quite as risky and actually, this is wrong and I don't want to do that.”- *Staff 7: T2*

Another staff member described:

“She was going to run off with a strange man that she'd met on the internet last week, and we had to get the police involved. Then she's saying she wants to move out of her placement. So, there's a lot of work going on at the minute there. She'll ring me three or four times a day, just to tell me how she's feeling.” – *Staff 9: T2*

For young people with learning difficulties there can be risks in everyday activities and carers facilitate more independence, with examples given of spending time independently with friends, travelling more independently and allowing them to have an alcoholic drink at age 18 on holiday. Carers also remain instrumental in maintaining safety, for example when supporting more independent travel.

Integration with family and community

The analysis of monitoring data shows thirteen young people had improved outcomes in relation to integration into family and community, including contact with birth families, involvement in community activities and having improved friendships and networks. Distance travelled analysis of the survey data showed 17 out of 22 young people had improved outcomes for at least one measure for social life, friendships and involvement with community. Of those not demonstrating improvement, 3 young people reported no change but were happy with their social life and community involvement, 1 young person

reported feeling more involved with the community but had less friends and one young person reported a reduction in the number of friends but that they were still happy with their social life. Young people's survey responses (n= 36/44) indicate that Shared Lives carers supported social and community involvement and where surveys had been completed at two time points, young people felt more a part of the family in the Shared Lives arrangement at the follow-up point (n=19/22).

Interviews with staff, carers and young people identified further detail about how integration with family and community can be improved through a Shared Lives arrangement which has not always been captured in the monitoring data. This improvement is summarised by one member of staff:

“The increased social networks... they're seeing family more often now, than before when they were transitioning, which is really good. We see that quite often, where people actually they get quality time with their family, maybe if they've come from a bit of a difficult background or there's been some barriers to their relationship. Normally they improve around that social networks and stuff.” – *Staff 6: T2*

Staff and carers repeatedly highlighted the importance of being in a family home and being part of the carers' family, including going on family holidays and often keeping in close contact after the formal arrangement has ended. One young person described the importance of feeling like part of a family:

“Because I don't know how I would have done it without a family, without the support. And I genuinely can't thank enough like, it feels good, it does feel good, because I don't know where I'd be, I genuinely don't know where I'd be by now.” – *YP2*

Interviews with staff, young people and carers illustrated that carers helped to facilitate relationships with birth families, including providing support when relationships were difficult. Staff and young people discussed in interviews how carers have used their own networks and facilitated voluntary work to integrate young people into the community. One carer described how this improved the outcome for the young person she supports:

“The relationship within the learning disability community works well. I've been around this community for a long time. They know me. They're very supportive of [YP] because you know she's very easy to get on with anyway but she's got a lot of support in there. So, she does a lot of things like she goes and sleeps over at one of the supported living houses and we have one of the girls back here who comes and sleeps over and things and you know they go out for the

day together... Because I've built up those relationship over time and actually [YP] is very good at building them too.” – *Carer 5*

Increased independence and quality of life

Staff and carers explained in interviews that during the Shared Lives arrangement the young people developed, at their own pace, towards greater independence. For some young people, particularly with learning disabilities, greater independence could be making a drink for themselves whereas other young people would learn skills for living independently:

“They've helped me with my money stuff, I was never good at it, and they've helped me with that as well... And like teaching me how to do stuff like ironing and washing.” – *YP4*

Carers explained how this was part of everyday family life:

“everything we do with them is either family orientated or set up in such a way as we are teaching them how to live, really. All the stuff that your own kids just learn through being with you. So, they'll do their own washing. We all take turns in cooking, deciding what the menus are going to be. We look at personal finance.” – *Carer 9*

One stakeholder explained why the Shared Lives arrangement helped with living skills:

“They've got the time to be able to have that one-to-one to do that with them, and even if they have to go over things over and over, they've got that time to do it.” – *LA3: T1*

Another stakeholder described how independence had developed for one young person:

“this young man now is getting the bus independently into town where he meets his carers, and if you knew this young man five years ago you would never envisage that he would be able to do that. And that's with the constant support and encouragement of his Shared Lives carers.” – *LA2: T1*

Carers and staff raised that it was necessary to focus on mental health and a feeling of stability before developing independence. One young person also recognised this:

“I feel like I’m still having a battle. And I feel like once this battle is over then I can actually focus on more independency. But I feel like at this current time I need the support.” – *YP11*

There was evidence that quality of life improved for young people, as expressed by young people, carers, local authority representatives and Shared Lives staff. As one carer illustrated:

“it’s just an amazing thing to give somebody opportunities that they will perhaps never have anywhere else. [He] had never been on a plane or anything. He had never been to different countries. We’ve been to different countries. He’s seen different cultures.” – *Carer 4*

Carers and staff talked about providing young people leaving care with the lives ‘other’ young people have and one young person in describing how happy he feels in his arrangement said:

“that’s why I enjoy it so much because I don’t feel out of place. I feel like that’s how it’s always been for me, moving into a family and there’s no, like, it’s just normal.” *YP2*

Unintended outcomes

One unintended outcome relates to arrangements for young people aged 16+ who would have otherwise entered a children’s social care placement. According to scheme managers there were examples of where a period of respite provided by Shared Lives enabled a young person to maintain their family living arrangements. The potential for arrangements for young people aged 16 or 17 who would otherwise enter children’s social care could be significant, given this age group is more difficult to place in foster arrangements (Shuker, Sebba and Höjer, 2019).

Staff and carers raised another possibility that could emerge might be that the support from Shared Lives could prevent a young person from accessing or being eligible for other services. For example, if the young person presented as more confident and therefore did not meet the criteria for adult social care, or if the apparent stability of the arrangement and level of support provided by the carers led to less intervention from personal advisors.

Cost Evaluation

The full cost analysis for each scheme can be found in appendix 4 along with a description of the aims, objectives and methods used. The overall aim of the cost

evaluation was to gather information on the cost of the Shared Lives pilot that was additional to any costs which would have been accrued had the pilot not been running. As a proportion of the costs were absorbed into the existing budget for the LA or charity, the direct, indirect and absorbed costs were taken into account. Evaluation of the value for money of the pilot was not straightforward as there was no counter-factual that could be applied to all schemes and arrangements. The cost of alternative provision was used, where examples were given, to estimate a break-even figure. The information provided by schemes differed regarding both Shared Lives costs and the cost of alternative placements for the young people. Three schemes identified the cost of alternative provision that allowed a break-even figure to be determined.

Costs per scheme and comparison with alternative provision

Table 3 shows costs per young person along with the costs of alternative provision where this was provided by the scheme.

Table 4: Costs per Shared Lives arrangement and costs of alternative provision

Scheme	Total cost per young person including setup for the duration of the Shared Lives pilot.	Average Shared Lives hosting cost per annum	Cost of alternative provision per annum
Derby	£159,604	£21,913	Residential care at approximately £41,600
Durham	£51,645	£23,060	The alternative cost provided for one young person who would alternatively be in a residential placement was between £202,788 and £328,426.
Grace-Eyre	£77,072	£28,006	No specific costs for alternative placements are given.
Northampton	£74,118	£24,457	Foster care (£20,800 p.a.), independent supported accommodation (£39,000 to £42,600 p.a.), or different forms of residential care (£64,000 to £180,000 p.a.).
PSS Midlands	£67,732.51	£24,826	No specific costs for alternative placements are given.
Telford	£36,221	£18,980	No specific costs for alternative placements are given.

Source: Cost Capture

Comparisons with alternative provision

Three schemes provided the cost of the alternatives where young people in their localities would have been placed if the Shared Lives pilot had not been running. This gives some specific examples of value for money but these are not reflective of all Shared Lives arrangements.

The alternative given for Derby was residential care at an approximate annual cost of £41,600 for each young person. The cost of the hosting of a Shared Lives arrangement

at £21,913 is a saving of £19,687. However, the running costs of the Shared Lives scheme in Derby were also calculated including staff costs and as there were only 5 arrangements during the pilot the actual cost per annum for each young person was £69,401. Only one additional arrangement would have seen the scheme break-even and begin to achieve savings in relation to the cost of the alternative residential care.

In Durham, three of the four young people in a Shared Lives arrangement had a learning disability which would require care in a residential placement if the Shared Lives arrangement had not been available. For one young person with complex needs the specific cost for residential care was provided as £202,788 as a children's placement, rising to £328,426 for adult social care when they turned 18. This represents a saving to the LA of £172,549 to £298,187. Including the running costs of the scheme the total annual cost for the arrangement is £30,239 of which the hosting cost is £23,060. These savings are for one specific young person and should be treated with caution given that they are not illustrative of all arrangements. The costs provided were also limited to staff costs and limited travel so they are likely to be higher if running costs such as office accommodation, utilities and insurance were taken into account. Given the savings from this one placement, we can be confident that the scheme in Durham reached a break-even point where the costs for the LA were equivalent or less to those that would have been incurred if the pilot had not been running.

Northampton was the only scheme to provide a range of alternative placement costs for the young people in arrangements. The alternatives were: foster care (£20,800 p.a.); independent supported accommodation (£39,000 to £42,600 p.a.) or different forms of residential care (£64,000 to £180,000 p.a.). On the basis of these figures, the annual weighted alternative accommodation cost would have been £65,001. Including the pilot running costs the cost per young person in a Shared Lives arrangement was £32,520. This represents an average annual saving of £32,481 per young person. We have not accounted for all absorbed costs such as office accommodation, utilities and insurance as these costs were not provided so it is important to note that this would reduce the savings figure.

Social Cost

In addition to the direct costs in relation to alternative services, schemes such as Shared Lives, which aim to improve outcomes for young people, may avert social costs. A longer term evaluation would be required to identify such savings as longer term outcomes could not be determined within the time frame of this evaluation. In addition, the variation between sites and the small number of young people in an arrangement mean that the suggestion of potential social cost savings should be treated with caution. However, an example of potential savings can be provided in relation to vulnerability to risk. Findings from the distance travelled analysis show vulnerability to risk decreased for 25 young

people during the pilot. If an 18-21 year old were to enter prison then the annual cost is estimated at £61,500. In addition, there are the cost of court proceedings and other allied costs. The savings per person, per year diverted from substance abuse are estimated to be £6,250.⁴ Given the reduction in vulnerability to sexual exploitation (of 10 young people during the course of the pilot) pregnancy could be reduced with the estimated cost to the NHS of a young person's pregnancy which is carried to term estimated at £4,000.⁵ Another area where the qualitative and distance travelled analysis suggests an improvement in outcomes for some young people is mental health and emotional wellbeing. The distance travelled analysis indicates that 15 young people in a Shared Lives arrangement showed an improvement in this outcome area. With adolescent mental health costs estimated at £300 per year and adult mental health costs at £1000 per year, this is also an area where further costs to the state for an individual could be averted. It is important to note that any evidence that these savings have been, or will be achieved is beyond the scope of this evaluation.⁶ Also, while interviews with staff, young people and carers suggest young people have been supported with their mental health and emotional wellbeing, no control was used in this evaluation meaning improvements in these outcome areas cannot be conclusively attributed to the Shared Lives arrangement. Further examples regarding social cost are provided in appendix 5 in relation to the intended outcomes of the pilot.

