



Department
for Education

Evaluation of the No Wrong Door Innovation Programme

Research report

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**Clare Lushey, Georgia Hyde-Dryden, Lisa
Holmes and Jenny Blackmore -
Loughborough University**

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Executive summary

The project

The North Yorkshire County Council (NYCC) No Wrong Door (NWD) innovation provides an integrated service for young people, aged 12 to 25, who either are in care, edging to or on the edge of care, or have recently moved to supported or independent accommodation whilst being supported under NWD. Edging to care is defined as when, without an intervention package being put in place, there is a strong likelihood of the case progressing to edge of care. Edge of care is defined as those children and young people who are at imminent risk of becoming looked after, due to significant child protection concerns, or to prevent a long term placement; or because they have ceased to be looked after and their needs are escalating.

The NWD innovation operates from 2 hubs in North Yorkshire: Scarborough (the east hub), and Harrogate (the west hub). The hubs were set up in April 2015 and each hub has a team that consists of a manager, 2 deputy managers; one responsible for the residential element of the hub and the other the outreach service; NWD hub workers¹; a communications support worker who is a speech and language therapist; a life coach who is a clinical psychologist and a police liaison officer. The integrated team supports the young person throughout their journey to ensure that they are not passed from service to service but instead are supported by a dedicated team. Some young people are placed in the hubs, and others are supported by outreach while either in foster care, or living with their families. Central to the NWD innovation is that all staff are trained in Signs of Safety, and restorative and solution-focused approaches. There are 10 distinguishers of NWD which have been developed by NYCC, and these are the core components of the innovation. Unlike a range of evidence based programmes, young people are not required to enter a formal agreement for NWD, highlighting the emphasis on the flexibility of the innovation.

The NWD innovation programme aims to:

- Improve:
 - accommodation stability
 - engagement and achievements in education, employment and training (EET)
 - relationships with others
 - planning of transitions from care to independent living
 - resilience and wellbeing

¹ Hub workers work shifts in the hubs as residential carers, undertake outreach work with young people on the edge of care and take on the role of key workers.

- access to support in a crisis
- reduce high risk behaviours, including:
 - criminal activity
 - self-harm
 - child sexual exploitation (CSE)
 - missing from home incidents
 - drug and alcohol substance misuse
- reduce costs to society, including to a range of agencies (National Health Service (NHS) and the police)

Evaluation aims and methods

A process, impact and economic evaluation have been undertaken. The objectives of the evaluation were to:

- examine the functions of NWD, including service description, aims, services provided and target population
- identify any strengths and weaknesses of the service
- measure changes and improvements in outcomes for young people as detailed in the project aims above
- explore whether, and how, the relationship between the young person and their main NWD hub worker continued throughout their journey
- provide recommendations on how the service could be enhanced and improved
- examine cost effectiveness and value for money

A mixed methods approach was adopted, which involved obtaining quantitative and qualitative data. This included baseline interviews with 60 young people that accessed NWD (32 of these were also interviewed at follow-up); 24 NWD hub workers who were interviewed about 42 young people; 11 birth and adoptive parents; 12 foster carers; 50 members of staff during the early implementation of NWD; and 27 members of staff 18 months into the innovation. In addition to this, the Strengths and Difficulties Questionnaire (SDQ) scores for 472 young people were obtained; 34 young people completed the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), and data about the characteristics, needs and outcomes of young people that accessed NWD were gathered. Analysis of existing data about looked after children on the Management Information System: Liquidlogic Children's Social Care System (LCS) was undertaken, financial data in relation to staff salaries, expenditure and placement costs were collated and compared with a matched cohort.

Key findings

Overall, the NWD innovation has successfully launched within a relatively short time frame: less than 2 years. Evidence from this evaluation indicates that NWD has made substantial progress towards achieving its intended aims. Three hundred and fifty-five young people were supported under NWD between April 2015 and March 2017, the average intervention time was 3 months. The intensity of the support was found to vary over time and was tailored to meet the needs of the young people.

Process findings

Overall, the NWD innovation was successfully launched, and, within the relatively short time frame since implementation, has made substantial progress towards meeting the intended outcomes for improving the lives of young people. There has been consistent and committed leadership, with all key personnel remaining throughout; this has consequently been identified as central to the positive implementation of NWD. An issue that was raised by a small number of NWD staff was the use of temporary and fixed term contracts. To a certain extent, given the fixed term grant funding for the innovation, this was inevitable, but it consequently had a negative effect on some staff members. However, these issues have been addressed effectively through partner and NYCC's commitments to funding for NWD until at least 2020.

Impact findings

Accommodation stability

There is emerging evidence to suggest that NWD is contributing to young people remaining out of the care system. This is demonstrated by data showing more NWD young people have ceased to be looked after children, compared to a matched cohort during the first 2 years of NWD, and the majority (86%) of young people referred to NWD continued to remain out of the care system.

There has been a decrease in placement moves since NWD began, with 2 placement moves (49%) a year being the most common the year prior to NWD, but one placement move (49%) being the most common in the last year of NWD.

Time spent in a care placement is decreasing since NWD began. Prior to NWD and in the first year of NWD, the most common period was over 180 days in a care placement. In the second year of NWD, it reduced to between 32 and 180 days.

Out of area placements are lower in NYCC compared to national data for the year ending 31 March 2016, and in comparison with their statistical neighbours. In addition, only one young person under NWD has been placed out of area since NWD commenced.

Data from interviews with young people provided further evidence of success in promoting accommodation stability. There was evidence of NWD promoting accommodation stability in respect of 19 (30%) young people at baseline interview. From the 32 follow-up interviews, there is evidence of stability having increased in a further 13 cases.

Education, employment and training (EET)

The majority of young people that entered NWD that were in education, employment and training (EET) and remained involved in EET (76%). There was also progress for those who were not in education, employment or training (NEET) when they entered NWD with a quarter (25%) going onto to be engaged in EET. Interview data showed that the majority of NWD young people were either in EET, or working towards it, through applying to college courses or searching for employment.

Criminal activity

There is evidence of a reduction in criminal activity for young people that were supported by the NWD innovation, demonstrating the positive influence of the police liaison role. Conversely, there was an increase in the number of arrests for all young people aged 12 to 25 in NYCC over the past year. Data showed that, in March 2015, which was immediately prior to NWD commencing, there were 63 arrests of young people who would work with NWD during the evaluation period. By the end of the evaluation period, which was September 2016, this had reduced to 39 arrests, a reduction 38%.

High risk behaviours

There has been both cessation and reduction in substance use for some of the NWD cohort. Nearly a third (32%) of young people under NWD had either ceased or reduced their substance use. There also appeared to be a reduction in substance use amongst the interview sample, as more than three-quarters (87%) of the follow-up sample that were using substances when entering the NWD programme, had ceased use at follow-up.

NWD hub workers identified 9 young people as being at risk of CSE. There is evidence from the use of the RAISE (Risk, Analysis, Intervention, Solution, Evaluation) process to share intelligence data of earlier identification of potential risks from known offenders within the community (see Holmes and Gillson, 2016 for further details about RAISE). Furthermore, there is evidence of partners having more confidence to manage risk through the RAISE process.

Missing incidents

Incidents of NWD young people going missing have halved (from 503 incidents to 253) since the year prior to NWD commencing. Evidence also suggests that more involvement

from the life coaches, communication support workers and police liaison officers results in lower levels of missing incidents for those placed at the hubs.

Relationships

There was evidence to suggest positive relationships between NWD young people and their main NWD hub worker. Young people valued their workers being available to meet their needs, rather than only being available by appointment, and sensed that they were genuinely cared for, rather than just going through the motions.

Transitions from care to independent living

Outcomes in terms of transitions to independence were mixed. Whilst some young people reported being prepared and supported during their transition to independent living and adulthood, a few others described abrupt moves.

Wellbeing and resilience

When NWD started, the average SDQ score for young people receiving support under NWD was 19.5. At the end of the evaluation period, the score had reduced to 16.8. SDQ scores over 20 are classed as very high and only 5% of the population are expected to score in this range. For young people who have not been involved with NWD, the scores have been almost static. In addition, where the life coach or communication support worker has been involved in the young person's case, their SDQ scores have improved. There was also evidence to suggest that there had been improvements in mental wellbeing for some of the interview sample.

Access to support in a crisis

There is emerging evidence to suggest that NWD is successfully providing many young people with an access point for support. Thirty-seven young people discussed who they would turn to if they had a problem or were worried about something, and just under half (18 out of 37) identified their main NWD hub worker, or other NWD staff, as people they would speak to, suggesting that NWD is successfully providing many young people with access to support in a crisis.

Recommendations

The findings from the evaluation have led to the identification of a number of recommendations for policy and practice for services for adolescents who are either in care or edging to, on the edge of care:

- the evidence presented in this report relates to NWD with a set of 10 distinguishing features. These should form the basis of the development of NWD programmes in other local authorities or child welfare agencies
- consistent and committed leadership at director and management level is required to facilitate effective implementation of the programme and ensure the development and growth of NWD
- a committed and dedicated team is essential, and, where teams or new and existing staff are employed as part of the development of a new service, it is important that they are supported to develop positive working relationships
- contractual arrangements are important in terms of recruiting and retaining a full staffing quota, and, sometimes unavoidable, fixed term contracts can lead to uncertainty and instability, therefore, the use of impact data to inform funding decisions is encouraged to support the sustainability of NWD innovations in the future
- ensuring supported accommodation options are in place is important for adolescents in care; such pathways to independence provide the opportunity for care leavers to make a gradual transition to independence and improved outcomes
- external factors can negatively affect the implementation of a programme: therefore, ongoing review of the implementation process is required to identify barriers and provide both short and long term solutions to address any barriers

Recommendations for national policy and practice

The gathering of intelligence data, and information-sharing between North Yorkshire Police and NYCC, has been central to evidencing the positive outcomes achieved by the NWD innovation. This has been achieved both by the inclusion of the analyst roles as part of the NWD central support team, and through the introduction of the RAISE process. Integration of the specialist roles has filled a gap in service provision for adolescents in care and on the edge of care. The posts enable those working closely with young people to obtain advice and support that they would not otherwise have access to, or would be reluctant to engage with. The evidence also indicates that integration of the specialist roles has enabled the development of positive relationships between young people and professionals. We recommend that the learning should be captured to inform policy and practice nationally, to safeguard young people for whom there is a possibility of involvement in risk taking behaviours.

Overview of project

The North Yorkshire County Council (NYCC) No Wrong Door (NWD) innovation provides an integrated service for young people, aged 12 to 25, who are either in care, on the edge of care or edging to care, or have recently moved to supported or independent accommodation whilst being supported under NWD.

NWD is an integrated multi-disciplinary service that operates from 2 hubs in North Yorkshire: Scarborough (the east hub), and Harrogate (the west hub). The hubs were set up in April 2015 and adapted from existing residential children's homes. Each hub has a team that consists of a manager, 2 deputy managers; one responsible for the residential element of the hub, and the other, the outreach service; NWD hub workers, who undertake shifts at the hubs as residential carers, complete outreach work with young people on the edge of care and take on the role of key workers²; portfolio leads³, a life coach who is a clinical psychologist; a communications support worker, who is a speech and language therapist, and a police liaison officer. The service ensures that young people's needs are addressed within a single team. The service supports all eligible looked after children, young people on the edge of care and young people edging to care. 'Edging to Care' is defined by NYCC as 'without an intervention package being put in place there is a strong likelihood of the case progressing to edge of care. Edge of care is defined as 'those children and young people who are at imminent risk of becoming looked after due to significant child protection concerns; or to prevent a long term placement, or because they have ceased to be looked after and their needs are escalating'. Central to the NWD programme is that all staff are trained in Signs of Safety and restorative and solution focused approaches. It is anticipated that this integrated approach will improve outcomes for young people and ensure that they are not referred from service to service. The integrated team supports the young person throughout their journey, to ensure that they are not passed from service to service, but, instead, have a dedicated team around them. In addition, each young person has a consistent relationship through the continuity of one NWD hub worker. This continuity was considered to be vital to support young people with complex needs (see Appendices 1 and 2 for further details). There are 10 distinguishers of NWD which have been developed by NYCC and these are the core components of the innovation. Unlike in a range of evidence based programmes, young people are not required to enter a formal

² Throughout the report these workers will be referred to as NWD hub workers rather than key or outreach workers.

³ Portfolio leads work shifts in the hubs as a shift leader alongside their NWD hub worker colleagues. Their role includes oversight of cases in terms of their specialist roles. Each portfolio lead has a focus on improving the following outcomes for NWD young people: education, employment and training; risk management; activities; building relationships; transitions to independence/adulthood; and self-esteem, wellbeing and resilience.

agreement for NWD, highlighting the emphasis on flexibility of the innovation. These have been defined as:

- always progressing to permanence within a family or community
- high stickability of the key worker
- fewer referrals, less stigma
- robust training strategy same/or similar to restorative practice and therapeutic support
- no heads on beds culture
- no appointment assessments
- a core offer to all young people
- multi-agency, intelligence-led approach to reduce risk
- close partnership working
- young people's aspirations drive practice

(See Appendix 3 for further details).

The NWD innovation programme aims to:

- improve
 - accommodation stability - for example, reduce adolescent entries into care and placement, or accommodation breakdowns
 - engagement and achievements in education, employment and training (EET)
 - relationships with others
 - planning of transitions from care to independent living
 - resilience, self-esteem and wellbeing
 - access to support in a crisis
- reduce high risk behaviours, including
 - criminal activity
 - self-harm
 - child sexual exploitation (CSE)
 - missing from home incidents
 - drug and alcohol substance misuse
- reduce costs to society, including to a range of agencies (National Health Service (NHS) and the police)

Further information about the intended outcomes and how the NWD innovation planned to meet them is detailed in Appendix 4.

Existing research evidence

The number of children in care has continued to rise steadily in recent years (Department for Education, 2016). Children and young people enter local authority care for a range of reasons, but the majority enter care as a result of abuse or neglect (60%), followed by family dysfunction (16%) (ibid). Return home to birth family is the most common outcome for looked after children in England (ibid). Furthermore, it is not uncommon for young people to seek to renew relationships, or increase contact, with their birth parents as young adults, on leaving the care system (Stein and Munro, 2008; Wade, 2006). It is therefore imperative that those working with looked after children are proactive in exploring and supporting positive family relationships.

There has been a steady increase in the number of older children entering care with over half (62%) of children looked after aged 10 years and over (Department for Education, 2016). Looked after children and care leavers are at particularly high risk of poor outcomes, including low educational attainment, unemployment, mental health problems, homelessness, instability and involvement in crime and substance misuse (Department for Education, 2016; O'Higgins et al., 2015; Meltzer et al., 2004; McAuley et al., 2006; Stein et al., 2000; Stein and Munro, 2008). The risk of poor outcomes for adolescents in residential care, in particular, was highlighted in the recent 'Residential Care in England' report (Children's Commissioner, 2016). Support to improve outcomes and reduce risk taking behaviours is therefore an important aspect of the work that children's social care staff carry out. Children and young people can often find themselves working with a wide range of ever-changing professionals, due to staff turnover (Baginsky, 2013) and the inability of one team to meet all of their needs. This can lead to children and young people becoming distrusting of relationships, and reluctant to engage with workers. In addition, there is often a stigma attached to engagement with children's social care services or being supported by social workers (Oliver, 2010).

