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Evaluation of Family Action's Safe Haven Service for Young People in Care

Final Report

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The Centre for Children and Young People's Participation

ACKNOWLEDGEMENTS

The evaluation team would like to thank the young people, family members, Safe Haven staff and other professionals who contributed their time and ideas to this report. Thanks also to Prof Andy Bilson who contributed to the evaluation analysis.

Published by
The University of Central Lancashire
Preston PR1 2HE
January 2018

Available online at: https://clok.uclan.ac.uk/21573

Executive Summary

The Intervention Model

Safe Haven is a 24/7 intervention programme that seeks to help looked after young people who are at the 'high risk' end of concerns about current safety and wellbeing and worrying future prospects. The term 'high risk' relates to assessment of the variety of challenging and negative life events experienced. It acknowledges that young people are often overwhelmed by complex and dysfunctional relationships and the consequence of these difficulties for mental health, drug misuse, child sexual exploitation, offending behaviour and placement breakdown. The intervention therefore aims to reduce rather than eliminate risk and to build young people's competence in navigating the risks that they face. The premise was that effective service provision for young people in extremely challenging and complex situations must:

- Build relationships
- Seek out and consider perspectives of the young person, birth family and involved professionals
- Assess the needs of the young person and their birth family
- Deliver an integrated response – including individual support/mentoring, crisis intervention, family work - signed up to and supported by everyone.

Providing young people, and those involved in their immediate care, with sufficient knowledge and support to navigate elevated levels of risk was expected to reduce the need for specialist residential placements and reduce the likelihood of unnecessary breakdown of existing placements. It was also hoped that birth families and placement providers would develop the capacity to better respond to the needs of the young people in their care and that, over the longer term, local authority service provision would be informed by the lessons arising from the intervention.

Safe Haven operated on a 100% payment-by-results model, whereby each local authority would make up to five payments per beneficiary. The first payment was made on successful engagement. Two payments were linked to achieving and sustaining placement stability and two to bespoke outcomes around positive behaviour change and sustained engagement in education/employment/training. The most that a local authority could pay per beneficiary was £33,000.

The Evaluation

A process and outcome evaluation was conducted with 30 looked after young people with significant and complex needs, judged to be high risk. This cohort were referred to the Safe Haven intervention by two local authorities. A third local authority provided a matched comparison cohort of 15 young people.

Young people, staff and birth families constructed a **framework of outcomes** related to:

- Dealing with risk
- Concerns about harm
- Placement suitability and stability
- Education training and employment
- Wellbeing and efficacy
- Supportive and positive relationships
- Improved relationships with birth family

Data was collected through:

- Interviews (n.55) at four time points (T1-T4) with (n.23) young people receiving the intervention and parallel repeat surveys with (n.24) young people.
- Interviews with (n.7) family members and (n.12) professionals.
- Repeat action research groups (n.5) with 27 participants.
- Project documentation (monitoring information, service provision, staff roles and training).
- Snapshot risk assessments (n.118) at five time points for the intervention cohort (n. 29) and at two time points for the comparison cohort (n.15).
- Elements of SSDA903 and educational outcome data for the (n30) intervention cohort and the (n15) matched comparator cohort (2015-2017).

To help build effective research relationships and informed consent young people decided when to participate and which themes to discuss. The amount of data collected, including interviews and surveys completed by more than three quarters of the cohort of young people, is very pleasing given the challenging circumstances of the young people's lives and the short time available to establish research relationships with them.

Findings about Process

The main intervention, assertive outreach work with young people, comprised:

- **Relationship based intervention:** actively engaging; being caring, trustworthy, respectful, contactable and available; being young person centred; and, doing activities to aid engagement.
- **Planned proactive interventions:** giving advice and guidance, practical and emotional support; enabling young people to express their views; getting information; working with families and professionals; filling gaps in services; and, supporting transition and exit.
- **Reactive and crisis support:** guiding young people through risk; and, immediate and swift response to a crisis.

