



Department
for Education

Evaluation of Ealing Building My Future

Evaluation report

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Key messages

1. All stakeholders recognised the need to provide support to young people with additional needs at an earlier stage in order to improve outcomes and to prevent the use of expensive, and potentially unsuitable, maintained special schools and independent and non-maintained special schools (INMSS).
2. A multidisciplinary and multi-agency team that can work holistically with a young person, their family and their school or college placement can facilitate positive outcomes for young people, including improved access to mainstream education, and increased personal wellbeing and preparedness for adult life.
3. The highly-skilled, multidisciplinary BMF team was greater than the sum of its parts. By removing the need to refer young people to different services to access different professionals, the BMF team was able to provide a more responsive multidisciplinary response than would have been the case if services were only working in partnership.
4. Taking a holistic approach to supporting young people and their families was a critical element of the BMF team's model of practice. In many cases this has helped to "change the narrative" around a young person or family about what they can achieve with the right support within a mainstream educational setting. BMF has facilitated change by helping to improve relationships between families and their children's school or college.
5. By providing hands-on advice, support, ideas and strategies to schools and colleges, and helping them to integrate new ways of working, BMF ensured that schools and colleges felt less isolated when encountering young people with more complex or challenging needs. Evidence also suggests that there have been examples of the BMF team supporting school staff to develop their skills. Critically, school staff also report that BMF provided additional specialist capacity to the system, delivered efficiently and effectively through the multidisciplinary team.
6. Within the relatively short duration of the project, it has been challenging to evidence the fiscal impact of BMF interventions for both cost avoidance and cost savings. Qualitative feedback strongly suggests that over a longer period, stakeholders are confident that cost avoidance will be achieved.
7. BMF has trialled working with some young people with higher complexity needs who are already in contact with a range of services. There is emerging evidence that this cohort of young people benefits from a responsive, multidisciplinary BMF intervention and offers the possibility of cost-savings. However, stakeholders also noted that the blend of skills within the team may need to be adjusted to respond to higher level needs (for example, a greater number of clinical or educational psychologists may be required).

8. It has been challenging to sustain the BMF pilot because local authority budget-setting deadlines, the evaluation, and pilot funding were not aligned. More widely, establishing a pilot while local authorities are experiencing a challenging financial climate and rising demand added complexity. In the latter stages of the pilot, maintaining a BMF team with fidelity to the original model was a challenge since Ealing Council were not able to offer job certainty to in-demand professionals, resulting in early departures of key team members that could not be back-filled. Future pilots would benefit from being aligned to local authority decision-making cycles.

Executive summary

Introduction

Building My Future (BMF) is a multidisciplinary, multi-agency service, designed to support young people aged 10-25 years, their parents or carers, and their school or college, where there may be difficulties accessing education due to a young person's additional needs. BMF supports young people at risk of exclusion or withdrawal from society to stay in or return to participation and meaningful activity. The pilot has been supported by the Department for Education's (DfE) Children's Social Care Innovation Programme (Innovation Programme hereafter).

The project

BMF is a non-statutory service which comprises a multidisciplinary and multi-agency team including a team manager, social workers, clinical psychologists, occupational therapist, speech and language therapist, youth workers, educational psychologist, careers advisor and practice support officer. It provides intensive support to young people with additional needs and their wider network (including parents and carers, schools and colleges), with a target intervention length of 6 months. The BMF team also provides a dedicated Life Skills club, run by BMF youth workers. The project aims to improve a number of outcomes, including improved school placement stability, avoiding placement in special provision, improved educational attainment, and improved well-being. In addition, it aims to have a positive fiscal impact via cost avoidance and in some cases cost savings.

The evaluation

The evaluation deployed a mixed methods approach, including semi-structured interviews with BMF staff, Ealing Council colleagues and professionals from schools, colleges and other services in Ealing that have worked alongside BMF. The evaluation involved consultation with young people, parents and carers who have participated in the BMF programme. The evaluation had access to management data, including referrals, allocations and case closures. A data study involving a similar, historical counterfactual was also undertaken and combined with data on social care, education and youth justice tariffs to produce a cost-benefit analysis. Ealing Council also provided an analysis of cost-savings and avoidance, based on a review of closed cases carried out by BMF staff.

The report considers the period from September 2017 to February 2020, with a focus on March 2019 to February 2020.

Key findings

Implementation and process

BMF staff and stakeholders had a strong shared understanding of the pilot's aims for young people, parents and carers, and public services in Ealing. The BMF team has targeted young people of differing levels of need, with the aim of identifying a cohort that benefits from BMF support and, through an effective intervention, result in cost avoidance and in some cases, cost savings for the system. For some stakeholders, the changes in eligibility criteria and the different cohorts of young people provided with support resulted in the pilot's rationale becoming less clear over time – in particular the balance between offering earlier intervention or remedial support. This may have affected levels of referrals. While this was a challenge for staff, it was also noted as a positive in that the team had sufficient permission and freedom to experiment and trial different approaches, in line with the spirit of the Innovation Programme.

The flexible, multidisciplinary and multi-agency approach taken by BMF was one of its key strengths. It worked holistically with young people, families, schools and colleges. This helped build positive relationships with young people, allowing them to engage in an education setting in which they felt at ease. By having a wide range of skilled professionals in a single team, BMF was able to use that resource flexibly and efficiently, without the need for additional referrals to access outside professional input. This coordinated response was recognised as effective by Ofsted and CQC during a recent inspection of SEND services.¹

Other enablers included strong parent and carer involvement in the design process; including the views of the young people throughout the intervention; and Ealing's previous experience of delivering multidisciplinary teams. Obstacles to efficiency and joined up practice included engaging some schools that did not wish to engage in the initial stages of BMF; team professionals working across a range of different databases (including SystemOne and Mosaic); achieving the desired outcome for young people within the time limits of the intervention; and delivering the pilot within the funding timescales.

Outcomes for young people

- **Preventing and/or reducing the use of maintained special schools and independent and non-maintained special schools:** BMF staff and stakeholders, as well as school staff, parents and carers, and young people identified examples where mainstream school placements were supported and stabilised. Additionally, where a

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

breakdown was considered likely, alternative placements either in mainstream education or utilising alternatives such as apprenticeships were successfully arranged. The data study did not show that a sub-cohort of 51 young people from early BMF cases outperformed the historical matched counterfactual group. BMF managers were confident that this picture would change with a longer time period and a larger cohort. In reviews of 102 cases conducted by Ealing staff, more than 50 cases were identified where potential school placement breakdown and potential use of a special school was avoided.

- **Improved attendance and reduced exclusions:** Evidence from case file reviews and stakeholder interviews showed that BMF successfully supported young people that have been persistently absent from school, or at high risk of exclusion from school, to attend an education placement on a regular basis. Qualitative evidence also suggests that school placements were stabilised, preventing fixed-term and permanent exclusions. The data study showed that the number of fixed-term exclusions was relatively consistent between the BMF group and the counterfactual. Again, BMF managers were confident that this picture would change with a longer time period and a larger cohort.
- **Improved attainment:** Stakeholders noted the link between improved attendance and improved attainment. It was agreed that BMF would likely have beneficial impacts on young people's attainment over time. Stakeholders also highlighted practical advice and support for schools which they felt would benefit young people's ability to engage and learn.
- **Improved wellbeing:** There is strong qualitative evidence to suggest that participating young people's wellbeing improved as a result of BMF. In particular, the impact of the Life Skills youth club was highlighted as influential in supporting improved wellbeing. It was noted that BMF achieved notable successes for young people struggling with anxiety and social isolation. Quantitative evidence suggested that BMF may have uncovered unmet need, resulting in an increase in the number of young people open to Children's Services and Adult Social Care.