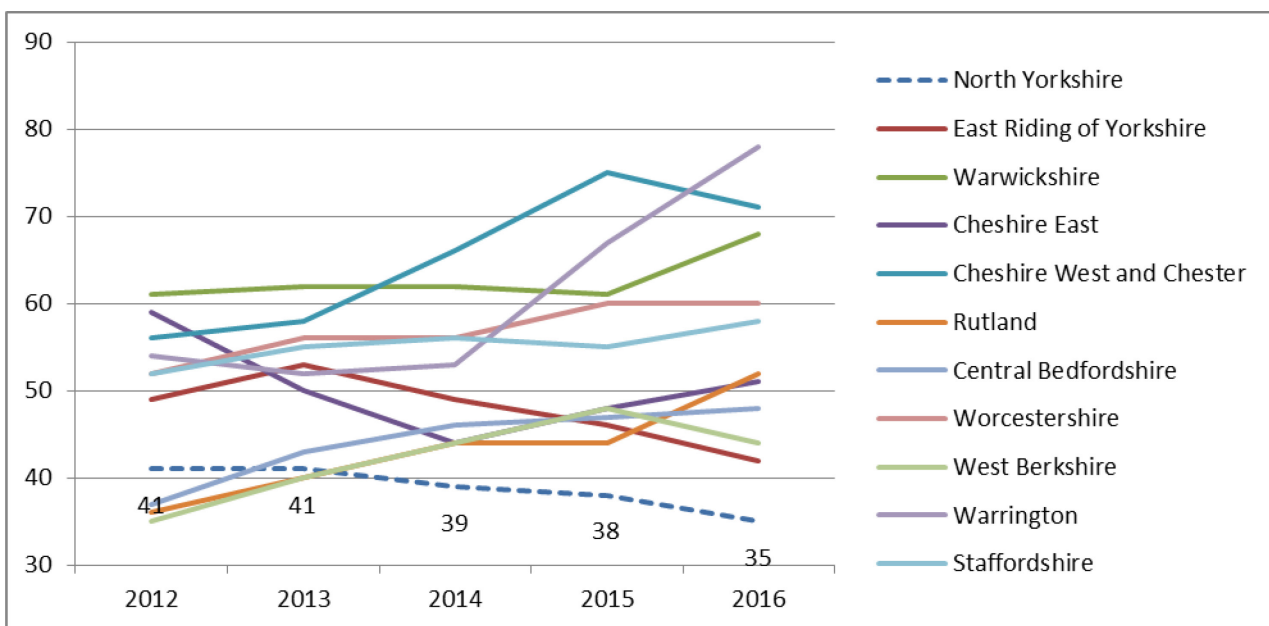
NYCC and statistical neighbours

NYCC governs the non-metropolitan county of North Yorkshire in England. The districts are: Selby, Harrogate, Craven, Richmondshire, Hambleton, Ryedale, and Scarborough. The county covers an area of over 800,000 hectares. North Yorkshire has a population of around 602,300. The principal urban areas are Harrogate, with around 75,620 residents and Scarborough with a population of around 52,370⁴. At the end of March 2016 there were 410 children in local authority care in NYCC (Department for Education, 2016).

⁴ See: [North Yorkshire County Council](#) for further details.

The data presented below have been extracted from the most recent national statistical release for looked after children (Department for Education, 2016) and show the number of looked after children in North Yorkshire, compared to their statistical neighbours. NYCC's rate of all looked after children per 10,000 children has steadily declined from 41 in 2012 to 35 in 2016, a decrease of 15% (Department for Education, 2016). As detailed in Figure 1, for 3 consecutive years, North Yorkshire has had the lowest number of looked after children per 10,000 children in comparison with their 10 local authority statistical neighbours. The national data do not provide details of rates per age groups, so a comparison of the adolescent population is not possible and the data presented below are for all children under the age of 18.

Figure 1: Children looked after at 31 March 2016 by local authority and year: Rates per 10,000 children aged under 18



A comparison of out of authority placements for looked after children also indicates that North Yorkshire placed a higher number of children within the local authority boundary than their statistical neighbours (79%) during the last financial year (ibid). The percentages for North Yorkshire and statistical neighbours are detailed in Table 1. The use of out of authority placements for young people referred to NWD is explored later in this report.

Table 1: Percentage of children looked after inside and outside their LA boundary at 31 March 2016, by local authority⁵

	Inside LA boundary		Outside LA Boundary	
	2015/16	2014/15	2015/16	2014/15
North Yorkshire	79	81	21	19
East Riding of Yorkshire	57	72	25	28
Warwickshire	59	59	42	41
Cheshire East	60	61	39	37
Cheshire West and Chester	55	55	45	44
Rutland	33	36	50	48
Central Bedfordshire	39	39	58	53
Worcestershire	78	79	22	22
West Berkshire	50	54	43	43
Warrington	58	59	40	40
Staffordshire	69	75	29	25

⁵ Figures do not add up to 100% due to suppression of figures to protect confidentiality in the National Statistics: Children Looked After in England including Adoption: 2015 to 2016 tables (Department for Education, 2016). Percentages have been rounded.

Overview of the evaluation

A process, impact and economic evaluation was undertaken. The process module involved exploring the mechanisms through which the service is provided, whilst the impact module examined the outcomes for the young people engaging in the NWD innovation. Through the economic evaluation the value for money that the NWD service offered was examined.

The objectives of the evaluation were to:

- examine the functions of NWD including service description, aims, services provided, and target population
- identify any strengths and weaknesses of the service
- measure changes and improvements in young people in the following indicators
 - accommodation stability
 - engagement and achievements in education, employment and training (EET)
 - criminal activity
 - high risk behaviours, such as substance misuse, going missing from home or placement, teenage pregnancy
 - relationships with others
 - planning of transitions from care to independent living or adulthood
 - resilience, self-esteem and wellbeing
 - access to support in a crisis
- provide recommendations on how the service could be enhanced and improved
- examine cost effectiveness and value for money

A mixed methods approach was adopted which involved obtaining quantitative and qualitative data. Qualitative data were gathered through interviews with young people at 2 points to measure change, their main NWD hub worker, birth and adoptive parents, foster carers and NWD staff including managers, portfolio leads, hub workers, life coaches, communication support workers and police liaison officers. Quantitative data were collated by NYCC and the NWD team through the implementation of a co-produced tracker,⁶ which was developed to track the progress of young people receiving an intervention through NWD. The Strengths and Difficulties Questionnaire (SDQ)⁷ and the

⁶ The tracker was co-designed by the Centre for Child and Family Research and NYCC, to capture child-level data for all young people referred to the service. It was reviewed, amended and updated on a monthly basis.

⁷ The SDQ asks about 25 attributes, some positive and others negative. These 25 items are divided equally between the following attributes: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behaviour. The SDQ is used for clinical assessments; evaluations, epidemiology and research studies, and as a screening tool. A high score means that the child in question is displaying more problems (see for further details [Strengths and Difficulties Questionnaire Information](#)).

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)⁸ were also utilised. The evaluation team also made use of statistical data routinely published by the Department for Education about looked after children, data recorded on NYCC's Liquidlogic Children's Social Care System (LCS) and North Yorkshire Police. Further information about the data collection methods and sample sizes are detailed in Appendix 5, and for information about the tracker, see Appendix 6.

Interviews were recorded, transcribed and exported into the Nvivo software package, and thematic analysis was undertaken to identify patterns through a rigorous process of data familiarisation, data coding and theme development. A deductive approach was undertaken, in which data coding and theme development were directed by the research questions. Quantitative data were analysed in Excel using descriptive, bi-variate and multi-variate analyses.

There were 2 changes to the methodology. Following a pilot, the survey of young people was deemed to be too time consuming for staff to administer the tool, so their use was not continued, and data were gathered via interviews instead. The ethnographic approach proposed for the hubs was only used in the early stages of the evaluation and subsequently evolved into a peripatetic approach in which members of the evaluation team accompanied workers on outreach visits to make initial contact with young people and their families, to secure their subsequent involvement in the evaluation. This change was to reflect the way in which the NWD model was being operationalised, with an emphasis on outreach support. In addition, the sample size for those that completed the WEMWBS was too small to undertake meaningful analysis, as there were under 50 respondents. Therefore, the findings have been reported in the appendices only, (see Appendix 8). However, these findings need to be interpreted with caution.

⁸ The WEMWBS was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. It is a 14 item scale with 5 response categories, summed to provide a single score ranging from 14 (very low) to 70 (very high) (Warwick Medical School, University of Warwick, 2016). An increased score means that the mental wellbeing of the young person in question has improved. See for further details: [Warwick-Edinburgh Mental Wellbeing Scale](#).

Key findings

Overall, the NWD innovation has successfully launched, and, within the relatively short time frame since implementation (less than 2 years), it has made substantial progress towards meeting the intended outcomes for improving the lives of young people aged 12 to 25 who are in, or on the edge of, care. The process of the implementation of NWD and the impact on the young people are detailed in the following sections. The average age of young people referred to NWD is 14 years old and the majority are male (58%), with just over two-fifths being female (42%). Seventy-seven percent were referrals for young people edging to, or on the edge of, care and the remaining 23% were for looked after children.

Process evaluation: Lessons learned, barriers and facilitators

In the following section, we summarise the findings in relation to the implementation of the NWD innovation. Further information is included in Appendix 7. These findings draw on evidence from qualitative interviews with NWD staff and young people; observations from the early ethnographic visits to the NWD hubs, and documentary analysis. We also draw on our secondary analysis of data extracted from NYCC's Management Information System (LCS) and from North Yorkshire Police. We highlight some of the early barriers and facilitators, and also provide evidence where some of the barriers have been overcome as NWD has moved through the implementation stages towards being embedded.

It is essential that implementation is understood as a process and not a single event. Existing implementation science literature suggests that it takes between 2 and 3 years for a social care intervention to reach full implementation, and that it is likely to happen in stages (Fixsen et al., 2005). As would be expected, the findings suggest that NWD had not reached full implementation within the evaluation timeframe, fundamentally as a result of not all the NWD accommodation options being available: this is explored further below. Across NYCC, throughout the process of the development and implementation of NWD, there has been consistent and committed leadership, with all key personnel remaining throughout, which has subsequently been identified as central to the positive implementation of NWD.

It was evident from interviews with NWD staff, meetings with key personnel and documentary analysis, that checks and controls were carried out by the leadership team that aimed to improve processes, staffing, culture and practice. Specific activities to ensure that the service continued to develop and evolve included regular team meetings, development days, and culture and practice days for all NWD staff to resolve any issues, highlight best practice and implement training plans. The ways in which barriers have

been overcome provide useful information to inform potential future scale and growth of NWD, both within NYCC and for other local authorities and child welfare agencies.

NWD team

As outlined in the overview of the project, the NWD innovation comprises an integrated multi-disciplinary team. Each of the roles is detailed in Appendix 7. Overall, there is evidence that the different roles are complementary, and there are direct links between the support offered to the young people and its impact on them, as detailed in the following section. Some of the roles, such as the life coaches and communication support workers, developed over time and comprised less direct work with young people than initially planned. For these roles, the workers provided indirect support to those supporting and caring for young people, such as NWD hub workers, foster carers, parents, teachers, and so on. Indirect work with professionals involved up-skilling the workers through training, consultation and clinical supervision.

NWD central support team

In addition to the multi-disciplinary teams that directly supported young people and their families, a core component of NWD was the creation of a central support team, encompassing a NWD project manager and 2 analysts - one from NYCC and one from North Yorkshire Police. This team provided assistance both to the leadership team and to NWD staff. The 2 analysts worked closely throughout, and their focus on intelligence gathering and information sharing between NYCC and North Yorkshire Police has been a crucial factor in demonstrating positive outcomes and provide emerging evidence to inform funding decisions⁹: see sections on criminal activity and missing from home incidents.

The central support team also contributed data to the NWD RAISE (Risk, Analysis, Intervention, Solution, Evaluation) process. The RAISE process was implemented as part of NWD and was introduced to facilitate the sharing of intelligence and information between all partner agencies, all of whom have ownership and shared accountability. The RAISE process was not operationalised until 12 months into the implementation of the NWD model, as a result of the various protocols that needed to be in place to allow young person-specific data to be shared between agencies. To date, the RAISE process has supported the NWD model to safeguard the young people, particularly in relation to risks within the community in which they live, by the sharing of real-time intelligence.

⁹ See the 'Children and young people who go missing or absent from home and care joint protocol between North Yorkshire Police, North Yorkshire County Council and City of York Council'. Find out more [Children and young people who go missing or absent from home and care](#)

Furthermore, there is evidence of partners having more confidence to manage risk through the RAISE process.

NWD hubs

Both of the NWD hubs were residential children's homes prior to the implementation of NWD. As such, they still have to adhere to children's homes regulations and participate in Ofsted inspections. The homes have undergone substantial changes, and are now referred to as hubs rather than children's homes. Both hubs were refurbished, and building work was cited during interviews with staff and young people as being disruptive during the early stages of implementation: the timing of the receipt of funding for the innovation did not facilitate the completion of the building work prior to the hubs becoming operational. The disruption was time limited, but it did create difficulties in terms of the working environment - for instance, in the office space:

"We've been told that the building work that was due to start months ago is not going to be starting until the autumn and that's a massive issue because, like resources, it's just the space. We just physically have not got the space to be able to do our work. I find it difficult to even have a phone conversation because there's so much going on. I mean, this can be a very stressful environment to work in anyway. I have really struggled with it" (NWD staff member).

In addition, issues arose during the early implementation of NWD when 2 existing teams in one of the hubs, both with their own working cultures and ethos were combined. Recent interviews indicate that the teams have, to some extent, successfully integrated due to strong leadership from management. Furthermore, both teams brought different skills that have contributed to the NWD service:

"Yes, we've shown ability to change... I think we've had quite a lot of transitions I think since the introduction of No Wrong Door... Since I've been here, you walk into a much nicer place really with staff with a much more solution focused attitude and feel like they're back to do their job really. There's, like I say, there's no critique of people in that at all, it's a situation I think that we've had and we've had to manage, but I think given the circumstances it's been managed pretty well and we're certainly on the up from it. I think that was reflected in our recent Ofsted inspection here that showed real positive progress moving forward" (NWD staff member).

The recognition of the change from children's homes to hubs required a shift in thinking and understanding, particularly given that there were young people in placement throughout. This was managed through operational and strategic governance; the NWD leadership team and members of the NWD Project Board (which includes representatives

from NYCC and their partner agencies), that was in place at the start of NWD. Initially, young people placed in the hubs reported that they were very busy, stressing that at times they considered there to be too many staff: this was reiterated by some members of staff. A small number of staff reported that there were misunderstandings in terms of the work that staff were undertaking: for example, a lack of clarity about whether staff were on site to fulfil their hub role, or were undertaking their outreach role.

It is evident from recent interviews with NWD staff and young people living in the hubs that this is no longer an issue, and that remedial steps have been undertaken to reduce the number of staff in the hubs when they are not on shift. Furthermore, there is clarity about which members of staff are working shifts at the hubs and which are working with outreach cases.

Working environment

Overall, during evaluation interviews, staff were positive about NWD and their working environment. An issue that was raised by a small number of NWD staff was the use of temporary and fixed term contracts for a number of the NWD roles:

“So it was coming up to the end of our contract basically and we were unsure whether we were going to be kept on, and a few people did apply for other jobs and went off because they got permanent roles elsewhere, but then it turned out they extended our contract for a further 6 months, which took it up to September just gone, and then the whole process happened again, we didn't know if we were going to be kept or not again. It turns out we were able to so now we've got another 6 month contract which ends up in March, but it's just the uncertainty all the time of whether we need to look for another job or we're going to be kept on” (NWD staff member).

To a certain extent, given the fixed term grant funding for the innovation, this was inevitable, but it consequently had a negative effect on some staff members, in particular when the funding arrangements and length of contracts differed between roles. These issues have been addressed effectively through partner and NYCC commitments to funding for NWD until at least 2020. These financial commitments have been secured through the effective use of emerging findings of the impact of NWD, as detailed in later sections of this report, and effective communication between partner agencies. Many members of staff within NWD have been given permanent contracts.

Impact evaluation: Outcomes for young people supported by NWD innovation

The following sections draw on data extracted from NYCC's LCS management information system; North Yorkshire's Police data system; the NWD child data tracker, with baseline and also follow-up interviews with young people, and interviews with NWD hub workers. This section of the report centres on the impact of NWD on outcomes for young people, exploring the extent to which the NWD innovation has had an effect on its intended outcomes. Where possible, we have drawn on comparative data, using either pre and post data, or a partially matched NYCC sample of young people of the same age group. Given the detailed additional data captured for young people referred to NWD within the tracker, comparative data were not available for all outcome measures. Furthermore, the sample changes month on month as children move into, and out of, the NWD innovation. Therefore, the tables and graphs do not compare the same sample over the course of the evaluation, but provide trends.

As outlined earlier in this report, NWD provides an integrated service for adolescents with complex, multi-faceted needs. At the point of referral they are likely to have experienced previous placement or accommodation breakdowns, and are likely to present with vulnerabilities that subsequently result in risk taking behaviours. They are also likely to have experienced difficulties engaging with previous support or services.

Accommodation stability

The majority (86%) of young people referred to NWD remained out of the care system and were supported in their families. For those that were in care, or entered care during NWD, the number of placement changes that they experienced reduced, and very few young people re-entered care. During the course of the first 2 years of NWD, more young people ceased to be looked after and returned home or moved to independent living, when compared with a matched cohort. The figures underpinning these findings are explored in detail below.

Entry to care and ceasing to be looked after

Over the 18 month timeframe from April 2015 to September 2016, a total of 290 young people were supported under the NWD innovation. Around three-quarters (n=223, 77%) of these were referrals for young people edging to, or on the edge of, care and the majority (86%; n=191) of these remained out of the care system with support from NWD.

Of the young people that were already looked after when referred to NWD (n=67) to support their placement and increase their stability, 40% ceased being looked after.