The staff, called mentors, showed strong elements of social pedagogy in their work. The underlying principle of Safe Haven was to provide a rapid and swift increase in service at times of crisis. The service helped avert potential crisis (by giving a young person space either at the Safe Haven building or elsewhere to take a few hours break from their carer, or talk to their mentor to avoid running away) and dealt with crises after they occurred (by rescuing young people very quickly from potentially harmful situations when they had run away). Availability was central to the service, as reflected in internal monitoring data which shows **in total, 1483 of 3211 contacts were recorded between 10pm and 6am.** Friday 2-6pm and Friday 6-10pm were peak periods. **63% of contact time was outside of daytime hours** (6pm -6am Mon - Sunday).

"…allowing them a channel to talk about their anxieties or worries, helping them to understand what's happening… being a constant source of support… Safe Haven have a twenty four hour line… their ability to be available is, is what's very different to social work." (LA Professional)

Enquiries and interventions with birth families by Safe Haven Social Workers built relationships and trust with family members.

"Safe Haven have worked wonderfully … PARENT had a worker from Safe Haven who …supported her. CHILD had worker who literally at the drop of a hat was there for her" (LA Professional)

In the intervention local authorities, the service drew attention towards provision for young people considered high risk and highlighted the need for tailored service provision to meet their needs. The Safe Haven service provided an estimated saving over the 12 months from August 2017 of £1,380,683, representing a return on investment of up to an additional 94p for every pound invested. The return on investment could have been increased if appropriate lower cost placements had been available locally.

Findings about outcomes

Risk

"my behaviour is going to go back to normal….normal's good!"
(Young Person T4).

Risk competence improved for 19 out of 25 young people for whom we have data on this theme.

- The proportion of young people judged by mentors to have a suitable attitude to risk doubled (from 24% to 52% of the cohort) during the intervention.
- Young people's responses to the survey showed no significant change but interview data revealed that 15 of the 18 young people who commented on this theme considered that they had improved their attitudes to risk.
- Young people reported challenges to improving their risk competence arising from the time limited nature of some specialist services, where the Safe Haven service was coming to a close or where self-harm was persistent.

Concerns about harm

"one girl …that is at risk of CSE: by them going out at two o'clock in the morning … fetch her back, you know… [she's] been safeguarded from risk … which I think is fabulous" (LA Professional)

When the 18 dimensions of a bespoke risk of harm measure were considered separately, there was clear progress in relation to placement breakdown and CSE.

- Across the intervention cohort the mean overall concern about risk of harm score showed a downward trend at T4, but not a significant difference. In snapshots 59% of young people showed mean reduction in overall concern about risk levels between their first and last rating.
- Some reduction was achieved in concerns about risk of being NEET, self-harm and substance use and in all areas of risk relating to forms of abuse and neglect.
- However, mean increases in concerns about risk related to alcohol use, gang related behaviour and criminal activity were recorded.
- Mean concerns about being missing, the numbers of young people reported missing in the first 30 weeks of the intervention and the numbers at low risk rather than no risk of running away all increased. However, more young people were assessed as improved or stable in relation to going missing than those assessed as at greater risk.
- Proportionately greater reduction in high risk and mean concern levels about mental health, self-harm, placement breakdown, substance use and being NEET were seen in the intervention site.
- Proportionately greater reduction in high risk and mean concern levels in relation to anger issues, criminal activity, missing and gang related behaviour were seen in the comparison site.

Concerns about risk did not always translate into risky behaviours. Half the cohort described themselves as becoming more risk competent during the Safe Haven intervention. Some increase in the number of young people recorded as running away coincided with an increase in help seeking behaviour, as they were in contact with Safe Haven throughout their absence, particularly when running away was a response to difficulties with placements. Where risk had not been reduced, this may be a consequence of relationships not being established. Increased concerns about risk could be attributed to growing mentor awareness of the young people's contexts overtime, rather than negative change in behaviour. This factor was not present in the comparison site as assessments were completed retrospectively.