Outcomes for parents and carers

A wide range of stakeholders reported that for a majority of parents and carers BMF provided support to help access services and facilitate constructive dialogue with schools about appropriate approaches to helping their child. There were also examples where BMF staff had provided direct practical advice to parents and carers to support their own skills and strategies, for example, around communicating effectively with their child. For parents and carers this has supported improved relationships with their children, and also with schools and colleges. There was also evidence of parents and carers own wellbeing improving as a result of accessing additional support for their child.

Outcomes for professionals

Schools and colleges benefitted from additional specialist capacity to assist them in supporting young people, particularly in respect to educational psychology, clinical psychology and speech and language therapy input. There was mixed evidence regarding the extent to which the BMF team was able to enhance school staff skills and confidence. However, there were clear examples of individual schools where BMF staff had been able to assist by providing additional strategies and techniques for supporting young people with an additional need. It was suggested that schools that were more aligned with the aims of BMF (and therefore already less likely to expel or suspend a child with additional needs if possible) were more inclined to take part. Over the course of the pilot, BMF staff highlighted success at engaging schools that were initially less receptive to BMF's support.

Impact on public services in Ealing

Overall, there was consensus that BMF has the capacity to achieve cost avoidance over a longer period, particularly as a result of maintaining young people's participation in mainstream education. However, there were mixed views about the timescales in which cost avoidance or cost savings may be achieved. For instance, a number of key stakeholders reflected that in the short-to-medium term it may be challenging to evidence cost avoidance, and for certain young people that were not accessing a wide range of additional public services, there is limited scope for immediate cost savings. By intervening earlier, several stakeholders stressed that BMF had potential to achieve cost avoidance in the longer-term. To achieve more immediate cashable savings, it was suggested that BMF may need to work with more complex needs – including young people already supported by other services.

The cost-benefit analysis conducted as part of this evaluation reflects the challenge of demonstrating cost savings or cost avoidance within a short period. Using data for the first 51 BMF cases only, it showed that 12 months after a BMF referral, the cost of services used by young people had increased by 2% (n=51) compared to a matched counterfactual cohort whose costs decreased by 7% over a comparable period. On the other hand, analysis conducted by BMF team members of cases over an 18-month period has identified potential cost avoidance and cost savings equivalent to £2,595,180 per annum across 102 BMF cases. This estimation, based on the professional judgement of the BMF team members but not involving a counterfactual, illustrates that the BMF team potentially has significant potential to create system efficiencies, particularly as a result of preventing the breakdown of mainstream school placements. These findings suggest that there would be some benefit to further extend the BMF pilot so that a longer time period and a larger cohort could be considered.

Lessons and implications

1. There is demand for a service that offers support to young people with additional needs at an earlier stage to support better outcomes and wellbeing, as well as preventing escalation to more costly forms of support. There is emerging evidence of demand for a similar service for young people with additional needs in contact with multiple agencies, often receiving complex support.
2. A co-productive design process, that includes the perspectives of young people and parents and carers, enhances the design, operation and review of innovative services.
3. Identifying young people that may benefit from support (either preventative or remedial) is challenging. A strong needs assessment should be undertaken at the start. This will help to ensure that the intervention is based on needs, is matched to the reasons for escalation, and reflects the challenges that are faced by young people with additional needs.
4. A multidisciplinary and multi-agency team that can work holistically with a young person, their family and their school placement in a range of settings can facilitate positive outcomes for young people, including improved access to mainstream education, increased personal wellbeing, and preparedness for adult life. The combination of youth work and careers advice alongside other professions positively impacts on young people with additional needs in respect of their personal wellbeing.
5. Achieving cost savings for public services working with young people predominantly below the threshold for statutory services is challenging, particularly for an intervention reliant on a skilled but expensive team of practitioners. This may be because the cohort may not be experiencing substantial escalation into or use of very expensive provision. There is a stronger case in relation to the ability of a service like BMF to contribute to cost avoidance but it is likely that this will not materialise until the medium to long term.
6. Aligning the Innovation Programme, the evaluation, and local authority decision process would have supported continuity of service and prevented operational challenges in the latter part of the Innovation Programme.

1. Overview of the project

Project context

Building My Future (BMF) is a multidisciplinary, multi-agency responsive service, designed to support young people aged 10-25 years, their parents or carers, and their school or college, where there may be difficulties accessing education due to a young person's additional needs.² BMF supports young people at risk of exclusion or withdrawal from society to stay in or return to participation and meaningful activity.

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

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

Project aims and intended outcomes

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

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

² For the purposes of this report we use 'young person' to refer to children and young people aged from approximately 10 years old up to 25 who are participating in BMF.

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

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

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

Table 1: BMF eligibility criteria

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

Source: BMF documentation

Project activities

The BMF team

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

- 1 full-time equivalent (FTE) team manager
- 1.6 FTE clinical psychologist
- 0.8 FTE educational psychologist
- 2 FTE social workers
- 0.6 FTE occupational therapist
- 0.6 FTE speech and language therapist
- 2 FTE youth workers
- 1 FTE Connexions workers (careers advisor)

- 1 FTE Practice Support Officer

The BMF model

The BMF model was originally conceived as a six-month intervention. The original BMF model was to have two linked teams, which had defined roles within the 28-week case duration:

- **The Core Team** (social workers, clinical and educational psychologists, occupational therapist, speech and language therapist, BMF youth worker).
- **The Virtual Team** (social workers, clinical and educational psychologists, occupational therapist, speech and language therapist, BMF youth worker).

Over the course of the pilot, the BMF model was adapted so it could be applied more flexibly. The two teams were brought together, and a distinct hand-over from the core team to the virtual team was removed. In practice, while the overall length of intervention has remained within the planned timescales, the more intensive direct support by members of the BMF team has typically lasted longer than originally planned, with a less distinct staged stepping-down process. It was also reported that the youth workers were involved at an earlier stage rather than during a step-down process. The overall impact was that the team was able to respond more dynamically, and it facilitated a more gradual and flexible tapering of support. For some young people supported by the youth workers, this also involved support participating in mainstream youth services. It was noted that the structure of BMF helped to break down professional silos. For instance, the youth workers and Connexions team are recognised as peers within the team, who bring important insights about, and the ability to build strong relationships with, young people.

Referrals and allocated cases

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

Between April 2018 and November 2019, the BMF team received 288 referrals, of which 135 (46%) cases were deemed eligible and passed onto assessment. The most frequent source of referrals was Children's Services (30%) followed by schools (22%).³

Of the 135 young people referred to BMF who were deemed appropriate to pass forward to assessment, 117 had been assessed at 30 November 2019. Of those 117 young people, 35% had a Special Education Need (SEN) identified at assessment, 22% had a diagnosis of Autism and 17% had a diagnosis of Asperger's Syndrome. Of the 117 young people who completed an assessment, 52% were identified as having a mental health

³ BMF project management data (correct to Nov 2019)

condition. 47% were either NEET or not registered at, or attending, school. A full breakdown of needs at assessment are included at Appendix 2 – Needs at assessment.

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

Case closures

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

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

BMF Life Skills programme

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

The BMF Life Skills programme differed from mainstream youth work because it was open only to individuals accessing support from the BMF team. It offered a range of activities which included 1-to-1 youth work, bespoke workshops on issues selected by the group, trips and residential visits, and support to complete programmes such as AQA awards or Duke of Edinburgh.

Risk of Escalation Indicator tool

The development of a Risk of Escalation Indicator (ROEI) tool was proposed as part of BMF's original funding application. This would have been a predictive modelling tool developed to identify earlier those young people who may be about to meet or have met the criteria for a BMF intervention. However, this was not developed as there were considerable challenges related to data governance across the multiple data systems required for the predictive modelling tool and the need to prioritise funding on activities that could be impactful within the timescales of the pilot. Stakeholders with insight into the decision-making process highlighted that investing resource in the ROEI was seen as

potentially more speculative and less likely to influence outcomes for young people than investing in the BMF team. It was therefore decided that this would not progress. The BMF team did develop an eligibility tool, which was used to support professional judgements within the team for use at referral meetings.

