



Department
for Education

Longitudinal follow up study of the Ealing Brighter Futures Intensive Engagement Model

Evaluation report

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ICF Consulting Services Ltd.

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Key messages

Brighter Futures is a programme of service transformation designed by Ealing Council's children services to improve the quality, effectiveness and consistency of support for young people, families and carers. The traditional model of service delivery has been redesigned through the creation of multidisciplinary teams for young people on the edge of care (MAST) and those in care (CONNECT).

The Brighter Futures pilot (2015-17) provided an opportunity to test the feasibility and acceptability of new ways of working, and demonstrated potential for transformational change across the borough. The pilot generated considerable learning and enabled Ealing Council to secure the organisational and financial commitment required to rapidly scale-up in 2017. The programme has continued to develop in response to learning from project delivery and evaluation (both internal and external).

Though annual savings in expenditure on agency workers and the costs of children's placements were observed during the pilot, the impact assessment conducted for this evaluation did not provide conclusive evidence the pilot cohort had better outcomes. In fact, the pilot may have been less effective in reducing the time children spend in care compared to 'business as usual' support. This finding needs to be interpreted with some caution due to limitations posed by data availability, the influence of unobservable variables and low sample sizes. Within the scope of this evaluation, it was also not possible to fully explore progress against the project's original plans and ambitions.

Importantly, the pilot supported young people and families with the most complex of needs, who were always likely to have needed long term support. For this group, the real successes are most probably their progression towards a broader set of outcomes, rather than a reduction in time spent in care. This is evident in a review of pilot case files, which highlighted progress against educational, behavioural and wellbeing outcomes. However, it was not possible to statistically analyse progress against these outcomes due to a lack of data access (e.g. to school data) and availability (e.g. few complete responses to the Strengths and Difficulties Questionnaire).

Working alongside a researcher within Ealing helped to significantly maximise what was possible with this evaluation. However, it was still only possible to draw on limited contextual information and data.

- The quantitative evaluation would have benefitted from, and been strengthened by, more qualitative research with young people, families and staff to explore the impact and added value of the Brighter Futures programme.
- Ideally, longitudinal evaluation approaches should be designed from the outset of the programme, to ensure monitoring and data collection systems are in place to generate appropriate data for later use.

Executive summary

Introduction

This report summarises findings from a longitudinal evaluation of Ealing Council's Brighter Futures programme, which was supported by the Department for Education's Children's Social Care Innovation Programme (Innovation Programme hereafter) between 2015 and 2017. This report builds on a previous evaluation of the programme undertaken by the Thomas Coram Research Unit (2017).

The project

The Ealing Brighter Futures project aimed to improve outcomes for young people at the edge of or in care. During the pilot, an 'intensive engagement model' was implemented to enable staff to build more consistent and effective relationships with young people and their families; improve the number and quality of in-house foster carers and local placements; and reduce the number of children in out-of-borough residential placements.

Two Multi-Agency Support Teams (MAST) were developed in the East and West of the borough to support children in need (CiN), and a single team (CONNECT) was established to intensively support looked after children (LAC) and foster carers. The teams were trained in strength-based and outcome-focused approaches to enable them to provide intensive and responsive support for young people, families and foster carers. In 2017, Brighter Futures was rolled out across the borough, with slight adjustments made to the model to reflect the practicalities and costs of scaling up, and lessons learnt during the pilot.

The evaluation

There were 4 key evaluation questions:

- What was the impact of the project on outcomes young people on the edge of care?
- What was the impact of the project on outcomes for looked after children?
- What were the cost implications of the project? Is it cost-effective?
- What was the impact of the project on the children's social care workforce?

To answer these questions, this report has drawn on:

- a desk review of relevant programme documentation and data;
- an impact evaluation to compare outcomes for a cohort of young people supported during the 2 pilot years against a cohort receiving traditional support;
- a qualitative review of a random sample of 20 case files from Round 1 families;

- an analysis of cost savings attributable to the intervention; and
- a workforce survey to understand perceived outcomes for staff.

Key findings

Several features of the pilot helped to ensure it could contribute to an evidence base of 'what works' in the delivery of better quality of services, and secure organisational and financial commitment to roll-out of the programme across the borough.

- The main feature of the programme was having a 'team around the worker' so that staff could readily access expertise from different professionals. Since the roll-out of the programme, the level of multi-disciplinary working appears to have been sustained.
- During the pilot, caseloads were reduced so that social workers could provide intensive support and embed the new ways of working. Though it has not been possible to retain lower caseloads when the programme was scaled up, caseloads range more in their complexity than during the pilot.
- Regular group supervision was perceived by social workers to be another key feature of the Brighter Future model. This has also continued to be a key feature of the model and provides teams with an opportunity to share their knowledge and expertise to help improve the quality of support provided.

Workforce outcomes and costs

Positively, respondents to a workforce survey perceived improvements in their skills and confidence when working with children and young people, and there has been a continued reduction of agency staff employed.

Based on data on staffing costs for the services covered by the pilot, the programme increased overall levels of staffing (and associated staffing costs) during the pilot as a result of introducing a more intensive engagement model with lower caseloads. This decreased again after the pilot as staff left the service or returned to their substantive positions, and the composition of the teams changed as the pilot came to an end. Following an increase in numbers of agency workers and spending during the pilot period, use of agency staff also decreased after the pilot, with expenditures 40% lower in money terms in 2018-19 than in 2013-14. However, respondents to the workforce survey continue to perceive issues with achieving full staffing capacity, particularly the retention of experienced social workers.

There also appear to be high levels of work-related stress (most often as a result of a high workload and having to make difficult or emotional decisions) and dissatisfaction

with salaries. At the time of reporting, the council had already begun to action issues raised by staff responding to the workforce survey conducted for this evaluation.

Impact on outcomes for young people

The PSM analysis suggests that the offer of support did not have a positive impact on reducing the length of time the pilot cohort were in care, or reducing the number of CiN – and in fact may have been less effective than business as usual support. This may in part be a result of the limitations posed by data availability, which may have affected the robustness of the analysis. For example, the LAC sub-group analysis is limited by the small sample size (N = 60). However, it may also be a result of the complexity of young people the teams chose to work with during the pilot – as the case file review highlighted even in the most challenging cases, progress was highlighted against key outcome measures (such as educational progress, mental health and wellbeing, involvement in decision-making, etc.) as a result of the Brighter Future teams' involvement.

Preventing placement breakdown was also a key aim of the project. Though there were no statistically significant differences in outcomes for those who participated in the pilot and those who were in the comparison group, the case file review indicates that greater stability was achieved for young people who were at risk of placement breakdown. Additionally, overall annual expenditures on placements declined by a total of £3.5 million, with the largest reduction in expenditure on children's homes. In informal discussions with the evaluation team, a council stakeholder indicated that staff generally perceived the Brighter Futures approach to have been instrumental in reducing spending on placements. However, this was not possible to corroborate through further, more extensive qualitative research.

Lessons and implications

Building on the findings of the Round 1 evaluation, this study found that Ealing continued to build on several key features of practice to enable better quality of care for its young people and staff, and reduce unnecessary costs on residential placements and agency staff.

A final question remains regarding the extent to which we can attribute observed changes to Brighter Futures itself, and what might have been possible in the absence of the intervention, as there has been continued investment in the children's social care service. This evaluation would have therefore benefited from a change in approach to help to unpick this further, and provide a richer illustration of the perceived impacts and added value of the Brighter Futures pilot.

1. Overview of the project

Project context

Ealing is the 4th most populous London borough and is hugely diverse. Ealing's population is also largely younger than the England and London average; just under a quarter of the borough's 342,000 residents are aged 0-19 (Ealing Council, 2019).

The rate of Children in Need (CiN) and Looked After Children (LAC) per 10,000 children, as well as the overall rate of referrals to children's services, have remained below national average levels since the start of the Brighter Futures project in 2015. Despite this, population growth and funding pressures have consistently presented significant challenges to the delivery of high quality children's services in the borough. In addition, the borough historically faced issues meeting demand for placements because of a limited pool of local foster carers and a lack of local placements. As outlined in Ealing's application for Round 1 funding from the Department for Education's (DfE) Children's Social Care Innovation Programme (Innovation Programme hereafter) in October 2014, 157 children aged 10 and over were in out-of-borough care (representing 43% of LAC in placements at the same time), and 21% of these were also in residential care placements which are very expensive.

Project aims and intended outcomes

The first phase of the Brighter Futures project (described as the 'pilot' hereafter) was delivered between June 2015 and 2017, based on a practice model designed in partnership with the Anna Freud Centre, the Dyadic Developmental Network and the South London and Maudsley NHS Trust.

The pilot aimed to improve the life chances of, and outcomes for, those at the edge of or in care by developing and implementing an 'intensive engagement model', which would enable the workforce to build more consistent and effective relationships with young people and their families. In addition, the project aimed to improve the number and quality of in house foster carers and local placements, and reduce the number of children who were in expensive, out-of-borough residential placements.

The delivery of the pilot was supported by £3.5 million in Round 1 Innovation Programme funding, as well as financial and in-kind contributions from across the council¹. The pilot was expected to deliver annual cash savings of £2.6 million (through reduced residential

¹ The largest costs were for staffing (£2.2 million, or 58% of the total), with other costs for workforce development, engagement, dissemination, relocation, restructuring and evaluation.

care costs and savings in the costs of agency staff), while avoiding further potential annual costs of £4.3 million by working with young people in placements at risk of breakdown and those on the edge of care (Appendix 3).

As described in the Round 1 Evaluation (Thomas Coram Research Unit, 2017), the project intended to achieve the following outcomes by mid-2016:

- reduce the number of 15-17 year olds who are the subject of a CiN or child protection plan (CPP) and who subsequently enter care or accommodation;
- reduce adolescent admissions to care or accommodation (as a result of support);
- increase the proportion of looked after adolescents who are in safe stable foster placements in the local area, rather than placed out-of-authority in residential care;
- improve school attendance;
- reduce emotional symptoms, conduct problems, hyperactivity, and peer relationship problems as evidenced by the Strengths and Difficulties Questionnaire;
- promote placement stability; and
- improve the recruitment of in house, local authority foster carers.

The project also aimed to achieve the following longer term outcomes:

- reduce re-referrals to children's social care in respect of adolescents;
- reduce the time young people spend as the subject of a child in need or child protection plan, or looked after;
- improve retention of social workers and foster carers through enhanced job satisfaction;
- improve wider outcomes for adolescents (for example, educational attainment, and reductions in substance misuse, offending behaviour and early parenthood); and
- achieve costs savings in the longer term

Project activities

This section provides a brief overview of project activities – these are outlined in more detail in the Round 1 Evaluation (Thomas Coram Research Unit, 2017) and in the theory of change developed by Ealing, which can be found in Appendix 1.

The pilot focused on developing multi-disciplinary teams with lower caseloads: 2 Multi-Agency Support Teams (MAST) were developed in the East and West of the borough to support CiN, and a single team (CONNECT) was established to intensively support LAC and foster carers. As illustrated in the Round 1 evaluation report, these teams were

staffed by a range of professionals in addition to social workers, for example, clinical psychologists, education and health specialists, youth justice and youth workers. The teams also aimed to empower young people to make decisions by offering them a choice of lead professional and access to youth mentors.