PLACEMENTS

"They're saying this placement can't meet my emotional needs and now that Safe Haven's going as well, it's just too much for me". (Young Person, T4)

Positive outcomes were experienced by 16 young people in relation to their experience of placement suitability; fewer placements; placement conflict and breakdown being prevented or reduced; and, the young person being able to influence placement choice.

- Number of placement moves reduced overall. 13 young people experienced fewer placement moves, 13 young people experienced more, whilst two remained static. There was no significant difference in the number of placement moves between the intervention and comparison site.
- Reduction in concern about risk of placement breakdown was greater in the intervention site than in the comparison site.
- Mentor snapshot assessments of the suitability of young people's placements showed no significant change over time, although the young people interviewed described positive change.
- Safe Haven and young people worked together to maintain placements (becoming involved in placement planning and managing relationship challenges with staff or other young people) but difficulties still arose where suitable placements were not available. Loss of the Safe Haven service was a concern for young people trying to maintain their placements.

EDUCATION TRAINING AND EMPLOYMENT

"If it weren't for (mentor) I probably wouldn't have finished school and I probably wouldn't be looking for colleges and work placements". (Young Person, T4)

Increased satisfaction with education was reported by 13 of the 15 young people for whom we have data on this theme.

- Behaviour improved for 8 young people
- Future aspirations increased for 14 young people.
- Mentors' snapshot rating of young people's educational behaviour, attendance and suitability remained relatively static throughout programme.

Just under one fifth of young people consistently remained not in education throughout the programme. Challenges related to young people lacking influence over their educational options and alternative educational provision or awaiting placement moves to enable reengaging with education.

Supportive relationships

"if it wasn't for Safe Haven, I don't think I'd be where I am now … I'm a much better person, I'm a lot less, what's that word? Ignorant. … before I had no support. And I think it's because I've got the support and I know that people care I think it's making me more of a happy person" (Young Person T4)

Presence of a positive relationship in their lives was reported by 22 of the 23 young people for whom we have data on this theme**.**

- For nine young people mentors were the only people they felt they could talk to.
- The presence of caring mean score increased from T1 to T3. Although this change was not statistically significant within the first 28 weeks of the intervention, mentors had successfully established relationships with all of the young people interviewed on this theme, including those who had difficulties in building relationships.
- A fall in presence of caring was noted at T4, when young people knew they would be losing their mentor. This underlines the role of mentors as a central supportive relationship for many young people. Some young people were also losing other positive relationships.

Wellbeing and Efficacy

"…just seeing the bigger picture … instead of me just seeing it as my mum leaving me… now that I'm older I understand … more than just her leaving me, I understand it from her point of view as well." (Young Person, T4)

Improvement in at least one area of wellbeing was seen by 16 of the 22 young people for whom we have data on this theme.

- There were no significant differences in baseline and T4 survey scores however, when compared with a national dataset, the cohort were significantly below the mean score at baseline and by T4 the difference was no longer significant.
- Young people and mentors reported that emotional problems reduced for nine of the cohort and ten experienced improvements in anger management or behaviour.
- Helping young people understand and become more reconciled to their family histories was a significant factor. Lack of specialist services remained a barrier to wellbeing for some.

Relationships with Birth Family

"we've had a few cases where Safe Haven have been involved… building relationships … reuniting children with their parents, working in partnership with the parents, … there has been improvement in relationships." (LA Professional)

Satisfaction with contact increased for 11 of the 20 young people for or whom we have data on this theme.

- Ten young people experienced greater involvement in decision-making about contact but seven described on-going absence of control.
- Snapshot assessment by mentors reveals that although satisfaction was increased, contact arrangements tended to be only partially suitable. Nonetheless, support for contact had increased.
- Birth family members developed trusting relationships with Safe Haven staff, improving the quality of some parent-child relationships, parental wellbeing and crisis support.