2. Overview of the evaluation

Evaluation questions

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

1. Outcomes for young people

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

2. Outcomes for parents and carers

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

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

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

4. Impact on public services in Ealing

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

5. Process (implementation) factors

- a. What are the key mechanisms of change and how do these relate to observed or measured impact?
- b. What needs to happen at the organisational and community levels for projects to be a success?
- c. What are the necessary and sufficient legal and policy conditions of project success?
- d. Is there sufficient flexibility in the system for projects to be implemented successfully?
- e. What is lacking (or present) in the system that hinders the success of the project?
- f. What lessons are there for wider roll out of the model?

Evaluation methods

A mixed methods approach was agreed between Ealing Council and Cordis Bright in June 2018. This included two periods of fieldwork, conducted between September 2018 to February 2019, and from September 2019 to February 2020. In total, the following research methods were carried out:

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

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

Table 2 Methodology / evaluation question matrix

Evaluation question ↓	Research method →						
	Interviews with young people	Interviews with BMF staff	Interviews with parents/ carers	Interviews with wider stakeholders	Case file reviews	Data study	Cost benefit analysis
Outcomes for young people	✓	✓	✓	✓	✓	✓	
Outcomes for parents/carers	✓	✓	✓	✓			
Outcomes for professionals working with young people with additional needs	✓	✓	✓	✓			
Impact of public services in Ealing	✓	✓	✓	✓		✓	✓
Process factors	✓	✓	✓	✓	✓		

Changes to evaluation methods

The principles of the evaluation methods have remained consistent throughout. Due to challenges relating to information sharing protocols (restricting access to monitoring data and distance travelled tools) and sign-off of the privacy statement, consultation with young people and parents and carers took place only at one point in time.

In total, fewer interviews were conducted with young people than planned. This was a result of fewer consent forms being collected and a number of parents and carers choosing to limit the participation of their young people to only include case file reviews.

Limitations of the evaluation

The numbers of interviews conducted with families were smaller than anticipated. This was as a result of delays to the consent collecting process, and the subsequent challenge of engaging and collecting consent with young people following the conclusion of the BMF intervention. These small samples have been considered when reviewing the findings of the qualitative consultation and case file reviews, as their generalisability is limited.

Additionally, it was identified that the original counterfactual cohort may not be fully comparable to the BMF cohort. To mitigate this, individuals from the counterfactual cohort were matched with similar young people from the BMF cohort (details of the methodology can be seen at Appendix 3 – Counterfactual data study and cost-benefit analysis). To ensure that the data study included a period before, during and after the intervention, only 51 young people were included in the BMF cohort. The remaining young people either had not completed their BMF intervention or the 6-month period afterwards.

Three key caveats should be applied when considering these findings, however:

1. Due to the size of the cohort, caution is recommended when considering the key findings.
2. BMF staff with knowledge of both the counterfactual group and the BMF cohort also identified that there are a number of unique young children within the counterfactual group. Due to the small size of the sample, it may mean that the two cohorts are not sufficiently similar.
3. Over the course of the pilot, the needs of the young people supported by BMF changed. In particular, in later cases individuals with higher levels of need were supported by BMF. Therefore, the sample presented in the analysis may not be comparable to the BMF cohort as a whole.

This has been accounted for in the analysis here.

The evaluation also includes calculations from a cost avoidance and cost saving analysis undertaken by BMF staff. Calculations are based on the expertise and knowledge of BMF practitioners. However, there is no counterfactual group to validate these estimations. In addition, ideally, the estimation of likely trajectory would be conducted before the intervention to limit optimism bias.

Overall, the mixed-methods evaluative approach was considered appropriate for this project.

3. Key findings

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

Implementation and process factors

Core rationale

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

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

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

- For a number of stakeholders, this created some uncertainty about the target group of young people, impacting on stakeholder's confidence referring young people to BMF.
- For some members of the BMF team, this caused some confusion about the purpose of BMF, especially the balance between prevention and remedial interventions.
- In relation to widening the criteria to young people with lower levels of need, while stakeholders were confident that a BMF intervention would help support the achievement of positive outcomes, they also raised concerns about the ability of BMF to create cost savings in the immediate term by reducing the support required. They

were more confident that over a longer period, a BMF intervention would likely result in cost avoidance.

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

Enablers and obstacles

Enablers

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

Wider stakeholders, in particularly those working within schools and colleges, indicated that BMF was particularly effective because, if a professional identified that a young person needed support from another profession, they could source that from within the team, rather than make a time-consuming referral into another service. Additionally, it was highlighted that BMF was unique compared to many other services because it gave permission for professionals to work outside of their usual setting. For example, clinical staff were able to work alongside social workers or youth workers, in the home, at school or college or in community settings where young

people were comfortable. This, and the lack of onward referrals, helped improve the team's overall responsiveness. This coordinated response was recognised as effective by Ofsted and CQC during a recent inspection of SEND services.⁴

As a multi-agency team, stakeholders also reported that this allowed teams access to information stored on different service's systems and promoted skill sharing in relation to how different teams work. This contributed to the BMF team's ability to support potentially complex cases, using a wide range of information and skills.

- **Ealing Council's previous MDT experience:** Senior staff members highlighted how BMF benefitted from Ealing's previous experience of running innovation programmes within similar fields. They were able to quickly construct robust governance structure, including support from other departments such as finance. It was suggested that other local authorities without this experience may struggle to implement a similar team, for example due to a lack of understanding about the purpose and capabilities of the new team. In Ealing, it was noted how other services had demonstrated good buy-in and challenge to BMF, which may not be replicated elsewhere.
- **Incorporating the voice of the child:** A range of evidence indicated that the voice of the child featured strongly throughout BMF. At the outset, the Ealing Youth Service and Ealing MENCAP conducted a focus group of young people to support the original proposal. Reviews of case files further demonstrated that young people were consulted and engaged throughout most of their intervention. In the majority of cases, there was strong evidence that the referral and assessment decisions had been shared with the young person and that accessible language was used. Young people's views were included within their plans, and updated throughout, with clear evidence that these views were taken into account when setting goals and planning support. This contributed to an overall perception that a clear picture of a young person's needs and wishes was developed through the referral and planning process and monitored throughout, ensuring strong evidence base for any BMF intervention.
- **Involving parents and carers:** Ealing also engaged the Ealing Parent and Carer Forum (EPCF) at the outset, and throughout the pilot, including supporting recruitment and providing strategic challenge, providing insight into the experience of families with a young person with additional needs. It was noted that throughout the case files reviewed, there had been strong involvement of parents and carers as well as partner organisations.

⁴Joint local area SEND inspection in Ealing, available at <https://files.ofsted.gov.uk/v1/file/50064202> [accessed 21.02.2020]