Table 2: Number of young people, aged 12 to 17 in NYCC, that ceased to be looked after, April 2015 to September 2016¹⁰

	April 2015 – September 2015		October 2015 – March 2016		April 2016 – September 2016	
	NWD	Not NWD	NWD	Not NWD	NWD	Not NWD
Number of looked after children	33	38	36	34	62	49
Number that ceased to be looked after	21 (64%)	10 (26%)	17 (47%)	8 (33%)	21 (34%)	6 (12%)

The NWD cohort of young people that were looked after has been compared with a matched cohort of young people not referred to NWD. As shown in Table 2, a higher proportion of young people referred to NWD ceased to be looked after over the course of the evaluation.

Time spent in care placements

In addition to the increase in the number of young people ceasing to be looked after, there is also evidence of the number of days in care placement reducing in length over the course of the evaluation, with a reduction in the average length of care placement following the introduction of NWD. The length of time spent in care placement is detailed in Table 3. Prior to NWD, and in the first year of NWD, the modal placement length was more than 180 days in care placement. In the second year of NWD, it reduced to between 32 and 180 days.

¹⁰ The table provides the number of looked after children and the number who ceased to be looked after for each six month time frame. Some young people will have experienced a care episode that spanned more than one six month timeframe.

Table 3: Days spent in care placements for young people supported by NWD, April 2014 to September 2016¹¹

Number of days	Number of placements		
	April 2014 – March 2015	April 2015 – March 2016	April 2016 – September 2016
Up to 31	20 (19%)	39 (30%)	21 (26%)
32 to 93	18 (17%)	25 (19%)	23 (29%)
94 to 180	10 (9%)	11 (8%)	23 (29%)
>180	58 (55%)	55 (42%)	13 (16%)
Total	106 (100%)	130 (100%)	80 (100%)

Care placement moves

For the cohort of young people that were in care while being supported by NWD there was a reduction in the modal number of placements when compared with the year prior to the introduction of NWD. The number and proportion of young people experiencing placement changes are detailed in Table 4. The figures show a reduction in the number and proportion of young people experiencing 3 or more placement moves, and the modal number of placement moves reduces from 2 to one.

¹¹ Relates to 85 young people who have received support under NWD.

Table 4: Number of care placement moves for young people supported by NWD, April 2014 to September 2016¹²

Number of care placements	Number of young people		
	April 2014 – March 2015	April 2015 – March 2016	April 2016 – September 2016
3 plus	13 (32%)	17 (31%)	10 (24%)
2	20 (49%)	19 (35%)	14 (34%)
1	8 (20%)	18 (33%)	17 (41%)
Total	41 (100%)	54 (100%)	41 (100%)

Re-entries to care

Re-entries to care for young people that experienced NWD have been rare: only 15% (25 out of 164)¹³ re-entered care during the 18 months from April 2015. Of those, only 7 experienced more than one return to care.

Out of area placements

Only one young person supported by NWD has been placed (in a welfare custodial placement) out of area since NWD commenced. Furthermore, out of area placements are lower in NYCC in comparison with other local authorities. National data show that 61% of all children¹⁴ looked after at 31 March 2016, were in a placement inside the local authority boundary. In comparison, in North Yorkshire, 79% of children were placed inside their local authority boundary.

Accommodation stability for interviewees

Data from baseline interviews with young people provided further evidence of success in promoting stability. Of the 60 young people interviewed at baseline, 19 (32%) reported experiencing stability following a referral to NWD. From the 32 follow-up interviews, there is evidence of stability having increased for a further 13 young people during that period:

¹² This table does not include young people who did not move placements. It relates to 85 young people who have received support under NWD.

¹³ 164 young people referred to NWD were looked after at some time between April 2015 and September 2016.

¹⁴ Not available by age.

“I'd either be at this moment in time out on the streets, off my head on some bloody drugs, at a PRU [Pupil Referral Unit], either in care or sat here smoking [without support around accommodation from NWD]” (Young person).

Researcher: “So you've been there for a little while now then. How are you getting on [in foster placement arranged by NWD]?”

Young person: “Good, I love it. It's mint. It's good. It's a good little family to live in, keep me on track.”

For a small number of the young people (n=8), their accommodation remained unstable between baseline and follow-up interview:

“I got put in a 2-bedroomed house. This is at 16. I didn't even do any semi-independence, I didn't get none of that. I went to a 2-bed house, then basically, a bedsit, then a flat. Went to a flat, which I've literally just moved out of... [Now] only supposed to stay at [family member's] for 4 weeks, so I've only got from next week now and then I've got nowhere to stay” (Young person).

Six of the 32 participants interviewed at follow-up highlighted the positive experiences of planned or gradual placement changes. The remaining 14 of the 32 follow-up interviews referred to experiences of unplanned or sudden moves resulting from placement breakdown. Fourteen out of 32 young people reported being happy in their placements during their follow-up interview. The data from interviews suggest that being in their preferred placement; having good relationships with carers; being independent; and being set boundaries, were the most cited reasons for being happy.

Engagement and achievements in education, employment and training (EET)

During the evaluation timeframe the majority of young people that were in education, employment and training (EET) on entering NWD remained so throughout (69 out of 91, 76%). There was also evidence of a quarter (13 out of 51) of the young people who were not in education, employment or training (NEET) on referral to NWD becoming engaged in education training or employment. Further information is provided in Table 5.

Table 5: Education, employment and training of those under NWD, April 2015 to September 2016¹⁵

Number that were in EET when their NWD intervention started			Number that were NEET when their NWD intervention started			Total
91			51			142
Number that continued to be in EET	Number that became NEET	Missing data	Number that continued to be NEET	Number that became in EET	Missing data	
69	16	6	35	13	3	

Additional data from interviews also showed that, in line with the findings from the tracker database, the majority of young people supported by NWD were in EET, or they were working towards it through applying for college courses or searching for employment. See Table 6 for figures.

Table 6: Education, employment and training status of the interview sample at baseline and follow-up

	Baseline interviews	Follow-up interviews
EET	24 (77%)	20 (65%)
NEET	7 (23%)	11 (35%)
Total	31 (100%)	31 (100%)

Young people described instances of NWD workers helping them into work, either by providing encouragement or details of specific vacancies. For example, 3 young people described NWD staff having helped them secure employment, and another young person described their NWD worker encouraging them to apply for a target number of jobs each week:

“[Name of worker removed] helped me get the interview. She rang them and they told me to come in about the job” (Young person).

“She's [name of NWD worker removed] always like, ‘You've got to apply for this many jobs.’ I apply for 6 every week” (Young person).

The data from young people and NWD hub workers reveal that NWD supports young people to achieve educationally in a number of ways. Much of the work they do involves

¹⁵ This data is taken from the tracker database. Data on EET not recorded for all young people.

advocating on behalf of young people with schools or other education providers - for instance, following exclusions, - or arranging learning support and alternative packages to meet young people's needs, where a mainstream learning environment has been unsuccessful. The data also highlight the work NWD hub workers do directly with young people to help re-engage or maintain them in education, such as addressing behavioural issues, or motivating them to increase their attendance:

Researcher: "What kind of relationship did you have or how did she help you?"

Young person: "She stopped me getting kicked out of school."

Criminal activity

There is evidence of a reduction in criminal activity for young people that were supported by the NWD innovation, demonstrating the positive influence of the police liaison role. Conversely, there was an increase in the number of arrests for all young people aged 12 to 25 in NYCC. The number of arrests and associated trend lines are provided for both cohorts of young people in Figures 2 and 3.

Figure 3 represents all of the young people who have received support through NWD during the evaluation period, but it does not take into account whether they were referred to NWD at the time of the arrests: these arrests may have occurred prior to their referral to the service. It is expected that, as NWD works with the most complex young people, there would often be a period of escalation of offending prior to their referral to NWD, which may continue during their early involvement with NWD. Therefore, arrest levels are likely to fluctuate over time as new young people are referred to NWD.

It is possible, however, to look at the levels of arrests immediately prior to NWD commencing – that is, prior to April 2015 - and data showed that in March 2015, there were 63 arrests of young people who would work with NWD during the evaluation period. By the end of the evaluation period, which was September 2016, this had reduced to 39 arrests, a reduction of 38%.

Figure 2: Arrests of all young people aged 12 to 25 in NYCC, April 2015 to September 2016¹⁶

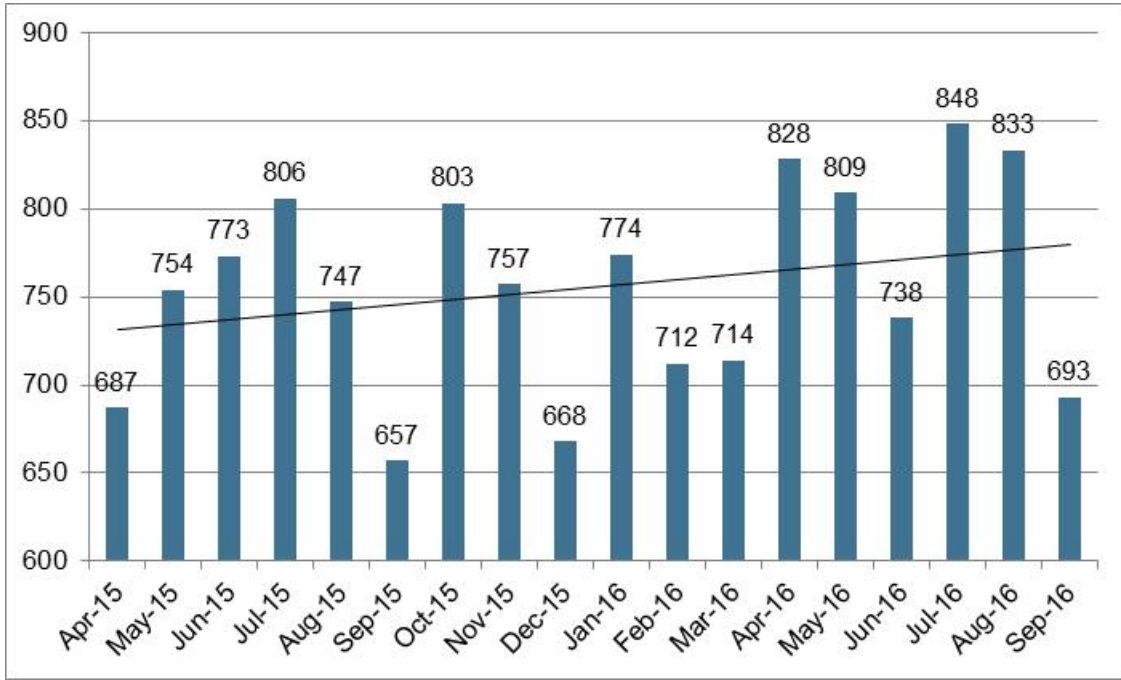
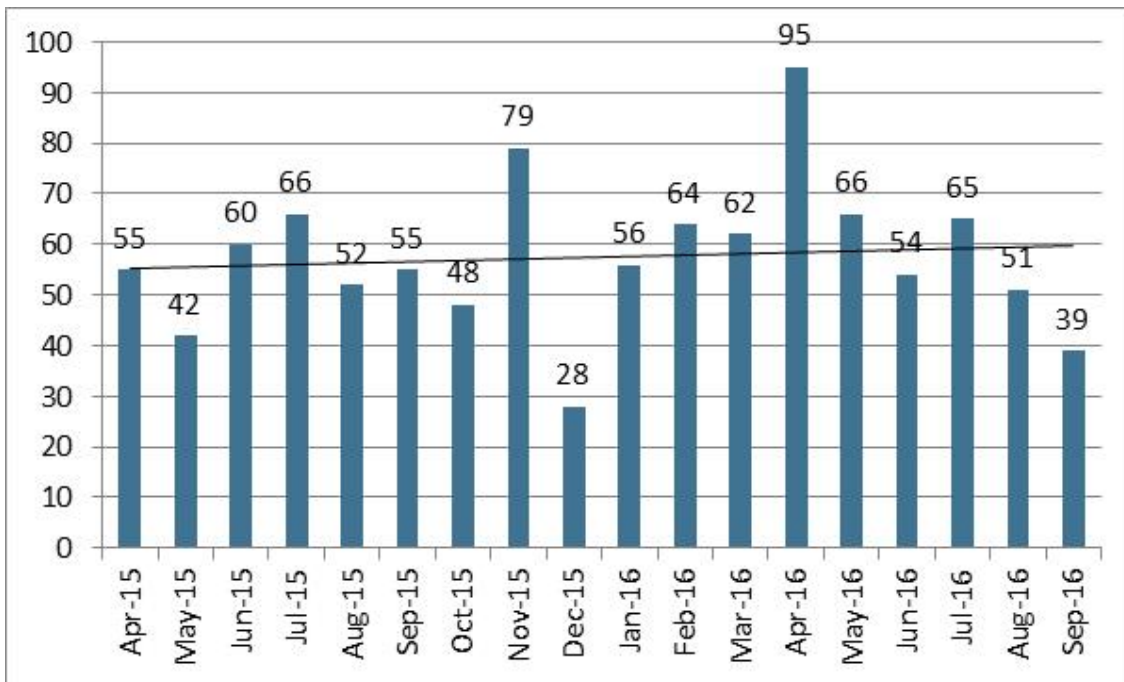


Figure 3: Arrests of all young people supported by NWD, aged 12 to 25, April 2015 to September 2016¹⁷



¹⁶ Relates to 3,937 young people.

¹⁷ Relates to 118 young people that have received support under NWD.

The data from interviews with NWD hub workers suggest that much of their role involved working with young people to help them understand their actions - for example, through restorative justice work, helping manage anger issues, or recognise and avoid those situations where they were likely to become involved in criminal activity. There was evidence of the NWD hub workers working closely with the police liaison officers whose role it is to reduce both the risk of harm to young people, and offending behaviour, through information and intelligence gathering and sharing.

High risk behaviours

Substance misuse

There is evidence of cessation and reduction in substance (including alcohol) use for some of the NWD cohort, with data from both the data tracker and interviews with young people corroborating this finding. Data from the tracker showed that 61 young people had used substances between March 2016 and September 2016,¹⁸ and data on use at follow-up was available for 57. Nearly a third (32%, 18 out of 57) of young people supported by NWD had either ceased or reduced their substance use. For the remainder, most reported that their use of substances had not changed (53%, 30 out of 57) and very few reported that it had increased (16%, 9 out of 57).

For those young people that were using substances, cannabis was the drug identified in interviews as being most commonly used. Alcohol appeared to play a lesser role in the young people's lives than drugs. During interviews NWD workers described the complexities of engaging with young people about high risk behaviours, including substance misuse. The workers highlighted the need to gradually develop relationships with young people to establish trust before they could address specific issues.

Missing from home incidents

The number of incidents of going missing substantially decreased following referral to the NWD innovation. In the year prior to the introduction of NWD, April 2014 to March 2015, there were a total of 503 missing incidents recorded for the young people that were subsequently referred to NWD. For this cohort of young people, the number of missing incidents reduced to 253 following referral to, and receipt of, the NWD innovation. For a matched cohort of young people not accessing NWD, there was also a reduction in

¹⁸ Data on substance use not recorded prior to March 2016.

missing from home incidents, although the decrease was much lower (9%) compared with a 54% reduction for the NWD cohort¹⁹. See Figures 4 and 5 for further details.