CONTENTS

INTRODUCTION

Safe Haven is a 24/7 intervention programme that seeks to help looked after young people who are at the 'high risk' end of the looked after spectrum. The term 'high risk' relates to assessment of the variety of complex and negative life events that these young people have experienced, and acknowledges that they are often overwhelmed by complex and dysfunctional relationships. The consequence of these difficulties may be seen in mental health problems, drug misuse, child sexual exploitation, offending behaviour and / or placement breakdown.

The programme is based on the premise that effective service provision for young people in extremely challenging and complex situations must build relationships and seek out and consider the perspectives of the young person, their birth family and the professionals involved. It must then assess the needs of the young person and their birth family and deliver an integrated response – including individual support/mentoring, crisis intervention, family work - signed up to and supported by everyone. It was anticipated that this would enable young people, and those involved in their immediate care, to have sufficient knowledge and support to navigate elevated levels of risk and thereby reduce the need for specialist residential placements and reduce the likelihood of existing placements breaking down unnecessarily. It was also hoped that birth families and placement providers would develop the capacity to better respond to the needs of the young people in their care and that, over the longer term, local authority service provision would be informed by the lessons arising from the intervention.

The UCLan evaluation used quasi-experimental techniques to ascertain the content and effectiveness of the intervention. We tracked the intervention site outcomes and perceived risks over time and compared these against a matched comparison area. Given the cohort of young people targeted by the intervention, the aim was to reduce risks rather than eliminate them and to build young people's competence in navigating the risks that they face. The evaluation approach draws upon the research methods and tools used by two members of the research team (Larkins and Bilson) in the study comparing established children's social work teams with independent Social Work Practices (Stanley et al, 2012). Through action research, elements of the evaluation and service change were co-created with young people, staff and family members.

This final report provides details of the methodology and data sources used, the Safe Haven Model, Intervention Outcomes (assessed against comparison area where available) and Recommendations.

1. METHODOLOGY

This research used quasi-experimental methods to achieve:

- Evaluation over time of Safe Haven:
  - Process of service delivery
  - Impact on outcomes for the young people receiving the intervention
  - Impact on birth family relationships
- Cross comparison evaluation with a matched local authority
- Action research with young people, family members and Safe Haven staff to ensure key messages from the evaluation were used during the project to develop and improve the work.

For young people, parents and staff involved in the intervention mixed method research activities gathered data on the process and impact of the service through a series of four time intervals (T0-T4). Data were collected in the intervention site through:

a. **5 discussions within Action Research Groups** (ARGs)
b. **55 repeat interviews with 23 young people** (T1-T4 see table 1)
c. **55 online questionnaires with 23 young people** (T1-T4 see table 1)
d. **7 Family Interviews**
e. **12 Professional Interviews**
f. **In-House monitoring and information**

Pre- and post-intervention data were collected for the intervention site cohort (n=30 repeated at Baseline, T2, T4) and a matched cohort in the comparison site (n=15 collected at T4 and retrospectively for the Baseline). These data were collected using:

g. **A bespoke mentor's assessment of risk of harm snapshot tool**
h. **Elements of the SSDA903 data and education returns (2015/16 and 2016/17)**

Details of the full methodology are in the appendix.

TABLE 1 - NUMBERS OF INTERVIEW AND SURVEY PARTICIPANTS OVER TIME

		T1	T2	T3	T4	Total number of young people
Intervention LA	**LA1**	6	4	3	7	11
	LA2	11	9	9	9	12
Gender	**Male**	6	5	5	7	10
	Female	11	8	4	9	13
Age at Week 0	**11-12**	2	2	1	1	3
	13-14	5	3	2	4	7
	15-17	10	8	6	11	13
Total		**17**	**13**	**9**	**16**	**23**

To help build effective research relationships and informed consent young people decided when to participate and which themes to discuss. Given the difficulty in establishing effective research relationship with young people in such complex situations, the amount of data collected, including interviews and surveys completed by more than three quarters of the cohort of young people, is very pleasing.

