

PINE Suggested Evaluation Plan

Intervention: Adolescent Risk Team

Partner: BANES

Evaluation Aspirations

The desired aim of the self-evaluation is to provide indications of evidence for the effectiveness of the Adolescent Risk Team (ART) in BANES against a range of outcomes, and also to understand whether there are areas for improvement with regards to the delivery and process around the intervention.

Our evaluation questions are focused on the outcomes associated with the children and families in contact with ART. The evaluation of the process around the intervention activities (pre-, during and post-intervention) are included later in the document as part of an Implementation and Process Evaluation. We also provide guidance around how a cost-effectiveness evaluation might be conducted.

Evaluation Questions

Based on our assessment of what the most suitable outcomes for the evaluation are, and data that it will be possible to collect, we suggest the following evaluation questions.

- 1) To what extent does the proportion of children referred to the ART who are in school or alternative provision change 6 and 12 months after they are referred? What change is there in the proportion who are not in education?
- 2) To what extent does the proportion of the 16+ young people referred to the ART in employment, education or training change after they are referred?
- 3) To what extent does the rate at which children referred to the ART have fixed term exclusions change after they are referred?
- 4) What proportion of the children referred to the ART had a reduction in the level of social care involvement 6 and 12 months after the end of the programme compared to before? What proportion had an increase?
- 5) To what extent does the proportion of the children referred to the ART who had a police contact change after they are referred?
- 6) To what extent does the proportion of the children referred to the ART and were reported to have had a missing episode change after being referred?
- 7) To what extent does the mental health of children referred to the ART change 6 months after being referred compared to when they are first referred?



- 8) To what extent do the family relationships of children referred to the ART change over time after being referred compared to when they are first referred?

Note that none of these questions use the term 'impact'. This is because it is unclear at this stage who a suitable comparison group might be for us to compare against the outcomes of the children in contact with the ART, which is needed to be able to robustly determine causal impact. We instead employ before / after comparisons.

Before / After Comparisons

For each of the Evaluation Questions, we recommend that you employ a before/after comparison of outcomes for your sample - taking a 'baseline' and then an 'endline' measure 6 or perhaps 12 months later. Changes in the same people over time such as these are useful indicative evidence that the intervention is having the desired effect, but this type of comparison has some limitations. It doesn't allow you to say that the programme *caused* the change - only that the change took place - as other things might have changed in the lives of the recipients over the course of the period the intervention was running that had an influence on the change.

To more reliably attribute cause, a comparison group made up of different individuals is required. In this instance, as your sample group has particularly complex safeguarding needs, there doesn't appear to be a suitably similar group of young people from within the local authority. In time, however, you might hope to identify a similar group from another local authority who don't have a similar programme to compare against, which would provide a clear idea of the actual impact of the ART team over and above business as usual.

Outcome measures

This section outlines, for each research question, how we recommend measuring the outcome.

EQ1-3: Education and Training

You have indicated that changes in outcomes relating to the child / young person's education and training after contact with the ART are of particular interest. You identified two key areas of focus within this: enrolment in education (or training if over 16), and fixed term exclusions.

School / alternative provision

To answer this, we suggest recording whether each child or young person in contact with the ART was in school or alternative provision at the time of referral (to provide a baseline) and again at 6 and 12 months after referral. This can be recorded as a binary outcome, where each child / young person recorded as either a 'yes' or 'no' at each of the time-points, from which proportions can be calculated.

Education or training



(If over 16 years of age:)

Here, we suggest recording whether each young person is in education or training both at the time of referral (baseline) and at 6 and 12 months. As above, this measure can be recorded as a binary outcome.

Fixed-term exclusions

(If in school/education:)

For FTEs, we recommend recording how many (if any) fixed term exclusions the child in contact with the ART had in the 12 months prior to referral, and then the 12 months following. You indicated that this information should be relatively easy to access.

EQ4-6: Social Care and Other Services Involvement

Police Contacts

You identified police contacts as an important indicator of whether the child / young person is still at risk in the community, and therefore a reduction in contacts would indicate that the work of the ART team was having a positive impact. Therefore we include a measure for the frequency of these contacts in the 12 months before and after contact with the ART.

Missing Episodes

Equally, reporting the number of missing episodes in 12 months, compared to the 12 months prior to contact with the programme, this might also provide an indication of the child's stability and level of risk.