All members of the MAST and CONENCT teams, including foster carers, took part in a Brighter Futures integrated training programme. The teams were trained to use a strengths-based approach to social care, which focuses on identifying families' strengths or assets to overcome needs and difficulties, and outcome-focused practices to encourage progression towards personalised goals identified by families and young people. The combination of the 2 approaches was intended to encourage staff to work in a more personalised and collaborative way with families and young people, and to create more effective relationships with young people. It also enabled social workers to provide more intensive support with the aim of preventing family breakdown; enabling access to responsive 24/7 services; and providing additional support and access to positive activities, education, employment and training support, and specialist services. Project activities were also centred around reshaping the fostering service by providing intensive training for foster carers through Dyadic Developmental Psychotherapy (DDP) training; and changing the model of recruitment, reward and retention. Foster carers were also offered 24/7 support by the CONNECT team.

After the pilot, and in line with the ambition outlined in Ealing's funding application, it was agreed that Brighter Futures would be scaled up across the borough. This roll-out began in April 2017 but the practicalities and costs of scaling up meant several changes had to be made to the teams and level of multi-agency involvement. At the time of reporting:

- The MAST service comprised of 3 multi-disciplinary teams aligned to specific geographical areas of the borough. Each team is made up of 3 to 4 'pods' or units, staffed by a deputy manager, social workers, family support workers and a practice support officer, and supported by a clinical psychologist. There was also a specialist Adolescent MAST Team which worked with young people aged 13 to 17 and their families across the borough to help prevent family breakdown and entry into care, and this team also included youth workers.
- The multi-disciplinary CONNECT teams comprised of social workers, supervising social workers (for foster carers) and clinical psychologists. Each team continued to work closely with health and education services, and independent reviewing officers. The team aimed to support foster carers as well as children in care.

Not all staff had yet received Brighter Futures training, in part due to the protected time and resource required to deliver this. However, a continual programme of enhanced training is being delivered, with further training sessions and refresher courses scheduled to continue past the current evaluation period.

2. Overview of the evaluation

Brief summary of Round 1 evaluation methodology

The [Round 1 evaluation](#) was undertaken by the Thomas Coram Research Unit between May 2015 and July 2016. Given that the Brighter Futures programme was only established in 2015, it was too early for the authors of this report to provide a meaningful quantitative assessment of impact.

The Round 1 evaluation took a mixed methods approach comprising of a costing exercise; qualitative research with managers and pilot staff at 2 time points; social network analysis to explore working relationships and links between young people, carers, and families (with data collected through 10 focus groups); a pre- and post-training survey for staff (repeated at baseline and follow-up for MAST staff); surveys of young people, birth parents and foster carers; and interviews with a cohort of young people, carers and lead professionals.

This current evaluation aims to build on the findings of the Round 1 evaluation to determine whether the pilot significantly changed young people's outcomes and life chances, and to assess any cost implications during the period of intervention.

Longitudinal evaluation questions

The 4 key questions for this evaluation are outlined below.

- What was the impact of the project on outcomes young people on the edge of care?
- What was the impact of the project on outcomes for looked after children?
- What were the cost implications of the project? Is it cost-effective?
- What was the impact of the project on the children's social care workforce?

Longitudinal evaluation methods

This section outlines the approach employed to meet the aims of the evaluation. As Ealing Council were undertaking their own internal evaluation of the roll-out, this study was designed to focus on analysing the impact of Round 1 of the programme through:

- A review of relevant programme documentation and data to provide information about the expected scale of the impact of the Brighter Futures programme, and the factors which may affect the achievement of outcomes.
- An impact evaluation using propensity score matching (PSM) which aimed to

contrast a cohort of young people supported Brighter Futures teams during the 2 pilot years with a comparison group. The comparison group consisted of a matched cohort of young people and families who continued to receive business as usual support from Ealing's children social care services during the same time period, and were not supported by any of the Brighter Futures pilot teams (MAST and CONNECT). The groups were matched using basic demographic characteristics. Several assumptions were made in undertaking the analysis, as outlined in the methodology in Appendix 2.

- A qualitative review of a random sample of 20 case files (9 MAST and 11 CONNECT) from Round 1 families was undertaken to understand the support provided, and individual child and family outcomes.
- An analysis of cost savings attributable to the intervention, with a particular focus on savings on residential placements and workforce costs. The latter was accompanied by a review of performance against staff workforce indicators. More information can be found in Appendix 3.
- A workforce survey was undertaken at a single time-point to understand perceived outcomes for staff. There were a total of 210 eligible responses to the survey, but it was decided that respondents in teams which had not (yet) been trained on the Brighter Futures model should be excluded from the central analysis, resulting in an adjusted total of 157 responses. More information can be found in Appendix 4.

Changes to evaluation methods

The original evaluation methodology was refined in agreement with Ealing Council and the DfE to account for both time delays in starting the evaluation and accessing available information and data. Three main changes were made:

- In close discussion with Ealing Council, the workforce survey was revised to take place at a single-time point with all staff. This was in light of the high turnover of staff involved in the pilot, and to minimise burden on all staff given other survey pressures in the borough.
- It was not possible to measure impact on staff outcomes as the data from the national returns were not available at the level of detail required to differentiate between the teams established during the pilot. Instead, the research team analysed borough-level changes over the time period using national data.
- It was not possible to conduct a comprehensive cost-benefit analysis as originally planned because of a lack of cost and outcome data, as set out in the next section. Instead, the research team analysed staff and placement costs against business case projections to see if any of the expected cost savings were achieved.

Limitations of the evaluation

Data availability and quality

Most of the research activities planned for the current evaluation were limited as a result of restricted data availability and access.

- Programme data were limited. In particular, cost and caseload data were not systematically collected during the pilot period and were not readily accessible. This meant that not all the data required for the PSM and cost savings analysis was available. Considerable effort was required from Ealing Council to provide and verify information, a process made more complicated by changes to organisational recording systems over the pilot and post-pilot period, and turnover in key business support staff.
- Detailed information to measure impact on outcomes was not available at the level of analysis required (ward-level). The PSM did not yield information on quantifiable benefits of the pilot for young people (the possible reasons for this are explored in the following section).
- The research team for the current evaluation did not have access to the raw data collected as part of the Round 1 evaluation, which limited our contextual understanding of the pilot. However, it should be noted that the Round 1 evaluation was not planned with a longitudinal evaluation in mind.

Despite significant buy-in from the Council in collating data when requested, it was not possible to obtain the level of detail and quality of information required. Given the limitations imposed by poor data availability, this report would have benefited from additional qualitative data collection in particular through interviews with the pilot team. This would have helped to address gaps in the evidence base concerning outcomes and provide a more comprehensive understanding of the impact of the Brighter Futures pilot.

Challenges with the PSM analysis

Though the assumption tests performed by the research team (Appendix 2) indicate that the PSM provides a sufficiently unbiased estimate of impact, there remain a number of limitations that need to be considered when interpreting the findings in this report.

- **Influence of unobservable variables:** Young people and families who were most vulnerable and at risk, and closest to the edge of care, were purposefully selected to participate in the pilot. These decisions were based on the professional and subjective judgement of social workers, for which there are no measurable

indicators. Whilst it was possible to match the groups using socio-demographic variables, any difference in outcomes between the 2 groups could still, in principle, be a result of other (unobserved) differences between the 2 groups for which there is no data available to match with, leading to potential bias.

- **Small sample size:** Only a small number of LAC could be supported as part of the pilot, as teams worked with smaller caseloads to focus on testing new and different ways of working. Due to the small sample size, chance differences in the composition of the pilot and non-pilot groups can easily occur. Additionally, this also means there were only a small number of matched pairs available for analysis, which makes obtaining a reliable estimate of the programme impact difficult.
- **Lack of data on outcomes:** The impact evaluation conducted for our study was based on existing data held by Ealing Council, which is submitted annually as part of national data returns, rather than data collected beforehand with a specific estimation method in mind. This meant that the matching variables were restricted to what is held in the CiN and LAC datasets.

The impact evaluation would have benefited from richer data on background variables relevant to the outcomes of interest, collected during the first Brighter Futures evaluation or at the start of the pilot. For example, baseline survey data about the pilot group collected before (or just after) they started receiving support, and a similar set of baseline measures for the comparison group, would have allowed us to produce better estimates of impact on outcomes once the pilot had completed.

- **Rollout of the Brighter Futures programme:** The Brighter Futures programme was scaled up across the borough very soon after the pilot ended in 2017 (i.e. when positive post-pilot effects might begin to appear). It is therefore quite likely that the comparison group would have received similar support from MAST and CONNECT teams after 2017, which would bias the average treatment effect.

3. Key findings

This chapter details key findings on the outcomes and impact of the Brighter Futures pilot, as well as findings that specifically relate to the roll-out of the programme since 2017. Further detail can be found in Appendices 2, 3 and 4.

Transforming the delivery of social care in Ealing

This section builds on the findings of the Round 1 evaluation report to understand the key components of the Brighter Futures model, and identify what helped to scale the model of delivery. It draws predominately on a workforce survey conducted in 2019, which received 157 responses from staff trained under the Brighter Futures roll-out. Of these responses, 38 were from staff that had been involved in the pilot.

Caseloads and frequency of direct working

A key feature of the pilot was that teams had lower caseloads which enabled more direct and intensive work with young people and their families. For example, during the pilot each MAST team was made up of 4 'pods', each with 3 full case holders (2 social workers and 1 Family Support Worker) looking after approximately 6.8 cases each.² In contrast, for the borough as a whole, the average number of cases per children and family social worker was 12.8 cases in 2016 increasing to 15.8 cases in 2017.

Analysis of a sample of 20 case files indicated that the lower caseloads enabled a higher frequency of visits and more direct contact time with young people and families.

Furthermore, there was evidence in nearly all cases that CiN, care planning and social worker visits for LAC were regular and generally completed to statutory and organisational timescales. There was also some evidence of more frequent visits, for example, a young person facing difficulties in their relationship with the foster carer had very frequent visits in the early period of CONNECT's involvement. The frequency of visits lessened over time as the young person's placement stabilised.

It was not financially possible to maintain smaller caseloads when the programme was scaled up in 2017. This inevitably affects the capacity of staff to undertake direct work and the results of the workforce survey indicate that this was so; of 157 social workers who were asked how they felt about their workloads, over half (59%) disagreed that they had enough time to work with their cases. The level of disagreement was broadly similar between pilot staff (56% disagreed) and non-pilot staff (60% disagreed).

² This was estimated by Ealing Council based on the information collected from pilot workers, as distribution of caseloads was not formally recorded. Connexions workers, clinical psychologists, youth workers and youth justice workers were not considered as holding full caseloads.

Multi-disciplinary working

The Round 1 evaluation report described the ‘team around the worker’ being a key component of the Brighter Futures’ model. This relates to multi-disciplinary staff taking shared responsibility for cases, but having a lead professional as a consistent presence in a young person’s life. The authors of the Round 1 evaluation report found that the ‘team around the worker’ model worked well. Staff who were consulted as part of the Round 1 evaluation (in focus groups and interviews) perceived improvements in outcomes for those they supported. Additionally, young people, parents and carers who also participated in the research for the Round 1 evaluation (surveys and interviews) expressed feeling overwhelmingly positive about the model of service provided by the Ealing’s Brighter Future teams.

Effective coordination between professionals from different disciplines was also noted in the case file review undertaken for this current evaluation report. There was a minimum of 3 professionals supporting each young person during their time on the pilot, and an average of 6 different professionals participating in the CiN or LAC reviews and assessments.

The level of multi-disciplinary working appears to have been sustained, even after roll-out. The workforce survey indicated that staff in Ealing spent an average of 5 hours (or 13% of contracted hours) each week working with other professionals, as part of a multi-disciplinary team.³ Additionally, when respondents that had participated in the pilot were asked to explain what they felt had helped to embed the Brighter Futures model, 13 respondents explicitly commented on the multi-disciplinary team structure.