⁴ Updated for inflation from National Treatment Agency for Substance Misuse (2012) Estimating the Crime Reduction Benefits of Drug Treatment and Recovery, London: NHS.
https://www.drugsandalcohol.ie/17540/1/NTA_Estimating_crime_reduction_benefits.pdf [accessed 15 March 2020]

⁵ Updated for inflation based on NICE (2014) Contraceptive Services With a Focus on Young People up to the Age of 25. Manchester: National Institute for Health and Care Excellence.
<https://www.nice.org.uk/guidance/ph51/resources/costing-report-pdf-69198589> [accessed 10 March 2020]

⁶ Updated for inflation from Heeks, M., Reed, S., Tafsiri M. and Prince, S. (2018) The Economic and Social Costs of Crime: Second Edition, Research Report 99, London: Home Office,
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/732110/the-economic-and-social-costs-of-crime-horr99.pdf [accessed 19 March 2020].

Conclusion

The intended activities of the schemes focused towards recruiting carers, and developing links with children's services were implemented with varying success. One scheme was unable to recruit carers and while all schemes developed links with children's services this process took time. The outcome pathways identified in the ToC were reflected in interviews with young people, carers, staff and stakeholders through examples of increased independence, social connections and a sense of belonging. Support to develop living skills was also described. Where outcomes were achieved this was credited by staff, carers and young people to the provision of a family environment with one-to-one, personalised support. The analysis of outcomes from the monitoring and survey data showed the outcomes of vulnerability to risk, integration with family and community and mental health had improved for some young people. Given that the average time in the arrangement was 8.5 months, with 20 young people being in the arrangement for 6 months or less, a longer term evaluation would be needed to establish clear findings on the outcomes achieved through the pilot.

The key mechanisms for change according to project staff at the start of the pilot were choice and autonomy. The theory behind the model was that being able to exercise greater choice and autonomy would enable increased independence, with young people engaging in age appropriate risks and taking more responsibility for their health and day to day living. The findings of the evaluation demonstrate that choice and autonomy for young people was an important factor in preparation for the arrangements. However, the aspiration to provide choice was not always achieved, due to the availability of carers or when the young person did not have other options. Once in the arrangement, the model provided the opportunity for increased choice over aspects of daily life, such as meals, decorating a bedroom and how young people spent their time. Young people reported that they had more freedom to make choices in the Shared Lives arrangement compared to their previous experience, mostly in foster or residential care. Young people were encouraged to take control of their finances and were supported by carers to manage money through discussing budgets and giving them targets to save for, such as holidays.

When reviewing the ToC towards the end of the pilot, staff across the schemes recognised that 'feeling safe and secure' had also been a key mechanism for change. Whilst exerting choice and autonomy, including taking some risks was important, young people also needed to feel a sense of safety in the arrangement. . This was reported by young people and carers as beneficial to all outcomes, including vulnerability to risk. Findings from the qualitative analysis relating to consistency and stability support this.

As intended in the ToC, carers facilitated greater community connection, as well as relationships with their own and the young people's birth families. Young people reported that this enhanced their sense of belonging. Improved physical health was not a clear outcome overall, although some individual examples were found. Mental health and

wellbeing did improve widely, with interviews highlighting the importance of stability and feeling 'part of the family' in achieving this outcome. Interviews demonstrated that there are young people for whom a Shared Lives arrangement made a considerable difference in outcomes.

Implementation challenges were raised, in developing relationships with children's services, identifying funding if the young person did not meet the eligibility for adult social care and information sharing between social workers, Shared Lives staff and carers. However, the model of a young person sharing the family home of a carer and receiving person centred support was consistently reported to make significant, positive changes in the life of a person leaving care.

Analysis of the costs of each Shared Lives scheme indicated that the pilot would break-even when compared with the local alternatives, where the costs of these were provided. If the intended outcomes are achieved there is the potential that further savings would be made in the form of social cost.

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

As reported in the Children's Social Care Innovation Programme Round 1 Final Evaluation Report (2017), 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.⁷ This section addresses how the findings from this evaluation contribute an understanding of these features.

Strengths-based practice frameworks

The Shared Lives model does not use a formal strengths-based practice framework but the approach is inherently strengths based. This evaluation found that the ethos of choice and autonomy built on the strengths of the young person, and indeed the Shared Lives family, through community connections and their ability to support the young person practically and emotionally. The examples of Shared Lives staff and carers looking beyond young people's reported behaviours to support emotional wellbeing illustrates how outcomes can be achieved from strength-based practice. Shared Lives staff and carers were advocates for young people's ability to make choices, but this was at times in conflict with cultures in children's services which by necessity may be more risk averse.

Systemic theoretical models

Shared Lives is a relationship-based approach focused on successful transitions, human development and change. The Shared Lives approach is rooted in young people being in a family and community environment. Young people's responses to surveys and interviews demonstrated that this aspect of the Shared Lives arrangement is highly valued. Young people are supported through the carer(s) and their wider family. Relationships with birth families and engagement in community activities were also enabled by carers. This development of relational patterns, or a social system, has been shown to enable adjustments in the immediate context that can provide a further source of strength and support and lead to positive outcomes.

⁷ Sebba, J., Luke, N., McNeish, D., and Rees, A. (2017) *Children's Social Care Innovation Programme: Final evaluation report*, Department for Education, available [here](#).

High intensity and consistency of practitioner

The focus on consistency and stability described in this report evidences the importance of the relationship-based approach of the Shared Lives model. Here the intensity and consistency is not provided by a practitioner, but by a carer in their own home. As such, care is provided by the same individual(s) around the clock for various aspects of the young person's development. This evaluation demonstrated that a flexible and consistent form of support can adapt with the young person's needs as they develop increased independence. The intensity and consistency of support has enabled young people with complex needs to develop towards improved outcomes, notably mental health and wellbeing and resilience to risk.

Reducing risk for young people

Reduced risk was clearly demonstrated in the distance travelled analysis, with almost half of the young people in a Shared Lives arrangement being at less risk across a range of measures, such as substance and alcohol use, sexual exploitation and anti-social behaviour.

Creating greater stability for young people

Scheme and individual monitoring showed 56 of the 65 young people placed during the pilot were still in a Shared Lives arrangement at the end of the evaluation, with the duration ranging from 1 month to two years. Examples were also provided of care experienced young people who have been in a Shared Lives arrangement for up to 7 years. Interview and survey responses confirmed young people felt a sense of stability.

Increasing wellbeing for young people

Increased wellbeing is evidenced in the survey data and this is clearly attributed to the support from carers in the surveys and in interviews with young people, carers and staff.

Reducing days spent in state care

As this is a service for young people leaving care, this feature was not explicitly relevant. An unintended outcome was referrals for young people experiencing breakdown in their family home, where a Shared Lives arrangement on a temporary basis for those aged 16 or 17 prevented the need for the young person to enter children's social care.

Generating better value for money

The cost analysis demonstrated that arrangements are at least equivalent in cost to alternative provision and may produce direct savings. Staff, carers and stakeholders asserted in interviews that the value for money is also provided in the quality of the arrangement due to the one-to-one support that is provided.

5. Lessons and implications

Lessons and recommendations regarding the Shared Lives 16+ project

Findings relating to the preparation, readiness and experience of carers indicate that, specific training around working with young people leaving care, along with a counselling, supervision or peer support model could further support carers to sustain placements and improve carer wellbeing and the quality of care for the young person.

Qualitative findings demonstrate the importance of a sense of stability and belonging as young people transition into adulthood, particularly for their mental health and emotional wellbeing. Offering young people a family and community based placement is therefore a valuable option for young people leaving care. Shared Lives is an alternative to Staying Put and can be offered where remaining with a foster carer is not suitable or possible.

The majority of young people (75%) in a Shared Lives arrangement had a learning disability. Where young people are likely to meet the criteria for adult social care, the leaving care arrangement under Shared Lives can extend into adulthood, providing consistency and stability. Carers, stakeholders and staff suggest a Shared Lives arrangement is favourable for some young people compared to the alternatives of residential care, which would not provide the same level of choice, autonomy and community engagement or supported accommodation, which would not offer the same level of support. Young people who had experienced supported accommodation also shared the view that they needed the additional support that the Shared Lives arrangement offered, but further research into other options would be required to draw any comparison. The person centred nature of the Shared Lives arrangement was compared favourably with other options by staff, carers, young people and stakeholders.

From interviews it was clear that the intensity and consistency of support contributed to the favourable outcomes represented in the surveys and monitoring data. This included young people who had not been able to be placed elsewhere, due to behavioural or mental health difficulties.

Positive changes in outcomes were evidenced in the survey and monitoring data in relation to mental health and wellbeing and vulnerability to risk. Interviews with carers and young people suggested that this was enabled by the young person being provided with intense, consistent support from their carer. The analysis of monitoring and survey data also showed improved involvement in relationships with family and community and interviews provided examples of how relationships with birth families were supported by carers. Carers also encouraged young people to be involved in social and community

activities. Interviews and surveys also illustrated that young people felt part of their Shared Lives family and that this provided a sense of belonging.

Service provision for young people leaving care

The importance of preparation for young people leaving care and moving to a new placement is evident from interviews with staff, carers and young people. Good preparation was characterised by choice for the young person, early preparation for transition and relationship building before the young person moved to the Shared Lives arrangement. We recommend that preparation for transition should begin as early as possible with young people leaving care and that Shared Lives should be proactively considered as an option for young people who might need additional support.

From the evaluation of the Shared Lives pilot it is clear that the development and maintenance of good relationships with referrers in LAs and an awareness of children's social care was key to successful implementation. Greater integration between children's and adults services (for example in one scheme where there was a shared head of commissioning across children's and adults services) facilitated more appropriate referrals and a better understanding of the Shared Lives offer. This is relevant to all innovations and systems for young people leaving care and highlights improved integration and awareness of the variety of options is needed across leaving care teams and commissioning groups.

Interviews highlighted that the Shared Lives service has filled a gap in provision for young people whose additional needs made them less likely to cope independently but who are unlikely to meet criteria for adult social care. Schemes had varying success in securing funding for these young people. Some were able to fund arrangements to age 21 or 25 through leaving care pathways, but others having to go to great lengths to secure funding for individuals. For some schemes this meant they only placed young people meeting criteria for adult social care, as other funding streams were not easily accessible. The cost analysis suggests the comparative costs for alternative placements, even where less support is provided, make Shared Lives a viable option for young people leaving care.