Figure 4: Number of missing from home incidents for young people supported by NWD, April 2014 to September 2016²⁰

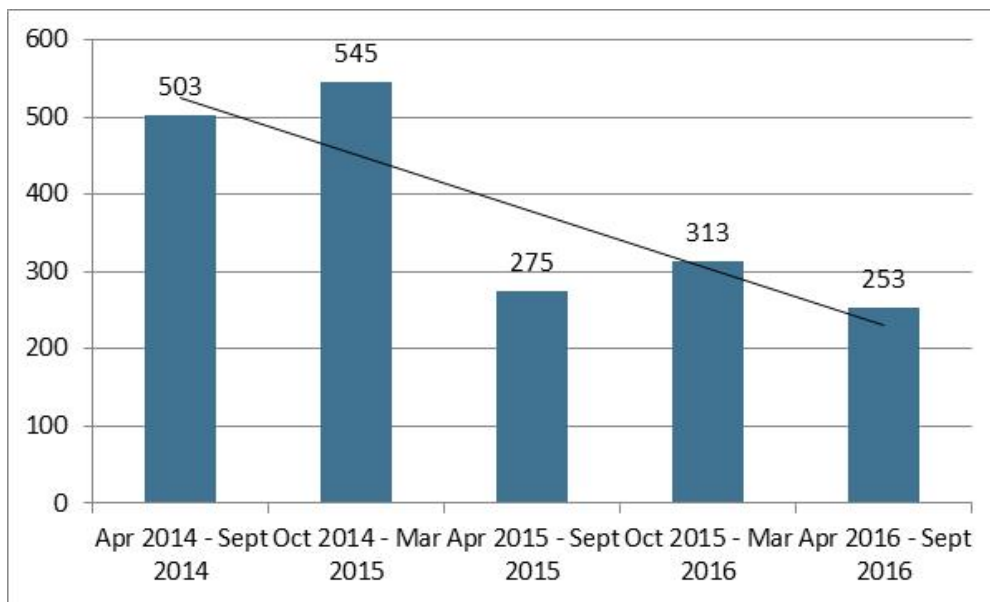
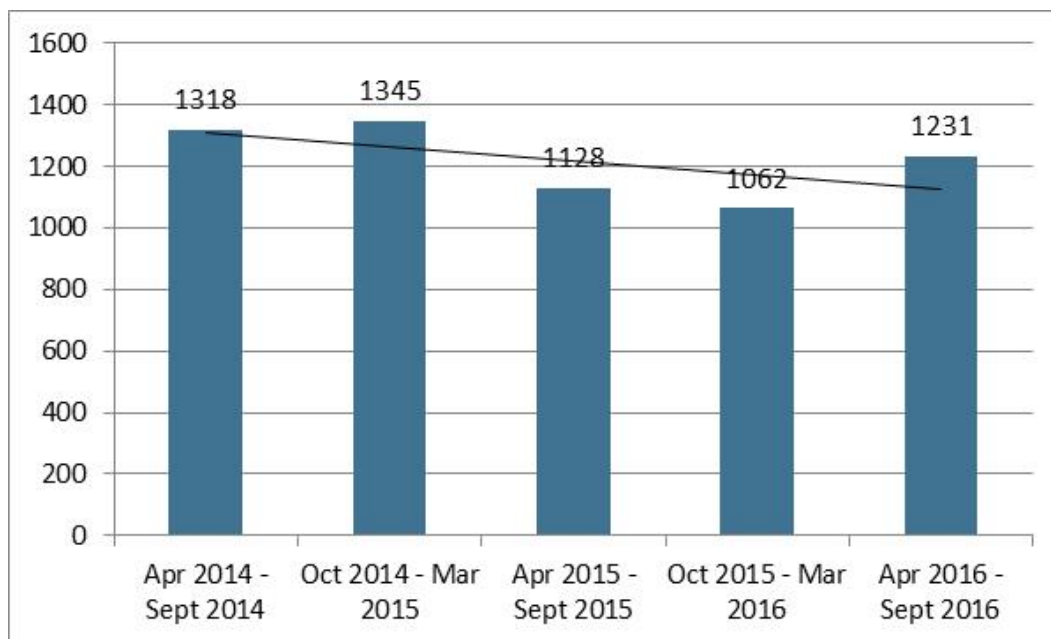


Figure 5: Number of missing from home incidents for young people aged 12 to 25 in NYCC not involved with NWD, April 2014 to September 2016²¹



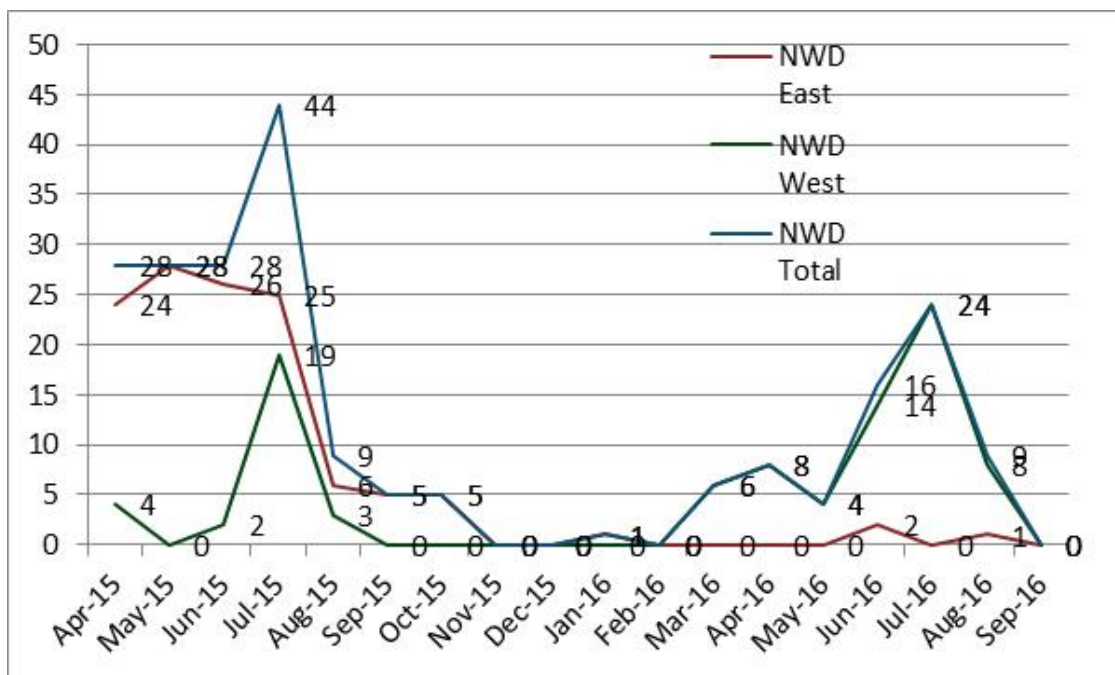
¹⁹ The recording of absent from placement did not rise as the number of missing from home incidents decreased.

²⁰ Relates to 188 young people that have received support under NWD.

²¹ Relates to 561 young people.

As outlined earlier in this report, the police liaison officers are based in the hubs, and the majority of their work is with young people placed in them. Exploration of the missing incidents for the cohort of young people placed in the hubs indicates a substantial reduction: despite a brief peak in missing incidents in July 2016, as a consequence of 2 new referrals (of the 24 missing incidents during the month, 22 were related to 2 young people) there was a 45% decrease in missing incidents in July 2016 compared to the same month in 2015. This downward trend has continued since July 2016. The missing incidents for the young people placed in the hubs are shown from April 2015 until September 2016 in Figure 6.

Figure 6: Number of NWD residential young people's missing from home incidents, April 2015 to September 2016²²

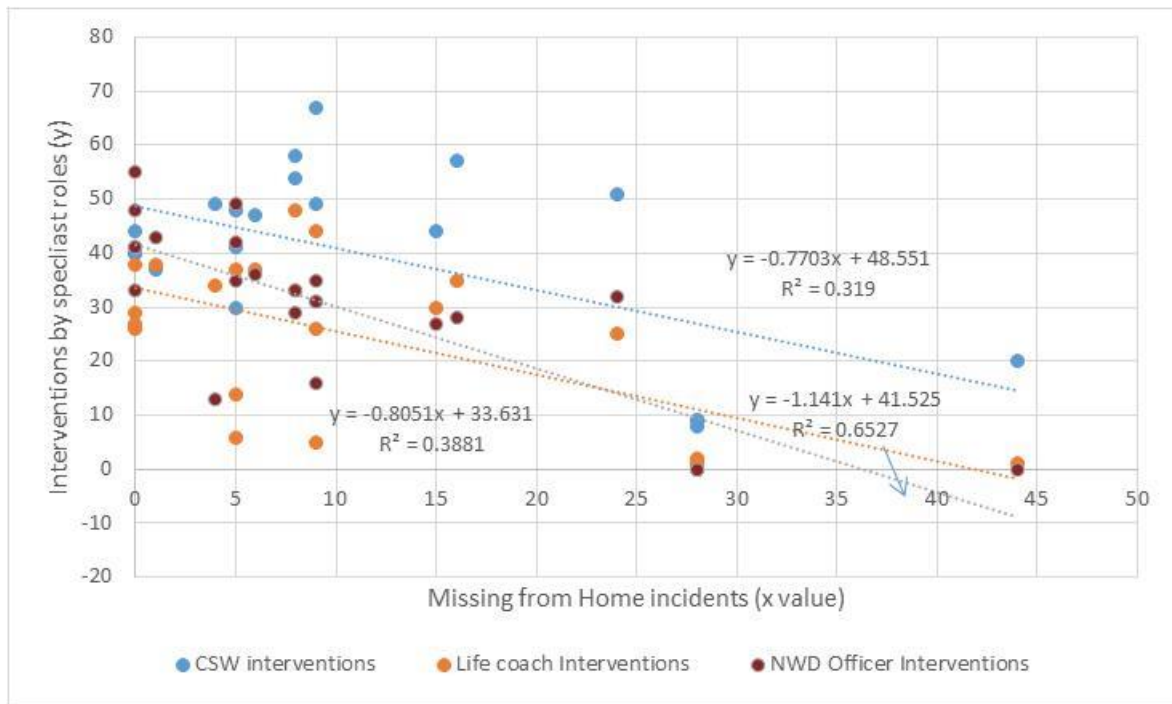


The missing incident data were explored further to examine the impact of the impact of the NWD specialist staff; the police liaison officer; life coach, and communications support worker. Data from April 2015 to January 2017 were analysed to explore correlations between the number of interventions by the life coach and the communications support worker, and missing incidents. For the young people resident in the NWD hubs, a moderate to strong negative correlation (-0.56 and -0.62 respectively) was identified. The young people with higher levels of support from the life coaches and communication support workers went missing less frequently. A higher negative correlation (-0.80) was identified for involvement by the police liaison officer: these

²² Data from April 2015 only, as this is when the NWD hubs were established and residential placements under NWD available. Relates to 17 young people supported under NWD.

missing incidents decreased as involvement and support by the police liaison office increased. See Figure 7 below for further details.

Figure 7: Missing from home incidents in relation to interventions from the specialist staff (life coaches, communication support workers, police liaison officers), April 2015 to January 2017²³



The interviews with the young people also identified a downward trend in missing incidents, with follow-up interviews revealing fewer instances of young people under NWD going missing from home. Feeling happier in their placement and the establishment of secure relationships were most frequently cited by the young people for their reduction in missing incidents. From the interviews, there is also evidence of the directly attributable positive impact of the NWD hub workers - for example, where workers had helped a young person to take responsibility for their own safety, and where they had helped parents develop strategies. There was also an example of a NWD worker successfully helping to diffuse a situation where a young person was threatening to run away from placement. Despite the positive changes for a large proportion of the cohort, there were also examples of young people continuing to go missing from home - for instance, where a young person was unable to understand the risks involved, and where a young person was unhappy in their current placement.

²³ Data from April 2015 only, as this is when the NWD specialist staff were appointed. Data was available for a longer period (i.e. up to January 2017) when this analysis was undertaken. Relates to 22 young people supported under NWD.

Child sexual exploitation (CSE)

NWD hub workers identified 9 young people as being at risk of CSE. The risk, as identified by the workers, usually arose due to a combination of factors, such as drug and alcohol use; a young person's age and naivety; low self-esteem; associating with older individuals or negative peer groups; and being out on the street late at night. In all of these cases, except for one where the NWD worker was not involved for very long, workers discussed the potential risks with young people, and in 3 cases, described additionally using the internet and worksheets with young people. Two NWD workers also described involving parents and carers in this process to support their work. At this stage, it is not possible to conclude from the data whether this work was having a positive effect to divert young people from CSE. There is evidence from the use of the RAISE process to share intelligence data of earlier identification of potential risks from known offenders within the community.

Crisis presentations

Data were collected on Accident and Emergency (A&E) presentations to explore any changes following the introduction of NWD. Data showed that, although based on small numbers, there was evidence of A&E attendances decreasing. In the year prior to NWD, which was April 2014 to March 2015, there were 21 presentations, whereas in the first year of NWD, which was April 2015 to March 2016, there were 9 presentations. In the following 6 months, which was April 2016 to September 2016, there was just one attendance.

There is emerging evidence to suggest that NWD is successfully providing many young people with an access point for support, including during a crisis. As part of the NWD innovation, hub workers aim to ensure that young people have access to support in a crisis, and that crisis presentations are reduced. Thirty-seven young people discussed who they would turn to if they had a problem, or were worried about something. Just under half of this group, 18 out of 37, identified their main NWD hub worker, or other NWD staff, as people they would speak to, suggesting that NWD is successfully providing many young people with an access point for support. However, 6 young people, out of 37, preferred to keep problems to themselves rather than seeking help, and there were 3 instances of young people feeling they had nobody appropriate to turn to when they had a problem or were at crisis point.

Planning of transitions from care into independent living and adulthood

Outcomes in terms of transitions to independence were mixed. Whilst some young people reported being prepared and supported during their transition to independent

living and adulthood, others described abrupt moves, although these findings are based on small numbers.

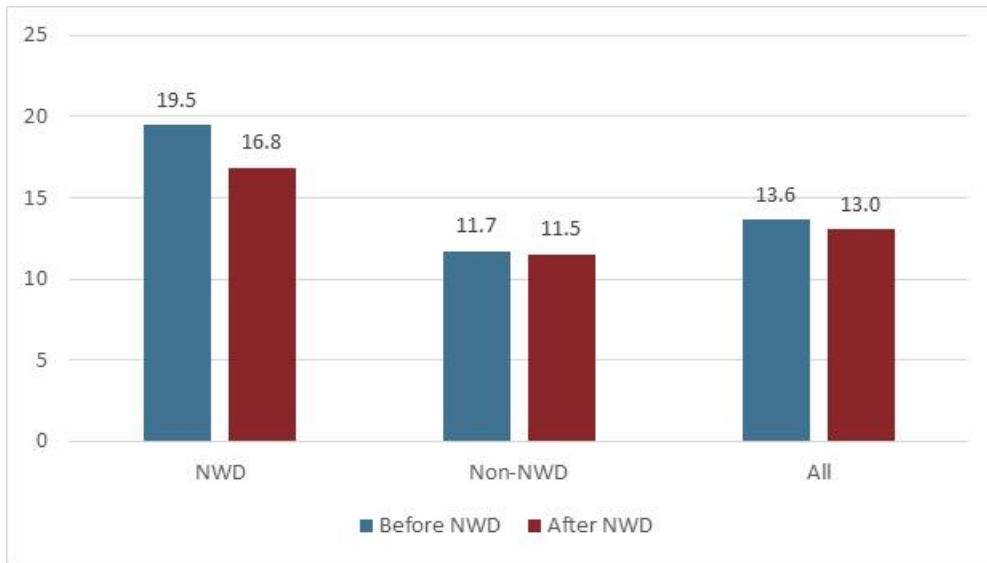
NWD has an important role in preparing young people for adulthood, and equipping them with the necessary skills and knowledge to increase the likelihood of positive outcomes. From the baseline data, young people generally appeared to assume that their NWD hub workers would continue to support them as they moved towards independence. However, the level of preparation and support received by those young people actually making the transition to independence was mixed, although it was sometimes unclear precisely when NWD involvement began. Four young people described having received some preparation or support from NWD for their move to independence. This included making a young person aware of how long support would continue; making joint decisions with NWD staff about a future transition to independence; being taught the necessary skills to live more independently; and being prepared gradually for the move. Two young people also described experiencing abrupt moves from residential care without any apparent transition support. The data also reveal 5 young people who had already begun living independently, or semi-independently, at the time of baseline interview who could benefit greatly from increased NWD support. These young people described a series of unplanned placement changes, which, for 3 young people, included a period of homelessness.

Improving resilience, self-esteem and wellbeing

Over the course of the evaluation the SDQ scores for young people under NWD reduced, from 19.5 to 16.8²⁴, whereas for a comparison cohort of young people SDQ scores remained static, 11.7 and 11.5. The mean SDQ scores for the NWD cohort and comparison group, pre and post NWD, are presented in Figure 8.