Survey respondents were mostly positive about their access to multi-disciplinary expertise, with 88 respondents (61%) stating that they could easily draw on and access a wide range of multi-disciplinary expertise to inform their direct work. Only 20 respondents (14%) disagreed or strongly disagreed with this statement. A large majority (82%) agreed or strongly agreed that they enjoyed working as part of a multi-disciplinary team (N=144).

Finally, the case file review also provided evidence of good multi-agency working during the pilot. In nearly all cases, LAC were supported by health and education agencies. The case files also revealed that external services had been commissioned to provide additional support when needed (for example, adoption breakdown reconciliation services and independent advocates).

Training and group supervision

The Round 1 evaluation report indicated that the pilot staff felt supported by their team

³ This figure is based on self-reported estimates of the 102 respondents to the workforce survey who had a case-holding role.

(for example, through daily meetings) and valued the training offered. Around a quarter of survey respondents who had participated in the pilot (N=71) felt that group supervision (24%) and the receipt of good, regular training (23%) had helped to embed the Brighter Futures model in Ealing. Group supervision was felt to enable critical reflection of cases and different team members to share their knowledge, although a respondent noted that it can feel like a 'tick box exercise'. One respondent reflected the training was of good quality and supported staff to integrate the Brighter Futures approach into their work.

Intended workforce outcomes

In their application for funding, Ealing Council predicted that the Brighter Futures work would lead to savings in workforce costs, as a result of enhanced morale and effectiveness, leading to reduced absenteeism and staff turnover, and in turn a reduction in spending on agency workers.

This section explores the evidence for the achievement of these outcomes, drawing primarily on the workforce survey and a review of data submitted as part of Ealing's annual returns to the children's social care workforce survey. It begins first with an overview of staff costs incurred during the pilot.

Overview of staffing costs

The more intensive engagement model introduced by Brighter Futures resulted in an increase in staffing levels in the MAST, CONNECT and Business Support teams compared to equivalent services pre-pilot.

Total staffing in these teams increased from 162 FTE in 2013-14 (before the pilot) to 189 in 2015-16 and 196 in 2016-17 (the pilot years), before falling to 194 in 2017-18 and 183 in 2018-19 (Table 1 in Appendix 3). The payroll costs for these teams increased from £7.1 million in 2014/15 (pre-pilot) to £8.5 million in the pilot years, before declining to £7.6 million in 2018/19 (roughly equivalent in real terms to the pre-pilot payroll costs, Table 2 in Appendix 3). Annual data on caseloads are not available, so it is not possible to determine whether there have been changes in the costs per case.

Hence, while staffing levels and costs in these teams increased during the pilot, they have since decreased towards pre-pilot levels. The trialling of new approaches during the pilot required an increase in staffing levels. After the completion of the pilot, staffing levels have fallen again as staff left the service or returned to their previous posts.

The staffing costs incurred by the pilot were estimated to be slightly higher than those projected in the business case.

Enhanced morale and job satisfaction

As part of the workforce survey, respondents were asked about their overall job satisfaction, feelings towards different aspects of their work, and how stressed they felt about work. Findings from the survey illustrated a mixed picture of job satisfaction among the current workforce. Of those that responded, around 75% (of 142 respondents) found their job satisfying overall and a similar proportion (74% of 145 respondents) reported that their work gave them a feeling of personal achievement. Both these findings are comparable to responses from pilot staff only: of the 44 pilot staff who responded, 72% found their job satisfying overall and 77% felt a sense of personal achievement.

Satisfaction with salaries was considerably lower among all staff. 45% of the 143 respondents who provided an answer felt dissatisfied with their salary (with 22% strongly disagreeing they were satisfied). Levels of satisfaction were exactly the same between pilot and non-pilot staff (27% strongly agreed or agreed they were satisfied).

Respondents to the workforce survey were also asked about their work-life balance. Of the 147 respondents to this question, nearly all (97%) stated they worked over and above their contracted hours – with 40% of respondents reporting that they did so ‘all the time’, a third ‘most weeks’ and just under a quarter (24%) ‘occasionally’. A similarly large proportion of respondents (71%) also felt they were unable to take leave they were entitled to, though 46% stated this was only the case occasionally. There were no differences in the responses provided by the pilot and non-pilot staff.

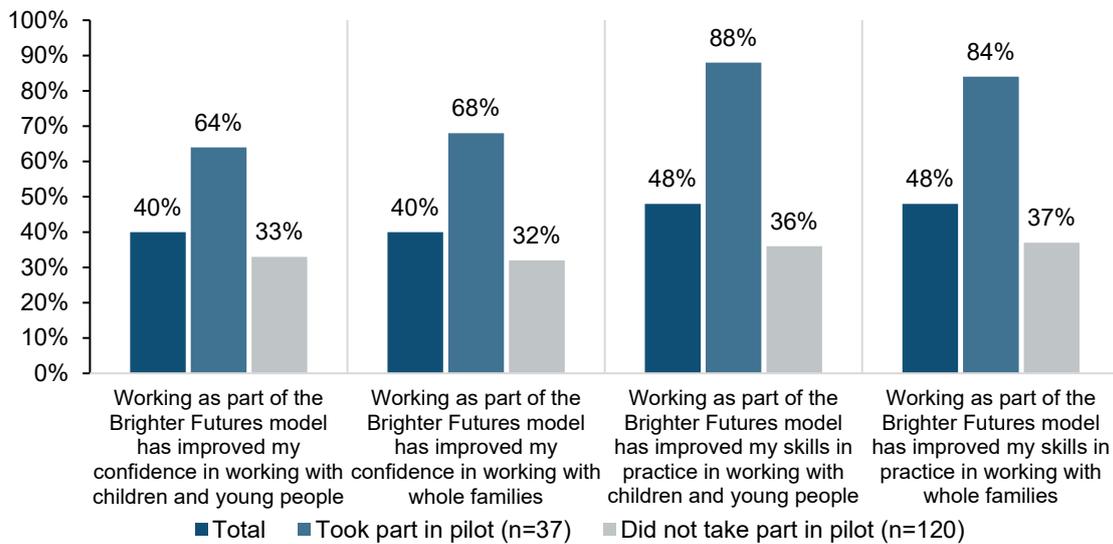
Staff appeared to experience high levels of work-related stress; only 2% of 144 respondents stated they never felt stressed. Many respondents felt multiple aspects of their job impacted their stress levels. Most frequently mentioned were the high workloads (60%) due to caseload difficulties and staff shortages, and having to make difficult or emotional decisions (56%). Those who took part in the Brighter Futures pilot also selected high workload (57%, 24 respondents) as their primary reason for being stressed, but only a quarter perceived feeling stressed because of having to make difficult or emotional decisions. Other reported causes of stress mentioned by a high number of both pilot and non-pilot respondents were work practices and culture, insufficient time for direct work and the time required for writing up case work, and poor quality support. At the close of the survey in August 2019, 16 respondents had taken, on average, 14 days of sick leave (and at most 3 months) since the start of 2019 due to work-related stress.

Enhanced skills, confidence and effectiveness

Respondents to the workforce survey with a case-holding role, were asked about whether the Brighter Futures model had improved their confidence and skills in practice when working with children, young people and families. As shown in Figure 1, a higher

proportion of those who took part in the pilot (N=37) tended to agree or strongly agree with each of the statements compared to those who did not take part in the pilot (N=120).

Figure 1: Improvements in skills and confidence



Source: Workforce Survey, 2019

In more detail, this shows that:

- Respondents who took part in the Brighter Futures pilot were more likely to report a positive effect on their confidence and skills in practice. There was a high level of agreement that Brighter Futures improved their skills in practice in working with children and young people (88%) and with whole families (84%) compared with respondents who did not take part in the pilot (36% and 37% respectively).
- Regardless of whether they had participated in the pilot or not, almost half of all respondents to the survey (48%) felt that the Brighter Futures model led to self-reported improvements in their skills in practice when working with children and young people, and whole families. However, there was still a large proportion of neutral responses (35% and 37% respectively) and nearly a quarter who disagreed that Brighter Futures had an effect (14% and 13% respectively).
- Two-fifths (40%) of respondents strongly agreed or agreed that Brighter Futures also positively influenced respondents' confidence in working with children and young people, and also with whole families. Only 14% of respondents disagreed or strongly disagreed with this statement, while 43% neither agreed nor disagreed.

Reduction in the use of agency workers

At the start of the Brighter Future pilot, 15 agency workers were employed to work as part of the MAST and CONNECT teams. By the end of the pilot, only 1 agency staff member remained employed.

The pilot exceeded the target in the business case to reduce the annual cost of employing agency workers by £800,000. Table 4 in Appendix 3 illustrates the numbers of agency workers and associated expenditures by the Business Support, MAST and CONNECT teams over the 2013-14 to 2018-19 period. The figures indicate that, following an increase in agency workers and spending during the pilot period, there was a decrease in expenditures on agency staff of £920,000 (40%) in money terms in 2018-19 compared to 2013-14. Adjusting for inflation would increase this cost saving further.

Low agency rates have been maintained in Ealing following the pilot. In 2017 (the end of the pilot) the headcount of agency workers had almost halved compared to 2015 (from 86 to 46) and further decreased in 2018 (40). Feedback collated from a council stakeholder suggests that the continued reduction in the number of agency workers could be due to the reconfiguration of the MAST and CONNECT teams following the pilot. However, it could also be linked to better management of workflow pressures, and improved demand management. The reduced need for agency workers has also been accompanied by the stable employment of permanent social workers overall, though it is not clear if this can be wholly attributed to the Brighter Futures programme.

Changes in levels of absenteeism and staff turnover

There appeared to be a slight increase in the average days of sickness absence per full-time equivalent for those in the pilot team, which was 4.76 in 2015-16 and 5.06 in 2016-17. This was also higher than the average days of sickness absence for the borough as a whole which was 2.0 in 2015-16 and 3.0 in 2016-17, respectively.

Staff turnover also increased slightly during the pilot. Staff turnover (expressed as the number of staff leaving the Brighter Future pilot teams as a percentage of average headcount) was 14.3% in 2015-16, which was lower than the turnover rate for the whole borough (20.4%). However, turnover in 2016-17 was 15.4% among the pilot teams which surpassed the turnover rate for the borough as a whole (13.0%). This might be explained by workers leaving or returning to their substantive positions at the end of the pilot.

However, the workforce survey indicates that staff turnover continues to be perceived as an issue by social workers – most notably, 66% of 142 respondents strongly disagreed or disagreed with the statement ‘staff turnover was not a problem in my practice area’ while only a relatively small proportion (22%) strongly agreed or agreed.

Respondents were also asked how likely that were to stay in their role for the next 2 years, and responses were variable. Of the 145 respondents who provided an answer, almost half (49%) were likely to stay, but just over a quarter (29%) said they planned to leave their role – although it was not clear whether those that planned to leave wanted to leave Ealing’s children’s services, or just wanted to progress to a different role within the same organisation.

It has not been possible to calculate savings based on reducing absence and turnover (resulting from enhanced morale and effectiveness) due to a lack of robust data and the nature of the roll-out. However, the workforce survey highlights that many social workers felt that the scaling-up of the programme required further financial input to deliver the benefits intended. When asked to provide recommendations and thoughts at the end of the survey, of the 71 respondents who participated in pilot and had elected to provide a response, around a quarter (26%) felt there was still not enough capacity or resources to adequately implement the roll-out of the Brighter Futures model.

Outcomes achieved by young people

The remainder of this chapter focuses on the impact of the Brighter Futures programme on young people, drawing on the findings of the impact evaluation and a review of case files. It concludes with an examination of cost savings related to residential placements.