Evaluation and research

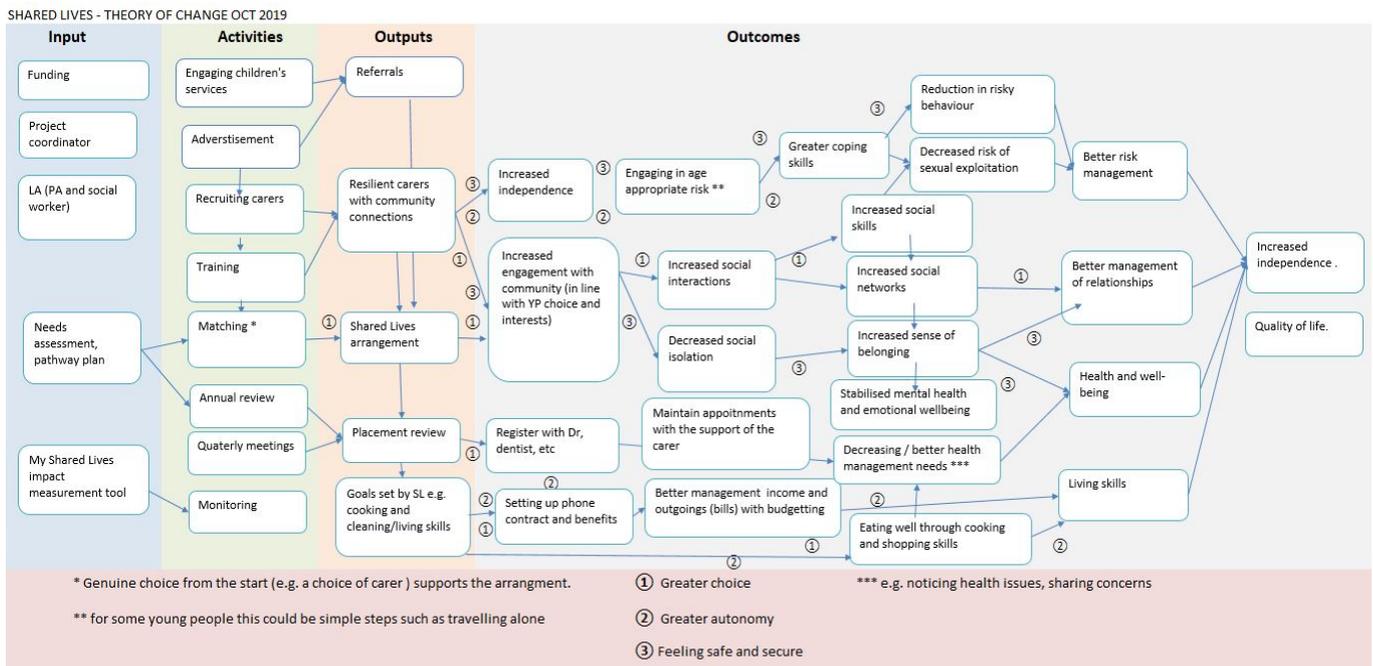
Outcomes for young people who are care experienced are not systematically recorded. SSDA903 data only records outcomes relating to education, employment and training and the type of accommodation young people are living in. Furthermore, Shared Lives schemes collected and monitored outcomes differently. A more comprehensive and standardised system for recording outcomes is required in order to monitor outcomes for

young people leaving care. This would also provide a comparator against which outcomes from innovation could be compared.

It is clear that young people with learning disabilities leaving care are a significant population, making up 55 percent of the national population of looked after children (DfE, 2019) and 75 percent of the young people placed during this pilot. Shared Lives enables young people to transition seamlessly into an adult social care arrangement through the carer moving from being a foster carer to a Shared Lives carer, or it can offer a quality, stable environment as a new placement. There is very little research exploring the experience of young people with learning disabilities transitioning to adult social care or their experiences of different forms of provision (Roberts et al, 2017). This is clearly an area that requires further research and consideration.

Appendix 1: Project theory of change

Figure 1: Evaluation theory of change diagram



Mechanisms

The mechanisms identified were:

1) Greater choice was facilitated through being supported by staff and carers to make choices, for example in the community activities young people engaged in and how they spent their time. This increased their ability to make choices and their awareness of their right to choice.

2) Greater autonomy developed through young people learning to take responsibility for the choices they made and developing living skills, such as budgeting and cooking through the support of the carer in the family setting

On review of the Theory of Change during phase 2 interviews, staff felt that an additional mechanism of:

3) Feeling safe and secure was important in young people achieving the specified outcomes. In developing greater choice and autonomy, young people needed to feel safe and secure, particularly when taking risks. Safety and security refers to feeling safe, secure and supported in the relationships in the arrangement, in addition to feeling safe from harm.

Outcomes

The overall outcome identified was increased independence with an understanding that this was in relation to the capacity of the individual. For some young people this meant being more independent in everyday tasks such as making a drink for themselves, or travelling on a bus independently. For other young people this meant moving on to more independent living. On reflection, three schemes discussed the importance of improved quality of life as an outcome so this is also discussed in the findings. Quality of life was expressed as being part of a family and a community and engaging in activity that the young person enjoyed including leisure activities, EET and travel.

To achieve the overall, long term outcomes, four medium term outcomes were identified as: better risk management; better management of relationships; increased health and wellbeing; and living skills.

To achieve better risk management, including a reduction in risky behaviour and potential sexual exploitation, the theory was that young people needed increased independence to engage in age appropriate risk to develop coping skills. Examples were given in interviews where young people had developed romantic and sexual relationships and carers had supported them to understand the related risks without preventing young people from making their own choices. Similar examples were also given around online safety and friendship groups. Increased autonomy was the mechanism staff identified as leading to better risk management through support from carers in discussing choices. Feeling safe and secure was also highlighted as essential in young people developing autonomy and being able to manage risk. Increased social networks, as discussed below, were also thought to reduce vulnerability to exploitation.

Better management of relationships was an intended outcome, with the aim that increased engagement with the community would lead to increased social networks and a sense of belonging. Staff felt that experiencing more positive relationships in the Shared Lives arrangement helped young people make better choices regarding relationships in the future. Staff also recognised, in reflecting on the ToC, that feeling safe and secure was necessary to enable this outcome pathway.

Increased health and wellbeing was expected to be achieved through better management of physical and emotional health needs. Through support from carers in recognising needs and engaging with the appropriate services, greater autonomy in relation to managing health and wellbeing would then lead to improved health and wellbeing in the longer term. Increased engagement with community and the family nature of the arrangement was reported in interviews to have led to an increased sense of belonging for young people, contributing to improved mental health and emotional wellbeing. There were also examples of healthy eating, improved personal hygiene and

support in attending appointments and taking medication, which may increase physical health in the long term.

To develop living skills the family based arrangement offers opportunities in everyday situations for carers to support young people in areas such as budgeting and cooking. Staff felt that choices, for example about how to spend money or what young people wanted to eat helped to develop autonomy leading to increased living skills. This could also have an impact on health through healthier eating and personal hygiene.

Development of the theory of change

The evaluation ToC was developed in July 2018 with two members of the Shared Lives Plus staff team who were leading on the overall project implementation. This followed on from a theory of change developed in collaboration with the Spring Consortium which identified outcomes for the organisation. The evaluation ToC identified outcomes for the young people accessing the service and how these outcomes would be achieved. Pathways were refined and developed in a workshop with all scheme managers and some additional staff (n=15) also in July 2018. During the final phase of the evaluation, interviews with staff reflected on the ToC to consider if the pilot had operated as expected. This resulted in a development of the ToC to include the mechanism of feeling safe and secure and the additional overall outcome of quality of life. Staff also provided further details on the outcome pathways including examples. The ToC diagram above reflects these changes.

Appendix 2: Other innovations to improve outcomes for young people leaving care

An example of previous innovation is the Staying Put scheme which was introduced as a pilot in 2008, to allow some young people in foster care to remain living with their carers after the age of 18, until they reached 21 years old. Evaluation of the Staying Put pilot demonstrated the potential of the scheme to improve a range of outcomes for young people in foster care (DfE, 2012). There are key differences between Staying Put and Shared Lives Plus arrangements relating to eligibility and potential length of the arrangement. In order to be eligible for a Staying Put arrangement, a young person must have been in placement with their foster carer immediately before they reach the age of 18 years (even if only for 1 day). Foster carers must be willing and able to continue with the placement under a Staying Put arrangement and the young person must also agree. In contrast, a Shared Lives Plus arrangement can be with a carer who is 'new' to the young person, which may be important if foster carers are unwilling or unable to continue under the Staying Put scheme. In relation to the length of the arrangement, Staying Put arrangements must cease when the young person reaches the age of 21 years, extendable only if they are engaged in a full-time higher education programme.

Staying Close is an innovation for young people leaving residential care through continued practical and emotional support and accommodation offers. A Shared Lives Plus arrangement may be a relevant option for a young person who is in residential care, where a Staying Close arrangement is not considered sufficient to meet their assessed needs.

Appendix 3: Referrals and arrangements

Table 5: Referrals and arrangements

Scheme	Referrals	Arrangements	Learning Disability	Still in a Shared Lives arrangement	Number of LAs YP placed from
Brighton and Hove	3	0	-	-	0
Grace-Eyre	14	4	4	4	3
Derby	12	5	2 (not known for 1YP)	3	1
Durham	4	4	4	3	1
Northampton	26	12	7	12	1
PSS	16(Midlands)	11	10	9	3
	13+ (unknown)	13	13	13	4
Telford	66	16 (new but others moved carer)	12	12	7
Total	154	65	52	56	17

Source: Scheme monitoring data and individual monitoring data

Appendix 4: Scheme level distance travelled analysis

The main findings section includes the findings from the distance travelled analysis for all young people to enable triangulation with survey data which was provided for the whole cohort rather than by scheme. Findings from the distance travelled analysis of monitoring data are provided here for each scheme in relation to the outcomes relevant to the research questions.

Derby

For this scheme, 5 young people have been placed from the local authority (Derby City Council). The age of the people placed ranges from 17 years at placement to 19 years. Two young people were 17 years, 2 were 18 years and one was 19 years. Prior to the Shared Lives placements 2 young people had experienced breakdown in family placements, one was in hospital, there was no placement information for one but they had experienced homelessness and one young person had been in a foster placement.

The data was completed by scheme managers at referral (the earliest being January 2017) and at a follow up point either when the person left the Shared lives arrangement or the end of the evaluation (for this scheme the data was recorded in December 2019). For this scheme the time period ranges from 1 month to just over two years. At follow-up 2 young people had moved on from the Shared Lives arrangement but the date of this was not supplied.

Quality and stability of their accommodation

Accommodation is part of the Shared Lives offer so while in a Shared Lives placement the accommodation is stable. On referral 2 young people had experienced breakdown in family placements, one was in hospital, there was no placement information for one but they had experienced homelessness and one young person had been in a foster placement. At follow up 2 young people had moved on, one had returned to live with family and there is no data for the other. Follow-up data also reported 3 young people were still in the same Shared Lives arrangement so in accommodation that can be considered stable and of quality, one of these had come from foster care so would previously have been in accommodation considered suitable. There was improvement in the quality and stability of accommodation for 2 young people; one was placed from a hospital psychiatric unit who had been unable to be discharged due to no other suitable offer being available, the other was living in an unsuitable arrangement with a partner.

We can conclude that quality and stability has been improved for 2 young people and maintained for 1 young person.

Educational, employment or training outcomes

The number of young people in education, employment and training did not change (n=2) but 1 person in addition was being supported in applying to college. One person in training won an apprenticeship award.