Social Care Involvement

You also noted that you felt that contact with the ART has led in some cases to a reduction in the level of a child's social care involvement, and therefore it was important organisationally to record this information as part of the evaluation of the intervention.

As the level of social care involvement amongst the families of recipients of the programme is quite varied, we suggest recording a simple binary 'reduction of involvement' indicator for each family six and twelve months after the end of the programme. The 'level' of social care involvement might be defined as:

- Child is Looked After - either by LA, or separate arrangement such as SGO.
- Family has had / will have a Public Law Outline Meeting
- Child has a Child Protection Plan
- Child has a Child In Need Plan
- Family working with/open to Early Help team (if applicable)
- Child does not have an active case in either Children's Social Care or Early Help.

A case would be recorded as a 'reduction' if the child was moved from a CP to a CIN plan, or from having a CIN plan to Early Help for example. To provide a fuller picture of the outcomes



of the families for this measure, we also recommend recording increases in Social Care involvement.

EQ7-8: Mental Health and Family Relationships

Mental Health

We propose measuring this using two different subscales contained in the Strengths and Difficulties Questionnaire (SDQ, [impact supplement for self-completion by 11-17 year olds](#)). We recommend using the self-reported version, completed by the young person, though teacher and parent versions are also available and could be considered. The measure is free to use, if manually scored, however online scoring and reporting is [available](#) at a cost.

A score between 0 and 40 is calculated by adding results from four scales, with higher scores indicating lower levels of mental health. Further guidance and materials are [available online](#).

Family Conflict

You also noted that inter-family conflict was an important indicator of the success of the work of the ART team. We propose measuring family relationships using the [SCORE-15](#) survey for family functioning and change (Annex A), which is a validated measure for family therapeutic change. The child version is designed for ages 8-11, but we propose issuing it to the whole sample of children and young people in contact with the ART.

Each respondent will be given a score of family functioning between 1-5 where higher values indicate higher levels of family functioning. The survey, as well as resources for recording and scoring responses, are available for free online.

The survey should be implemented twice: once shortly after the child first comes into contact with the ART, and again after 6 months. The first survey will provide a 'baseline' for these two outcomes, and the second the 'endline' measure.

Implementation and Process Evaluation

As well as the quantitative outcomes listed above, it is also important to gather qualitative information to help you get a richer picture of how different elements of the intervention work, such as referrals meetings and inter-team planning. We would recommend this is done via a small number (4-6) of semi-structured interviews with team members, as well as with contacts at referring organisations to understand whether the processes surrounding the work of the team are working as intended from their perspective, or whether they could be made more efficient.

Implementation and Process Evaluation Question	Why is this question useful?
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<p>How do team members feel about their ability to work intensively with their cases? What do they feel about the quality of their relationships with the children / young people they work with, compared to work done outside the team?</p>	<p>It's helpful to get a sense of the perception of frontline staff on the service, and highlight strengths and weaknesses in current practice, with a particular highlight on the intensive work that they do which can be a significant point of difference from the work of other professionals.</p>
<p>How do stakeholders, such as contacts at the police, Youth Offending Service, CAMHs, feel about the usefulness of the fortnightly case discussions? Is there any way the effectiveness of these could be improved?</p>	<p>Fortnightly case discussions are a key part of the work of the ART, and one of the significant outcomes highlighted in discussions is better multi-agency working and effective risk management. It would be helpful to get feedback from other professionals on their experience of working with the team, and how it relates to the work their own agencies do.</p>
<p>How do team members feel about their ability to be creative in their relationship-building with young people? Is there anything that could be changed to improve this?</p>	<p>The central part of the work of the ART is around relationship-building with young people to start building a secure base to work from. It would be helpful to get a sense from those doing this direct work what facilitates and hinders this, and how the service could potentially be improved.</p>
<p>How do team members feel about the assessment process that takes place within the ART? Are these effective? Is there anything that could be done to make these more effective?</p>	<p>The assessment is the basis for all of the work done by the ART, and it can be difficult to get an accurate assessment of changing and complex risk. Insight into how effective, practical and clear assessments are will help to better understand the needs of the young people the ART work with.</p>
<p>What helps delivery, and what gets in the way of delivery?</p>	<p>Knowing what stops the intervention being delivered (or received), or supports it to be so, is useful to ensure future implementation is successful. Successful future implementation is required for impact to be possible.</p>
<p>How do team members feel the risk management tool is working? How do team managers feel it is working? Does it facilitate agile and effective risk planning?</p>	<p>Discussions around risk have been a key part of earlier PINE discussions - both within the ART, and in managing risk amongst professionals more widely. It would be helpful to understand whether the tools that are currently used are effective in keeping young people safe.</p>