Reduction in the number of young people in care

Analysis of national returns shows that over the last 8 years there was a steady decline in the number of children and young people who were looked after in Ealing. In the 4 years preceding the pilot (2012 to 2015) there was a reduction in number of looked after young people and children. In spite of a large increase in the number of children who became looked after 9 months after the start of the pilot (end of March 2016), by the end of the pilot (March 2017) the number of looked after young people and children was at its lowest during the time period shown.

Overall numbers have also remained at similar levels in the 2 years following this (2018 and 2019). This was despite a rise in the number of unaccompanied children in the borough since the start of the pilot and other factors, such as an increased focus on addressing Child Sexual Exploitation (CSE) which is a key reason that children and young people were taken into care.

The impact estimates produced in the PSM analysis, which are summarised below, appear to indicate that the Brighter Futures pilot did not positively impact on the time young people subsequently spent in care. Table 3 below shows that the pilot group actually spent more time receiving support from Ealing's children services (including looked after services) in the post-pilot period compared to the comparison group⁴.

Further sub-group analysis shows that LAC supported by the CONNECT pilot team also

⁴ The comparison group is made up of a matched sample of young people receiving 'business as usual' support during the same time period. The matching ensures that a sub-set of subjects from non-treatment that are more alike to those in the pilot are retained for comparison.

spent more time supported by Ealing’s children services in the post-pilot period (in the first year after the pilot and in the second year after the pilot) compared to the comparison group.

Table 1: Results of the PSM exercise

Outcomes	Significance Level	Sample Size	Narrative
<ul style="list-style-type: none"> • Time as CiN after the pilot • Time as CiN in the first year post-pilot • Time as CiN in the second year post-pilot 	P < 0.01	214	Children who participated in the pilot spent, on average, more time as CiN during both and each of the 2 years after the pilot
<ul style="list-style-type: none"> • Leaving the CiN status in the first year after the pilot • Leaving the CiN status in the second year after the pilot 	Not significant	214	There were no statistically significant differences between the pilot and comparator group on this outcome.
<ul style="list-style-type: none"> • Probability for case closure is RC7 (services ceased for any other reason, including child no longer CiN) 	P < 0.01	214	Pilot children were more likely to leave the services for any other reason, including no longer CiN.
<ul style="list-style-type: none"> • Time as LAC in the first year post-pilot • Time as LAC in the second year post-pilot 	P < 0.01	60	Children who participated in the pilot spent, on average, more time as LAC during the first and second year after the pilot

Source: Data from Ealing Council

It is less conclusive whether the Brighter Futures pilot positively influenced a reduction in the number of looked after children. The pilot group was significantly more likely to have their case closed to children’s services due to them no longer designed a ‘child in need’. There were no statistically significant differences in other reasons for case closure such as adoption, transfer of service to another local authority or adult social services, or being subject to child arrangements orders or special guardianship orders. This could imply that Brighter Futures support had successfully met the needs of the pilot group, to the point where social workers felt no additional support was required and cases could be closed.

Nevertheless, there was no statistically significant difference in the likelihood of children in the pilot group still being considered in need the 2 years following the pilot, compared to the comparison group. Descriptive analysis of available data also suggests that the pilot group grew to represent a larger proportion of all LAC in Ealing following the pilot, but no causal relation can be attached to this finding.

Taken in isolation, the evidence presented in this section may suggest that the Brighter Futures pilot had no impact at all in reducing the number of young people in care, and may even have been less effective than the traditional, locality-based model of care. However, although our estimation approach was robust, the findings presented here are subject to a series of caveats around data availability and quality (outlined in the limitations section of this report).

Two possible explanations for the PSM findings have been provided below. Importantly, it has not been possible to triangulate the findings and discuss possible explanations through qualitative fieldwork with social workers or young people involved in the pilot.

- As already stated, the young people supported during the pilot were purposefully chosen because they were considered most vulnerable and at risk, and closest to the edge of care. It is likely then that this cohort would have always remained in the care system for longer compared to the comparison group, as the social workers identified a clear need for intensive support, and would be seeking to work with the young person for longer – to both address their needs better and achieve longer-term outcomes.
- The principles underpinning the Brighter Futures model would have taken some time to embed, and social workers would have had to adapt to working as part of new multi-disciplinary teams which would have taken time, training and practice. Therefore, some of the young people who were supported earlier in the pilot may have received a similar level or intensity of care to the comparison group until the model was fully understood and embedded.

Enhanced outcomes for young people

The Brighter Futures pilot aimed to improve ‘outcomes on all indicators’ relating to their wellbeing and life chances. Based on limited (and primarily qualitative) data, the Round 1 evaluation report concluded that young people reported a higher sense of wellbeing and good overall satisfaction with life, but there was a mixed picture of change in risks (for example, continued educational disengagement, missing episodes and insecure attachments).

This section provides an overview of the range of wider benefits experienced by young people and families supported by Brighter Futures teams during the pilot. As information on these indicators was not collected as part of the national data returns, the discussion that follows draws solely on the review of a sample of 20 case files, and therefore may not be illustrative of the experiences of all those supported.

Greater decision making and power

The Round 1 evaluation report found that young people felt better supported to make decisions around their own lives, though active participation in decision-making among young people was mixed, with some feeling they still had little choice or input in decisions which tended to result in less positive relationships with their social workers.

The review of case files undertaken for this current evaluation report shows that, when it was appropriate to do so (i.e. not in the case of pre-verbal children), young people were encouraged to participate in their care review processes, and to take more ownership of decisions (17 out of 20 case files). For example, a young person who received support from a MAST team was able to input into 'pre-meetings' prior to formal reviews. This meant he was able to choose whether he wanted a therapeutic intervention prior to this being decided for him. It also gave the young person the opportunity to discuss issues and disagreements with his social worker, such as whether or not he should stay in contact with his father who had engaged in criminal offences.

Another young person's views were sensitively sought (as reported by their social worker) when exploring a disclosure of sexual abuse; the young person was then given different opportunities to share how they felt to a professional they felt comfortable with. There was only a single explicit mention of dissatisfaction from a young person who felt they were 'not being listened to' as their preferences around placement and kinship care were not met. However, the case file of this young person records that this was a result of a risk assessment which showed that the young person's preference would not be suitable at that stage.

Not all young people wanted to take an active role in decision-making. A young person and their family who were receiving support from the MAST service were difficult to engage, as they did not want social care involvement. The social worker therefore prioritised close joint-working with youth justice service who had referred the young person to services, as they had already established a strong relationship with the young person. The youth justice service's support and involvement was essential to capture the views of the young person at an initial conference and CiN review. In another 2 cases, the young people did not want to give their views verbally, so were asked to fill out a consultation form instead.

Improved psychosocial and mental health outcomes

During the pilot, the multi-disciplinary approach underpinning the Brighter Futures model enabled social workers to draw on the immediate support of clinical psychologists and therapists who were part of their team, and Child and Adult Mental Health Services (CAMHS) to respond quickly to complex needs and prevent the escalation of difficulties. The Round 1 evaluation showed the value of this timely support for both young people, as well as the social workers and foster carers. The sample of case files reviewed

appears to show that mental health support was utilised in situations of high risk, as illustrated by the following examples:

- Social workers and foster carers worked with a Tier 2 CAMHS clinical psychologist also part of the CONNECT team to help support 5 of the 9 young people who had initially been referred due to a high risk of placement breakdown. For example, psychological expertise was offered to a young person who experienced enuresis linked to their emotional difficulties.
- Additionally, clinical psychology support was also offered to 2 of the 3 young people and their families who had been referred to the MAST team due to a high risk of becoming looked after. One young person also received support from multi-systemic therapists (MSTs) to support emotional regulation and resilience support. Records show that the support from the psychologists and MSTs had a 'sustaining impact' in both cases, with worries the team had around the emotional health and wellbeing of these 2 young people decreasing over time.

Improved educational outcomes

All 20 case files reported that support was offered by schools and or other educational agencies, suggesting good multi-agency coordination. The files also show that, when required, additional education services were also commissioned to offer more support (for example, school-based counselling and academic tutors).

However, the review also shows a mixed picture of progress against educational outcomes.

- **Attendance and punctuality:** In 12 of the case files there was an explicit mention of continued good or improved attendance. In 1 case, it was noted that towards end of the Brighter Futures team's involvement, a young person progressed to consistently having the highest school attendance (compared to other young people in their residential setting).

Only 2 case files recorded repeated refusals to attend school. In 1 of these files, it was reported that though the young person's attendance improved at specific points during the pilot, they struggled to maintain this and was classed as 'Not in Education, Employment or Training' (NEET) by the end of the Brighter Futures team's involvement.

- **Behaviour and attitudes to school:** In 2 of the 20 case files there was an explicit mention of improved behaviour. For example, it was noted that even though a young person consistently expressed a feeling that they were not learning anything at school, their behaviour had improved. Other case files noted better or consistently good behaviour, for example, young people were described as feeling

settled with friendship groups, having an 'enthusiastic attitude to learning' or enjoying school.

- **Attainment:** Most of the case files appear to indicate sustained or improved attainment in school, with some young people achieving their GCSEs or completing secondary school. One young person was noted as being on the gifted and talented programme in school. There were only 3 examples where young people appeared to be attaining slightly or significantly below age related expectations. In 2 of these cases, there was an explicit mention of the extra educational support that had been provided, and in the other case this was demonstrated in a young person achieving well in their Functional Skills tests.

Improved behaviour and personal relationships

The pilot group had high baseline Strengths and Difficulties Questionnaire (SDQ) scores indicating they had behavioural and emotional issues. However, missing data resulting from low SDQ uptake means it was not possible to run a significance test to test if there is a difference in scores between the pilot and non-pilot groups. The case file review undertaken for this current evaluation nevertheless highlights the support offered by the MAST and CONNECT teams helped young people improve their behaviour and resolve personal issues. For example, a young person was offered support to identify and address underlying emotions when they appeared to have developed pattern of stealing small items. In another case, the social worker and foster carer worked intensively with a young person to help them understand which relationships were safe and healthy.

Nonetheless, in a large number of cases, the engrained and complex issues faced by the young people continued to present challenges for the teams. For example, due to being emotionally abused, a young person continued to exhibit some aggressive behaviours towards their carer, which proved challenging when trying to maintain the placement. Similarly, another young person presented challenging behaviours which caused instability in relationships. A few young people were also described as being disengaged or avoidant in discussions with their lead professional.

Importantly, the case file review showed that changes in behaviour were often related to changes or breakdown in relationships experienced by the young people. For example, a young person became more defiant when contact with family members resumed and another young person was described having a 'need to control' others which was hypothesised as being related to an attachment disorder. Where there were positive outcomes (or a sense that the young person was happy and comfortable) this was often viewed by social workers to result from them feeling secure in their placement or with their wider relationships.

Increased placement stability and fewer breakdowns

The Round 1 evaluation report concluded/found that Brighter Futures offered more meaningful and responsive support to prevent placement breakdown. This support ranged from finding more suitable placements for young people, to 'nurturing' foster carers (for example through providing access to more specialist advice and DDP training).training). A key finding in the Round 1 evaluation report was that only 1 CONNECT placement broke down (between June 2015 and December 2016), which could indicate increased placement stability for those who received support during the pilot.

In order to test this hypothesis, a composite measure for placement stability was devised for this current evaluation. This uses the following 5 indicators (which were given equal weight): number of temporary placements, number of address changes when in placement, number of new periods of care, number of legal status changes and number of carer changes. More information about this methodology can be found in Appendix 2. There was no statistically significant difference in placement stability found between LAC supported through the pilot and those who were supported through traditional models of care.