Engagement with education, employment and training has not improved as an outcome but young people have been supported towards future improvement.

Physical health

None of the young people were described as having physical health problems at referral. 3 young people had a learning disability.

There were no health problems at follow-up.

There was no data to suggest an improvement in health outcomes but one young person is described as supported by the carer to attend appointments, which is detailed on the ToC as leading to better health and wellbeing.

Emotional health, well-being and resilience

All 5 young people were reported as having social, emotional and/or behavioural difficulties with 3 young people having mental health and wellbeing issues at referral. At follow-up 2 young people were recorded as having improvements in mental health and wellbeing and 2 young people had improvements in social, emotional and/or behavioural issues.

From this data we can conclude that 3 young people have improved outcomes in emotional health, well-being and resilience.

Vulnerability to risk (e.g. substance misuse; missing episodes; youth violence; CJS involvement)

The total number of factors (as identified in the table below) indicating risk for the young people placed reduced from 15 to 5. This represents a reduction in the risk of unsafe behaviour by two thirds. Two young people improved in three of the measures, one young person improved in two of the measures and one person improved in two of the measures but was also recorded as increasing risk in relation to two others. There was no change for the final young person who was not deemed to be at risk in relation to any of the measures. Overall resilience to risk improved for three of the five young people in this scheme.

No young people were parents at the time of referral, or became parents during the placement.

Table 6: Derby risk outcomes

Vulnerability measure	At referral	At follow-up
Running away	1	0
Self-harm	2	1
Suicidal thoughts	2	1
Suicide attempts	2	0
Alcohol use	1	1
Sexual exploitation	2	1
Anti-social behaviour	1	1
Violent/aggressive behaviour	1	1
Criminal Justice involvement	3	1

Source: Monitoring data

Integration into family and community

The data provided suggests that integration into family and community improved for 2 young people in the scheme and two other young people were described as receiving support from carers in this area. Another young person had good involvement in family and community at both time points. The remaining two people are described as receiving support in this area from carers.

Individual distance travelled

On an individual level scoring each young person against measures in relation to each outcome (as identified above in relation to the outcome research questions) identifies the overall outcomes for each person placed with Shared Lives. Measures included: being in EET; mental health problems and any changes in mental health, emotional and behavioural issues and any changes in these at the second time point; physical health conditions; contact with family; friendships and social groups and engagement in

community activities. Overall this shows an improvement in outcomes for all 5 young people placed.

Table 7: Derby overall outcomes

	Improvements recorded in 4 outcome domains	Improvements recorded in 3 outcome domains	Improvements recorded in 2 outcome domains	Improvements recorded in 1 outcome domain
N of YP	1	2	1	1

Source: Monitoring data

Summary

Outcomes from the monitoring data for this scheme at this time indicate:

Improved outcomes in relation to the measures for quality and stability of accommodation, mental health and wellbeing, resilience to unsafe behaviours/risk and integration into community and family.

There was no evidence of improved outcomes in relation to education, employment and training or physical health but young people were supported in these areas.

Individuals placed with Shared Lives have more positive outcomes overall at the follow-up point compared to when they were referred.

Durham

For this scheme 4 young people have been placed from one LA (Durham County Council). One young person has moved on to independent living, the remaining 3 young people have learning disabilities and will not move on independently. The age of the people placed ranges from 16 years at placement to 19 years. One young person was 16 years, 2 were 18 years and 1 was 19 years. All YP are recorded as White British. Prior to the Shared Lives placements the data we have for 2 young people is that they were in foster care and 1 young person was in residential care.

The data has been completed by the scheme manager at referral (the earliest being May 2018) and at a follow up point either when the person has left the Shared lives arrangement or the end of the evaluation (for this scheme the data was recorded in October 2019). For this scheme the time period ranges from 1 month (newly placed) to 1 year (now moved on to independence) with the other 2 young people being in placement for 2 months at the time the follow-up data was recorded. The 3 young people remaining in the arrangements have a learning disability.

Quality and stability of their accommodation

On referral 2 young people were from foster placements so at referral these would also be considered stable accommodation but one of these was ending due to carer illness and the others were transitioning from children's social care.

Expected outcomes related to future quality and stability of accommodation will be identified in the qualitative findings. For young people with additional needs, as for the three young people still in this scheme, stability is provided by the young person being able to stay in the same home into adulthood.

Educational, employment or training outcomes

One young person who moved on to independence remained in education while in the Shared Lives Placement. An additional young person had been in education at referral but was not at follow up; this may be due to the ending of this course of education. The young people placed in this scheme have learning difficulties, which is likely to be the reason they are not in formal education.

The monitoring data does not show education, employment and training has improved due to the Shared Lives placement but other purposeful activity and quality of life is explored through the qualitative findings.

Physical health

Two of the young people were described as having physical health problems at referral. One young person's physical health had improved at follow up having less seizures. In interviews the scheme manager explained that it is thought this is due to the family environment and less disturbed sleep.

Due to the small numbers of placements in this scheme there is no conclusive evidence from this data that physical health is improved but physical health has improved considerably for one young person.

Emotional health, well-being and resilience

Analysis showed improved behaviour for 1 young person in relation to mental health and wellbeing at follow up when compared with referral.

Vulnerability to risk (e.g. substance misuse; missing episodes; youth violence; CJS involvement)

The total number of factors (as identified in the table below) indicating risk for the young people placed reduced from 10 to 3. This represents a reduction in the risk of unsafe

behaviour by more than two thirds. This data is for 2 young people. The extent to which this can be attributed to the innovation will be considered using the results of the qualitative analysis in the main report.

No young people were parents at the time of referral, or became parents during the placement.

Table 8: Durham risk outcomes

Vulnerability measure	At referral	At follow-up
Running away	2	1
Self-harm	2	1
Domestic violence	1	0
Sexual exploitation	2	0
Anti-social behaviour	2	1
Violent/aggressive behaviour	1	0

Source: Monitoring data

Integration into family and community

The data provided does not include follow up information that can be used to determine if there is a change in the outcome of integration into family and community.

Individual distance travelled

On an individual level scoring each young person against measures in relation to each outcome (as identified above in relation to the outcome research questions) identifies the overall outcomes for each person placed with Shared Lives. Measures included: being in EET; mental health problems and any changes in mental health, emotional and behavioural issues and any changes in these at the second time point; physical health conditions; contact with family; friendships and social groups and engagement in community activities. Overall this shows an improvement in outcomes for 2 young people, no overall change for 1 young person and a decline in one outcome but improvement in another for 1 young person.

Table 9: Durham overall outcomes

	Improvement recorded in one outcome domain	No change in outcome domains	Decline recorded in one outcome domain and improvement in another outcome domain
N of YP	2	1	1

Source: Monitoring data

Summary

Outcomes from the monitoring data for this scheme are not conclusive due to the small number of young people referred. There have been improvements in outcomes for individuals and no reduction in outcomes. Qualitative data is used to explore these outcomes further.

Grace-Eyre

For this scheme 4 young people have been placed from 3 LAs (Brighton and Hove, Lambeth and Westminster). When placed with Shared Lives, 2 young people were 17 and 2 young people were 18 years. All young people are recorded as having a learning disability. Prior to the Shared Lives placements three young people were in foster placements and one was in residential care. For two of the placements the young people remained with their existing foster carers who transferred to a Shared Lives arrangement.

The data was completed by the scheme manager at referral (the earliest being December 2016) and at a follow up point in October 2019. All young people have remained in the same placement. For this scheme the time in placement ranges from 1 year to 3 years.

Quality and stability of their accommodation

As all young people were in foster or residential care there has been no change in the suitability and stability of the placement. It is important to note that as the young people were due to leave children's social care these placements would not necessarily have continued with Shared Lives considered the most suitable option for them in transitioning to adulthood. For young people with additional needs stability is provided by the young person being able to stay in the same home into adulthood.

Educational, employment or training outcomes

There was no change in EET with all young people remaining in education and training. One young person had experienced difficulties at referral so there was some improvement in their experience of education.

Physical health

No changes in physical health were reported at follow-up.

Emotional health, well-being and resilience

No changes in emotional health, well-being and resilience were reported.

Vulnerability to risk (e.g. substance misuse; missing episodes; youth violence; CJS involvement)

For 2 young people there was a reduction in risk, for 2 in relation to sexual exploitation and for 1 also in relation to bullying and harassment.

No young people were parents at the time of referral, or became parents during the placement.

Table 10: Grace-Eyre risk outcomes

Vulnerability measure	At referral	At follow-up
Bullying and harassment	1	0
Sexual exploitation	2	1

Source: Monitoring data

Integration into family and community

The data provided suggests that all 4 young people placed had improved integration into family and community. Two young people were reported to have better contact with family and 2 young people had better friendships and social connections. All young people had good involvement with the community at follow-up.

Due to the small numbers placed in this pilot there is not conclusive evidence that allows for attribution but the indication is that for the young people placed there was an improvement in the integration into family and community outcome.

Individual distance travelled

On an individual level scoring each young person against measures in relation to each outcome (as identified above in relation to the outcome research questions) identifies the overall outcomes for each person placed with Shared Lives. Measures included: being in EET; mental health problems and any changes in mental health, emotional and behavioural issues and any changes in these at the second time point; physical health conditions; contact with family; friendships and social groups and engagement in community activities. Overall this shows an improvement in 2 outcomes for 2 young people and in one outcome for 2 young people.

Table 11: Grace-Eyre overall outcomes

	Improvement recorded in 2 outcome domains	Improvement recorded in 1 outcome domain
N of YP	2	2

Source: Monitoring data

Summary

Outcomes from the monitoring data for this scheme at this time indicate:

No conclusive change in relation to the measures for quality and stability of accommodation, physical health or mental health and wellbeing.

Involvement in education, employment and training remained the same but with improvement in the experience of education for 1 young person.

Integration into family and community involvement increased for all 4 young people and vulnerability to risk improved for 2 young people.

Individuals placed with Shared Lives have more positive outcomes overall at the follow-up point compared to when they were referred with no young people experiencing a reduction in overall outcomes..

Northampton

For this scheme 12 young people have been placed from 1 LA (Northamptonshire County Council). For 2 of the placements the young people remained with their existing foster carers who transferred to a Shared Lives arrangement. The age of the people placed ranges from 17 years at placement to 19 years. Five young people were 17 years, 3 young people were 18 years and one was 19 years. We do not have the birth dates of the other two individuals. Prior to the Shared Lives placements the young people were in

a mix of foster, residential care, supported accommodation and secure hospital placements with one having returned to the parental home prior to being placed with Shared Lives.

The data has been completed by the scheme manager at referral (the earliest being July 2017) and at a follow up point either when the person has left the Shared lives arrangement or the end of the evaluation (for this scheme the data was recorded in December 2019). We have follow-up data for 11 young people and draw on these for the distance travelled analysis. For this scheme the time period ranges from 1 month to 19 months. At the follow up point 9 young people were still in a Shared Lives arrangement and 2 had moved on due to placement breakdown.

Quality and stability of their accommodation

On referral 4 young people were from foster placements, 1 supported accommodation, 2 secure hospitals and 1 from residential care. One young person had been at home and 1 had experienced homelessness but the details of this are not known. At referral most of these would be considered stable accommodation but were ending as placements with Shared Lives considered a suitable and stable option.