Sample

Your sample - who you want to collect data about - should consist of as many of the children and young people who are referred to and accepted by the ART as possible, and ideally all of them. For survey data, we recommend collecting data in person shortly after they are first in contact with the ART, and then again 6 months later.

You noted that you anticipate it being difficult to convince the child / young person to fill out the survey and that some incentivisation might be required. We have included some suggestions for this below.

For administrative data, every child / young person who comes into contact with the ART can be included in the sample.

Incentivisation

You noted that it might be challenging to motivate the young people to complete surveys as part of the evaluation, and that a form of incentivisation might be required to do this. While we acknowledge that it may be difficult to gather this information, the more responses you are able to obtain (at both baseline and endline), the better the quality of the evaluation will be. Therefore we would recommend that, if your budget allows, allocating £5-10 towards incentivising survey completions - this might be a trip to a food chain or ordering in pizzas - or anything else that seems appropriate to the team member for the young person.

Other Data You May Want to Consider Collecting

Additional data monitoring

In addition to the additional data collection we recommend in the sections above, it could also be good to capture other data systematically, to help you monitor your intervention over time and be able to communicate key information to internal stakeholders. For example:

- Number of children / young people referred to the ART by quarter
- Number and proportion of referrals accepted by ART by quarter
- Number and proportion of referrals from different organisations / agencies by quarter
- How long children / young people were known to different services before known to the ART team
- What services children / young people have been known to before they are referred to the ART
- Understanding of the demographics of children / young people referred to the ART (gender, age, socioeconomic status)

We would be happy to advise on methods that could be employed to help you do this.

Omissions

A small number of potential outcomes you have mentioned might be of interest for the evaluation, such as contacts with other services, unauthorised school absences, parental



resilience and placement / place of residence stability, have not been included in the evaluation questions. As a general rule, it is preferable to include fewer evaluation questions as it is always possible that changes we see are by chance, meaning that for each additional outcome we can trust each finding a bit less, making it harder to interpret the results.

We also attempted to select the outcomes we felt would best capture how the intervention as a whole is expected to work. Contacts with other services, for example, seems like it would pick up a similar change in behaviour to police contacts, but is possibly more difficult data to collate.

You might however consider recording and monitoring these measures for the children / young people in contact with the ART more routinely, which over time might provide you with more information and the basis for further evaluation.

Cost Benefit Analysis

You have mentioned that you are interested in understanding how the work of the ART team might be saving the local authority money by reducing the risk of family breakdown, the cost of child protection work, care proceedings, long-term foster care etc.

Cost benefit analyses are usually predicated on being able to attribute impact to an intervention, which requires a comparison group rather than a before/after analyses as we plan to employ here. However, you might consider including a version of this analysis which you could use to provide tentative indications of cost-effectiveness, for use in internal communications and to build organisational capacity for this kind of evaluation in the future.

We have included a brief outline here to give an idea of how this analysis works and what might be required to conduct it. It might be helpful though to arrange for an additional consultation to identify the precise information required in order for you to do this.

Overview

A cost benefit analysis essentially tallies up all of the monetary benefits of a particular intervention to an organisation, and subtracts all of the costs that are incurred above business as usual activities. If the resulting number is greater than £0, then this indicates that the project is successful in these terms and should continue.

Assumptions / requirements

This kind of analysis requires that all of the costs and benefits of the intervention can be translated into monetary value to be input into the final calculation. It is therefore better suited to administrative measures - such as the reduction in cases of CLA - than survey measures such as wellbeing, which are harder to quantify.

Because we are relying on before and after measures that capture change over time, rather than a causal estimate that can attribute to the intervention, any findings would only hold on the assumption that the difference between before and after was due to the intervention, not



to other factors. This is likely not to be an accurate assumption. In discussing findings it will be important that you clearly state this additional assumption.