Nevertheless, the review of social worker summaries in the case files of young people supported by CONNECT highlights that preventing placement breakdown was a key focus for the social workers who participated in the pilot. Analysis of the sample of 11 CONNECT case files, shows that 9 young people were specifically supported during the pilot because of a concern that there was a high risk of placement breakdown. 6 of the young people had already had previous experience of placement breakdowns – 3 had experienced breakdowns in foster care placements, 2 had experienced breakdowns of adoptive placements (1 long-term placement and 1 prospective placement), and another young person had a string of placements as carers had struggled with their challenging behaviour.

All 9 young people were still looked after at the time of the case file review, although 3 had been transferred to the Leaving Care services. Positive outcomes were achieved for all of the young people as a result of the support provided, for example:

- 2 siblings supported during the pilot had been placed with the same foster carers, and their experience of care was improved through remaining together. The case file review indicates they remained in a stable placement, referred to their foster carers as 'mum and dad' and had a good relationship with their carers' adult biological children. At the same time, they were able to have supervised contact with their biological mother and unsupervised contact with their father.
- Since their first referral, 1 young person remained looked after (with no history of closure). The young person experienced several placement breakdowns in only a

few months prior to the CONNECT team's involvement but remained in a single placement for almost 3 years following the start of the pilot, in part due to the CONNECT team's input when any issue arose. The young person expressed a high level of satisfaction with the care provided during the pilot.

- Another young person was referred to CONNECT having been subject to a single closed referral in the past – they had been adopted at the age of 2 following proceedings in another local authority, but this broke down and led to a series of short-term foster placements. There were also concerns related to sexual exploitation. This young person continued to move between placements in first few months of the CONNECT team's involvement, but following continued support was able to remain in 1 residential setting for 6 months. It was noted that this was relatively longer and more stable than any of their previous placements.

In only 1 case did a young person appear to express dissatisfaction about their foster care placement, as they wanted to return home. In this case it was explained that this was not possible – the young person had been removed from their mother's care due to her ongoing mental health difficulties. The case file reported that ongoing and consistent involvement from the team helped the young person feel supported and involved in decisions regarding their care.

Cost savings through fewer residential placements

The Ealing Brighter Futures project was expected to deliver total annual cost savings of between £2.6 and £6.9 million, primarily through reductions in the numbers of children in out-of-borough care. Details were set out in the business case and included:

- Cashable annual savings of £2.6 million per year, realised through moving suitable young people from expensive out-of-borough residential care into foster placements (£1.8 million), and through a reduced usage of agency staff (£0.8 million);
- Preventing placements breaking down, to avoid young people entering residential care. This was expected to avoid additional costs of £1.2 million per year; and
- Intensive engagement work with a wider cohort of adolescents on the edge of care to reduce the number that become looked after, avoiding additional costs of up to £3.1 million per year.

The PSM analysis undertaken for this current evaluation was unable to detect any significant changes in young people's outcomes that would be expected to lead to savings in the costs of children's and or other public services. The main evidence available therefore relates to data provided by Ealing Council on the costs of children's placements before, during and after the pilot period.

Table 5 in Appendix 3 summarises data on the costs of placements for LAC and care leavers (CLE) between 2013-14 and 2018-19. The data indicate that overall annual expenditures on placements declined by £2.4 million (16%) for LAC and £1.1 million (32%) for CLE over the period, a total annual reduction of £3.5 million. The total number of LAC declined only slightly over this period, while the number of CLE fell by 30%.

Table 6 in Appendix 3 compares the average costs of placements before the pilot (in 2014/15) and after the pilot (in 2018/19). The figures indicate a slight reduction in the average cost of placements for LAC (from £26,874 to £26,444) and CLE (from £14,292 to £12,350). After adjusting for inflation, this represents an 8% reduction in the average cost of LAC placements and a 19% reduction in the average cost of CLE. The savings in LAC were achieved in spite of an increase in the average cost of foster placements and children's homes places, and are explained largely by a reduction in the number of children in children's homes, for which the average cost of placements was 3 times as high as for foster placements in 2018/19. The number of children in children's homes reduced from 78 in 2013/14 to 68 in 2014/15 and 49 in 2018/19.

The largest reduction in expenditure was on children's homes, at £1.5 million (29% of the 2013-14 expenditure). There was also a reduction in spending on fostering through independent agencies (£1.3 million), while expenditure on semi-independent placements increased by almost £1 million. By comparison the projections made in the business case were that there would be cashable annual savings of £1.8 million annually by moving suitable young people from out of borough residential care into Intensive Engagement Model foster placements, as well as additional savings from avoiding further young people entering residential care or becoming looked after.

While the business case predicted a reduction in the costs of placements as a result of Brighter Futures, there remains a question regarding the extent to which we can attribute observed changes to Brighter Futures itself, and whether cost reductions could have been achieved even in the absence of the intervention. The largest reduction in costs resulted from a shift away from the use of children's homes (by far the most expensive accommodation) and towards other placement types.

Based on the information available to ICF, it is not clear whether this shift was dependent on the Brighter Futures pilot or whether it would have occurred anyway, in line with other cost saving measures. It would have been valuable to examine the perceptions of staff involved in the delivery of the pilot to understand better how instrumental Brighter Futures has been in delivering financial benefits.

Before the pilot, a demand analysis had been completed for Ealing Council to understand local demand, supply and costs of children's placements – with findings (outlined the funding application) suggesting that those in out-of-borough residential placements do not have the best outcomes and that young people had negative experiences of being placed so far away. By operating a multi-disciplinary team at full capacity, the CONNECT

team identified and worked with children who were in the 'right time of their lives' to come back to live in the local authority if they had the right support in place for them. This targeted approach required examining the school year, age, maturity (in psychological and emotional terms) of each young person they wanted to bring safely back into the local authority during the pilot, as well as detailed work around identifying and increasing the numbers of foster carers that they could appropriately be placed with. The teams also worked with schools to ensure the transition was as seamless as possible.

At the same time, it was acknowledged that scaling this up to continue delivering the savings was dependent on several factors, such as being able to identify a sufficient number of local foster carers.

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

Evidence from the evaluation of the first round of the Innovation Programme (2017) led the DfE to identify 7 features of practice and 7 outcomes to explore further in subsequent rounds.⁵ This section relates the evaluation findings described in the previous chapter to the most relevant features of practice and outcomes.

Features of practice

High intensity and consistency of the practitioner

Brighter Futures is based on the principle that intensive and consistent support from practitioners will help to achieve better outcomes for young people and the families. A key finding in the Round 1 evaluation was that this was delivered through giving young people a choice of a single practitioner, who would be supported by the multi-disciplinary team. The case file review undertaken for the current evaluation shows that young people regularly met with their social worker, sometimes more frequently than required.

However, on a separate, but potentially linked point, 49% of respondents also strongly agreed or agreed with the statement 'I feel like I am being asked to fulfil too many different roles within my job' (N=144) in the workforce survey undertaken for this evaluation. This repeats a key finding in the Round 1 evaluation report, that many professionals in the pilot teams felt there was a tension between the roles they were expected to have, even though overall caseloads were lower in the pilot.

Multi-disciplinary skill sets working together

As described in detail in Chapter 3, multi-disciplinary and multi-agency working is central to the Brighter Futures approach, and was a key success of the pilot programme. Based on the responses to the workforce survey, staff in Ealing appear to spend an average of 5 hours each week working with other professionals as part of a multi-disciplinary team and were positive about their access to multi-disciplinary expertise.

Enabling staff to do direct work

In addition to the offer of Brighter Futures training, providing access to the right supervision, tools and systems, and support was essential to help social workers deliver

⁵ 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 quality care for young people and their families. Findings from the workforce survey are mixed when it comes to the extent to which social workers feel able to undertake direct work, though importantly there are no major differences in the responses provided by pilot staff compared to those that did not participate in the pilot.

- Time spent on administrative tasks: 68% of 147 respondents to the workforce survey strongly agreed or agreed administrative work was time consuming and prevented them from doing work, while just 6% disagreed.
- IT systems, software support and tools: Only 36% of 146 respondents agreed that that the IT systems and software support them in their job, while 46% disagreed. Slightly more (51% of 147 respondents) were positive about having the right tools for their work for example, risk assessment and planning tools.
- Leadership and supervisory support: 75% of 146 respondents were mostly or totally satisfied with the support they received from line managers or supervisors for complex cases involving risk or safeguarding, and 76% felt the same about the emotional support they received when making difficult or stressful decisions.

Outcomes for young people, staff and the organisation

- Though there has been a steady decline in the number of LAC in Ealing, much of this is unlikely to be attributed to the pilot, given the most complex LAC were supported (who would have likely needed long-term support) and there was no evidence of impact on reducing the overall number of children in care or time spent in care. However, both the Round 1 evaluation and this evaluation show that the quality of care improved, with progress made around creating greater stability for adolescents at the edge of care through preventing placement breakdown.
- Workforce stability appears to have improved after the pilot, primarily as a result of the reconfiguration of teams and a reduced use of agency staff. Nevertheless, the workforce survey indicates that turnover continues to be perceived as an issue for social workers and areas of dissatisfaction (particularly with salaries and working hours) were noted. Many staff also state experiencing work-related stress, with only 2% (of 144 respondents) indicating that they never felt stressed.
- There are some examples of how the Brighter Futures has generated value for money, including decline in expenditure on agency staff and placements for LAC and CLE. The largest reduction in expenditure was on children's homes; since the start of the pilot, the number of children placed in this setting has almost halved from 31 children in 2015/16 to 18 children in 2018/19. Expenditure on semi-independent placements increased in line with the ambitions set out in the business case. A lead council staff member viewed Brighter Futures to be instrumental to these savings, but the views of others have not been collected as part of this evaluation and a clear case for attribution cannot be made.

5. Lessons, implications and recommendations

The overarching and specific goals for Ealing's Brighter Futures programme – and the intervention model to achieve these – largely reflect the aims and objectives of the Innovation Programme. In the broadest terms, the programme aimed to embed new ways of working to improve the quality, effectiveness and consistency of support for young people, families and carers.

The Round 1 Innovation Programme funding provided an opportunity for Ealing Council to pilot the programme over 2 years to test the feasibility and acceptability of new ways of working with young people, families and foster carers. Several features of the pilot helped to ensure it could contribute to an evidence base of 'what works' in the delivery of better quality of services, and secure organisational and financial commitment to roll the programme out across the borough.

- The practice of having a 'team around the worker' brought demonstrated improvements to the level of support available for young people and their families. Both this and the previous evaluation of the pilot have shown there was an increase in multi-disciplinary working and more effective coordination between agencies. Since the roll-out of the programme, the level of multi-disciplinary working appears to have been sustained and social workers are on the whole positive about their access to support from other professionals to inform their direct work.
- During the pilot, caseloads were reduced so that social workers could more intensively support the most vulnerable and at risk young people. The case file review undertaken for this current evaluation demonstrated that only very rarely were social worker visits not completed to statutory and organisational timescales, and sometimes took place more frequently than required. Though it has not been possible to retain lower caseloads since the programme was scaled up, caseloads range more in their level of complexity (with each social worker having a mix of more and less complex cases). The pilot has therefore generated confidence amongst social workers in addressing more complex needs.
- Regular group supervision was perceived by social workers to be another key feature of the Brighter Future model. Respondents to the workforce survey felt that in addition to the programme of integrated training offered, group supervision was one of main facilitators to timely care and the eventual roll-out of the model across the borough. Group supervision has continued to be a key feature of the model and is well-supported as a 'heads together approach' to thinking about a family – giving an opportunity for teams to share their knowledge and expertise to help improve the quality of support provided.