At follow up one placement had broken down with the young person leaving and another young person had returned to a secure hospital. The quality and stability of accommodation therefore reduced for one individual.

For young people with additional needs, stability is provided by the young person being able to stay in the same home into adulthood.

Educational, employment or training outcomes

The number of young people in education, employment and training did not change (n=8). An additional young person had attended college during their placement with Shared Lives but the course had ended at the time of the data being reported. Difficulties in attending school or college were reported for 3 of the young people at referral with only one being highlighted as receiving continual support from his Shared Lives carer in attending college at follow-up suggesting there are improvements in the engagement with education.

At referral no young people were involved in volunteering but at follow-up 3 young people volunteered regularly with improvements in general behaviour noted for one young person since beginning the voluntary work.

Engagement with education, employment and training has improved due to increased volunteering.

Physical health

None of the young people were described as having physical health problems at referral. 7 of the young people had a learning disability.

There were no health problems at follow-up.

There is no evidence of change in physical health but there is improved engagement with health services (At referral 4 people had contact with health professionals. This increase to 7 young people at follow up). This is not conclusive as the engagement with health services could also indicate increased health problems. However, increased contact with health services is identified in the theory of change as contributing to increased health and wellbeing as an outcome.

Emotional health, well-being and resilience

Seven young people were reported as having mental health and wellbeing issues at referral with 4 of these also having social, emotional and/or behavioural difficulties.

At the follow up date only 6 of the young people were recorded as having mental health and wellbeing issues suggesting some improvement in mental health and wellbeing. Six young people were also recorded as having social, emotional and/or behavioural issues suggesting a decline in mental health and wellbeing but this may be a reporting error. For two of the young people it has been recorded that mental health had improved considerably between referral and the second monitoring time point.

Vulnerability to risk (e.g. substance misuse; missing episodes; youth violence; CJS involvement)

The total number of factors (as identified in the table below) indicating risk for the young people placed reduced from 26 to 12. This represents a reduction in the risk of unsafe behaviour by more than half. The extent to which this can be attributed to the innovation is considered using the results of the qualitative analysis in the main report.

No young people were parents at the time of referral, or became parents during the placement.

Table 12: Northampton risk outcomes

Vulnerability measure	At referral	At follow-up
Running away	4	1
Self-harm	4	3

Vulnerability measure	At referral	At follow-up
Suicidal thoughts	2	1
Suicide attempts	2	1
Substance use	1	0
Alcohol use	1	0
Bullying and harassment	2	2
Domestic violence	3	0
Sexual exploitation	1	0
Anti-social behaviour	3	1
Violent/aggressive behaviour	3	3

Source: Monitoring data

Integration into family and community

The data provided suggests that there is no change in family relationships, social relationships have improved for 2-4 young people and engagement in community activity has increased for 5 of the 11 young people in the scheme.

At referral 9 of the 11 young people referred had some contact with family; 4 of these were through supervised visits, there were difficulties with contact for one and 2 were described as having difficult relationships with their parents.

At referral 4 young people were considered to have good social relationships with friends with 4 having difficulties and 3 providing no information. Involvement with community activities was low for 5 of the young people.

At follow up only 2 young people were recorded as having relationships with family but the data was absent for the remaining young people so any change in this cannot be identified.

At follow up 1 young person is described as having good relationships with friends, one is described as having much better relationships and another chooses their friends more wisely but there is not data for all young people. No young people are described as having difficulties with social relationships.

Only 1 young person was still identified as not engaging in community activities with 5 being regularly involved.

Individual distance travelled

On an individual level scoring each young person against measures in relation to each outcome (as identified above in relation to the outcome research questions) identifies the overall outcomes for each person placed with Shared Lives. Measures included: being in EET; mental health problems and any changes in mental health, emotional and behavioural issues and any changes in these at the second time point; physical health conditions; contact with family; friendships and social groups and engagement in community activities. Overall this shows an improvement in outcomes for 8 young people, no overall change for 2 young people and a decline in outcomes for 1 young person.

Table 13: Northampton overall outcomes

	Improvement reported in 4 outcome domains	Improvement reported in 3 outcome domains	Improvement reported in 1 outcome domain	Improvement reported in two outcome domains and decline in one outcome domain	Improvement reported in one outcome domain and decline in one outcome domain	No reported change	Decline reported in one outcome domain
N of YP	1	2	3	2	1	1	1

Source: Monitoring data

Summary

Outcomes from the monitoring data for this scheme indicate improved outcomes in relation to the measures for education, employment and training, integration into family and community and resilience to unsafe behaviours. No conclusive change is identified in relation to the measures for quality and stability of accommodation, physical health or mental health and wellbeing. However, increased contact with health services may lead to improved physical health as a long-term outcome.

Individuals placed with Shared Lives have more positive outcomes overall at the follow-up point compared to when they were referred.

PSS Midlands

For this scheme 23 young people have been placed across the Midlands and the South East of England from 7 LAs (Wolverhampton, Birmingham, Staffordshire, Norfolk, Suffolk,

Cambridgeshire and Westminster). The Midlands division of the scheme was the only area for PSS originally counted in the evaluation, for this reason it is this monitoring data for 8 young people of the 11 young people placed there that is used to assess the outcomes. We do not have referral data for 2 of the young people placed. It was shared in interviews, that there was an arrangement for 1 young person that broke down after a short time but this is not included in the monitoring data. Data has been supplied for the South East but as it was collected at a later stage a change in outcomes is not captured. Seven placements in the PSS Midlands scheme were transitions from a foster arrangement to a Shared Lives arrangement with the same carer(s) and 1 young person was placed from foster care with new carers through Shared Lives. The young people were all placed at 18. All the young people placed had some learning disability ranging from moderate to severe.

The data has been completed by the scheme manager from March 2018 at placement and at a follow up point in October 2019. For this scheme the time in placement ranges from 6 to 18 months. All the young people were still in the placement at the follow-up point.

Quality and stability of their accommodation

On referral all young people were in foster placements, 1 needed to move on when approaching adulthood and 7 young people were in placements that would end as children's social care placements but the carers chose to convert to a Shared Lives arrangement to continue caring for the young person. The arrangement for 1 young person broke down due to behaviours the carer was not prepared for but the information for this young person was not included in the monitoring data.

Expected outcomes related to future quality and stability of accommodation will be identified in the qualitative findings. For young people with additional needs stability is provided by the YP being able to stay in the same home into adulthood.

Educational, employment or training outcomes

All YP were involved in EET at referral. One young person was no longer recorded as being in education or any voluntary work at follow-up. This may be an absence of data.

There is no evidence for a change in the outcome for education, employment and training.

Physical health

There were no changes recorded in physical health.

Emotional health, well-being and resilience

Five young people were reported as having mental health and wellbeing issues at referral and 4 as having social, emotional and/or behavioural difficulties. For 1 young person both mental health and social, emotional and behavioural difficulties had improved at follow-up.

Due to the low numbers of the data we cannot conclude that emotional health, well-being and resilience is improved through Shared Lives but there has clearly been an improvement in the outcome for 1 young person.

Vulnerability to risk (e.g. substance misuse; missing episodes; youth violence; CJS involvement)

Table 14: PSS risk outcomes

Vulnerability measure	At referral	At follow-up
Self-harm	2	0
Suicidal thoughts	1	0

Source: Monitoring data

Vulnerability to risk has improved for 2 young people. This is an improvement in outcomes but is not conclusive due to the low numbers in the data.

Integration into family and community

There is insufficient data at follow-up to establish if there has been any change in integration into family and community but family and social relationships are clearly maintained.

Individual distance travelled

On an individual level scoring each young person against measures in relation to each outcome (as identified above in relation to the outcome research questions) identifies the overall outcomes for each person placed with Shared Lives. Measures included: being in EET; mental health problems and any changes in mental health, emotional and behavioural issues and any changes in these at the second time point; physical health conditions; contact with family; friendships and social groups and engagement in community activities. Overall this shows an improvement in outcomes for 2 young people, no overall change for 5 young people and a decline in outcomes for 1YP.

Table 15: PSS overall outcomes

	Improvement reported in two outcome domains	Improvement reported in one outcome domain	No reported change	Decline reported in one outcome domain
N of YP	1	1	5	1

Source: Monitoring data

Summary

Outcomes from the monitoring data for this scheme do not indicate conclusively that the intervention improves outcomes due to the low numbers showing an improvement in each measure.

There has been improved outcomes for individuals in emotional health, wellbeing and resilience and resilience to unsafe behaviours.

Analysis of qualitative data provides more insight into potential outcomes.

Telford

For this scheme 22 young people young people have been placed from 7 LAs (Wandsworth, Dudley, Telford and Wrekin, Shropshire, Tipton, Wolverhampton and Watford). For three of the placements the young people remained with their existing foster carers who transferred to a Shared Lives arrangement. Six young people were placed prior to the current pilot but two of these moved to new carers. During the time of the pilot (since March 2018) 16 young people have been placed. The age of the young people ranges from 16 years at placement to 22 years. Eight young people were 16 years; 4 were 17 years, 6 were 18 years; 2 were 19 years and 2 were 22 years. Prior to the Shared Lives placements the young people were predominantly in a mix of foster or residential care with 3 in supported accommodation.

The data has been completed by the scheme manager at referral (the earliest being 2012 but data for those initially referred before the pilot was completed retrospectively) and at a follow up point either when the person has left the Shared lives arrangement or the end of the evaluation (for this scheme the data was recorded in November 2019). For this scheme the time period ranges from 1 month to 7 years. Those placed within the life of the pilot ranged from a new placement to 2 years. The date of the follow up data is November 2019 and at this point 19 young people were still in a Shared Lives arrangement and 3 had moved on: one returned to live in a previous location; one moved to supported lodgings and one moved in with family. For one young person the

placement had broken down. Of those remaining in a Shared Lives arrangement, four moved to different carers.

Quality and stability of their accommodation

At referral all placements would be categorised as stable accommodation but all of these were ending as placements with Shared Lives considered a suitable and stable option. Two young people had experienced homelessness and 4 young people were referred due to a placement breakdown or eviction meaning these would not have continued as suitable or stable accommodation.

At follow up all YP were still in a Shared Lives Placement or had moved on to alternative suitable and stable accommodation with the exception of one young person for whom the details of accommodation are not known.

For young people with additional needs stability is provided by the young person being able to stay in the same home into adulthood.

Educational, employment or training outcomes

The number of young people in education, employment and training increased by 8 overall.

At referral no young people were involved in volunteering but at follow-up 5 volunteered regularly.

Engagement with education, employment and training has improved.

Physical health

No changes in physical health were reported at follow-up.

At referral 7 young people are recorded as being in contact with health professionals with none at follow-up. This does not give any conclusive indication about physical health as the engagement with health services could indicate decreased health problems or less engagement. Increased contact with health services is identified in the theory of change as contributing to increased health and wellbeing as an outcome.