Barriers

- **Engaging Schools:** A small number of BMF staff members reported that there had been a challenge engaging with certain schools to begin with. While the approach to providing schools with hands-on advice, support, ideas and strategies was overall seen as a strength of the team, it was noted that initially the schools that worked most closely with BMF had tended to be those which shared BMF's wider ethos regarding supporting young people in mainstream education as far as possible. In schools that BMF struggled to engage, typically those schools felt less able to be flexible about the application of policies on discipline and behaviour, which often contributed to difficulties faced by young people with additional needs. Stakeholders noted that for these schools, it was important to ensure there was dedicated time, over a sustained period to encourage engagement and highlight the benefits of BMF.
- **IT Systems:** All BMF staff members interviewed reported that the various databases used by different professionals created a challenge in ensuring that all necessary information was shared and recorded on the MOSAIC system used by BMF. Additionally, for professionals that used other systems, they were required to duplicate information on multiple systems to ensure accurate information was recorded consistently.
- **Intervention duration:** Achieving a sustainable change within the timeframe of the BMF intervention was identified as a challenge by stakeholders and families. As noted previously, BMF interventions were typically completed within the target 6 month period and that time was used flexibly. Whilst a strength of BMF was the positive relations that professionals built with young people, as noted by parents and young people, BMF staff reflected that this took time to establish and therefore affected the ability to deliver support within specified timescales. This point was further stressed by a minority of parents and carers, particularly those who identified the needs of their children as more complex, who felt "BMF was too short to make any difference to [their] child". BMF staff acknowledged that this may be an issue that requires review in the future. On balance, however, it was noted that the BMF model had been applied flexibly to mitigate this issue, which allowed practitioners to work with young people for as long as their needs dictated. This appeared to be beneficial to the majority of young people working with BMF.
- **Funding timescales:** The Innovation Programme's timings, including the evaluation, did not align with the strategic decision-making and budget-setting processes for Ealing Council. As a result, there was a period of uncertainty towards the end of the programme where it was not clear whether the programme would continue or in what form. Key stakeholders noted that this uncertainty contributed to staff leaving before the end of the programme, and also depressed the number of referrals in the latter stages of the project. More widely, the timescales were challenging to recruit staff, set up the programme and engage with potential referrers, develop and deliver the

model, and then evaluate. As noted elsewhere, the relatively short pilot period meant that the medium to long term impact has not been assessed. It was also noted that establishing a pilot while local authorities were experiencing a challenging financial climate and rising demand added complexity.

Outcomes for young people with additional needs

Improved participation of young people with additional needs in mainstream education

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

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

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

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

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

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

The data study supports the situation described by stakeholders regarding preventing school placement breakdown. The data study compared the first 51 young people that completed BMF to a historical match-paired cohort of 51 young people that would have been eligible for a BMF intervention.⁵ The results are provided in Table 3 and show the different school placements that young people were in at the beginning of BMF (left column), compared to the end of BMF (top row). It shows that:

- Of the 32 young people who started in a mainstream primary or secondary school placement, 27 were still in a mainstream placement after 12 months. Three young people moved from a mainstream placement into a Pupil Referral Unit and 2 had no placement recorded.
- Two young people started in a maintained special school. After 12 months, 1 remained in the maintained special school and 1 young person did not have a placement recorded.
- Four young people started in an INMSS. After 12 months, 3 remained in an INMSS and 1 did not have a placement recorded.
- 10 young people did not have a placement recorded to begin with. After 12 months, 1 of those young people was attending an INMSS and the other 9 did not have a placement recorded.

Overall, it shows that the majority of young people in the BMF cohort remained in the same education placement that they were in at referral. For instance, half of the cohort remained in mainstream education (primary and secondary) throughout their period of involvement with BMF. This suggests success at preventing escalation to special schools (maintained and/or INMSS). In terms of returning to mainstream education, however, there were only two examples of young people stepping down from INMSS or maintained special school, but both were reported as NEET at the 12 month stage rather than in mainstream education or employment.

⁵ See section 2 for limitations of the data study.

Table 3 Comparison of school placements at referral and after 12 months for BMF cohort (n=51)⁶

		Young people's school placement 12 months after BMF referral					
		Mainstream primary	Mainstream secondary	Pupil referral unit	Maintained Special School	INNMS	No placement recorded
Young people's school placement at BMF referral	Mainstream primary		1				
	Mainstream secondary		26	3			2
	Pupil referral unit			1			2
	Maintained Special School				1		1
	INNMS					3	1
	No placement recorded				1		9

Source: BMF service usage data

Table 4 shows that the matched counterfactual cohort followed similar trends. 29 out of 51 young people were in mainstream education throughout, and all but 5 people did not change educational setting over a 12-month period. It shows that 3 young people went from mainstream education to no recorded placement, 1 person left a Pupil Referral Unit to no recorded placement, and 1 person left an INMSS to no recorded placement. This would suggest that BMF did not outperform expected performance in the short-term.

⁶ Red = move from mainstream to specialist provision; Orange = no change in provision; Green = move out of specialist provision

Table 4 Comparison of school placements at March 2017 and March 2018 for matched counterfactual cohort (n=51)⁷

		Young people's school Placement at March 2018					
		Mainstream primary	Mainstream secondary	Pupil referral unit	Maintained Special School	INNMS	No placement recorded
Young people's school placement at March 2017	Mainstream primary	1					
	Mainstream secondary		28				3
	Pupil referral unit			2			1
	Maintained Special School				2		
	INNMS					3	1
	No placement recorded						10

Source: Counterfactual cohort service usage data

It was noted that in the data, a significant proportion of young people did not have a recorded placement. In the BMF cohort, this is partially accounted for by the fact that some were known to Adult Social Care and a minority were reported NEET. However, it was also noted during qualitative consultation that young people had been directed towards appropriate alternative education and employment, such as apprenticeships, with BMF's assistance. Case files also identified young people without a placement who were being supported to access an educational placement or work.

In relation to exclusions, the available data for the first 51 BMF cases does not show a decrease in the numbers of fixed-term or permanent exclusions within the BMF cohort. That said, qualitative evidence suggested that stakeholders expected a clear increase without a BMF intervention, and therefore this appears to be successful. While caution should be applied when comparing with the counterfactual group – particularly due to the overall small number of young people being excluded in both cohorts – there was a bigger decrease in fixed-term exclusions after 12 months in the counterfactual group than in the BMF group.

⁷ Red = move from mainstream to specialist provision; Orange = no change in provision; Green = move out of specialist provision

Table 5 Breakdown of fixed-term and permanent exclusions in the BMF (n=51) and matched counterfactual cohort (n=51)

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

Source: BMF and counterfactual cohort service usage data

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

- **Responsive MDT approach:** Key stakeholders and wider stakeholders highlighted that BMF was able to provide support from a range of professionals without needing to complete time-consuming referrals. It was noted that BMF was not only able to act more responsively than traditional services, but also worked effectively in collaboration. This latter benefit was also highlighted in case file reviews which identified examples of effective information sharing and coordinated interventions. Linked to this, key stakeholders stressed that BMF had the capacity to provide support across a range of settings, including offering clinical interventions outside traditional clinical settings. This allowed a range of professionals to support young people, their families and schools wherever support was required.
- **Use of alternative placements:** BMF staff reported that they had increasingly sought to make use of alternative education and training placements if a mainstream placement was at risk of breakdown. Examples were cited where apprenticeships or online learning courses had proven better-suited to the needs and wishes of young people. A parent and carer whose child had an alternative placement arranged with BMF support highlighted that it was “far better suited” to their needs and as a result they were “enjoying it significantly more than mainstream school”.
- **Impact on parents and carers:** Parents and carers and a range of other stakeholders highlighted that an obstacle to young people accessing appropriate support was that it can be difficult for parents and carers to effectively navigate and

advocate on their child's behalf given the complexity of services available. A number of parents and carers and young people described how the BMF team had not only supported the young person at school but provided direct assistance to their family to provide reassurance and advice about how to access the support needed. Further details can be seen in the section on Outcomes for parents and carers of young people with additional needs.

- **Impact on education professionals:** BMF staff and education professionals noted that the pilot had provided additional support to schools and colleges to assist with supporting young people with additional needs. BMF staff highlighted how they were able to work holistically with schools to change the narrative around a young person and provide additional skills and tactics for supporting them. School professionals particularly highlighted that they benefitted from the additional capacity and improved access to educational and clinical psychology support. Further details can be seen in the section on Outcomes for professionals working with young people with additional needs.

Improved school attendance

There is strong qualitative and case file evidence to suggest that BMF was able to achieve considerable success with reducing persistent absenteeism amongst a small cohort of young people experiencing this challenge. For example, the case file review identified a young person whose attendance increased from 58% to 100% following support by BMF.

Data for the BMF cohort shows that 4 young people were persistently not attending school at referral. At 12 months post referral, 2 of the 4 were attending their mainstream school regularly. However, during the same period 2 different young people's attendance worsened.