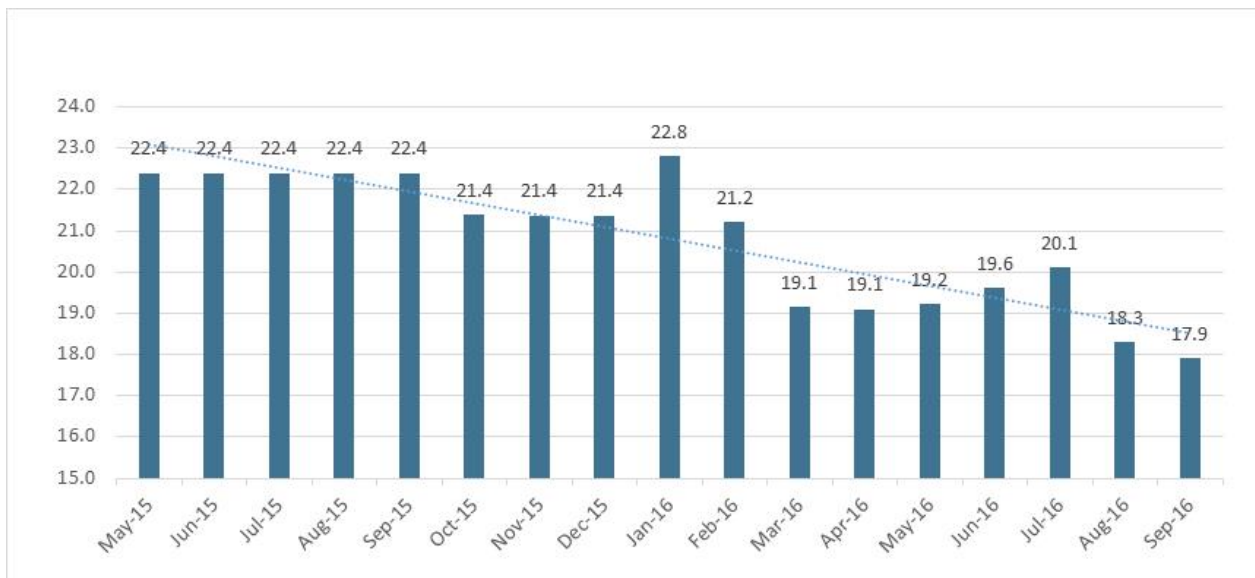
²⁴ SDQ scores over 20 are classed as very high and only 5% of the population are expected to score in this range. A high score means that the child in question is displaying more problems.

Figure 8: SDQ scores for young people aged 12 to 17, according to whether they were supported by NWD or not, March 2015 to September 2016²⁵



As detailed in previous sections, the NWD young people placed in the hubs are more likely to receive direct work from the life coaches. Figure 9 shows the SDQ scores for the sub-sample of NWD young people that were placed in the hubs at some time between May 2015 and September 2016.

Figure 9: SDQ scores for NWD residential young people aged 12 to 17, May 2015 to September 2016²⁶

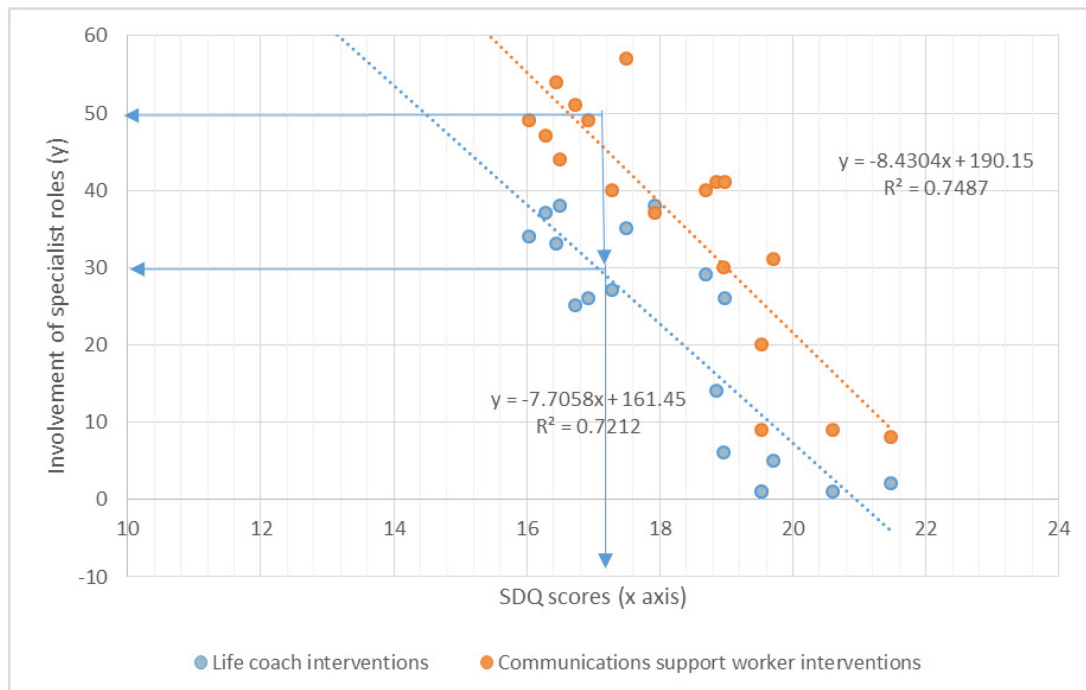


²⁵ The sample size for the comparison group was 174 at baseline and 214 at follow up. For the NWD cohort the sample was smaller: 43 and 61 respectively. Data shows the average SDQ score prior to NWD, which is March 2015, and then at the end of the evaluation period, which was September 2016.

²⁶ Relates to 25 young people that received support under NWD. For young people receiving support under NWD, SDQ scores were collated from May 2015.

As with missing incidents, the SDQ data were examined to explore the impact of the specialist staff; life coaches, and communications support workers on SDQ scores. Data from April 2015 to September 2016 were explored to look at the correlation between interventions from the life coach and the communications support worker, and young people's SDQ scores. For support from the life coach and the communications support worker, there was a strong negative correlation (-0.849 and -0.865 respectively). Linear regression was used and the results are detailed in Figure 10. The data show that, as interventions from the life coach and communication support worker increased, SDQ scores reduced.

Figure 10: SDQ scores in relation to interventions from the life coaches and communication support workers, April 2015 to September 2016²⁷



During interviews, the young people referred to a range of mental health issues, including depression, anxiety and self-harm. Thirty-two baseline interviewees (60%) reported mental health issues, or that they were attending therapy. Of the 32 follow-up participants, data were available about mental health at both baseline and follow-up for 20. Of these, nearly two-thirds (13, 65%) reported mental health issues, or that they were attending therapy at baseline. At follow-up the number reporting mental health issues or attending therapy had reduced to 11 (55%). NWD hub workers referred to implementing a range of different strategies with young people, depending upon the nature of the

²⁷ Data from April 2015 only, as this is when the NWD specialist staff were appointed. Relates to 61 young people. Based upon the monthly average of the SDQ scores for NWD each month against the communication support worker and life coach interventions. SDQ scores taken in each month have been averaged.

problem, including arranging referral to Child and Adolescent Mental Health Services (CAMHS) or the NWD life coach.

Improving levels of resilience and self-esteem are activities which are central to the work undertaken by NWD with young people - for example, addressing self-esteem to improve young people's educational outcomes. The outreach and bespoke activities²⁸ organised by NWD to increase resilience and self-esteem were viewed positively by young people.

Relationships with NWD hub workers

There was evidence to suggest positive relationships between young people and their main NWD hub worker.

At baseline interview, 40 young people described having a positive relationship with their main NWD hub worker, even where those relationships were in the very early stages. Young people valued their workers being available to meet their needs, rather than only being available by appointment, and sensed that they genuinely cared for them, rather than just going through the motions. Examples were given of workers going the extra mile by seeing young people in their own time, and continuing to respond to young people in need even where a new worker had been appointed.

NWD hub workers emphasised how relationships had to develop gradually: young people may refuse to engage initially and workers needed to earn their trust and show that they could be relied upon. There were instances where young people refused to engage with certain staff members, and this was recognised as a possibility by staff. The data also reveal examples of young people wanting to receive support from NWD hub workers after formal involvement with NWD had ceased, and also of a young person refusing to engage with anyone else when a decision was made to change worker. This illustrates how important a relationship with a main NWD hub worker can become to young people, and therefore the importance of maintaining successful relationships wherever possible.

Fifteen young people who were no longer looked after - they either ceased to be looked after or left as a care leaver - revealed at follow-up interview that the support they received varied greatly. This is not unexpected, as the support is intended to be tailored to the needs of the individual young person. Seven of these young people had continued to receive support, or were happy that support had been withdrawn at the appropriate

²⁸ An NWD bespoke placement is a time limited intervention in non-regulated accommodation for up to 28 days. It is agreed through the Planning and Permanence Panel and provides an opportunity for assessment of need and safer management of complex dynamics and risk taking behaviour. The trained, experienced and skilled NWD team will support the young people to return to baseline behaviours and allow the time for a social work assessment to plan and identify the most appropriate longer term placement or permanence option.

time. There were a further 4 cases where it was suggested by young people, their families and carers or NWD workers, that support could have been better handled. Where support was ongoing after young people left care, it appeared to continue beyond the initial 12 week period in some cases where the young person's support needs required it.

Does NWD offer value for money?

Part of the rationale for the development of the NWD model was to develop a cost effective approach to support young people with complex needs on the edge of care. At the outset, NYCC proposed potential cost savings by improving the outcomes of the young people, as detailed earlier in this report. This evaluation has sought to provide evidence for NYCC and their partner agencies about the potential cost savings, costs avoided and non-cashable benefits. Furthermore, one of the elements of the evaluation to cost the pathways of all young people referred to NWD, is being carried out through work to extend and adapt the Cost Calculator for Children's Services²⁹ (developed by members of the evaluation team) which currently produces analyses of the costs of care pathways for looked after children. Information about the Cost Calculator and the extensions to the tool for NWD, to develop an Edge of Care Cost Calculator (EoCCC) is detailed in Appendix 9. This approach is being utilised to capture the complexity of the needs and circumstances of the young people; the different service response they receive as part of NWD, and how this might change over time (different levels of support to meet their changing needs).

The costs of NWD

Data detailing the costs of NWD were shared with the evaluation team. The total costs associated with NWD are in the region of £2.25 million for the current financial year and these are projected to reduce to below £1.99 million over the course of the next 3 years as NWD becomes embedded. These total costs include all staffing, including the specialist roles within the hubs, and non-staffing costs, such as recruitment and training. The costs also include the expenditure related to placements, such as bespoke packages, supported accommodation and lodgings, hub family placements, and outreach support. A number of these costs are not in addition to previous expenditure for the cohort of young people prior to the implementation of NWD - for example, the hubs were previously operational as residential children's homes. Furthermore, the reconfiguration of residential beds in North Yorkshire and the closure of one of the children's homes at the outset of NWD has resulted in an annual cost saving of approximately £600,000,

²⁹ For further information about the Cost Calculator tool and the underpinning research see [Cost Calculator for Children's Services](#)

which can be offset against the expenditure detailed above. Prior to the introduction of NWD, NYCC were operating at 97% capacity in their residential children's homes during the 2014-15 financial year, with a total of 15 residential beds. The use of residential placements has reduced to 45%, of a total of 12 residential beds, during the second year of NWD.

As detailed earlier in this report, the service and support that the young people referred to NWD received varied considerably, with packages of support tailored to meet their needs. Consequently, we have not sought to estimate a unit cost per child referred to NWD: instead, we have developed a series of unit costs for different levels of intervention. These include a bespoke package and different intensities of outreach support, with recognition that the intensity and length of support offered to young people will vary. Some young people required intensive, tailored outreach support, with daily face-to-face contact with their outreach worker. For other young people, the level of outreach support was much lower - for example, around 3 hours per month. The highest unit cost for NWD is to provide a short term, usually 28 days, bespoke package which is estimated to be in the region of £5,000 per week. These packages have been used to provide intensive support to build relationships and increase stability for young people, and negate the use of higher cost, specialist placements out of the area of the authority. As detailed below the avoidance of external, out of authority placements since the commencement of NWD has led to demonstrable cost savings for NYCC. Further details about these savings and the unit costs of the different support and services that young people receive are in the process of being incorporated into the aforementioned EoCCC. Examples of the process maps detailing pathways through NWD are included in Appendices 10 and 11.

Value for money

Our analysis to date has focused on whether it has been possible to off-set the costs of implementing NWD with the outcomes that have been achieved for the young people that have been referred. A comprehensive analysis of the value for all of the outcome measures, and attributing these to the range of partner agencies in North Yorkshire is ongoing and is being incorporated into the EoCCC.

At this stage in the evaluation, there is compelling evidence about the value for money of NWD, both for NYCC and their partner agencies. Furthermore, some of these analyses have been used to inform decision making and continued investment in NWD by partner agencies. For example, the findings of the effect of NWD on offending behaviour and missing from home incidents were summarised in a thematic report for North Yorkshire Police in 2016. The findings provided evidence of costs avoided to the police - in the region of £200,000 - during the first year of NWD. These were as a result of a reduction in arrests and a decrease in missing from home incidents, which have continued. The

evidence subsequently led to a decision to permanently fund the NWD officer roles within the hubs, and the analyst role as part of the NWD central support team.

A subsequent thematic report was produced in autumn 2016 (Lushey et al., 2016) to explore the effect of NWD on the health and wellbeing of the young people referred to the service, and, specifically, the effect of the embedded health roles in the hubs. The findings highlight not only the non-cashable benefits associated with earlier identification of needs, quicker referral, and the development of relationships, but also the estimated value for money associated with diverting cases away from a traditional CAMHS pathway. The estimated cost savings associated with cases being assessed within NWD rather than being referred to CAMHS is in the region of £160,000 per annum.

Furthermore, the estimated cost savings associated with the work of the communication support workers to carry out speech and language assessments and provide support to meet speech, language and communication needs is just over £300,000 per annum (Curtis and Burns, 2016).

Part of the underlying ethos of NWD is to keep young people close to their families and communities and to reduce the use of residential provision. To date, NYCC have not placed a young person in out of authority care as a consequence of a care need since NWD commenced. The costs associated with placing a young person outside the area of the local authority are estimated to be in the region of £8,500 per week, or in excess of £440,000 per annum (ibid): being able to avoid the use of these placements has led to cost savings for NYCC. Furthermore, existing research highlights the value for money of meeting children's needs in placements within the placing authority, with reduced costs to support placements - for example, a reduction in social work travel time to visit young people in placements, and also the potential stability in education, familial and peer relationships (Ward et al., 2008).

As detailed earlier in this report, the young people that accessed NWD experienced fewer placement moves once they were supported by the innovation. The costs incurred by placement changes have been estimated to range from £250 to £1,500 per change (ibid), becoming incrementally more expensive as young people experience subsequent placements. For the cohort of young people that accessed NWD, the total costs associated with placement change were in excess of £65,000 in the year prior to NWD. This figure reduced by approximately £20,000 for the NWD cohort as a consequence of increased placement stability. In addition to improved placement stability, the NWD cohort of young people also spent less time in care, constituting further cost savings for NYCC.

Limitations of the evaluation and future evaluation

Appropriateness of the evaluative approach for this innovation

Overall, the evaluation approach and methods detailed earlier in this report were appropriate for the innovation. It is recommended that the child-level data tracker continues to be used to capture longer term outcomes of the young people referred to the NWD programme.

Capacity and sustainability of the evaluation

Over the course of the evaluation, the research team and NWD project team have worked together to co-design key tools, and discussions have taken place on a monthly basis to ensure there is capacity for future evaluation of the NWD model within NYCC.

Specific activities to ensure the sustainability of the evaluation include the following:

- continued funding of the NYCC data analyst - additional funding has been secured by NYCC, and also for related research and evaluation activities, in partnership with CCFR, Loughborough University
- development of an Edge of Care Cost Calculator (EoCCC) tool with NYCC which can be used on an ongoing basis by NYCC to continue to assess the value for money of the NWD model

Implications and recommendations

Evaluative evidence, or lack of, for capacity and sustainability of the innovation

NWD is an ambitious innovation that aims to improve the life chances of young people with complex needs. The evidence from this evaluation indicates that the NWD model has made substantial progress to achieving its intended aims. The number of young people ceasing to be looked after has increased, and the majority of NWD young people remained out of the care system. NWD young people that were in care were all, except one, placed in the local authority boundary area. In addition, there were many examples of NWD staff promoting accommodation stability through securing care placements and stable accommodation, helping young people develop life skills, and addressing tensions in the family home. Despite the challenges experienced by many NWD young people, many were in, or working towards, EET, and NWD hub workers went the extra mile to support them with their education and employment. There has been a decrease in arrests and missing incidents for those supported under NWD, and an improvement in SDQ scores. There is some evidence about the potentially positive impact of the RAISE process for information sharing to avert CSE. A main strength of the NWD innovation is the main NWD hub worker and the majority of young people had positive relationships with their workers and this continued post NWD; however, there were some instances where young people perceived that support ended abruptly or too soon. The extent to which young people perceived themselves to be supported during transitions to independence varied. Whilst there were some excellent examples of support, some young people reported rushed moves and inadequate support.

Conditions necessary for this innovation to be embedded

There are 10 distinguishing features of NWD and these relate to:

- always progressing to permanence within a family or community
- high stickability of the key worker
- fewer referrals, less stigma
- robust training strategy same, or similar to, restorative practice and therapeutic support
- no heads on beds culture
- no-appointment assessments
- a core offer to all young people
- multi-agency, intelligence-led approach to reduce risk
- close partnership working
- young people's aspirations drive practice

(See Appendix 3 for further details).