Emotional health, well-being and resilience

Mental health and wellbeing issues and social, emotional and/or behavioural difficulties were reported for 14 young people at referral. While these numbers remained the same at follow-up, improvements were recorded for 10 young people.

From this we can conclude that there is improvement in mental health, well-being and resilience for 10 of the young people placed.

Vulnerability to risk (e.g. substance misuse; missing episodes; youth violence; CJS involvement)

The total number of factors (as identified in the table below) indicating risk for the young people placed reduced from 33 to 8. This represents a reduction in the risk of unsafe behaviour by more than two thirds. Vulnerability to risk reduced for 11 young people with 1 young person reported as being engaged in additional unsafe behaviour. The extent to which this can be attributed to the innovation is considered using the results of the qualitative analysis in the main report.

No young people were parents at the time of referral, or became parents during the placement.

Table 16: Telford risk outcomes

Vulnerability measure	At referral	At follow-up
Running away	4	0
Substance use	2	2
Alcohol use	5	2
Bullying and harassment	5	1
Domestic violence	3	0
Sexual exploitation	6	1
Anti-social behaviour	3	1
Violent/aggressive behaviour	2	0
Gang-related activity	2	1
CJ involvement	1	0

Source: Monitoring data

Integration into family and community

The data provided suggests that there is no change in family relationships, social relationships have improved for 16 young people and engagement in community activity has increased for 5 of the 22 young people in the scheme. This suggests that young people accessing Shared Lives in Telford experience positive outcomes in relation to social and community integration.

Individual distance travelled

On an individual level scoring each young person against measures in relation to each outcome (as identified above in relation to the outcome research questions) identifies the overall outcomes for each person placed with Shared Lives. Measures included: being in EET; mental health problems and any changes in mental health, emotional and behavioural issues and any changes in these at the second time point; physical health conditions; contact with family; friendships and social groups and engagement in community activities. Overall this shows an improvement in outcomes for 18YP and no overall change for 4YP.

Table 17: Telford overall outcomes

	Improvement reported in 5 outcome domains	Improvement reported in 4 outcome domains	Improvement reported in 5 outcome domains	Improvement reported in 2 outcome domains	Improvement reported in 1 outcome domain	No reported change	Improvement reported in one outcome domain and decline in one outcome domain
N of YP	1	1	5	5	6	3	1

Source: Monitoring data

Summary

Outcomes from the monitoring data for this scheme at this time indicate:

No conclusive change in relation to the measures for quality and stability of accommodation but 4 young people were experiencing placement breakdown which could have led to homelessness.

There were no improvements in physical health.

There were improvements in mental health and wellbeing for 10 young people.

Outcomes relating to education, employment and training improved for some due to volunteering and work experience.

There was no change in integration into family but social and community involvement increased for 6 young people.

Vulnerability to risk improved for 11 young people, overall reducing risk by two thirds.

Individuals placed with Shared Lives have more positive outcomes overall at the follow-up point compared to when they were referred with no young people experiencing a reduction in overall outcomes.

Appendix 5: Scheme level cost evaluation

Aims

The overall aim of the evaluation was to gather information on the cost of the Shared lives pilot that are additional to those costs which would have been accrued had the pilot not been running. Additionality is the guiding principle of cost capture, requiring a comparison of the costs of the pilot to situation had the pilot not been running.

Objectives

The objective of the cost evaluation was to provide an assessment of the full cost of the pilot, taking into account direct, indirect and absorbed costs, and by augmenting existing sources of cost data with information based on the experience of those implementing the pilot. This was necessary because a proportion of the costs were absorbed into existing budgets, for example, Local Authority budgets and existing office accommodation provision. Therefore, accurate costs could not be obtained from a simple analysis of relevant accounts.

A secondary objective was to comment on the value for money of the Shared Lives more generally. However, as outlined below, this was far from straightforward due to variations in throughput and the absence of an appropriate counterfactual. Three schemes provided the costs for alternative placements the details of which are given here. For the remaining three schemes the costs they can be set against are generic and appear at the end of this appendix. Social cost is addressed in the main body of the report.

Cost capture methods

The cost capture process involved three methods:

- Cost-capture questionnaires completed by key stakeholders, followed by further liaison as required;
- Triangulation of interview data with existing data sources such as accounts data where available;
- Comparison of quantitative data sources and qualitative interview material to determine adequacy of coverage of cost points and estimation of the likely missing cost points as required.

Costs captured

The range of costs captured included:

- Capital costs (IT equipment, and so on);
- Running costs (rent, utilities, maintenance, insurance and so on);
- Staff related costs (relocation, recruitment, training, salary and time spent);
- Absorbed costs, where the costs of the pilot have been absorbed by cross-subsidy from existing budgets, from existing surplus capacity or from staff goodwill;
- Other costs of Shared Lives, for example, briefing groups and transportation; and,
- Payments to hosts.

Derby

In Table 18 below, we provide estimates of the setup and running costs of the pilot. We also provide an estimate of cost per young person on the pilot. The list of costs is short, given the size of the pilot which meant most costs were covered by existing cost centres and we do not have information on the ratio of existing or displaced activities to the shared lives activity.

We break the costs down into three types:

- Pilot setup costs – costs which we would expect to see incurred once irrespective of the level of young people on the pilot and not accounting for absorbed costs.
Project estimate: £3,069.
- Pilot fixed costs – costs we regard as fixed irrespective of the level of young people on the pilot. Only declared costs are those of staff
Project estimate: £90,121.
- Pilot variable costs, principally payments to hosts – costs which vary proportionally with the number of people on the pilot. Host and transport costs only declared
Project estimate: £48,680.

Cost per young person on the pilot

There were four young people engaging with the Derby Shared Lives pilot between October 2017 and December 2019.⁸ However, across the 27 month period only 24 monthly host payments were made, i.e. less than one person, on average, was enrolled in the pilot and this inflates all costs once we put them on a per person basis. Please see table 15, note 4 for details.

- Over the period of one year (that is to say, ignoring set up costs), the cost of Shared Lives delivery per young person is £69,401. Other than the small numbers of participants over which we can divide the fixed and variable costs, the principal cost is the monthly £1,820 hosting fee.
- Over the intervention as a whole (to December 2019) and ignoring setup costs, the cost per young person is estimated to £156,151.
- Over the intervention as a whole, (to December 2019), and including setup costs, the cost per young person is estimated to be £159,604.

Table 18: Reported Derby Shared Lives Pilot Cost Capture: October 2017 to December 2019

Category	Cost	Per annum ¹	Total ²
Setup Costs			£3,069
IT and other hardware	£1,200		
IT Software	£500		
Costs of recruiting staff	£842		
Training (inc. staff on costs)	£527		
Vehicle	£0		
Fixed Accommodation Costs (per annum)		£942	£2,328
Office Rent	£2,328		
Services and Utilities	In rental		
Other Accommodation	In rental		
Staff Costs (per annum)³		£31,234	£87,793
Registered Manager PT	£70,276		
Key Worker PT			
On-going training (total in period cost)	£10,377		
Meetings	£7,140		
Insurance	£0		

⁸ A fifth person was placed before the pilot started and was not tracked in the same manner as those during the pilot.

Flexible Costs (per annum)		£2,222	£5,000
Travel costs	£5,000		
Payment to Host ⁴		£19,413	£43,680
Monthly payment to hosts per young person	£1,820		
Total per annum costs (Net of setup)			£138,801
Total per annum costs (Net of setup) per YP⁵			£156,151
Total costs October 2017 to December 2019			£141,870
Total cost per YP⁵			£159,604

Notes and assumptions

1. Annualised cost, given the project ran from October 2017 to December 2019 for the purposes of this evaluation
2. Estimated to December 2019 other than as noted.
3. Salary on costs are added to Salary costs and then pro rata. On costs, as a proportion of salary, were extracted from the [PSSRU Unit Costs of Health and Social Care 2019, section 3](#) These include the on cost (National Insurance and employer contributes) and indirect overheads, which sum to 46% of base median salary.

The direct overheads for this project are provided by the Derby project. The PSSRU cost database finds these on median salary to equal 37% of salary, whilst In Derby's case the scale of attribution to the pilot's costs is limited, indicating that there has been a significant level of local cost absorption by the local hosts.

4. The four YP were on the scheme for periods between 2 and 11 months during the pilot. We do not have full information on one of these four and have simply assumed a placement of six months. In total 24 monthly payments were made during the 27 months of the pilot. Consequently, the annual cost per YP is scaled by the ratio 24/27 to provide an annualised estimate.

5. The annual figures are scaled (divided) by 24/27. Please see note 4.

Source: Cost capture

Additional benefits estimates for Derby

The Derby pilot management see the direct alternative appropriate accommodation as residential care. In Derby the (minimum) cost of residential home care is said to be approximately £800 per week or £41,600 per annum. We have calculated above that the annualised cost of the pilot, per young person (excluding set up costs) is £69,401 once we include office, travel and staff costs. This figure is due to the small number of young people consistently hosted by the pilot.

If we assume no additional costs except for hosting, the scheme could breakeven at a figure of £41,600 per young person if the number of young people in hosted accommodation rose from an average of less than one (0.89) in December 2019 to 1.48 young people. If there is a growth in knowledge of the scheme, this may be a feasible increase.

Durham

In Table 19 below, we provide estimates of the setup and running costs of the pilot. We also provide an estimate of cost per young person on the pilot. The list of costs is short, given the size of the pilot which meant most costs were covered by existing cost centres and we do not have information on the ratio of existing or displaced activities to the shared lives activity.

We break the costs down into three types:

- Pilot setup costs – costs which we would expect to see incurred once irrespective of the level of young people on the pilot and not accounting for absorbed costs.
Project estimate: £1,060. No declared office costs.
- Pilot fixed costs – costs we regard as fixed irrespective of the level of young people on the pilot. Only declared costs are those of staff
Project estimate: £9,675, total and 12 months to October 2019: £6,666
- Pilot variable costs, principally payments to hosts – costs which vary proportionally with the number of people on the pilot. Host and transport costs only declared
Project estimate: £33,066

Cost per young person on the pilot

There were four young people engaging with the Durham Shared Lives pilot between March 2018 and October 2019, 20 months. In October 2019, the longest connection with the project was for one year whilst the other three participants had placements between one and two months at follow up.

- Over the period of one year (that is to say, ignoring set up costs), the cost of Shared Lives delivery per young person is £30,239

This amount is mainly due to the monthly payments to hosts, which sum to £23,060 per young person, if they are in a hosted household for an entire 12 months. The small numbers on the programme for very short periods also affect the figure.

- Over the intervention as a whole (to October 2019) and ignoring setup costs, the cost per young person is estimated to £50,398
- Over the intervention as a whole, (to October 2019), and including setup costs, the cost per young person is estimated to be £51,645.