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

For some young people, a contributor to their anxiety was transitioning to secondary school, with one parent describing their child as being "at breaking point" just before

transitioning. It was noted that BMF was able to assist the young person's parent and new school to ensure that necessary information was shared, that a shared plan was in place, and support organised to mitigate the impacts of this challenging period.

Improved attainment of young people with additional needs

Key stakeholders, parents and carers, and education professionals were optimistic that BMF contributed to improvements in young people's attainment. This was particularly the case where there had been improvements in young people's attendance at school and/or where additional support had been provided in school.⁸ Examples of where BMF staff had been able to suggest straightforward and practical changes, such as to where a young person sat in the classroom, highlighted how BMF had supported the conditions for improved attainment.⁹

All stakeholders highlighted that it would take more time for any measurable improvements in attainment brought about by BMF to materialise. A longer evaluation period would allow for further analysis of these outcomes.

Improved wellbeing among young people with additional needs

Wellbeing of young people with additional needs

BMF staff, parents and carers, and young people were very positive about the overall impact of BMF on young people's wellbeing, indicating numerous examples of young people who had seen substantial improvements in their confidence, sociability and skills for transitioning into independent adult living. These findings were corroborated by the Children's Commissioner, who identified that, "The involvement of youth services in [BMF] has been particularly successful, encouraging children to get out into the community."¹⁰

Within case files were a number of examples of young people whose wellbeing appeared materially improved by the support offered by BMF. In particular, examples were given of young people who struggled to interact positively with peers or found the experience of

⁸ Research evidence shows a strong link between improving attendance and attainment, for example: Department for Education (2015) *The link between absence and attainment at KS2 and KS4*, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/412638/The_link_between_absence_and_attainment_at_KS2_and_KS4.pdf [accessed 23.03.20]

⁹ No evidence was collected via case file reviews and the data study did not include this as a metric (due to difficulties in securing this data for the counterfactual cohort).

¹⁰ Children's Commissioner for England (2019) *Far less than they deserve*, available at: <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/05/CCO-far-less-than-they-deserve-2019.pdf> [accessed 23.03.20]

school overwhelming. For instance, a young person transitioning to secondary school received support from a range of professionals in BMF, as did the school. This ensured that the support that the young person needed was established from the outset to support their move. Key outcomes recorded in their case file review highlighted that the young person was enjoying their time in school, had formed good relationships with their form group and was confident enough to participate in after school sports clubs.

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

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

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

Social care status

As a proxy measure of wellbeing, the data study considered the social care status of young people participating in BMF. Table 6 shows that:

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

Table 6 Social Care status of BMF cohort (n=51) and matched counterfactual cohort (n=51)

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

Source: BMF and counterfactual cohort service usage data

Table 7 provides a more detailed analysis of the social care journeys of young people over the 12-month period. It shows the social care status that young people had at the beginning of BMF (left column) and the social care status that the young person had 12 months after the referral (top row). In summary:

- Of the 3 young people who were a Child in Need (CIN) at referral, 2 had stepped down to universal services and 1 young person had escalated to be Looked After.
- Both the young people that were a Looked After Child (LAC) at referral remained Looked After 12 months after referral.
- The biggest change was that 6 young people who were not open to Children’s Services at referral were a Child in Need 12 months post referral.
- The largest cohort was the two-thirds of young people who were not open to adult or children’s social care throughout the period.

Table 7 Comparison of social care status at referral and after 12 months for BMF cohort (n=51)
(Red= escalating status; Orange= same status; Green= de-escalation)

		Young people's social Care Status 12 months after BMF referral				
		No. CIN	No. CP	No. LAC	No. ASC	Not applicable
Young people's social care status at BMF referral	No. CIN			1		2
	No. CP					
	No. LAC			2		
	No. ASC				3	
	Not applicable	6		1	1	35

Source: BMF cohort service usage data

By comparison, looking at the matched counterfactual group in Table 8, while there were no young people who successfully de-escalated (as there were in the BMF cohort) there were fewer instances of escalation as well.

Table 8 Comparison of social care status at March 2017 and March 2018 for matched counterfactual cohort (n=51) (Red= escalating status; Orange= same status; Green= de-escalation)

		Young people's social care status March 2018				
		No. CIN	No. CP	No. LAC	No. ASC	Not applicable
Young people's Social Care status March 2017	No. CIN	3	1			
	No. CP					
	No. LAC			2		
	No. ASC				3	
	Not applicable				3	39

Source: Counterfactual cohort service usage data

Based on this data, BMF has not been successful at preventing the escalation of need. In fact, in line with other early intervention programmes, it is likely that BMF helps to identify unmet need.

Outcomes for parents and carers of young people with additional needs

BMF staff and other key stakeholders identified that it was a strength of BMF that it could support families as well as individual young people. It was commonly identified that

parents and carers felt that they had struggled to access support for their child for a long time, particularly those whose children did not meet thresholds for other services or did not have a formal diagnosis. At times, this contributed to creating a strain on the relationship between parents and carers and schools, where there had been disagreement about what support a young person might require.

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

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

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

Lastly, key stakeholders were keen to stress the positive relationship BMF had maintained with the Ealing Parent Carer Forum throughout the project. It was agreed that this impacted positively on the way staff engaged with parents, promoting a supportive and non-judgemental ethos. It was noted in the Joint Local Area SEND inspection of Ealing that BMF was a project that has been effective in terms of its use of co-production.

Outcomes for professionals working with young people with additional needs

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

As noted in the section on Implementation and process, BMF initially faced challenges in accessing some schools. As a result, the impact of BMF on educational professionals was restricted. That said, where BMF has worked with schools, the impact was positive. BMF staff reported that they had helped teachers and school staff increase their skills and confidence supporting young people with additional needs. Examples were noted where members of the BMF team had provided training directly to school staff, introducing a range of strategies for working with young people with additional needs and making them more aware of their specific needs. Some of the education professionals were confident that they and their staff already had the necessary skills, but they recognised the benefit of having greater direct support available within schools.

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

Case file evidence further highlights that BMF has successfully supported professionals by helping them to access the services required to support young people. For example, in one school BMF helped to arrange for an Education, Health and Care plan to be completed. This included funding for a 1-to-1 mentor and counselling to be provided for a young person, allowing them to return to school.

Cost efficient approach to supporting young people with additional needs

The cost of delivering the service is less than the savings achieved across social care and education spending

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

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

“Without this approach [the target group’s] needs and the cohorts of growing numbers of children who will follow behind them, will not be

effectively addressed across the partnership at an early enough point. As a result, their needs are likely to rapidly escalate and result in higher cost interventions including social care, health and potentially youth custody interventions.” BMF proposal

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

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

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

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

Source: BMF and counterfactual cohort service usage data

The 2% increase in the per annum cost of services used by young people who have worked with BMF was driven by an increase in the number of Looked After Children from 2 to 4. As noted in the previous section, the 2 young people who were Looked After at referral remained Looked After 12 months later, whereas 2 further children escalated from CIN status and universal services respectively.

Where the cost of the BMF cohort did decrease was school placement costs: there was a 14% decrease in school costs, which was also by far the largest area of recorded expenditure. In total, 6 young people were reported to have a less costly placement 12 months after referral. However, in all 6 cases these young people did not have a recorded placement. This included 1 young person previously attending an INMSS and another attending a maintained special school, both of whom were reported as NEET at the 12-month stage. This decrease in cost is also in line with the matched counterfactual cohort.

By comparison, Ealing Council conducted a review of 102 closed cases that had participated in BMF over an 18-month period. Each review considered the needs of the young persons at referral and estimated the likely trajectory for that young person if they had not received a BMF intervention. This scenario was compared to the actual outcomes achieved. Tariffs were attributed to negative outcomes that were avoided, which primarily linked to avoided use of specialist school placements or additional specialist services. A confidence interval was also applied to each calculation to reflect practitioner's confidence about the extent to which this cost avoidance was achieved as a result of the impact of BMF. No counterfactual was included. In total:

- A total of £335,880 cost saving per annum was identified, equivalent to £3,293 per young person. Cost savings were achieved for 4 young people and half of all cost savings were attributed to 1 young person.
- A total of £2,259,200 cost avoidance per annum was identified, equivalent to £22,149 per young person. Potential cost avoidance was identified for 69 young people.
- 29 examples were identified where BMF colleagues estimated that there was no cost saving or avoidance achieved.