The conditions necessary for the implementation of the NWD innovation programme include consistent leadership and workforce stability; clear referral criteria and thresholds for acceptance; a range of supported accommodation options, and dependable and consistent relationships between NWD hub workers and young people. Funding, particularly from other agencies, such as the police, is important, as it provides the opportunity to offer long-term, or permanent, contracts to specialist staff.

Consideration of future development of the innovation and wider application

Since the early stages of the development of the NWD model, there has been substantial interest in the model, both nationally and internationally. The NYCC NWD leadership team has provided information to interested parties and has hosted a series of events within NYCC. Elements of NWD's scale and growth plans have been shared with over 75 organisations. In addition, the NWD leadership team and the evaluation team have worked together to produce presentations for national and international conferences to provide emerging findings to inform the potential future and wider application of the innovation.

As part of their role as a Department for Education Partner in Practice, NYCC have secured funding to extend the NWD model into 2 further areas. Firstly, the project is being extended to work with vulnerable young people with social, emotional and mental health needs in residential schools and pupil referral units. The second extension relates to care leavers and the planned adaptation of the NWD approach to work with 135-185 care leavers over the next 4 years who currently do not meet NWD's referral criteria, to further support transitions to adulthood.

Recommendations

As detailed above, the evidence from this evaluation indicates that the NWD innovation has made substantial progress to achieving its intended aims. The findings have led to the identification of a number of recommendations for policy and practice for services for adolescents in care and on the edge of care.

Recommendations for the NWD programme and for those considering implementing NWD

Recommendations are as follows:

- the evidence presented in this report relates to NWD with a set of 10 distinguishing features. These should form the basis of the development of NWD programmes in other local authorities or child welfare agencies
- consistent and committed leadership at director and management level is required to facilitate effective implementation of the programme, and ensure the development and growth of NWD
- a committed and dedicated team is essential, and, where teams or new and existing staff are employed as part of the development of a new service, it is important that they are supported to develop positive working relationships
- contractual arrangements are important in terms of recruiting and retaining a full staffing quota, and, sometimes, unavoidable fixed term contracts can lead to uncertainty and instability; therefore, the use of impact data to inform funding decisions is encouraged to support the sustainability of future NWD innovations
- ensuring supported accommodation options are in place is important for adolescents in care; such pathways to independence provide the opportunity for care leavers to make a gradual transition to independence and improved outcomes
- external factors can negatively affect the implementation of a programme; therefore, ongoing review of the implementation process is required to identify barriers and provide solutions to address any barriers, with both short and long term solutions

Recommendations for national policy and practice

The gathering of intelligence data and information sharing between North Yorkshire Police and NYCC has been central to evidence the positive outcomes achieved by the NWD innovation. This has been achieved both by the inclusion of the analyst roles as part of the NWD central support team, and through the introduction of the RAISE process. Integration of the specialist roles has filled a gap in service provision for adolescents in care and on the edge of care. The posts enable those working closely with

young people to obtain advice and support that they would not otherwise have access to, or would be reluctant to engage with. The evidence also indicates that integration of the specialist roles has enabled the development of positive relationships between young people and professionals. We recommend that the learning should be captured to inform policy and practice nationally to safeguard young people for whom there is a possibility of involvement in risk taking behaviours.

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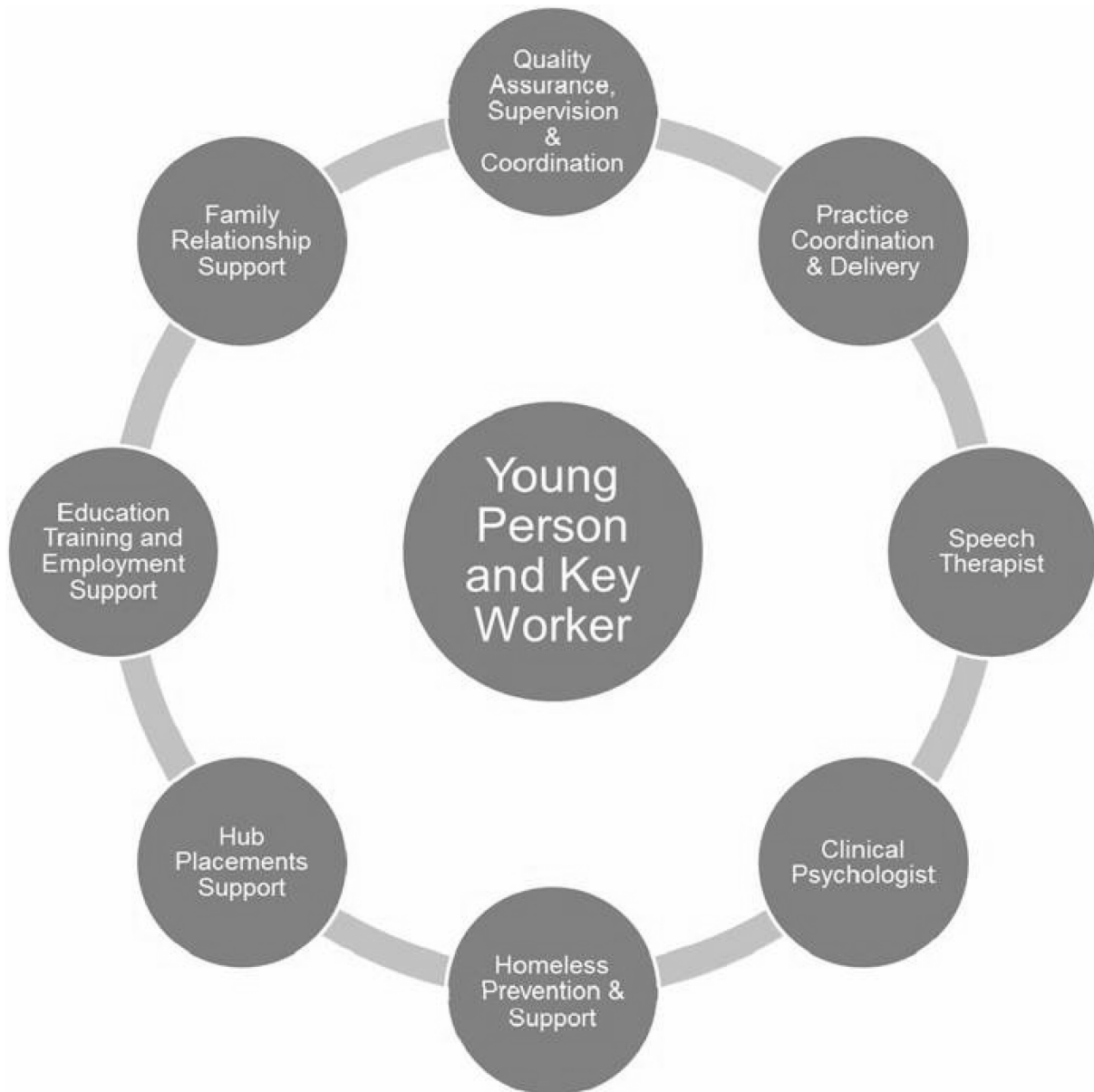
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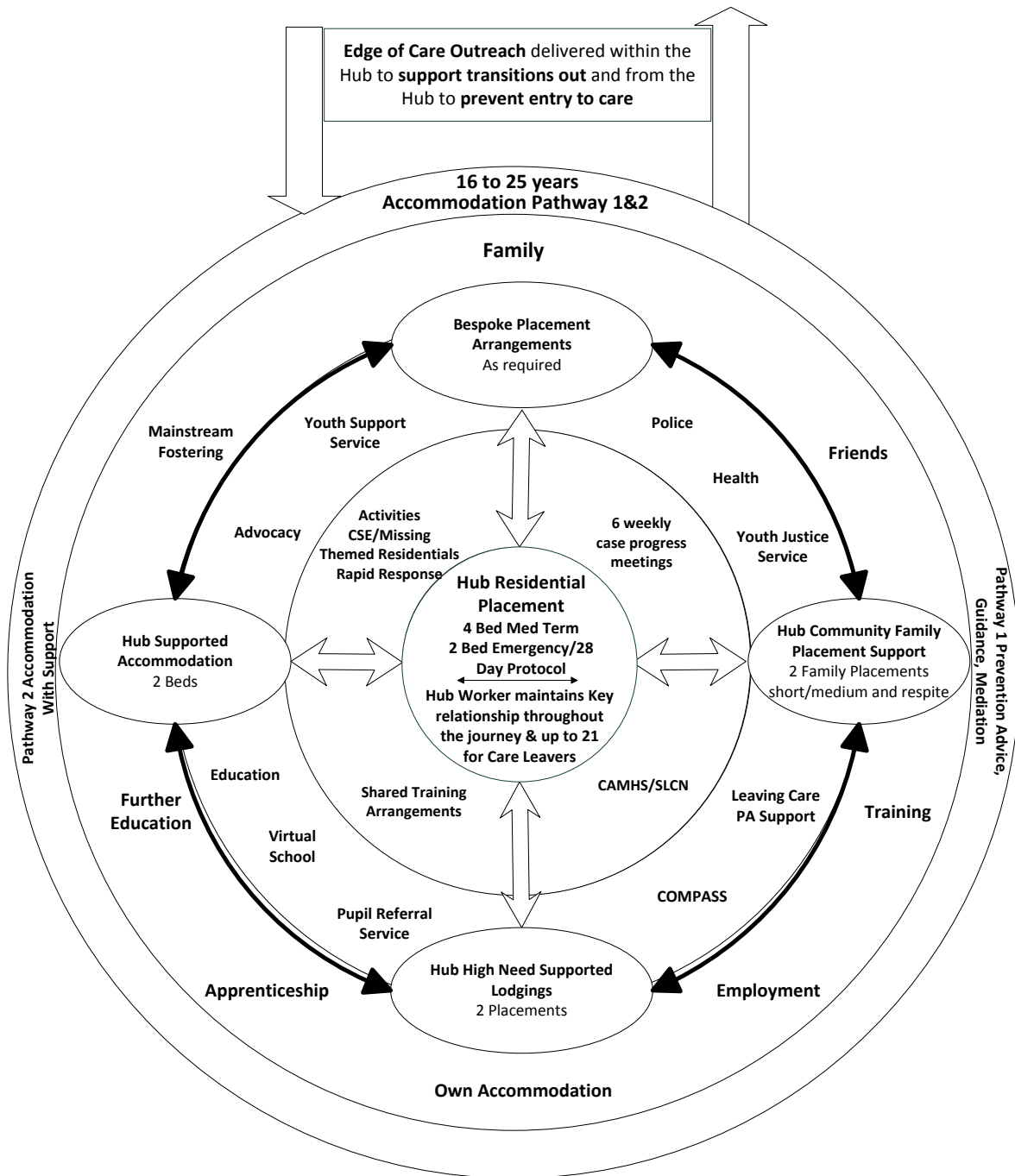
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Appendices

Appendix 1: Staff and support available under the NWD innovation programme



Appendix 2: Outreach and accommodation options available under the NWD innovation programme



Appendix 3: 10 No Wrong Door distinguishers

Distinguisher	Practice	Indicators and data	Stage of development
1) Always progressing to permanence within a family or community	<p>Strong work with the birth family</p> <p>Supported transition to independence</p> <p>Managed transitions, Hub Community Families and High Needs Supported Lodgings</p>	<p>-Ask young people</p> <p>-Ask life coaches and communication support workers</p> <p>-Asking key-workers</p> <p>-Care and progression plans</p>	<p>Self-developing</p> <p>Improving</p> <p>Establishing</p> <p>Beginning</p>
2) High stickability of the key worker	<p>Care leavers can stay close and access support</p> <p>Same key worker across accommodation moves</p> <p>Low staffing turnover</p>	<p>-Ask young people</p> <p>-Tracker</p> <p>-Staffing structure</p> <p>-Care and progression plans</p> <p>-Young person's file</p>	<p>Self-developing</p> <p>Improving</p> <p>Establishing</p> <p>Beginning</p>
3) Fewer referrals, less stigma	<p>Speech & Language specialist in team</p> <p>Clinical Psychologist in team</p> <p>NWD Police Officers in team</p> <p>Portfolio Leads on Core Offer</p>	<p>-Care and progression plans</p> <p>-Case studies</p> <p>-Quick Wins</p> <p>-In house screening and assessments</p>	<p>Self-developing</p> <p>Improving</p> <p>Establishing</p> <p>Beginning</p>
4) Robust training strategy same or similar to restorative practice and therapeutic support	<p>Universal training for Restorative Practice</p> <p>Universal training for Therapeutic Crisis intervention and Signs of Safety</p> <p>Whole staff training approach</p>	<p>-Training Plan</p> <p>-Learning Zone</p> <p>-Mandatory supervision question on training impact</p>	<p>Self-developing</p> <p>Improving</p> <p>Establishing</p> <p>Beginning</p>

<p>5) No heads on beds culture</p>	<p>Happy if the home is empty</p> <p>Supporting young people where they need to be/in a hub not a placement</p> <p>Plan for permanence</p> <p>Fluid/dynamic & responsive placements giving options & flexibility</p>	<p>-Interview of NWD RM</p> <p>-Statement of Purpose</p> <p>-Review of case history</p> <p>-Weekly case list</p> <p>-Housing Referrals</p>	<p>Self-developing</p> <p>Improving</p> <p>Establishing</p> <p>Beginning</p>
<p>6) No Appointment assessments</p>	<p>Rolling assessment or Care & Progression Plan</p> <p>More time with or input from young person</p> <p>Timeliness in assessment</p> <p>Universal use of Signs of Safety</p> <p>Well-recorded goals and progress</p>	<p>-Ask young people</p> <p>-Interviews with staff</p> <p>-Care & Progression Plans</p> <p>-Yellow Brick Road</p>	<p>Self-developing</p> <p>Improving</p> <p>Establishing</p> <p>Beginning</p>
<p>7) A Core Offer to all young people</p>	<p>Risk management, rebuilding relationships, life stage transitions, education, activities, emotional wellbeing</p> <p>NWD training plan</p> <p>NWD Culture & Interventions Practice Model</p>	<p>-Ask young people</p> <p>-Ask Portfolio Leads</p> <p>-Tracker</p> <p>-Staff structure meets needs</p> <p>-Team day presentations/minutes</p>	<p>Self-developing</p> <p>Improving</p> <p>Establishing</p> <p>Beginning</p>
<p>8) Multi-agency intelligence led approach to reduce risk</p>	<p>Specialist roles in post</p> <p>Central Police Intelligence Analyst post</p> <p>Embed Culture & Practice events</p> <p>Development of effective data sharing resources & documents</p>	<p>-RAISE meetings in place</p> <p>-Effective multi-agency risk assessments & management</p> <p>-Qualitative & quantitative data</p> <p>-Remain in local community</p>	<p>Self-developing</p> <p>Improving</p> <p>Establishing</p> <p>Beginning</p>

<p>9) Close partnership working</p>	<p>Strong Police & NHS commitment</p> <p>Effective Strategic/Operational Boards with all partners</p> <p>Sponsorship from DCS and elected members</p>	<p>-Financial commitments</p> <p>-Invest to Save</p> <p>-Evidence Based Practice</p> <p>-Strategic Project Board</p> <p>-Future joint funding</p>	<p>Self-developing</p> <p>Improving</p> <p>Establishing</p> <p>Beginning</p>
<p>10) Young People's aspirations drive practice</p>	<p>Identify innovative opportunities to develop young people's self-esteem and resilience</p> <p>Bespoke packages supporting education and achievement</p> <p>Engaging with community and businesses to promote social capital.</p>	<p>-Financial commitments</p> <p>-Evidence of community and business networks</p> <p>- Innovative opportunities ready for young people</p> <p>-Engagement in Education, Training and Employment</p>	<p>Self-developing</p> <p>Improving</p> <p>Establishing</p> <p>Beginning</p>

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Appendix 4: How NWD intends to achieve better outcomes for young people.