Table 19: Reported Durham Shared Lives Pilot Cost Capture: March 2018 to October 2019

Category	Cost	Per annum¹	Total²
Setup Costs			£1,060
IT and other hardware	£1,060		
IT Software	£0		
Accommodation renovation and adaption	£0		
Costs of recruiting staff	£0		
Vehicle	£0		
Fixed Accommodation Costs (per annum)		£0	£0
Office Rent	£0		
Services and Utilities	£0		
Other Accommodation	£0		
Staff Costs (per annum)³		£6,725	£9,772
Registered Manager PT			
Support Manager PT	£6,725		
Administrator PT			
On-going training (total in period cost)	£0		
Insurance	£0		
Flexible Costs (per annum)		£135	£225
Travel costs	£225		
Payment to Host⁴		£19,601	£32,841
Monthly payment to hosts per young person	£1,922		
Total per annum costs (Net of setup)			£42,838
Total per annum costs (Net of setup) per YP⁵			£50,398
Total costs March 2018 to October 2019			£43,898
Total cost per YP⁵			£51,645

Notes

1. Annualised cost, given the project ran from March 2018 to October 2019 for the purposes of this evaluation
2. Estimated to October 2019 other than as noted.
3. Salary on costs are added to Salary costs and then pro rata. On costs, as a proportion of salary, were extracted from the [PSSRU Unit Costs of Health and Social Care 2019, section 3](#). These include the on cost (National Insurance and employer contributes) and indirect overheads, which sum to 46% of base median salary.

The direct overheads for this project are provided by the DURHAM project. The PSSRU cost database finds these on median salary to equal 37% of salary, whilst In Durham's case they have not been attributed to the pilots costs, indicating that there has been a significant level of local cost absorption by the local hosts.

4. The monthly figure is the augmented weekly payment to hosts of £443 multiplied by 4.3. The monthly figure is multiplied by 12 and then scaled by 17/20 given there were only 17 monthly payment in total for the pilot to give the annualised figure.

5. The annualised figure is simply the total figure scaled by 17/20. I.e. the 17 months of payments for young people across the 20 months of the scheme for the 4 YP. We are say, on average there was 17:20^{ths} of a YP involved in the pilot.

Source: Cost capture

Additional benefits estimates for Durham

In the Durham case the alternative residential care for the three of the young people with learning difficulties could be substantial. The costs for one of these participants is between £202,788 and £328,426. This demonstrates a significant saving from the pilot of between £158,890 and £284,528. Care needs to be taken with these figures as we need to compare equal periods and only one of the four young people has been enrolled on the pilot for more than two months. This could also be an abnormal case that would not be repeated frequently in the future. These figures would also be reduced marginally if full costs were included, such as rent, utility and service costs, insurance and so forth, plus feasibly offsetting lower alternative accommodation costs for other participants. Particularly the participant who left the pilot and started independent living.

Grace-Eyre

In Table 20 below, we provide estimates of the setup and running costs of the pilot. We also provide an estimate of cost per young person on the pilot.

We break the costs down into three types:

- Pilot setup costs – costs which we would expect to see incurred once irrespective of the level of young people on the pilot and not accounting for absorbed costs.

Project estimate: £461

- Pilot fixed costs – costs we regard as fixed irrespective of the level of young people on the pilot.

Project estimate: £38,466 to December 2019

- Pilot variable costs, principally payments to hosts – costs which vary proportionally with the number of people on the pilot.

Project estimate: £183,040 to December £81,407 annualised.

Cost per young person on the pilot

There were four young people engaging with the Grace-Eyre Shared Lives pilot between October 2017 and December 2020. The engagement with the pilot varied from the entire period for two young people to a minimum of one year. However, we do not have specific data on the period these last two individuals were involved and this led us to assume only one year of engagement.

- Over the period of one year (that is to say, ignoring set up costs), the cost of Shared Lives delivery to each of these four young people (weighted by participation) is £34,183

This amount is mainly due to the monthly payments to hosts, which on (weighted) average are £28,006 (£13,200 to £34,320) per young person

- Over the intervention as a whole (to December 2019) and ignoring setup costs, the cost per young person is estimated to £76,912
- Over the intervention as a whole, (to December 2019), and including setup costs, the cost per young person is estimated to be £77,072.

Table 20: Reported Grace-Eyre Shared Lives Pilot Cost Capture: October 2017 to December 2019

Category	Cost	Per annum ¹	Total ²
Setup Costs			£461
IT and other hardware	£250		
Accommodation renovation and adaption	£0		
Training (inc. salary on costs)	£211		
Costs of recruiting staff	£0		
Vehicle	£0		
Fixed Accommodation Costs (per annum)		£0	£0
Office Rent	£0		

Services and Utilities	£0		
Other Accommodation	£0		
Staff Costs (per annum)³		£17,096	£38,466
Project Co-ordinator PT	Absorbed		
Key Worker 1 PT	£16,532		
On-going training (total in period cost)	£1,263		
Insurance	£0		
Flexible Costs (per annum)		£500	£1,000
Travel costs	£1,000		
Payment to Host⁴		£80,907	£182,040
Monthly payment to hosts per young person	£1,100 to £2,860		
Total per annum costs (Net of setup)			£221,506
Total per annum costs (Net of setup) per YP⁵			£76,912
Total costs October 2017 to December 2020			£221,967
Total cost per YP⁵			£77,072
Notes and Assumptions			
<p>1. Annualised cost, given the project ran from October 2017 to December 2019 for the purposes of this evaluation</p> <p>2. Estimated to December 2019 other than as noted.</p> <p>3. Salary on costs are added to Salary costs and Training costs then pro rata. On costs, as a proportion of salary, were extracted from the PSSRU Unit Costs of Health and Social Care 2019, section 3. These include the on cost (National Insurance and employers contributes) and indirect overheads, which sum to 46% of base median salary. The direct overheads are not specified and assumed absorbed by host agency. The PSSRU database finds these on median to equal 37% of salary, indicating that there has been a significant level of local cost absorption by the local host agency.</p> <p>4. There is limited information on the flow of young people except they were in shared lives accommodation between one year and the full period of the pilot (2.25 years). The assumptions employed in calculating the annual and total casts are that, two young people were on the programme for the full period at a monthly hosting cost of £2,860 whilst each of the other two young people were enrolled for one year at monthly costs of £1,100 and £1,200. These figured were then summed and annualised.</p> <p>5. The calculation for annual cost per young person takes into account the number of months for which individuals receive a payment.</p>			

Source: Cost capture

Northampton

In Table 21 below, we provide estimates of the setup and running costs of the pilot. We also provide an estimate of cost per young person on the pilot.

We break the costs down into three types:

- Pilot setup costs – costs which we would expect to see incurred once irrespective of the level of young people on the pilot and not accounting for absorbed costs.

Project estimate: £4,520

- Pilot fixed costs – costs we regard as fixed irrespective of the level of young people on the pilot and absorbed costs.

Project estimate: £85,608 to December 2019

- Pilot variable costs, principally payments to hosts, which vary proportionally with the number of people on the pilot.

Project estimate: £263,416 to December 2019.

Cost per young person on the pilot

Eleven young people engaged with the Northamptonshire Shared Lives pilot between October 2017 and December 2020. The engagement with the pilot varied from the entire period to one month, with an average of just under 12 months. In any given month there was on average just under five (4.78) people placed with hosts.

- Over the period of one year (that is to say, ignoring set up costs), the cost of Shared Lives delivery to each of these eleven young people (weighted by participation) was £32,520

This amount is mainly due to the payments to hosts. The annual weighted average hosting cost was £24,457 (with a range of £16,120 to £33,800)

- Over the intervention as a whole (to December 2019) and ignoring setup costs, the cost per young person is estimated to £73,171
- Over the intervention as a whole, (to December 2019), and including setup costs, the cost per young person is estimated to be £74,118.

Table 21: Reported Northampton Shared Lives Pilot Cost Capture: October 2017 to December 2019

Category	Cost	Per annum ¹	Total ²
Setup Costs			£4,520
IT and other hardware	£1,500		

Accommodation renovation and adaption	£0		
Training (inc. salary on costs) ³	£3,020		
Costs of recruiting staff	£0		
Vehicle	£0		
Fixed Accommodation Costs (per annum)		£0	£0
Office Rent	£0		
Services and Utilities	£0		
Other Accommodation	£0		
Staff Costs (per annum)³		£38,048	£85,608
Manager PT	£36,750		
Key Worker 2 PT			
On-going training (total in period cost)	£2,920		
Insurance	£0		
Flexible Costs (per annum)		£222	£500
Travel costs	£500		
Payment to Host⁵		£116,852	£ 262,916
Monthly payment to hosts per young person ⁴	£2,038		
Total per annum costs (Net of setup)			£349,024
Total per annum costs (Net of setup) per YP			£73,171
Total costs October 2017 to December 2020			£353,544
Total cost per YP			£74,118
Notes and Assumptions			
1. Annualised cost, given the project ran from October 2017 to December 2019 for the purposes of this evaluation			
2. Estimated to December 2019 other than as noted.			
3. Salary on costs are added to Salary costs and Training costs then pro rata. On costs, as a proportion of salary, were extracted from the PSSRU Unit Costs of Health and Social Care 2019, section 3 . These include the on cost (National Insurance and employers contributes) and indirect overheads, which sum to 46% of base median salary.			
The direct overheads are not specified and are assumed as absorbed by the host agency. The PSSRU database finds these on median to equal 37% of salary, indicating that there has been a significant level of local cost absorption by the local host agency.			

4. The monthly payment is an average of the different payments across the young people weighted by each person length of stay, capped at 27 months. The range per month is £1,343 to £2,817

5. The mean length of stay is just under 12 months, as such for the annualised payment it is assumed 12 payments are made to hosts. Whilst in any given month during the pilot the mean number of participants is 4.78 (total 11 participants).

Source: Cost capture

Additional benefits estimates for Northampton

The Northamptonshire pilot was the only one which provided figures for direct alternative accommodation. We assume this would be before the young people moved on to independent living. The alternatives were, foster care (£20,800 p.a.), ISA (£39,000 to £42,600 p.a.), or different forms of residential care (£64,000 to £180,000 p.a.). On the basis of these figures, the annual weighted alternative accommodation cost would have been £65,001. The pilot has then produced a weighted surplus of £40,544 per young person for each full year excluding wider Pilot costs. The annualised total surplus would be £155,438 p.a., based on the average number of young people hosted at a given time and subtracting the additional annual costs of the pilot staff and transport. We do not account for the absorbed accommodation, insurance and other local costs, which would reduce this figure further.

PSS Midlands

In Table 22 below, we provide estimates of the setup and running costs of the pilot. We also provide an estimate of cost per young person on the pilot.

We break the costs down into three types:

- Pilot setup costs – costs which we would expect to see incurred once irrespective of the level of young people on the pilot and not accounting for absorbed costs.
Project estimate: £2,135
- Pilot fixed costs – costs we regard as fixed irrespective of the level of young people on the pilot.
Project estimate: £38,919 per annum or £87,850 to date
- Pilot variable costs, principally payments to hosts – costs which vary proportionally with the number of people on the pilot.
Project estimate: £200,833 per annum or £451,874 to date

Cost per young person on the pilot

There were eight young people engaging with the PSS Shared Lives pilot between October 2017 and December 2020. It is reasonable to assume that engagement with the pilot is over a lengthy period, but we do not have specific data to substantiate this assumption.