Though there have been considerable changes made to how Ealing's children services are configured, it remains inconclusive as to the extent the pilot improved outcomes for young people and staff, and delivered value for money.

Workforce outcomes: Positively, respondents in general felt Brighter Futures improved their skills and confidence when it came to direct work with children and families. Following the pilot there has been a continued reduction in the number of agency staff employed in the borough (halving between 2015 and 2018) and the number of permanent social care workers employed in the borough has stabilised.

However, over half of the workforce (66%) continue to perceive turnover as a problem in their practice area, which has implications for how effectively the Brighter Futures model can be scaled up. Additionally, although the workforce survey suggests most respondents were satisfied overall with their jobs, there was some dissatisfaction over salary, and high levels of work-related stress and sickness related absence.

At the time of reporting, the council had already begun to action issues raised by staff responding to the workforce survey (conducted for this evaluation) by meeting more frequently and regularly with staff groups, teams and individuals; and focusing on increasing capacity within the system.

Impact on outcomes for young people: Analysis of national returns shows that over the last 8 years there was a steady decline in looked after children in Ealing. However, the PSM analysis indicates that the transformed offer of support did not have a positive impact on reducing the length of time the pilot cohort were in care, or reducing the number of children in need – and in fact may have been less effective in this regard than business as usual support. This may in part be a result of the limitations posed by data availability, which may have affected the robustness of the analysis. However, it may also be a result of the complexity of needs presented by the young people who were chosen to participate in the pilot – as the case file review highlighted even in the most challenging cases, progress was recorded against key outcomes such as educational progress, mental health and wellbeing, involvement in decision-making as a result of the Brighter Future teams' involvement.

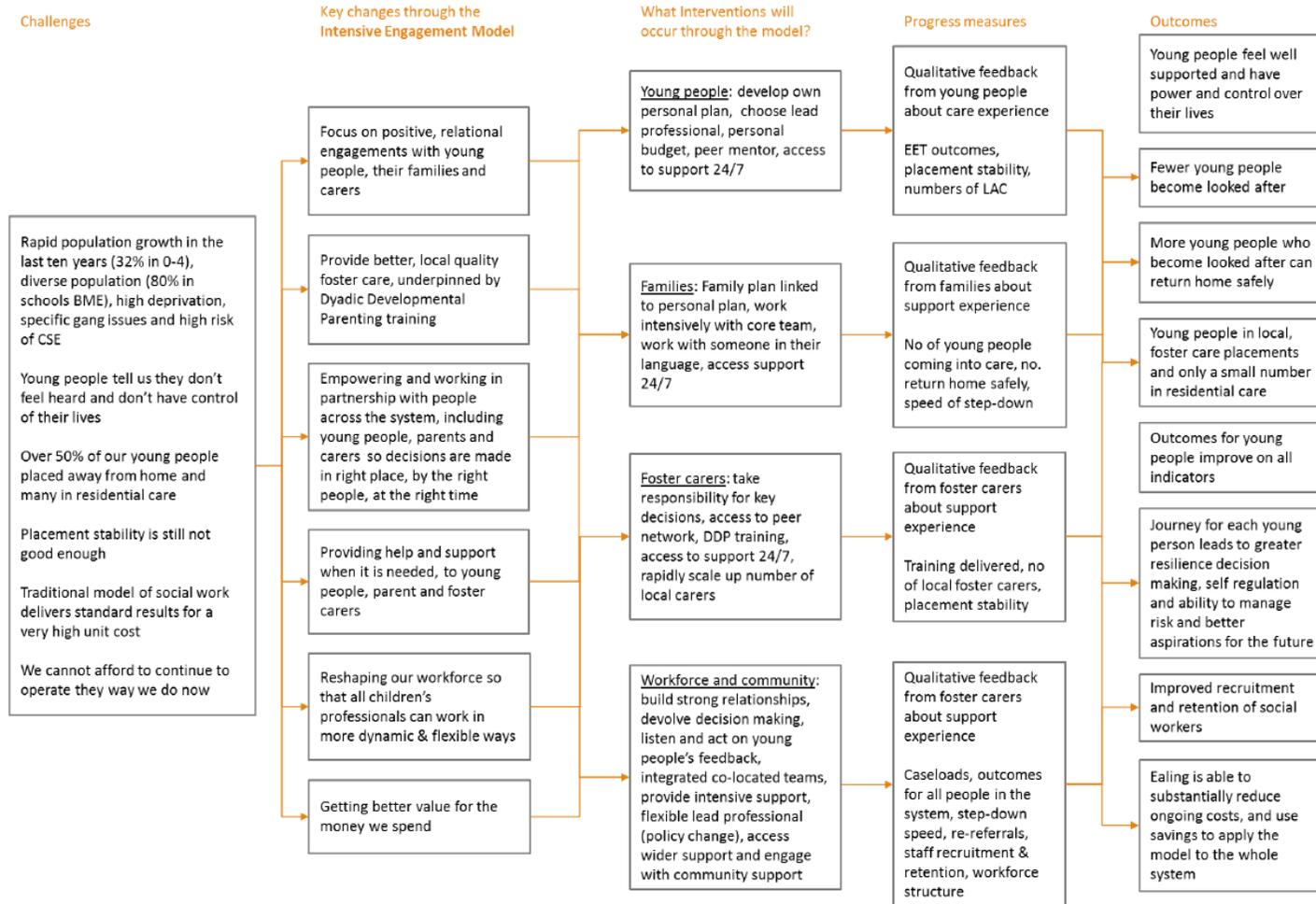
Value for money: Though data gaps make it impossible to undertake a full cost benefit analysis of the Brighter Futures programme, annual savings in expenditure on agency workers (£0.9 million) and in the costs of children's placements (£3.5 million) have also been observed following the programme. These cost savings in a single year exceed the overall costs of the pilot (projected at £3.8 million). This suggests that the benefits of the intervention potentially greatly exceed the costs. However, caution is required in interpreting these figures, as it is unclear to what extent they are fully attributable to Brighter Futures, and whether cost efficiencies could have been achieved even in the absence of the intervention.

A final question remains regarding the extent to which we can attribute observed changes to Brighter Futures itself, and what might have been possible in the absence of the intervention. For example, following the pilot, Ealing Council successfully obtained further investment through Partners in Practice funding (to generate and support best practice within other local authority children's social care services), as well as separate DfE funding to authorities develop/test targeted interventions developed from the Intensive Therapeutic Short Break Service model (the Building my Future project).

Working alongside a researcher within Ealing helped to significantly maximise what was possible with this evaluation. Reflecting on the complexity of supporting young people at the edge of care, a change in evaluation approach would have led to a better understanding of the impact of the pilot. The quantitative evaluation would have benefitted from, and would have been strengthened by, more qualitative research with young people, families and staff to explore their perspectives of the impact and added value of the Brighter Futures programme.

Appendix 1: Project theory of change

The diagram below presents the theory of change framework designed by Ealing Council as part of their business case.



Appendix 2: Propensity score matching exercise

The impact evaluation aimed to answer 2 main questions:

- Do we notice a positive outcome for the children exposed to the programme?
- Is the programme we are evaluating responsible for such a change?

A counterfactual impact evaluation is the most appropriate approach to identify the treatment effect by ensuring that the observed change in outcomes can be attributed to the policy instead of any other factor (i.e., confounder) (Rosenbaum & Rubin, 1985). Given the availability of data, a matching strategy is well suited to correct for any difference between the 2 groups of children, that is, those who participated in the programme (treated) and those who did not (untreated).

Propensity score matching

Propensity score matching (PSM) is a method used to construct a valid comparison group. If we compared difference in outcomes between treated and untreated subjects, there might be other systematic differences between both groups. Hence, the difference in outcomes could be due to the treatment as well as other reasons (gender, age, socio-economic status, etc.) Thus, in order to rule out these subject-specific differences we need to choose a sub-group of subjects within the untreated group that is 'more alike' those in the treatment group.

The population corresponds to all CiN and LAC in Ealing, some of whom were reached by the programme (treated) while others were not (untreated). The analysis for CiN and LAC was done separately as LAC is a subset of CiN, and the variables specified as outcome for LAC were not available in the CiN dataset. As the data received was complex and at times incomplete, a series of assumptions were taken during the cleaning process and before the analysis.

Next, through regression analysis we predict the probability of being treated and predict the propensity scores (0 to 1) for all subjects in the CiN & LAC population of Ealing, based on socio-demographic features (gender, age, ethnicity, etc). This index becomes a sort of composite indicator of personal characteristics.

Once the scores have been estimated, the next step is to match each subject in the treated group to the more similar subject(s) in the untreated group.⁶ This results in a matched sample of treated and untreated subjects that are more similar. In the achieved

⁶ The matching can be 1-to-1 or 1-to-many and there are different algorithms for matching which can be used instead (for example, Kernel, Caliper)

matched sample, there might be subjects from both groups that are left outside of the analysis for being too far from each other (i.e., out of the common support area).

Finally, for each treated subject a difference from untreated subject is estimated and the statistics of interest is the average of these differences. In particular, the average treatment effect (ATET) is the differences for the treated subjects, which indicates what is the effect of being exposed to the programme compared to the counterfactual scenario 'what if they had not participated'.

Econometric estimation

- CiN dataset: The matching based on the age at the start of the programme, ethnicity, status as a Looked After Child (LAC) at the start of the programme and sex was successful in eliminating the bias.
- LAC dataset: The matching based on the age at the start of the programme; ethnicity; SDQ score; sex; and LAC tenure⁷ was successful in reducing the bias.

Limitations

- The sample sizes within the LAC sub-population were particularly small and the balance between treated and untreated was quite poor.
- The pilot programme was rolled out to the other MSOAs shortly after being completed as well as during the “post-treatment” period. Therefore, it is quite likely that subjects from the comparison group had been exposed to some extent to similar treatment which would bias the average treatment effect.

Data cleaning process

The dataset had to be cleaned and prepared before analysis, and we have followed the below steps:

1. Firstly the missing values were filled with empty columns for each child, and the dataset was set to panel.
2. Children with missing observations from the first year (pre-treatment) were excluded as there was not sufficient information on them for a successful matching during the analysis phase. 9,174 unique observations were dropped.

⁷ This is a binary variable indicating those who had been looked after for over 4 years in the pre-treatment (2014/2015) period

3. The “*CiN days*” variable was presented as a cumulative variable that resets at certain time points. A new variable was created to present the days registered as CiN per child at year t as follows:

$$days_t = cin_days_t - cin_days_{t-1}$$

4. Days at the first time period (2014-15) could not be decumulated and therefore were left as they were. This resulted in negative values where the cumulative variable was reset.

5. Where the remainder from the above subtraction was below zero, it was left as it was originally, assuming the value was reset that year. The same case is made for missing results of days, that also had the previous time period filled in (step 1)

6. Some people seemed to leave CiN status, or “graduate”. Therefore, missing values in that case were possible.

7. Observations that did not satisfy the above criteria (steps 3-6) and were outside the “logical” range of between 0 and 360 days in a year were excluded from the analysis.

8. An indicator of time as CiN LAC was created by dividing the number of days as CiN in that year by 360.

9. Steps 1-8 were repeated in the LAC dataset. 725 unique observations were dropped in step 2 for LAC.

10. In the LAC dataset, an indicator of instability was created for child j at time t as follows:

$$instability\ score = \sum_{i=1}^{i=5} \frac{X_{ijt}}{\max(X_i)}$$

where $i \in$

(*number of temporary placements; number of address changes when in placement;
number of new periods of care; number of legal status changes;
number of carer changes*)

Technical outputs

The following figures display the outputs for the matching and the reduction in bias achieved.