Outcome Indicator	NWD Interventions
High risk behaviours	<p>The police liaison officers provide the opportunity to develop consistent working relationship with the local constabulary; joint effort to identify and reduce child exploitation, missing from care and criminal activity, through mapping, analysis and an agreed multi agency approach to ensure that responses are sensitive and proportionate.</p>
Accommodation stability	<p>A wide range of accommodation options are available under NWD, along with planned returns home from care, or moves to supported or independent accommodation.</p> <p>Each hub offers 4 medium term residential beds, where rehabilitation with family is worked towards (over a one to 12 month period) or a long-term foster placement, or independent living. There are also 2 emergency residential beds for young people who require intensive support and a quick safe return home. In addition to the residential placements, under NWD, there should be 2 hub family placements (NWD foster carers) in each location - for example, in Scarborough, the east hub and Harrogate, the west hub, there are 2 supported lodgings providers in each area, and one supported accommodation unit, which offers accommodation for 2. Bespoke placements are also available. Bespoke packages involved taking the young people away for a limited period (less than 28 days), to a holiday home or caravan to carry out one-to-one work with them and provide them with space.</p>
Engagement and achievements in education, training and employment	<p>Support from the NWD hub workers to access education, employment and training opportunities through links with local educational establishments, businesses and third sector organisations.</p> <p>Portfolio lead roles created to help young people access opportunities, develop life skills, and prepare them for the future.</p> <p>Support from the communications support worker to look at</p>

Outcome Indicator	NWD Interventions
	all aspects of communication needs and their impact on understanding and behaviour.
Relationships with others	<p>The portfolio lead, responsible for rebuilding relationships, works to help rebuild relationships between young people and their families. Portfolio leads have a quality assurance and supervisory role, bringing together staff from across the hub and partner services to create the best support plan for a young person.</p> <p>The life coaches and communication support workers work with young people and their families to understand the issues impacting on them.</p> <p>Medium-term residential placements from one-12 months whilst family rehabilitation/independence is achieved.</p> <p>Emergency residential beds where it has been assessed that a young person and their family/carers need intensive support and interventions to rebuild relationships with their family/carer to quickly and safely return home.</p>
Planning of transitions from care to independent living	<p>One unit of supported accommodation, with support from the hub team and 2 supported lodgings placements with training and support from the hub team. Provides the opportunity to move to independence gradually.</p> <p>The opportunity to Stay Close, affording young people transitioning from residential care a similar opportunity to those who Stay Put with their foster carers.</p> <p>Increased targeted outreach to 16 to 17 year olds and care leavers, and continuity of NWD hub worker as young person moves to supported or independent accommodation.</p> <p>Portfolio lead roles created to help smooth transitions to adulthood.</p>
Resilience, self-esteem and wellbeing	Developing young people's resilience by providing opportunities to increase self-esteem and self-worth through working with the life coach, and activities with their main NWD hub worker.

Outcome Indicator	NWD Interventions
Costs to society	<p>A focus on 24/7 crisis intervention with the aim of fewer children becoming looked after.</p> <p>The hub team operates across a range of placements and supports young people throughout. This will see young people move, with support, to the best type of placement and, where possible, to a lower cost of provision.</p> <p>Recruitment of hub family placements which are NWD foster carers will mean they are available at short notice, reducing expensive external placements.</p> <p>Having in-house psychologists, and speech and language therapists will reduce the cost to the NHS.</p> <p>The in-house police liaison officers provide intelligence about missing young people and CSE, and ensure that police responses are sensitive and proportionate - reducing missings and associated costs.</p>
Number of assessments and plans	Reduced duplicate assessments by external services due to in-house life coaches and communications support workers.

For all of the above, the NWD hub workers are central as they support young people to improve their outcomes and reduce risks. A main part of the NWD hub workers' role is the provision of outreach support. Under NWD, outreach support is provided to young people who live at home with birth or adoptive family but are on the edge of care, or are looked after, and also to care leavers. Outreach support is provided at home or at other sites - for example, where the young person and outreach worker are on an activity. The aim of outreach support is to keep young people safely living with their families, or in supported or independent accommodation, and to reduce entries into care. It is provided by the hub workers. Frequency of visits varies as they are dependent on the young person's needs. During outreach, young people are taken on activities and also given support for their EET, relationships with others, accommodation stability, wellbeing and risky behaviours.

Appendix 5: Sample size and characteristics of the evaluation participants

Data collection methods and sample size:

- interviews were conducted with 60 children and young people, that accessed NWD at baseline, which was immediately, or shortly after accessing NWD, and, of these, 32 (53%) participated in follow-up interviews.
- 24 NWD hub workers were interviewed about 42 young people supported by NWD, including 28 young people in Harrogate and 14 in Scarborough
- 11 birth and adoptive parents participated in an interview at baseline: one parent also participated in a follow-up interview
- 12 foster carers took part in a baseline interview and 2 participated in a follow-up interview
- 40 single and joint interviews took place with 50 members of staff during the early implementation of NWD, including 2 managers, 4 deputy managers, 13 portfolio leads, 25 residential carers, 2 communication support workers, 2 life coaches and 2 police liaison officers
- 27 members of staff participated in interviews to explore the provision of NWD 18 months into the innovation, including 3³⁰ managers, 4 deputy managers, 7 portfolio leads, 7 residential carers, 2 life coaches, 2 communication support workers and 2 police liaison officers
- SDQ scores were available for 472 young people; 125 related to NWD young people, and the remaining 347 to non-NWD young people - used for comparison purposes
- 34 young people completed the WEMWBS
- analysis of data about the characteristics, needs and outcomes of young people that accessed NWD, as recorded in the tracker from April 2015 to September 2016. See Appendix 6 for further information
- analysis of existing data about looked after children collated through the SSSDA 903 returns and on the LCS system
- exploration and analysis of NWD policy and procedural documents
- collation of financial data in relation to staff salaries, expenditure and placement costs
- an exploration of staff time use for those supporting young people referred to NWD

³⁰ This includes the manager from the east hub, and the previous manager and current acting manager of the west hub.

Characteristics of the young people that participated in interviews:

- at baseline, 30 (50%) young people were being supported by the team in the east hub and 30 by the team in the west hub. Twenty-eight (46.66%) were female and the remaining 32 (53%) male. Their age ranged from 10 to 20 years old. Half (n=31, 52%) were aged 15 and under, with 21 (35%) aged 16 or 17 years old and the remaining 8 (13%) aged 18 and over. The majority identified as white British (n=55, 92%). Details of the ethnicities of the remaining 5 are not provided, to ensure anonymity. Of the 60 young people interviewed, 35 (58%) were looked after children and 25 (42%) were not
- at follow-up, 14 (44%) young people were being supported by the team in the east hub and 18 (56%) by the team at the west hub. Fifteen (46.88%) were female and the remaining 17 male. Their ages ranged from 11 to 20 years old. Fourteen were aged 15 and under, with 14 aged 16 or 17 years old and the remaining 4 aged 18 and over. The majority identified as white British (n=31, 97%). Details of the ethnicity of the remaining individual are not provided to ensure anonymity. Of the 32 young people interviewed, 17 (53%) were looked after children and 15 (47%) were not

Appendix 6: NWD tracker data fields

Data fields in the NWD tracker

Young person's name

LCS number

Age

Placement postcode

Date started at this address (dd/mm/yy)

Gender

Ethnicity

Looked after child

Status at referral

Current accommodation type

Date referral received (dd/mm/yy)

Date intervention started (dd/mm/yy)

Legal status

NWD key workers

Edge of care direct contact (total staff hours)

Family group conference

Restorative practice

Motivational interviewing

Life work model

Therapeutic crisis intervention

Signs of Safety

Which Intervention has worked best

Risk level

Risk, Analysis, Intervention, Solution (RAISE) / Vulnerable, Exploited, Missing, Trafficked (VEMT)

Child sexual exploitation

Missings this month

Substance

Main drug type

Substance use changed

Activities

National Governing Bodies (NGB) awards

Data fields in the NWD tracker

Relationships issues

Building relationships

Working towards

Housing path

Accommodation provider

Continued support in housing pathway

Education, employment and training support

Education/training

Achievements

Other issues

Resilience/self-esteem

Mental health and wellbeing

Health Intervention

Parenting

Life coach intervention

Further work identified

Strength and Difficulties Questionnaire (only complete if a new score is done this month)

WEMWBS

Communication support worker intervention

Speech, language and communication needs identified

Further work needed

Police intervention

Description of police intervention

Outcome

Youth Justice Service intervention

Description of Youth Justice Service intervention

Appendix 7: NWD staff roles and responsibilities

NWD hub workers

On some occasions, it was necessary for the key worker role to be shared by 2 NWD hub workers when they worked part-time, to ensure the young person had sufficient support throughout any given week. It is evident that flexibility is required when assigning a main NWD hub worker, and the evidence from the evaluation suggests that, between April 2015 and September 2016, for the majority, (173, 72%) of young people referred to NWD, there was continuity of worker, in that they had one worker for the remaining young people; 41 (17%) had 2 workers, 18 (8%) had 3 workers and 4 (2%) had 4 workers³¹.

Portfolio leads

There is some evidence, from staff interviews, of disagreement amongst a small number of staff as to whether their portfolio responsibilities should be undertaken on shift, or whether it should be carried out separately due to capacity.

Outreach workers

Staff members, who were interviewed, frequently mentioned supporting families during a crisis, and highlighted the extent to which they helped families to resolve their own issues in an attempt to support young people to remain with their families, and to reduce entries into care:

“Well ideally, when we've got a family at crisis point we work with that family and that family then learns to manage the crisis and learns to alleviate the crisis so they can live a little bit happier together, and that it not end up in care” (NWD staff member).

A wide range of work was being undertaken with young people and families receiving outreach support, ranging from low level to high level interventions, as illustrated by the quotation below:

“It might be sexual exploitation or self-esteem or safeguarding, it could be anything, sexual health, substance misuse, or it could be a number of things. It could be quite complex” (NWD staff member).

³¹ These figures exclude 108 young people who either received emergency support from NWD staff over a weekend, or went on a NWD activity only and therefore were not allocated a worker. It also excludes 12 young people who had only recently been referred and had yet to be matched with a worker.

The duration of outreach support has also been subject to review as NWD has been implemented. It was initially planned that outreach would last for 12 weeks. Two hundred and thirty-two young people were provided with outreach support under NWD between 1 April 2015 and 30 September 2016. The average timeframe for outreach support was 4 months.

Specialist roles: Life coaches, communication support workers, and police liaison officers

Life coaches

The life coach roles are carried out by qualified clinical psychologists and form one of the core components of the NWD model to address the difficulties associated with accessibility, such as not locating service users in proximity to mental health services, as well as other barriers, including the stigma associated with receiving therapy from a psychologist; a willingness to recognise symptoms and accept help, and self-reliance (Gulliver et al., 2010³²). Despite this different approach to young people accessing therapeutic support, there has still been some reluctance from some of the young people to engage with the life coaches, whose role incorporates indirect support to those supporting and caring for young people - for example, NWD hub workers, foster carers, parents, teachers and so on. Indirect work with professionals has involved up-skilling the workers through training, consultation and clinical supervision. The life coaches have also assisted with onward referrals to CAMHS, and there is evidence to indicate that their skills and knowledge have resulted in an expedited referral process and access to services. Where direct work is undertaken with young people it takes the form of informal discussions rather than formal therapy. Whilst data is not available on the number of young people identified as needing support from the life coaches, there is data on the number provided with support for the east hub³³ between October 2015 and July 2016. During this period, there were 400 activities logged against client work, which involved 65 different young people.

Communication support workers

The majority of the work carried out by the communication support workers has been screening young people for speech, language and communication needs (SLCNs).

Between April 2016 and September 2016, 142 young people were seen by the communication support worker. Of these, 83 were identified with SLCNs. Like the life coaches, some of their work has evolved to include indirect support through offering

³² Gulliver, A., Griffiths K.M. and Christensen, H. (2010) 'Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review.' *BMC Psychiatry*, DOI: 10.1186/1471-244X-10-113.

³³ Data were not collated in the west hub.

consultation, advice and training to other staff members, teachers, parents and carers. Positive relationships between the communication support workers and young people have been established because of the opportunities afforded for these to be developed over time, and through everyday interactions, such as making breakfast, in the hubs.

Police liaison officers

The police liaison officers have been crucial in reducing the number of missing from home incidents for young people referred to NWD. This has been achieved through implementing a missing from home policy at the hub so that a consistent, risk-assessed approach is used every time a young person is absent or missing; and decreasing the duration of missing from home incidents by identifying any addresses which the missing young person has been visiting, via police intelligence data. NWD staff reported that the inclusion of police liaison officer roles within the hubs has also impacted positively on relationships between young people and the police. As with the communication worker role, there is evidence that relationships have been built up over time via everyday interactions within the hubs.

NWD supported accommodation

The supported accommodation element of NWD provides support to young people between the ages of 16 and 18 transitioning to independence, but has not yet been fully implemented as planned: it is operational in the east hub, but environmental issues have led to delays in the implementation in the west hub, and it is now anticipated in June 2017. As a consequence of the delay, there has been a shortage of accommodation options for those living in the west hub and approaching adulthood. To address this, it has been necessary for NYCC to purchase alternative provision in the west hub in the interim, to ensure there are accommodation options. Whilst this has provided accommodation options for young people transitioning to independence, concerns were raised that public transport links were poor, and that it was expensive, due to it being private housing.

Hub community family carers and supported lodgings providers

There have been some difficulties recruiting hub community family carers (who are NWD foster carers), and supported lodgings providers, despite recruitment drives and campaigns which are ongoing. Some foster carers also moved across to being mainstream carers as the young people moved on from NWD. This provided continuity for young people, but required further recruitment of carers to NWD. However, these issues are not unique to NWD, but reflect national shortages and difficulties recruiting

carers (McDermid et al., 2012³⁴). There have also been concerns about payment of NWD foster, and supported lodging, carers, and the financial implications when they carry out the role of a relief worker³⁵, at the hubs, as opposed to being a full time carer. When a child is placed with a NWD foster carer they receive payment as a foster carer; however, when they do not have a foster child they only earn an income when they are offered relief work at the hubs. If there are no relief shifts, they have no income. This has the potential to create a financial burden for some, who may struggle without income for periods at a time, and could have impact on the recruitment and retention of foster carers and supported lodgings providers. As with many other aspects of NWD, the role of NWD foster carers has also evolved with the introduction of short breaks for placements with foster carers lasting for longer than 3 months.

Bespoke packages

The criteria for bespoke packages have been refined, and consequently it is currently used less routinely than during the early stages of the implementation of NWD. The need for bespoke packages has also reduced over time as the other NWD placement and support options, and decisions around bespoke packages now take into account the likely outcome - for example, if it looks likely that the young person requires a long-term placement, they will be provided with such a placement, rather than go on a 28 day bespoke package. Bespoke packages are resource intensive, high cost and, as outlined in the previous section, are used to address a specific need. As such, they were introduced to last no more than 28 days.

Staying Close

Staying Close is an alternative to the Staying Put arrangements which exist for children in foster care. It enables young people to live independently, in a location close to their former children's home, with ongoing support from that home (HM Government, 2016). Staying Close under NWD has been developed as an informal and flexible process based on the needs of the young person. There are no specific criteria that a young person has to meet to use Staying Close under NWD, nor are there any specific requirements with regards to where they live, distance from the NWD hubs, level of staff support, or guidelines on how long they are classed as Staying Close. This flexible process has its benefits: young people can be offered intensive support and stay in contact with NWD workers for as long as is required, up to the age of 25.

³⁴ McDermid, S., Holmes, L., Kirton, D and Signoretta, P. (2012) *The Demographic Characteristics of Foster Carers in the UK: Motivations, Barriers and Messages for Recruitment and Retention*. Loughborough: Childhood Wellbeing Research Centre.

³⁵ A relief worker is a NWD hub worker not on a fixed contract. They cover shifts when there is a shortage of contracted NWD hub workers or to support packages of care.

Appendix 8: Mental wellbeing. Results from the WEMWBS

Data from the WEMWBS at baseline and follow-up were available for 34 young people who were supported by NWD. The WEMWBS is a 14-item scale covering subjective wellbeing and psychological functioning. The minimum scale score is 14 and the maximum is 70. Higher scores are associated with higher levels of mental wellbeing. The NWD children were asked to complete a WEMWBS on first entering NWD, or very soon after, NWD staff began to work with them, and then on exit from NWD. The completion of the follow-up WEMWBS was between 2 and 7 months. The young people generally completed their follow-up scale within 4 months of being supported under NWD (26), with the remaining 8 completing it between 5 and 7 months.

The mean score for the respondents at baseline was calculated to be 41.41 and at follow-up it was 40.44. Therefore average score at follow-up was slightly lower than at baseline. A score of 40 or less puts individuals in a high risk category for mental illness; at both baseline and follow-up the mean scores were higher than 40. This score is comparable to the most recent data in England where WEMWBS has been included in the Health Survey for England with the most recent score being 52.3, which is higher than the scores for NWD cohort at both baseline and follow-up (University of Warwick, 2015).

A related t-test was used to examine differences between mean scores on the WEMWBS between baseline and follow-up. No significant difference ($t[33] = 1.190$, $p > 0.05$) was found between mean scores for the WEMWBS at baseline (mean = 41.44, SD = 13.07) and follow-up (mean = 40.44, SD = 13.86).