- Over the period of one year (that is to say, ignoring set up costs), the cost of Shared Lives delivery to each of these eight young people is £29,969

This amount is mainly due to the monthly payments to hosts, which sum to £24,826 per young person or 83% of the annualised costs.

- Over the intervention as a whole (to January 2020) and ignoring setup costs, the cost per young person is estimated to £67,466

Again 83% or £55,859 of this is due to host payments

- Over the intervention as a whole, (to January 2020), and including setup costs, the cost per young person is estimated to be £67,733.

Table 22: Reported PSS Shared Lives Pilot Cost Capture: October 2017 to December 2019

Category	Cost	Per annum ¹	Total ²
Setup Costs			£2,135
IT and other hardware	£900		
Accommodation renovation and adaption	£0		
Furniture	£0		
Costs of recruiting staff	£0		
Vehicle	£1,235		
Fixed Accommodation Costs (per annum)		£3,002.82	£6,801.72
Office Rent	£2,600		
Services and Utilities	£138.66		
Other Accommodation	£264.16		
Staff Costs (per annum)^{3,4}		£35,917.05	£81,049.62
Project Co-ordinator PT			
Key Worker 1 PT	£30,268.72		
Key Worker 2 PT			
On-going training (total in period cost)	£12,000		
Insurance	£315		
Flexible Costs (per annum)		£2,222.22	£5,000

Travel costs	£2,222.22		
Payment to Host ⁵		£198,610.56	£446,873.76
Monthly payment to hosts per young person	£2,068.86		
Total per annum costs (Net of setup)			£239,752.66
Total per annum costs (Net of setup) per YP			£29,969.08
Total costs October 2017 to December 2020			£541,860.10
Total cost per YP			£67,732.51
Notes			
<p>1. Annualised cost, given the project ran from October 2017 to December 2019 for the purposes of this evaluation</p> <p>2. Estimated to December 2019 other than as noted.</p> <p>3. Salary on costs are added to Salary costs and then pro rata. On costs, as a proportion of salary, were extracted from the PSSRU Unit Costs of Health and Social Care 2019, section 3. These include the on cost (National Insurance and employers contributes) and indirect overheads, which sum to 46% of base median salary. The direct overheads for this project are provided by the PSS project. That said the cost database finds these on median to equal 37% of salary, whilst the figures provided above are much lower at 15%. Indicating that there has been a significant level of local cost absorption by the local hosts.</p> <p>4. Training cost pro rata for the annualised cost</p> <p>5. We have limited information on the flow of young people. Consequently, we simply assume the monthly payment to hosts of £2,069 is paid every month throughout the project for each of the eight young people.</p>			

Source: Cost capture

Telford

In Table 23 below, we provide estimates of the setup and running costs of the pilot. We also provide an estimate of cost per young person on the pilot. This project had run for a number of years and the costs would seem to be all absorbed by the hosting authority. Consequently, we can say very little about this project in terms of social grains or break even points.

We break the costs down into three types:

- Pilot setup costs – costs which we would expect to see incurred once irrespective of the level of young people on the pilot and not accounting for absorbed costs.

Project estimate: £0

- Pilot fixed costs – costs we regard as fixed irrespective of the level of young people on the pilot and absorbed costs.

Project estimate: £2,119

- Pilot variable costs, principally payments to hosts, which vary proportionally with the number of people on the pilot.

Project estimate: £99,663

Cost per young person on the pilot

Twelve young people engaged with the Telford and Wrekin Shared Lives pilot between March 2018 and December 2019. The engagement with the pilot varied from the entire period to one month. We have excluded young people who would have been funded before March 2018 and this reduced the number of young people to 12. The average period of enrolment for these participants was five months (1 to 19 months).⁹ In any given month there was on average just under three (2.82) people placed with hosts.

- Over the period of one year (ignoring set up costs), the cost of Shared Lives delivery to young people was estimated to be £19,757

This amount is mainly due to the payments to hosts, which were £1,582 per month.

- Over the intervention as a whole (to December 2019) and ignoring setup costs, the cost per young person is estimated to be £36,221
- Over the intervention as a whole, (to December 2019), and including setup costs, the cost per young person is estimated to be £36,221. That is, no set up costs were attributed to this pilot

Table 23: Reported Telford and Wrekin Shared Lives Pilot Cost Capture: March 2018 to December 2019

Category	Cost	Per annum ¹	Total ²
Setup Costs			£0
IT and other hardware	£0		
Accommodation renovation and adaption	£0		
Training (inc. salary on costs) ³	£0		
Costs of recruiting staff	£0		

⁹ Two young people joined the programme in February 2019 but left before the end of the pilot period. We assume they were also on the programme for the average five months.

Vehicle	£0		
Fixed Accommodation Costs (per annum)		£200	£367
Office Rent	£0		
Services and Utilities	£367		
Other Accommodation	£0		
Staff Costs (per annum)³		£956	£1,752
	£0		
On-going training (total in period cost)	£1,752		
Insurance	£0		
Flexible Costs (per annum)		£873	£1,600
Travel costs	£1,600		
Payment to Host⁴		£53,489	£98,063
Monthly payment to hosts per young person	£1,582		
Total per annum costs (Net of setup)			£101,782
Total per annum costs (Net of setup) per YP			£36,221
Total costs October 2017 to December 2020			£101,782
Total cost per YP			£36,221
Notes and assumptions			
1. Annualised cost, given the project ran from March 2018 to December 2019 for the purposes of this evaluation			
2. Estimated to December 2019 other than as noted.			
3. Salary on costs are added Training costs then pro rata. On costs, as a proportion of salary, were extracted from the PSSRU Unit Costs of Health and Social Care 2019, section 3 . These include the on cost (National Insurance and employers contributes) and indirect overheads, which sum to 46% of base median salary. The direct overheads are not specified and are assumed as absorbed by the host agency. The PSSRU database finds these on median to equal 37% of salary, indicating that there has been a significant level of local cost absorption by the local host agency.			
4. The annualised payment is 12 monthly payments to the host scaled by the mean number of participants of 2.82 per month.			

Source: Cost capture

Benefits estimates across schemes

The annual hosting cost per young person is the principal cost of this programme and can be set against a range of alternative forms of accommodation, plus administration. The hosting cost could then be examined in terms of gross or net (i.e. subtract out the alternative accommodation costs) before balancing it against putative wider social benefits. For example, it is estimated that adults living with severe and multiple disadvantages (homelessness, substance misuse and criminal justice) incur an average annual fiscal cost of £24,541 (2018/19).¹⁰ At the lower end of the scale average housing benefit claims (across all tenure types, 2018/19) is £5,148 per annum. Both of these figures do not incorporate wider fiscal costs or any economic costs, social benefits or indeed the quality and stability of the housing arrangements.

In the following we consider each of the intended outcomes in turn and estimate the potential savings to the state if these outcomes were achieved.

Stable Education, Employment or Training

The public finance costs of a young person who is NEET, that is to say, not in education, employment or training, over the course of their life have been estimated to be £72,000.

¹¹ The cost to society as a whole, including to the young person, has been estimated to be £133,500. Error! Bookmark not defined. The cost is increased by nearly 100% if we compare the average life outcomes of a NEET young person with the average outcomes of a graduate. The proportion of care leavers becoming a NEET is 40% (13% in the whole population). However, in this case there are a number of participants with learning disabilities that may push the percentage higher and increase any expected saving if a person can be prevented from becoming NEET. A Shared Lives placement may have enabled young people to stay in education, but the evidence is not sufficiently robust to support this claim.

Better relationship management and increased health and wellbeing

There is no clear indicator we might use as a proxy in a situation such as this. We might take, as proxies, the reduction in the likelihood of a teen pregnancy, the potential of reduction in the probability of substance abuse, and a potential reduction in criminal

¹⁰ All estimates in this section were extracted from the Greater Manchester Combined Authority Unit Cost Database (2019) <https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/>

¹¹ Updated for inflation from Coles, B., Godfrey, C., Keung, A., Parrott, S. and Bradshaw, J. (2010) Estimating the life-time cost of NEET: 16-18 year olds not in Education, Employment or Training, Research Undertaken for the Audit Commission at the University of York. <https://www.york.ac.uk/inst/spru/research/pdf/NEET.pdf> [accessed 12 March 2020]

activity in the areas of substance misuse and crimes against the individual. In the absence of a counterfactual, it is not possible to work out realistic likelihoods of these costs arising in the absence of the intervention, or the reduction in these probabilities which the intervention promotes. Notwithstanding, it is clear that the costs of poor relationships are significant.

The cost to the public of adolescents suffering from mental health disorders is approximately £300 per year. However, this figure is over £1000 for adults. **Error! Bookmark not defined.** More frequent and structured opportunities for intervention at a younger age and stable living conditions may enable some savings on this vector. However, any evaluation would require long term data or a reasonable counterfactual for us to make any comments on the scale of savings.

On other aspects of health, there is range of possible savings. In the first instance, the cost to the NHS of an A&E visit is estimated to be £129.¹² The cost of an ambulance call out is £242 and the costs of a visit to a GP are circa £43. **Error! Bookmark not defined.**

The estimated cost to the NHS of a teen pregnancy which is carried to term is estimated to be¹³ £4,000. This includes the cost of antenatal, intrapartum and postnatal care. It does not include the impact of the baby on the employment outturns of the mother or the cost of bringing up the baby. The average cost to the NHS of a termination is £800; this does not include the psychological cost to the young woman. **Error! Bookmark not defined.**

The estimated average cost of substance misuse is proxied by the savings which might be made from an effective treatment programme. These in turn are proxied by the potential criminal activity with which they are associated. The savings per person, per year diverted from substance abuse are estimated to be £6,250.¹⁴

The average cost per offence of commercial crime and crimes against the individual (excluding fraud and cybercrime) or against is estimated to be £5,500¹⁵. If a 18-21 year

¹² Updated for inflation from New Economy (Greater Manchester) (online) Business Case Support Tool. Department for Communities and Local Government's (DCLG) Troubled Families Unit, and Greater Manchester and Birmingham City Council. <https://www.local.gov.uk/sites/default/files/documents/download-community-action-7a0.xlsx> [accessed 19 March 2020].

¹³ Updated for inflation based on NICE (2014) Contraceptive Services With a Focus on Young People up to the Age of 25. Manchester: National Institute for Health and Care Excellence. <https://www.nice.org.uk/guidance/ph51/resources/costing-report-pdf-69198589> [accessed 10 March 2020]

¹⁴ Updated for inflation from National Treatment Agency for Substance Misuse (2012) Estimating the Crime Reduction Benefits of Drug Treatment and Recovery, London: NHS. https://www.drugsandalcohol.ie/17540/1/NTA_Estimating_crime_reduction_benefits.pdf [accessed 15 March 2020]

¹⁵ Updated for inflation from Heeks, M., Reed, S., Tafsiiri M. and Prince, S. (2018) The Economic and Social Costs of Crime: Second Edition, Research Report 99, London: Home Office, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/732110/the-economic-and-social-costs-of-crime-horr99.pdf [accessed 19 March 2020].

old were to enter prison then the annual cost is estimated at £61,500. In addition, there are the cost of court proceedings and other allied costs.

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