CiN dataset

Detailed (per variable)

```
. pstest i.starting_age i.ethnicity x_lac fem if t==5, both
```

Variable	Unmatched Matched	Mean		%reduct		t-test		V(T)/ V(C)
		Treated	Control	%bias	bias	t	p> t	
2.starting_age	U	.29907	.326	-5.8		-0.59	0.556	.
	M	.29907	.29907	0.0	100.0	-0.00	1.000	.
3.starting_age	U	.59813	.23957	77.8		8.58	0.000	.
	M	.59813	.59813	0.0	100.0	0.00	1.000	.
4.starting_age	U	.01869	.18806	-57.9		-4.48	0.000	.
	M	.01869	.01869	0.0	100.0	0.00	1.000	.
2.ethnicity	U	.26168	.25668	1.1		0.12	0.907	.
	M	.26168	.26168	0.0	100.0	0.00	1.000	.
3.ethnicity	U	.20561	.14755	15.2		1.67	0.094	.
	M	.20561	.20561	0.0	100.0	0.00	1.000	.
4.ethnicity	U	.37383	.28409	19.1		2.04	0.042	.
	M	.37383	.37383	0.0	100.0	0.00	1.000	.
x_lac	U	.43925	.0887	86.4		12.40	0.000	.
	M	.43925	.43925	0.0	100.0	0.00	1.000	.
fem	U	.5514	.47197	15.9		1.63	0.103	.
	M	.5514	.5514	0.0	100.0	0.00	1.000	.

* if variance ratio outside [0.68; 1.47] for U and [0.68; 1.47] for M

Overall bias reduction

Sample	Ps R2	LR chi2	p>chi2	MeanBias	MedBias	B	R	%Var
Unmatched	0.177	945.39	0.000	35.0	17.6	135.8*	1.12	.
Matched	0.000	0.00	1.000	0.0	0.0	0.0	1.00	.

* if B>25%, R outside [0.5; 2]

LAC dataset

Detailed (per variable)

. pstest starting_age i.ethnicity lac_tenure fem sdq if t==5, both

Variable	Unmatched Matched	Mean		%reduct		t-test		V(T)/ V(C)
		Treated	Control	%bias	bias	t	p> t	
starting_age	U	.74194	.54464	41.7		1.99	0.049	.
	M	.73333	.73333	0.0	100.0	-0.00	1.000	.
2.ethnicity	U	.48387	.3125	35.2		1.78	0.078	.
	M	.5	.46667	6.8	80.5	0.25	0.800	.
3.ethnicity	U	.12903	.20536	-20.4		-0.96	0.340	.
	M	.13333	.06667	17.8	12.7	0.85	0.398	.
4.ethnicity	U	.12903	.27679	-37.0		-1.70	0.092	.
	M	.13333	.1	8.4	77.4	0.40	0.694	.
lac_tenure	U	.64516	.50893	27.6		1.35	0.181	.
	M	.63333	.53333	20.2	26.6	0.78	0.441	.
fem	U	.58065	.42857	30.5		1.50	0.135	.
	M	.56667	.56667	0.0	100.0	0.00	1.000	.
sdq	U	17.871	12.027	78.4		3.97	0.000	1.20
	M	17.5	15.833	22.4	71.5	0.87	0.386	1.14

* if variance ratio outside [0.48; 2.07] for U and [0.48; 2.10] for M

Overall bias reduction

Sample	Ps R2	LR chi2	p>chi2	MeanBias	MedBias	B	R	%Var
Unmatched	0.218	32.58	0.000	38.7	35.2	124.2*	0.98	0
Matched	0.028	2.34	0.938	10.8	8.4	39.3*	1.15	0

* if B>25%, R outside [0.5; 2]

Appendix 3: Cost savings analysis

Costs projected in the business case

The total direct cost of delivering the Ealing Brighter Futures pilot was expected to amount to almost £3.8 million (Table 1). Details are set out in the business case prepared in 2014. These costs included staff costs of £2.2 million, accounting for almost 60% of the overall total, largely comprising the costs of recruiting and employing new staff. Other costs relate to business and project management, training, community engagement and outreach, relocation or restructuring and evaluation. The London Borough of Ealing pledged a cash contribution of £256,000, with a funding request of £3.5 million made to the DfE.

Table 1: Projected Costs of Brighter Futures, as set out in business case

	2014-15	2015-16	Total
Business and Project Management			
iMpower (change management & implementation support)	£25,000	£75,000	£100,000
Project management and implementation	£59,500	£178,000	£237,500
Business Performance	£12,500	£50,000	£62,500
<i>Subtotal</i>	<i>£97,000</i>	<i>£303,000</i>	<i>£400,000</i>
Staff Costs			
Residential step down and prevention	£234,949	£1,256,643	£1,491,592
Edge of care		£681,066	£681,066
Recruitment	£15,000	£35,000	£50,000
<i>Subtotal</i>	<i>£249,949</i>	<i>£1,972,709</i>	<i>£2,222,658</i>
Workforce Development			
Bespoke HFP Training Package	£75,000	£125,000	£200,000
Scale and Spread			
Community Engagement	£50,000	£150,000	£200,000
Sharing the model	£37,500	£112,500	£150,000
Outcomes support	£50,000	£150,000	£200,000
<i>Subtotal</i>	<i>£137,500</i>	<i>£412,500</i>	<i>£550,000</i>
Other costs			
Relocation or restructuring	£50,000	£50,000	£100,000
DfE Evaluation			£300,000
Total Model Cost	£609,449	£2,863,209	£3,772,658
Cash Contribution - London Borough of Ealing	£64,165	£192,493	£256,658
Funding Request	£545,284	£2,670,716	£3,516,000

Source: Data from Ealing Council

As well as a direct cash contribution of £256,000, the London Borough of Ealing pledged further contributions to support the project, including:

- A further £400k in cash, from Ealing Council's invest to save budget, to be directed towards business and project management to ensure existing services run smoothly alongside the Intensive Engagement Model over the implementation period; and
- c.£2m of 'in-kind' contributions to the project, which were expected to include releasing director and assistant director time to focus on implementation, deferring significant planned budget cuts to Children's Services, enhancing provision of short respite breaks to support placement transitions and directing back office support staff to the project (for example, finance, Business Support etc).

Therefore, while the direct financial costs of the Ealing Brighter Futures programme were expected to amount to £3.5 million, the inclusion of additional indirect costs across the Borough Council's administration were expected to take the total cost to approximately £6 million.

Cost-savings projected in the business case

The Ealing Brighter Futures project was expected to deliver total annual cost savings of between £2.6 and £6.9 million. Details were set out in the business case and included:

- Cashable annual savings of £2.6m per year, realised through moving suitable young people from out of borough residential care into Intensive Engagement Model foster placements (£1.8m), and through a reduced usage of agency staff (£0.8m);
- Working with young people in placements that are at risk of breaking down, to avoid them entering residential care. This was expected to avoid additional costs of £1.2m per year; and
- Intensive engagement work with a wider cohort of adolescents on the edge of care to reduce the number that become looked after each year, avoiding additional costs of up to £3.1m per year.

Actual costs of Brighter Futures

Data on the actual costs of the Ealing Brighter Futures programme are limited. It has been difficult to distinguish between the costs of the programme and those of Ealing Council's children's services overall, and no overall assessment of the additional costs of implementing the programme has been provided to the evaluation team. Therefore, no overall comparison can be made of the costs projected in the business case and the actual costs of the programme in practice.

Table 2: Staffing Costs before, during and after Ealing Brighter Futures pilot

	Pre-pilot period (equivalent services)				Pilot period				Post -pilot period			
	2013-14		2014-15		2015-16		2016-17		2017-18		2018-19	
	Staff costs (£)	No. of staff (FTE)	Staff costs (£)	No. of staff (FTE)	Staff costs (£)	No. of staff (FTE)	Staff costs (£)	No. of staff (FTE)	Staff costs (£)	No. of staff (FTE)	Staff costs (£)	No. of staff (FTE)
CONNECT	1,092,560	23.8	1,023,325	23.2	1,590,361	34.1	1,792,905	40.7	1,631,565	35.1	1,459,629	28.0
MAST	3,947,806	79.4	4,568,229	87.1	5,543,051	106.3	5,369,033	108.9	4,912,914	107.6	4,501,939	103.8
BUSINESS SUPPORT	1,424,134	58.6	1,504,135	57.5	1,411,640	48.5	1,309,768	46.1	1,681,112	51.7	1,674,452	51.0
TOTAL	6,464,500	161.9	7,095,690	167.8	8,545,052	188.9	8,471,706	195.7	8,225,592	194.3	7,636,020	182.8

Source: Data from Ealing Council

Table 3: Increase in staff costs during pilot period

	Payroll costs (£)	Increase compared to 2014-15 (£)	Real increase compared to 2014-15 (£)*	Real increase including overheads at 20%**
2014-15 (pre-pilot)	7,095,690	-	-	-
2015-16 (pilot)	8,545,052	1,449,362	1,388,507.34	1,666,209
2016-17 (pilot)	8,471,706	1,376,016	1,145,527.52	1,374,633
Total (pilot)	-	2,825,378	2,534,035	3,040,842
2017-18 (post-pilot)	8,225,592	1,129,902	772,760	927,311
2018-19 (post-pilot)	7,636,020	540,330	29,148	34,977

Source: Data from Ealing Council

*Inflation adjusted increase since 2014-15, using [HMT GDP deflator](#)

**Based on Ealing Borough data on overheads, including office, admin, finance, HR, IT cost

However, data are available for staffing costs for the services covered by the programme (Table 2 above). The table shows that total staffing levels in the relevant services (MAST, CONNECT and Business Support teams) increased from 162 FTE in 2013-14 (before the pilot) to 189 in 2015-16 and 196 in 2016-17 (the pilot years), before falling to 194 in 2017-18 and 183 in 2018-19.

A similar pattern was evident in payroll costs, which increased to £8.5 million per year in the 2 pilot years before declining, while still remaining above pre-pilot levels in 2018-19.

While the programme increased overall levels of staffing, by introducing a more intensive engagement model with lower caseloads per social worker, it also led to a temporary increase in staffing costs as different approaches were trialled during the pilot years, and this was expected to lead to a reduction in staffing costs following the completion of the pilot.

Annual payroll costs (Table 3 above) averaged £8.5 million during the pilot years, compared to £7.1 million in 2014-15, the year before the pilot. This suggests an overall annual increase of £1.4 million during the 2 years of the pilot, or £2.8 million in total. The real increase, after adjusting for inflation, amounts to £2.5 million. This compares with the additional pay costs of £2.22 million projected in the business case. Inclusion of central overheads (office, administration, HR, finance, procurement, IT), at 20% of payroll costs, would increase this estimate of additional staffing costs to £3.0 million.

No data were available for other costs of delivering the pilot, such as workforce development and training costs; business and project management costs, community engagement, communications and outreach; evaluation costs; or wider in-kind costs, other than those set out in the business case. Overall, therefore, while data on actual costs are incomplete, the data available for staffing – the main direct cost – are broadly consistent with the projections in the business case.

Costs of Agency Workers

The Brighter Futures programme was expected to lead to a reduction in the costs of employing agency workers, with the business case projecting an annual cost reduction of £800,000.

Table 4 presents data on the numbers of agency workers and associated expenditures by the Business Support, MAST and CONNECT teams over the 2013-14 to 2018-19 period. The figures indicate that, following an increase in agency workers and spending during the pilot period, there has since been a decrease, with expenditures on agency staff £920,000 (40%) lower in money terms in 2018-19 than in 2013-14. Adjusting for inflation would increase this cost saving further.