Guidance states that meaningful change is considered to be between 3 and 8 points difference. Only 2 out of the 34 young people that completed the scale showed any change. For one young person, their score decreased by 27 points, from 44 to 17, and for the other young person their score increased by one point, from 66 to 67. For the remaining 32 young people, scores remained unchanged.

Generally, these findings should be treated with some caution, as the WEMWBS guidance indicates that studies need to include at least 50 people when comparing data at 2 time points, because smaller sample sizes reduce opportunities to detect statistical significance.

Appendix 9: Development of an Edge of Care Cost Calculator (EoCCC) for the NWD evaluation

Introduction

This document outlines the work being carried out to extend the Cost Calculator for Children's Services for young people on the edge of care as part of the economic component of the evaluation of NWD.

The underlying costing approach: The Cost Calculator for Children's Services (CCfCS)

The CCfCS uses a bottom up approach to estimating unit costs (Beecham, 2000³⁶). The bottom up approach identifies the constituent parts that form the delivery of a service, and assigns a value to each of these parts. The sum of these values is linked with appropriate units of activity to provide the unit cost of a service (ibid). The approach enables the development of a detailed and transparent picture of unit costs, and is particularly well suited to children's social care services as it can accommodate variations in costs incurred by an extensive range of interventions offered to children with very different levels of need (see Ward, Holmes and Soper, 2008³⁷).

The conceptual framework that underpins the CCfCS makes a distinction between the ongoing case management functions carried out by social workers, family support workers and other social care personnel, and the services (such as placements) that are provided to meet specific needs. The overall unit costs that are estimated include both of these elements. Separation in this way allows for exploration of the costs of services and also assessment, case management and decision making costs. One of the advantages of breaking down and then building up the costs in this way is that it is possible to explore how changes to one area of the system impact on another. It is also possible to focus on one element of the system and carry out 'what if' analyses, for example, to explore the cost implications of introducing new practices and protocols, or of the introduction of a new service for a specific group of children and/or families.

The personnel associated with each support activity or service is identified, and the time spent on the activity is estimated. Time-use activity data have been gathered using mixed methods: focus groups; verification questionnaires; online surveys and event

³⁶ Beecham, J. (2000) *Unit Costs – Not Exactly Child's Play: A Guide to Estimating Unit Costs for Children's Social Care*. University of Kent: Department of Health, Darlington Social Research Unit and the Personal Social Services Research Unit.

³⁷ Ward, H., Holmes, L. and Soper, J. (2008) *The Costs and Consequences of Placing Children in Care*. London: Jessica Kingsley Publishers.

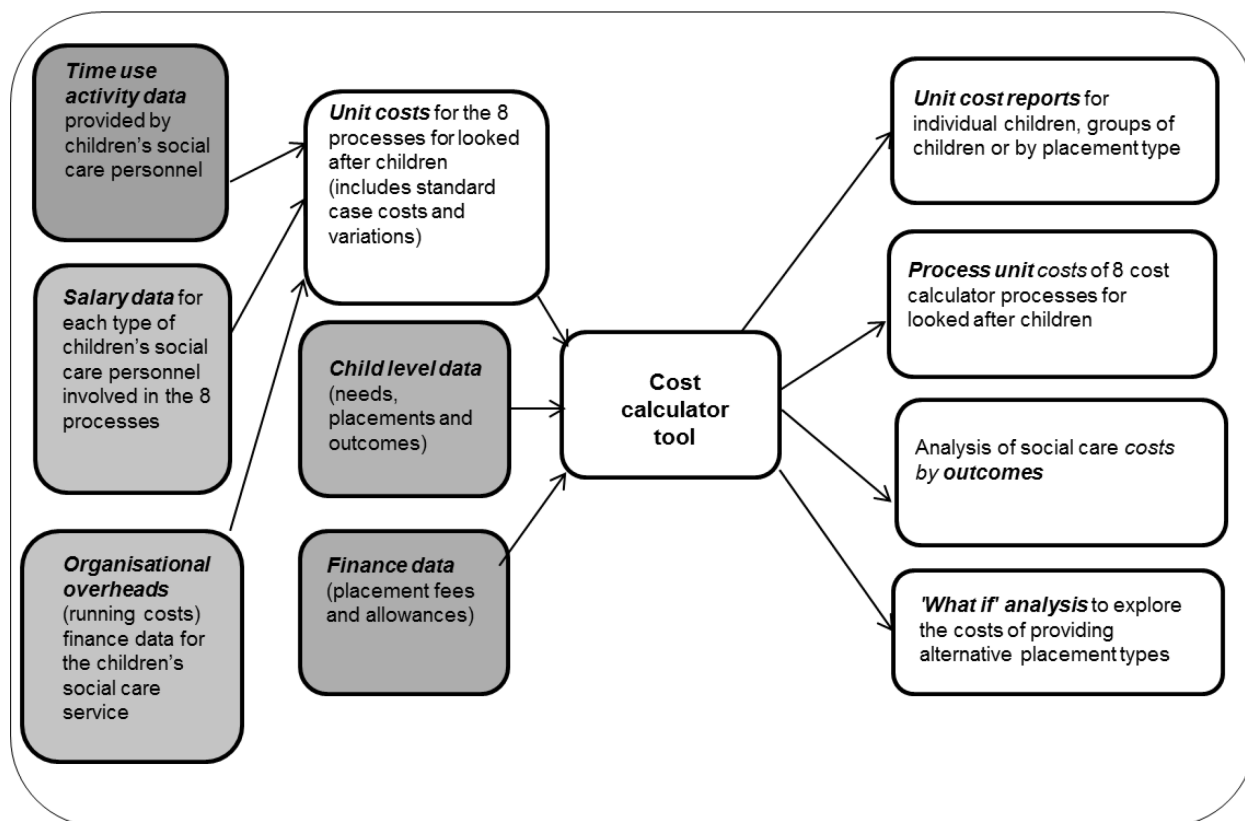
records - diary recording for specific cases. These amounts of time are costed using appropriate hourly rates. The method therefore links amounts of time spent to data concerning salaries, administrative and management overheads and other expenditure.

This approach introduces greater transparency into cost estimations and enables comparisons between the relative value of different types of care, making it easier to estimate the potential benefits of introducing a range of alternative packages. It is also possible to undertake analyses of costs with respect to the outcomes, and explore 'hidden' costs, such as the costs of administrative procedures.

The CCfCS tool

The CCfCS is a purpose-designed software tool that estimates the costs of social care processes and placements for looked after children. The unit costs of the processes are brought together with data concerning placement fees and allowances, management and capital expenditure, along with routinely collected data about children's needs, characteristics and placements, using the national statutory statistical returns (SSDA 903), to estimate the costs of placing looked after children for a given time period. Figure 11 shows the data that go into the cost calculator tool (inputs) and the outputs.

Figure 11: CCfCS inputs and outputs



The estimations take into account diversity in children's needs, placement type and local authority procedures. This approach allows children to be grouped by type of placement,

and also according to their needs and outcomes. Different care pathways can be observed, and the way in which costs accrue over time can be examined. It is possible to compare these cost patterns for children with particular characteristics, in specific placement types, or who achieve specified outcomes.

The costs of management and capital overheads are based on those included in a framework that has been developed with local authorities and Voluntary Adoption Agencies (VAAs). The overheads framework has subsequently been piloted and used by the team across a range of other studies, and has been used to increase transparency and comparability in overhead calculations (Holmes et al., 2010³⁸; Holmes and McDermid, 2012³⁹; Holmes et al., 2012⁴⁰).

Extension of the CCfCS tool for young people on the edge of care

The current version of the CCfCS tool for looked after children was installed in North Yorkshire in November 2015. Work is now underway to extend the tool to include young people on the edge of care and those edging to care. These changes will enable the import of additional data items about those children referred to NWD, but who are not looked after (see light blue box in Figure 11 above). Consideration is also underway about how the tool can be extended to continue to track young people post 18 up to the age of 25 to ensure the inclusion of all young people supported by NWD. SSSA 903 returns only capture detailed episode and placement data up to age 18, therefore mechanisms need to be put in place to capture data post 18 at an individual case level, via either the extraction from existing children's social care case records, or the NWD tracker.

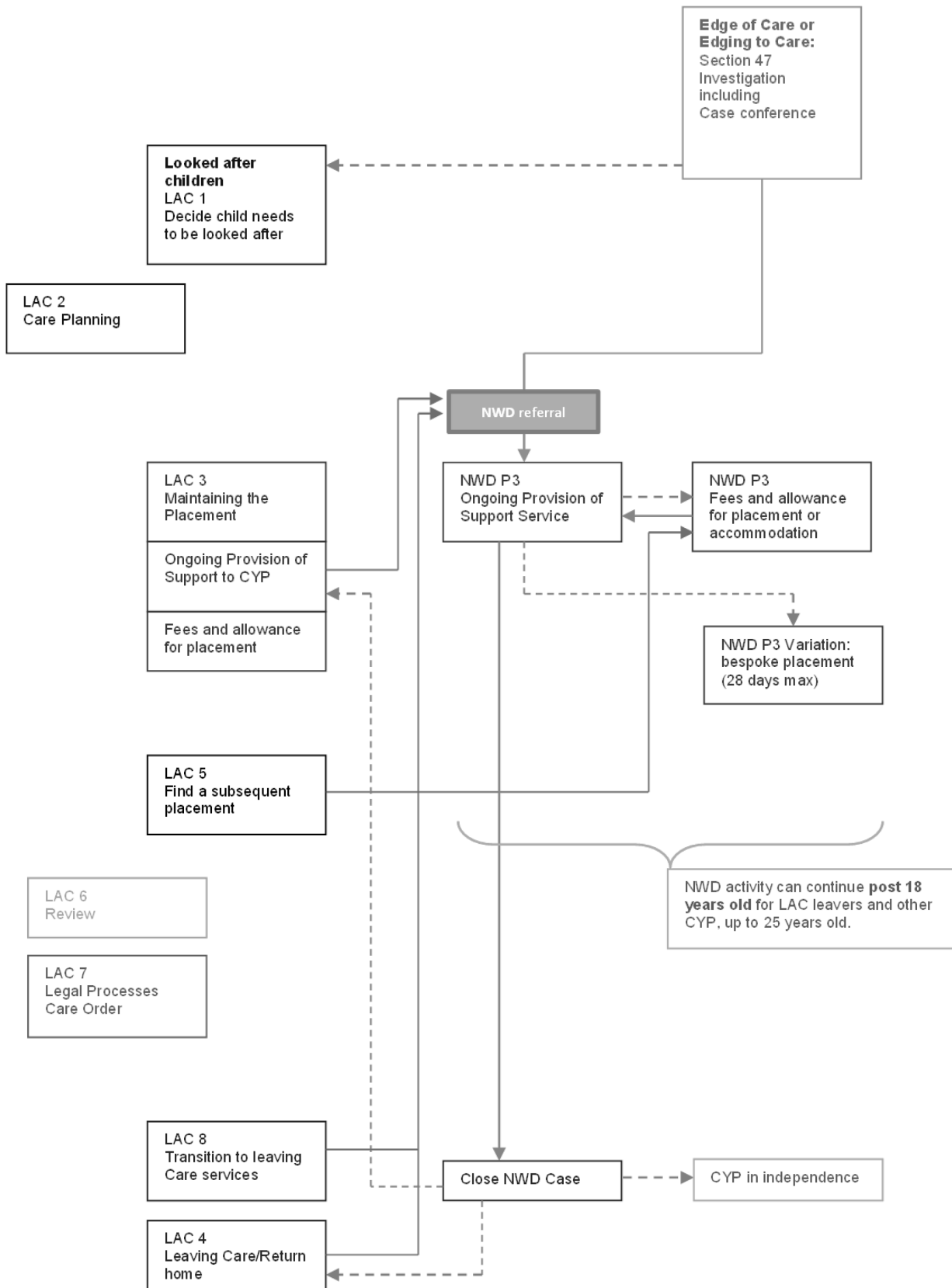
To extend the tool to include young people on the edge of care and those edging to care, it is necessary to incorporate the additional processes and the different NWD packages of support. The following 2 flow diagrams (Appendices 10 and 11) detail the different processes that are carried out for young people supported by NWD. As part of the extension of the Cost Calculator tool for young people on the Edge of Care, data items have been identified to assign specific processes for different care pathways.

³⁸ Holmes, L., McDermid, S. and Sempik, J. (2010) *The Costs of Short Break Provision*. London: Department for Children, Schools and Families.

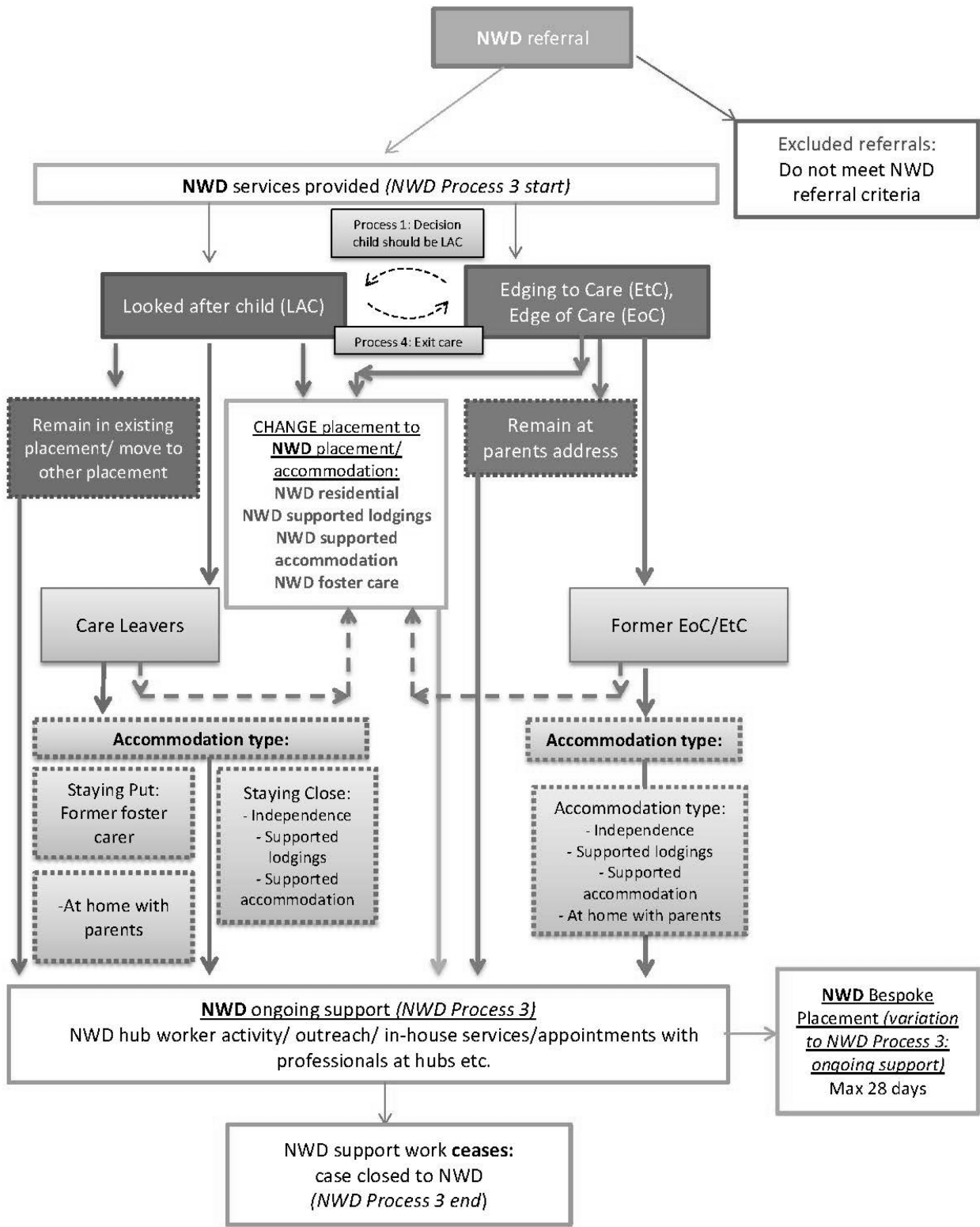
³⁹ Holmes, L. and McDermid, S. (2012) *Understanding Costs and Outcomes in Child Welfare Services*. London: Jessica Kingsley Publishers.

⁴⁰ Holmes, L., McDermid, S., Padley, M. and Soper, J. (2012) *Exploration of the Costs and Outcomes of the Common Assessment Framework*. London: Department for Education.

Appendix 10: Extension of the CCfCS for NWD – social care processes



Appendix 11: NWD activity flow diagram





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Any enquiries regarding this publication should be sent to us at:

richard.white@education.gov.uk or www.education.gov.uk/contactus

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