Examples

The costs and benefits outlined below are examples of what these might look like. You might try to brainstorm a more exhaustive list of the costs (such as staff time within and outside the ART team, materials etc). There are some estimations of costs of different Children's Services processes [available online](#), though you may have more accurate estimates that are specific to BANES.

Direct Costs		
Item	Details	£ cost over course of intervention
Additional staff time	To maintain relatively low caseloads among the ART in order to work intensively, BANES is required to hire 4 more social workers elsewhere in Children's Services.	4 x £29,500 salary = £118,000
Additional budget for creative relationship-building activities	In order to build relationships with the children / young people, an additional budget for activities is made available to the ART to engage them.	£12000 per annum
Possible Direct Benefits		
Reduction in demand for ongoing support by Children's Services	The rate at which families require ongoing support from Children's Services was lower after referral to the ART than it was before.	£1440 per annum (£120 per month) for every child not in contact with Children's Services compared to baseline
Reduction in rates of children in care	Intensive and proactive work done by the ART reduces the rate at which children in BANES are taken into care.	£56,00 per annum for every child not in care compared to baseline
Reduction in police contacts	Contact with the ART reduces the frequency of a young person's risky behaviours and therefore police contacts are less likely.	Your contacts in the police might be able to provide a monetary figure for what each police contact costs the service



When you have an idea of the changes in the level of social care involvement and other outcomes for the young people after they are referred to the ART, you can calculate the benefits as a total monetary figure. The costs are subtracted to provide you with a final figure. We suggest separating benefits that relate to other organisations, such as the police, from this equation, but reporting them alongside as additional benefits of the programme. Below we have used some examples of numbers of cases to provide an illustrative example.

For simplicity, we calculate the costs and benefits over the course of a year, though in reality these may require higher levels of detail (for example, a child who isn't taken into care is unlikely to cost nothing over the course of the year - the benefit is more accurately understood as the difference in cost between being taken into care and ongoing support in addition to a child protection case review, for example):

Benefits

- 25 families who might otherwise have required ongoing support from Children's Services did not require it: $£1,440 \times 25 = £36,000$
- 4 cases which might otherwise have required children being taken into care were not: $£56,000 \times 4 = £224,000$
- Total = £260,00

Costs

- Additional staff time = $£118,000$
- Budget for creative activities = $£12,000$
- Total = $£130,000$

$£260,000 - £130,000 = £130,000$

Plus any benefits to partner organisations, such as the police.

Data Collection Schedule

Evaluation Question (data collection method)	Pre (shortly after first coming into contact with the ART)	6 month follow up	12 month follow up
Education and Training (administrative data)			
Social Care and Other Services Involvement (administrative data)			



Mental Health and Family Relationships			
Implementation and Process Evaluation			

Evaluation Timeline

Activity	Deadline	Person responsible
Data collection window starts	01/09/2020	
Data collection window ends	01/09/2021	
Analysis	01/12/2021	
Reporting	01/03/2022	



Annex A: SCORE-15 Survey

Describing your family Date.....

We would like you to tell us about how you see your family at the moment. So we are asking for YOUR view of your family.

When people say 'your family' they often mean the people who live in your house. **But we want you to choose who you want to count as the family you are going to describe.**

For each item, make your choice by putting in just one of the boxes numbered 1 to 5. If a statement was "We are always fighting each other" and you felt this was not especially true of your family, you would put a tick in box 4 for "Describes us: not well".

Do not think for too long about any question, but do try to tick one of the boxes for each question.

For each line, would you say <u>this describes our family:</u>	1. Describes us: Very well	2. Describes us: Well	3. Describes us: Partly	4. Describes us: Not well	5. Describes us: Not at all
1) In my family we talk to each other about things which matter to us					
2) People often don't tell each other the truth in my family					
3) Each of us gets listened to in our family					
4) It feels risky to disagree in our family					
5) We find it hard to deal with everyday problems					
6) We trust each other					
7) It feels miserable in our family					
8) When people in my family get angry they ignore each other on purpose					
9) We seem to go from one crisis to another in my family					
10) When one of us is upset they get looked after within the family					
11) Things always seem to go wrong for my family					
12) People in the family are nasty to each other					
13) People in my family interfere too much in each other's lives					
14) In my family we blame each other when things go wrong					
15) We are good at finding new ways to deal with things that are difficult					
	1.	2.	3.	4.	5.