Discussing cost effectiveness, the majority of key stakeholders suggested that “this is spending the money in the right place and in the right way”, but that at the same time it would be difficult to achieve immediate cost savings in many cases. This was supported by the small number of examples of cost saving identified by Ealing in their cost-benefit analysis (see above). However, stakeholders believed that BMF would result in cost avoidance over a longer period of time; for example, in adult mental health services or the prison system as well as avoiding or delaying use of INMSS. Stakeholders were in agreement that sustainability of the service was a challenge, both due to the timescales required for any savings to materialise and due to the fact that the BMF team comprised

a number of highly qualified and relatively costly staff.¹¹ Although stakeholders were not clear about the timescale for a return on investment, there was optimism that in the longer term effective early intervention would prove cost effective.

There is evidence to suggest that BMF initially worked with a cohort that did not match the cohort included in the original business case in respect of the average service user cost per young person. For example, in the original financial sustainability analysis Ealing identified a target cohort of 156 young people costing a total of £3,347,914 (including school placement and social care costs), equivalent to £21,461 per young person.¹² The average cost per young person at referral in the BMF cohort was only £11,879.50, just 55% of the per child cost in the model. Similarly, 22% of young people in the sustainability model were attending an INMSS, but just 8% of the BMF cohort were. The projected ongoing service expenditure required to operate BMF was costed at £692,500 per annum: the 51 young people in the BMF cohort used services costing just £605,875 per annum. This all builds a picture to suggest that BMF was being targeted in the early stages towards a cohort with needs that were too low to realistically achieve the types of cost savings outlined in the original proposals.

Sustainability of BMF

A number of key stakeholders with strategic oversight in BMF recognised the nature of the challenge to achieve cost avoidance, which is particularly acute in the context of challenging financial conditions for local authorities in England and increasing demand for support. As set out in the section on process and implementation, BMF had already begun to explore the possibility of providing support to a more complex cohort – this would appear to bring it more closely in line with the original financial model.

There is an outstanding question about the extent to which BMF should also seek to support young people below the threshold of other services in Ealing. Stakeholders suggested that this remained a priority, and that there was still a shared belief that in the longer term the benefits of an BMF intervention would avoid or delay costs in the future. Stakeholders proposed that a mixed model, focusing on a small number of young people with higher levels of need, and more costly education and care support may need to be incorporated into the caseload. This may then cross-subsidise the early intervention approach that BMF has taken with other young people. There is emerging evidence that young people with more complex needs can benefit from a responsive, multidisciplinary BMF intervention and also offer the possibility of cost-savings. However, stakeholders

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

¹² Ealing Council (2017) *Appendix 5 Ealing Innovation Fund Financial Sustainability Model*

noted that changes to the blend of skills within the team may need to be adjusted to respond to higher level needs. Establishing a team that is equally adept at supporting young people of differing levels of need, while still retaining a strong, single service identity will be the challenge for this model.

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

Evidence from the first round of the Innovation Programme led the DfE to identify 7 features of practice and 7 outcomes to explore further in subsequent rounds. These are considered below.¹³

Practice features

Strengths-based practice frameworks: BMF practitioners had a shared framework of understanding, as observed during a referrals meeting observation and case file reviews. Further, BMF equipped parents and carers and young people with skills that helped them better manage challenging behaviour and strengthen their existing home and school networks as a means of supporting young people.

Systemic theoretical models: BMF demonstrates a number of features of systemic practice, including empowering children and families by building their confidence and skills to manage their challenges and build resilience. By supporting the parent or carer, young person and school, they are able to catalyse change, enhancing the partnership working between all three.

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

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

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

¹³ Sebba, J., Luke, N., McNeish, D., and Rees, A. (2017) *Children's Social Care Innovation Programme: Final evaluation report*, Department for Education, available [here](#).

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

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

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

Outcomes

Reducing risk for children: Quantitative data suggests that BMF may be identifying unmet need resulting in a proportion of children accessing higher levels of statutory support than in a counterfactual group.

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

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

Generating better value for money: Qualitative evidence suggests that stakeholders are confident that early intervention will ensure future cost avoidance and potential cost savings. While a longer evaluation period may be required to understand whether cost avoidance has been achieved, the data study does not identify any immediate aggregate cost savings or cost avoidance for the initial 51 BMF young people. The data study also suggests that BMF may have initially been targeted at a cohort whose needs were such

that it would be challenging to achieve a cost saving in the short to medium term. Qualitative evidence suggests that this may not apply to later cases.

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

5. Lessons and implications

The following lessons and recommendations are those for which there is the most evidence available. Each lesson may be supportive in the future development and wider application of the project.

Lesson	Evidence
Implementation	
<p>There is demand for a service that offers support to young people with additional needs at an earlier stage to support better outcomes and wellbeing, as well as preventing escalation to more costly forms of support.</p> <p>There is emerging evidence of demand for a similar service for young people with additional needs in contact with multiple agencies, often receiving complex support.</p>	<ul style="list-style-type: none"> • Qualitative consultation with BMF staff, key stakeholders, wider stakeholders and parents
<p>A co-productive design process, that includes the perspectives of young people and parents and carers, enhances the design, operation and review of innovative services.</p>	<ul style="list-style-type: none"> • Qualitative consultation with BMF staff, key stakeholders, wider stakeholders and parents
<p>Identifying young people that may benefit from support (either preventative or remedial) is challenging. A strong needs assessment should be undertaken at the start. This will help to ensure that the intervention is based on needs, is matched to the reasons for escalation, and reflects the challenges that are faced by young people with additional needs.</p>	<ul style="list-style-type: none"> • Qualitative consultation with BMF staff and key stakeholders • Quantitative data analysis • Cost-benefit analysis
<p>Aligning the Innovation Programme, the evaluation, and local authority decision process would have supported continuity of service and prevented operational challenges</p>	<ul style="list-style-type: none"> • Qualitative consultation with BMF staff and key stakeholders

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

Appendix 1 – Logic Model

Figure 1 BMF Logic Model

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

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

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

Appendix 2 – Needs at assessment

Table 10: Breakdown of needs identified at assessment

Disability / diagnosis identified at assessment	Total
SEN (Special Educational Needs)	41
Asperger's Syndrome / high functioning autism	20
Autism / Autistic Spectrum	26
Challenging Behaviour	21
Diabetes	0
Dysphagia	0
Epilepsy	1
Minor Learning Disabilities	12
Moderate Learning Disabilities	5
Severe Learning Disabilities	0
Profound and Multiple Learning Disabilities	0

Source: BMF management data

BMF criteria met at assessment

Table 11 Breakdown of BMF criteria met identified at assessment

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

Source: BMF management data

Appendix 3 – Counterfactual data study and cost-benefit analysis

The following counterfactual analysis compares the outcomes of a cohort of 51 young people that took part in BMF with those of an historical group of young people who Ealing judged would have been eligible for the BMF intervention if it had existed at the time.

The counterfactual analysis is based on an analysis of 51 BMF cases and a matched-pairs counterfactual cohort of 51 young people.

Methodology

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

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

Table 12 Data study timescales

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

At the time of analysis (February 2020), 51 of the 93 young people in the BMF cohort had completed the 12-month period post referral. Therefore 42 of the cohort have not been included in the data study, since they did not have data for all 3 time periods.

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

- Social Care status (i.e. Child in Need, Child Protection, Looked After Child)

- Adult Social Care status
- Education and employment including:
 - Type of school attending
 - NEET status
 - Fixed-term exclusions
 - Permanent exclusions
 - Persistent absences from school
- Youth justice contacts
- Antisocial behaviour incidents.