Table 4: Expenditures on Agency workers by Ealing Children's Social Care teams

	Pre-pilot period (equivalent services)				Pilot period				Post -pilot period				2013-14 to 2018-19	
	2013-14		2014-15		2015-16		2018-19		2018-19		2018-19		Change £	Change FTE
	£	FTE	£	FTE	£	FTE	£	FTE	£	FTE	£	FTE		
CONNECT	280,471	18.9	291,721	18.7	310,408	16.2	216,416	12.5	208,769	10.1	168,455	8.3	- 112,016	- 10.7
MAST	1,700,907	25.7	2,242,353	37.3	2,325,942	38.8	1,900,357	39.2	1,163,586	17.6	1,065,736	21.1	- 635,171	- 4.6
BUSINESS SUPPORT	290,676	5.7	171,544	4.9	325,404	9.0	390,104	9.7	177,911	4.5	117,377	2.1	- 173,298	- 3.6
TOTAL	2,272,054	50.3	2,705,618	60.9	2,961,754	64.0	2,506,877	61.4	1,550,266	32.2	1,351,568	31.4	- 920,486	- 18.9

Source: Data from Ealing Council

Costs of Placements for Looked After Children

The Brighter Futures programme was expected to lead to cost savings through reductions in the numbers of children in out-of-borough care. These were expected to include direct reductions in costs by moving young people from out-of-borough residential care into foster placements, as well as savings in future costs by working with young people in placements that are at risk of breaking down, to avoid them entering residential care, and through intensive engagement work with a wider cohort of adolescents on the edge of care to reduce the number that become looked after each year.

The impact evaluation was unable to detect any significant changes in children's outcomes that would be expected to lead to savings in the costs of children's or other public services. In fact, the only differences found by the PSM analysis would imply an increase in costs of CiN and LAC, though these need to be treated with caution. The main evidence available relates to data provided by Ealing Council on the costs of children's placements before, during and after the pilot period.

Table 5 summarises data on the costs of placements for Looked After Children (LAC) and Care Leavers (CLE) between 2013-14 and 2018-19. The data indicate that overall annual expenditures on placements declined by £2.4 million (16%) for Looked After Children and £1.1 million (32%) for Care Leavers over the period, a total annual reduction of £3.5 million. The total number of Looked After Children declined only slightly over this period, while the number of Care Leavers fell by 30%.

Table 6 compares the average costs of placements before the pilot (in 2014/15) and after the pilot (in 2018/19). The figures indicate a slight reduction in the average cost of placements for LAC (from £26,874 to £26,444) and CLE (from £14,292 to £12,350). After adjusting for inflation, this represents an 8% reduction in the average cost of LAC placements and a 19% reduction in the average cost of CLE. The savings in LAC were achieved in spite of an increase in the average cost of foster placements and children's homes places, and are explained largely by a reduction in the number of children in children's homes, for which the average cost of placements was 3 times as high as for foster placements in 2018/19.

The largest reduction in expenditure was on children's homes, at £1.5 million (29% of the 2013-14 expenditure). There has also been a reduction in spending on fostering through independent agencies (£1.3 million), while expenditure on semi-independent placements has increased by almost £1 million. By comparison the projections made in the business case were that there would be cashable annual savings of £1.8 million annually by moving suitable young people from out of borough residential care into Intensive Engagement Model foster placements, as well as additional savings from avoiding further young people entering residential care or becoming looked after.

Table 5: Placement costs for Looked after Children and Care Leavers, Ealing, 2013-14 to 2018-19

	PRE-PILOT 2013/14		PRE-PILOT 2014/15		PILOT 2015/16		PILOT 2016/17		POST PILOT 2017/18		POST PILOT 2018/19		CHANGE 2013/14 - 2018/19	
	No. of children	Spend (£)	No. of children	Spend (£)	No. of children	Spend (£)	No. of children	Spend (£)	No. of children	Spend (£)	No. of children	Spend (£)	Spend (£)	%
Looked After Children (LAC):														
Foster Placements - In House	N/A	1,876,595	87	1,833,276	74	1,948,299	74	2,027,186	98	2,188,155	96	2,562,064	685,469	37%
Foster Placements - Independent Agencies	273	6,166,373	255	5,638,613	281	6,615,725	255	5,844,568	206	5,279,668	195	4,886,984	- 1,279,389	-21%
Placed with Family and Friends	N/A	381,374	26	400,595	35	401,556	28	422,359	24	321,007	43	445,438	64,064	17%
Children's homes	78	5,357,639	68	4,743,275	67	3,542,106	61	3,794,139	65	4,109,745	49	3,828,739	- 1,528,899	-29%
Semi-independent	59	575,474	67	951,240	101	1,432,896	103	1,139,873	67	1,088,334	106	1,546,851	971,377	169%
Balance / unexplained costs	N/A	955,049	N/A	- 49,391	N/A	485,386	N/A	- 13,460	N/A	328,047	N/A	- 338,725	N/A	N/A
Subtotal	N/A	15,312,502	503	13,517,609	558	14,425,968	521	13,214,665	460	13,314,957	489	12,931,350	-2,381,152	-16%
Care Leavers	275	3,533,823	256	3,658,786	258	3,195,063	263	2,751,577	225	2,181,297	194	2,395,826	- 1,137,996	-32%
TOTAL	N/A	18,846,325	759	17,176,394	816	17,621,031	784	15,966,242	685	15,496,253	683	15,327,177	- 3,519,148	-19%

Source: Data from Ealing Council

Table 6: Comparison of average placement costs pre- and post-pilot

	PRE-PILOT 2014-15			POST PILOT 2018-19		
	No. of children	Spend (£)	Spend per placement (£)	No. of children	Spend (£)	Spend per placement (£)
Looked After Children (LAC) Subtotal	503	13,517,609	26,874	489	12,931,350	26,444
<i>Foster Placements - In House</i>	87	1,833,276	21,072	96	2,562,064	26,688
<i>Foster Placements - Independent Agencies</i>	255	5,638,613	22,112	195	4,886,984	25,061
<i>Placed with Family and Friends</i>	26	400,595	15,408	43	445,438	10,359
<i>Children's homes</i>	68	4,743,275	69,754	49	3,828,739	78,138
<i>Semi-independent</i>	67	951,240	14,198	106	1,546,851	14,593
<i>Balance/unexplained costs</i>		- 49,391			- 338,725	
Care Leavers (CLE)	256	3,658,786	14,292	194	2,395,826	12,350
TOTAL	759	17,176,394	22,630	683	15,327,177	22,441

Source: Data from Ealing Council

Appendix 4: Workforce survey

There were a total of 210 responses to the survey eligible for analysis, encompassing 193 complete responses (where respondents had answered questions in at least Sections 1, 2 and 3 of the questionnaire) and 17 incomplete responses.

It was decided that respondents in teams which had not been trained on the Brighter Futures model should be excluded from the central analysis, resulting in an adjusted total of 157 (125 complete responses and 13 incomplete responses).

Of the 157 survey respondents remaining after the teams who have not had training on the Brighter Futures model were excluded, 24% (71 respondents) reported being involved with the pilot.

Demographics

The survey collected demographic information from respondents. The majority were women (83%) and work full time (91% work 35 hours a week or more). Just over half of respondents were from ethnic minority groups (56%).

There were no significant trends in the age of respondents, with around a quarter falling into each the 25-34 years (25%), 35-44 years (27%) and 45-54 years (25%) age brackets.

Qualification level

The qualification level of respondents was more variable. Most respondents have an undergraduate degree (38%) or higher postgraduate level qualification (49%) but this was not necessarily a social work qualification, with 37% reporting that they do not report have any social work qualifications.

Of the 132 respondents who report having social work qualifications, most were qualified at undergraduate (BA or BSc) or postgraduate (MA or MSc) level (73%). Generally, respondents have 1 social work qualification (89%) as opposed to 2 or more qualifications (11%).

Role

The majority of survey respondents were permanent staff (87%), while 8% were agency workers and 5% were temporary staff.

As shown in the table on the next page, staff from a range of teams responded to the survey, with MAST, Connect, Connexions and Youth Services and SAFE contributing the largest proportion of respondents. A large proportion of survey respondents were social workers or senior social workers (38%), or in managerial positions (20%).

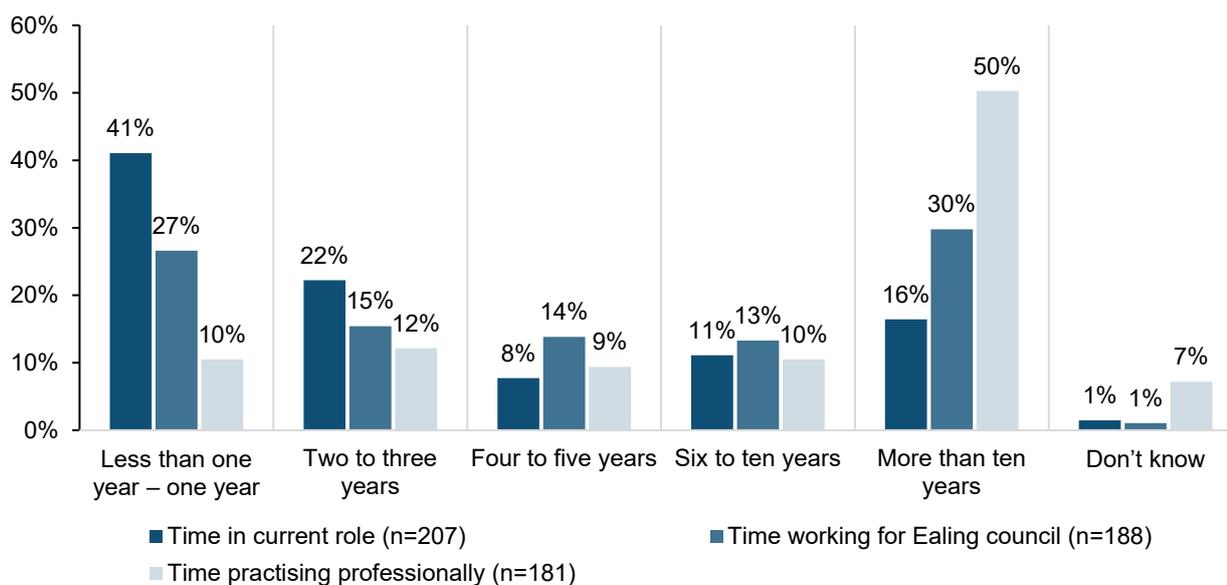
Table 1: Job role

Job role	Number of respondents (n)	As a proportion of respondents (%)
Social Worker	46	22%
Senior Social Worker	37	18%
Family Support Worker	23	11%
Team Manager	17	8%
Deputy manager	17	8%
Administrator or Business Support	19	9%
Connexions or Personal adviser	11	5%
Senior Manager	7	3%
Youth Justice Worker	6	3%
Youth Worker	5	2%
Leaving Care Worker	4	2%
Clinical Psychologist or Assistant Psychologist	4	2%
Other	12	6%
Prefer not to say	2	1%

Source: Brighter Futures survey (n=210)

Survey respondents were also asked about the length of time they had been in their current role, working for Ealing council and practising professionally. They were typically experienced professionals, with only 22% reporting that they have been practising professionally for 3 years or less. The length of time in their current role was generally much shorter (41% report it as a year or less). The time spent working for the local authority was more varied – there was a similar proportion of respondents reporting 1 year or less (27%) as those reporting more than 10 years (30%) at Ealing council.

Figure 2: Time spent in current role, working for Ealing council and practising professionally



Source: Brighter Futures survey (n=210)

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