Each service was attributed a tariff using the Greater Manchester Combined Authority Cost-Benefit Analysis Tool and PSSRU unit costs of Health and Social Care 2019 report.^{14,15}

Profile of cohorts

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

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

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

¹⁴ Greater Manchester Combined Authority, “Cost-Benefit Analysis Tool”, available at: <https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/> [accessed 27.02.2020]

¹⁵ PSSRU “Unit costs of Health and Social Care 2019”, available at: <https://www.pssru.ac.uk/project-pages/unit-costs/unit-costs-2019/> [accessed 27.02.2020]

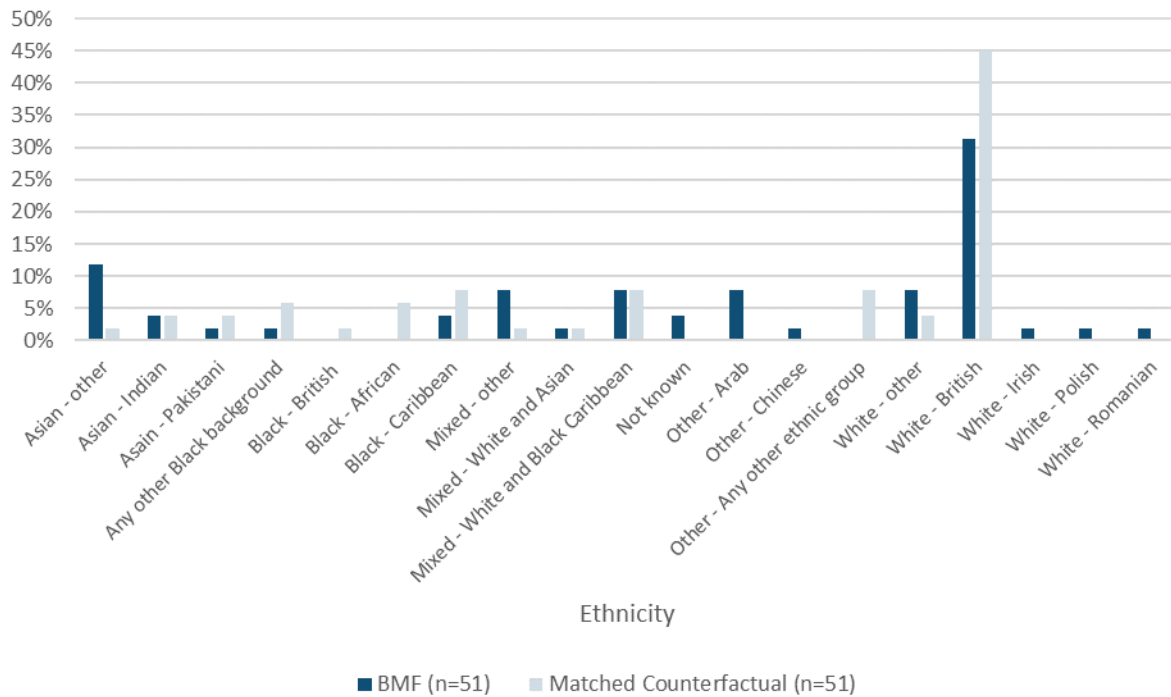
Table 13 BMF cohort and matched counterfactual cohort characteristics

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

Source: BMF and counterfactual cohort service usage data

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

Table 14 Ethnicity profile of BMF (n=51) and matched counterfactual cohort (n=51)



Source: BMF management data

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

Analysis of changes

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

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

Improved participation by young people with additional needs in mainstream education

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

School placement

Table 15 shows that in the matched counterfactual cohort, 6 pupils were attending a maintained or non-maintained special school at March 2017, which falls to 5 pupils in March 2018. An identical trend is observed in the BMF cohort. This is noteworthy because it does not reflect the original assumption made in the BMF financial sustainability case, which suggested young people in this cohort were at risk of rapid escalation from mainstream education to special schools.

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

	BMF Cohort			Matched counterfactual cohort		
	At referral	6 months post BMF referral	12 months post referral	March 2017	Sept 2017	March 2018
Mainstream primary	1	0	0	1	1	1
Mainstream secondary	31	29	27	31	31	28
PRU	3	4	4	3	2	2
Maintained special school	2	1	2	2	2	2
INMSS	4	5	3	4	4	3
No placement recorded	10	12	15	10	11	15

Source: BMF and counterfactual cohort service usage data

Considering only the BMF cohort, Table 16 demonstrates that 41 of the 51 young people were in the same category of school placement after twelve months as they were at referral (see the orange boxes). Additionally, 1 child in the BMF cohort graduated from primary to secondary school as expected. Only 3 young people left mainstream education for an alternative placement, all moving into the Pupil Referral Unit. Further, 1 young person without a placement at referral was attending a maintained special school after 12 months. In terms of change of setting, it would appear that the key changes are

from mainstream secondary schools (2), the PRU (2), maintained special school (1) and INMSS (1) to no recorded placement (see green boxes). Without further information, it is difficult to qualify whether this is a success: of the 15 young people without a placement at 12 months post referral, 3 were known to adult social care, 4 were reported NEET, and 8 are unknown. What is known is that the 2 young people who were attending a special school at referral were NEET after 12 months. Without further information, this would therefore represent mixed success at best.

Table 16 Comparison of school placements at referral and after 12 months for BMF cohort (n=51)¹⁶

		Young people's school placement 12 months after BMF referral					
		Mainstream primary	Mainstream secondary	Pupil referral unit	Maintained Special School	INNMS	No placement recorded
Young people's school placement at BMF referral	Mainstream primary		1				
	Mainstream secondary		26	3			2
	Pupil referral unit			1			2
	Maintained Special School				1		1
	INNMS					3	1
	No placement recorded				1		9

Source: BMF service usage data

Table 17 shows that there are comparable trends in the matched counterfactual cohort – particularly, that the majority of young people (29) remained in mainstream education throughout, and 49 did not change educational setting over a 12-month period. Only 1 young person that was in a maintained special school or INNMS at March 2017 had left by March 2018. However, that individual did not have a school placement recorded, so it is unclear whether this has been a successful de-escalation of need.

¹⁶ Red = move from mainstream to specialist provision; Orange = no change in provision; Green = move out of specialist provision

Table 17 Comparison of school placements at March 2017 and March 2018 for matched counterfactual cohort (n=51)¹⁷

		Young people's school Placement at March 2018					
		Mainstream primary	Mainstream secondary	Pupil referral unit	Maintained Special School	INNMS	No placement recorded
Young people's school placement at March 2017	Mainstream primary	1					
	Mainstream secondary		28				3
	Pupil referral unit			2			1
	Maintained Special School				2		
	INNMS					3	1
	No placement recorded						10

Source: Counterfactual cohort service usage data

Absenteeism and school exclusions

The total numbers of individuals that were designated as persistently absent, or who received a fixed-term or permanent exclusion are very small. In addition, based on the available evidence it does not appear that BMF has improved the absence or exclusion rates. Table 18 shows:

- 12 months after referral, the same number of young people were persistently absent as there were at referral in the BMF cohort. By comparison, the matched counterfactual group has decreased from 4 to 1.
- 12 months after referral, there was slight increase in the number of fixed-term and permanent exclusions in the BMF cohort, rising from 6 to 8. By comparison, the counterfactual cohort declined from 10 to 7 in a comparable timeframe.

¹⁷ Red = move from mainstream to specialist provision; Orange = no change in provision; Green = move out of specialist provision

Table 18 Breakdown of absenteeism and school exclusions at three points in time for BMF cohort (n=51) and matched counterfactual cohort (n=51)

	BMF Cohort			Matched counterfactual group		
	At referral	6 months post BMF referral	12 months post referral	March 2017	Sept 2017	March 2018
No. of young people persistently absent	4	4	4	4	2	1
No. of young people given fixed term exclusion	6	3	7	10	11	7
No. of young people permanently excluded	0	1	1	0	1	0

Source: BMF and counterfactual cohort service usage data

Improved wellbeing of young people with additional needs

Table 19 shows that only a small number of young people were in contact with statutory services at the time of referral. Over the period under consideration, there is a 75% increase in the number of BMF young people open to either adult or children’s social care. By comparison, in the matched pairs cohort there is 33% increase.

Table 19 Breakdown of social care status of BMF cohort (n=51) and matched counterfactual cohort (n=51) at three points in time

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

Source: BMF and counterfactual cohort service usage data

Further information about the journeys that individual young people have experienced as part of BMF is shown in Table 20:

- Of the 3 young people that were CIN at referral, 2 have stepped down to universal services whereas 1 child has escalated to Looked After status.
- Both the young people that were LAC at referral remained at this status 12 months after referral.
- The biggest change was that 6 young people that were not open to Children’s Services at referral were at CIN status 12 months post referral.
- The largest cohort, however, were the two-thirds of young people that were not open to Adult or Children’s Social Care throughout the period.

Table 20 Comparison of social care status at referral and after 12 months for BMF cohort (n=51) (Red= escalating status; Orange= same status; Green= de-escalation)

		Young people’s social Care Status 12 months after BMF referral				
		No. CIN	No. CP	No. LAC	No. ASC	Not applicable
Young people’s social care status at BMF referral	No. CIN			1		2
	No. CP					
	No. LAC			2		
	No. ASC				3	
	Not applicable	6		1	1	35

Source: BMF service usage data

By comparison, looking at the matched counterfactual group in Table 21, while there were no young people who successfully de-escalated (as there were in the BMF cohort) there were fewer instances of escalation as well (8% rather than 17%).

Table 21 Comparison of social care status at March 2017 and March 2018 for matched counterfactual cohort (n=51) (Red= escalating status; Orange= same status; Green= de-escalation)

		Young people's social care status March 2018				
		No. CIN	No. CP	No. LAC	No. ASC	Not applicable
Young people's Social Care status March 2017	No. CIN	3	1			
	No. CP					
	No. LAC			2		
	No. ASC				3	
	Not applicable				3	39

Source: Counterfactual cohort service usage data

Based on this data, BMF has not been successful at preventing escalating need, since only 2 young people de-escalated social care status during this time, compared to 7 that escalated. However, in similar early intervention services it is often noted that interventions will uncover unmet need, which may be what is captured in this data.

Criminal Justice

Additionally, BMF collected data linked to young people's interaction with the Youth Justice system. It was identified in the original BMF proposal that amongst the non-financial outcomes BMF would seek to achieve, it would include a decrease in the number of young people in contact with the YJS as a victim or perpetrator. Two metrics were collected as part of the evaluation: first time entrants to the criminal justice system and incidents of anti-social behaviour. It is noteworthy that across the 18-month period of the data study, nobody in either the BMF cohort or the matched counterfactual group was recorded as being involved in an instance of anti-social behaviour.

In respect of the number of first-time entrants to the criminal justice system, this measure is a useful proxy to understanding the extent to which BMF may be a protective factor that reduces engagement in harmful activities or outcomes associated with the criminal justice system. Table 18 shows that in the 6 months prior to referral, 3 young people in the BMF cohort had entered the criminal justice system for the first time. However, in the subsequent 12 months, just 1 further child entered the criminal justice system. By comparison, over the equivalent 12-month period in the counterfactual group, 4 young people entered the criminal justice period for the first time. While the sample size is

small, this would suggest that BMF has been successful at preventing young people from becoming drawn into criminal activity.

Table 22 No. of FTE to CJ system at 3 points in time for BMF cohort (n=51) and matched counterfactual cohort (n=51)

	BMF Cohort			Matched pairs group		
	At referral	6 months post BMF referral	12 months post referral	March 2017	Sept 2017	March 2018
First Time Entrants to Criminal Justice System	3	0	1	7	0	4

Source: BMF and counterfactual cohort service usage data

Cost effective response to supporting young people with additional needs

Documentation submitted as part of the BMF proposal reported that the BMF service aimed to achieve a cost saving of £147,670 as a result of cost displacements at the end of Year 2 (18-19). This would comprise 5 young people being diverted from an INMSS to a local specialist provider (£83,613), 1 Looked After child’s support being reduced to universal services (£40,000) and a reduction in numbers of residential LAC placements (£24,057). To assess whether this has been achieved, a cost-benefit analysis has been conducted based on the [Unit Cost Database \(2019\)](#) developed by the Greater Manchester Combined Authority (GMCA) and tariffs developed by the [PSSRU](#).

Table 23 demonstrates that in the 12 months post referral, the cost of services used by the BMF cohort has increased.

Table 23 Per annum cost of services used by the BMF cohort (n=51) at referral, 6 months post-referral and 12 months post-referral

	Cost at referral (£ per annum)	Cost at 6 months post BMF referral (£ per annum)	12 months post referral (£ per annum)	Percentage change between cost at referral at 12 months
Youth crime First Time Entrants	£10,859	£0	£3,620	-67%
Anti-social behaviour	£0	£0	£0	N/A
Persistent absence	£7,512	£7,512	£7,512	0%
Fixed term exclusions	£715	£176	£216	-70%
Permanent exclusion	£0	£2,536	£2,536	N/A
School placement cost	£468,647	£476,772	£401,832	-14%
NEET status	£9,274	£9,274	£18,548	100%
Child in Need	£4,878	£6,504	£9,757	100%
Child Protection	£0	£0	£0	N/A
Looked After Child	£60,673	£60,673	£121,346	100%
Adult Social Care	£43,316	£43,316	£55,640	28%
SUBTOTAL	£605,875	£606,764	£621,006	2%

Source: BMF service usage data

Overall, there is a 2% increase in the per annum cost of services used by young people that have worked with BMF 12 months after referral. The key driver of this cost increase is as a result of the increase in the number of Looked After Children from 2 to 4. As noted in the previous section, the 2 young people that were Looked After at referral remained Looked After 12 months later, whereas 2 further children escalated from CIN status and universal services respectively.

There was a 14% decrease in school costs, which is by far the largest area of recorded expenditure. However, as noted in the previous sections, the change has not been from INMSS to a maintained special score or mainstream service. In total, 6 young people were reported to have a less costly placement 12 months after referral. However, in all 6 cases these young people did not have a recorded placement. This included 1 young person previously attending an INMSS and another attending a maintained special school, both of whom were reported as NEET at the 12 month stage. This therefore appears to be at most a qualified success. Furthermore, the BMF cohort compares

unfavourably to the matched comparator cohort, which observed a 7% decrease in per annum cost over a comparable period.

Table 24 Per annum cost of services used by the matched counterfactual cohort (n=51) at March 2017, September 2017 and March 2018

	Cost at March 2017 (£ per annum)	Cost at September 2017 (£ per annum)	Cost at March 2018 (£ per annum)	Percentage change between cost at referral at 12 months
Youth crime First Time Entrants	£25,338	£0	£14,479	-43%
Anti-social behaviour	£0	£0	£0	N/A
Persistent absence	£7,512	£3,756	£1,878	-75%
Fixed term exclusions	£412	£402	£245	-40%
Permanent exclusion	£0	£2,536	£0	N/A
School placement	£468,647	£459,710	£394,858	-16%
NEET status	£13,911	£0	£4,637	-67%
Child in Need	£6,504	£4,878	£4,878	-25%
Child Protection	£0	£1,151	£1,151	N/A
Looked After Child	£60,673	£60,673	£60,673	0%
Adults Social Care	£43,316	£55,640	£99,320	129%
SUBTOTAL	£626,313	£588,747	£582,120	-7%

Source: BMF and counterfactual cohort service usage data



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