1.1 Outcome Framework

Outcome themes and indicators were established through the Action Research Group (ARG) process to produce an outcome framework.

As shown in Table 2 (see overleaf), the outcome themes identified for young people were: Risk Competency; Harm; Placement Suitability; Education, training or employment; Wellbeing and efficacy; Supportive Relationships; and, Improved Family Relationships. Improved Family Relationships were also an outcome theme for birth families.

For both young people and their birth families the outcome theme of Improved Family Relationships was defined in two ways, to recognise and value differences in perception between young people and their birth families (as shown in the two parallel columns to the right in Table 2).

For each of these eight themes general indicators were identified (see Table 2, row 1). Where the Action Research Groups identified relevant goals, progress towards specific indicators in relation to young people's resilience and agency was also measured (see Table 2, rows 2 and 3).
Following the evaluation, additional outcome measures have been added, to reflect relevant goals that were not made explicit in the ARG discussions (see *italics*, Table 2 rows 2 and 3).

For example, in relation to the theme of Risk Competency data was sought in relation to:

1. The general indicator (Young people's ability to recognise risky situations)
2. The resilience indicators (Ability to identify ways to remove selves from risky situations and young person has alternative coping strategies)
3. The agency/influence indicator (Young people feel able to make choices to avoid risky behaviour)

The boundary between these indicator themes is necessarily blurred, due to the complexity of young people's lives and the interlinked nature of the concepts we are exploring (wellbeing, resilience and agency).

TABLE 2 - Framework of Outcome Themes and Indicators

Given overleaf

Outcomes Themes	Improved Outcomes for young people in relation to						Improved outcomes for young people AND family members	
	Risk Competency	Harm	Placement Suitability	Education, training or employment	Wellbeing and efficacy	Supportive Relationships	Improved Family Relationships	
							Young People Perceptions	*Birth Family Perceptions*
1. General Indicators	YP has a suitable attitude towards risk - able to recognise risky situations	• Reduced risk of exposure to alcohol / substance misuse /Extremism/ Gang affiliation/ CSE • Reduced concerns about other outcomes	• Placement/ carers seen as suitable by YP • Placement conflict and breakdown prevented or reduced • Fewer placements • Reduced missing episodes	• Improved attendance • YP in an EET • YP are satisfied with EET progress • improved behaviour at school	• Improved anger management/conduct • Fewer Emotional problems • Fewer peer problems	• YP more able to move away from people who negatively impact on them • Have understanding of positive relationship – love and empathy, guidance, support.	• Increased satisfaction with level/type contact arrangements – with all chosen family members • Improved Contact support – fast and flexible, practical and emotional support	• Improved wellbeing • Increased understanding of / support for /steps towards positive parenting • More informed about child's life and social service processes.
2. Resilience Indicators	• YP competent to identify ways to remove selves from risky situations • YP has alternative coping strategies	• *YP in a context where overall concern about harm levels have reduced*	• Increased placement stability	• Increased aspiration	• Improved / maintained wellbeing • Increased / maintained self-efficacy	• Can build supportive relationships with people around them • Have positive relationships (e.g. with sw, mentor, carer)	• Shared understanding of past conflict	
3. Agency/ Influence Indicators	• YP feel able to make choices to avoid risky behaviour	• *YP more able to engage in help seeking behaviour when running away*	• YP able to influence placement and carer choices	• YP agency over EET options	• Greater feeling of Independence & sense of control	• YP able to choose relationships they engage in	• YP more involved in making decisions about contact	• increased knowledge of care procedures, system and how decisions are made about their child

2. PROCESS: THE SAFE HAVEN MODEL

The vision for this pilot intervention was coproduced with young people in care and those that had recently exited the care system. The model was followed throughout the intervention, with a few minor adaptations based on learning through delivery. The more nuanced and detailed elements of the model were developed in response to the action research, the staff's experience and the needs and wishes of young people and birth families using the service. This section of the evaluation report reflects our understanding of key aspects of the implemented model of practice[1] based on project documentation, feedback from staff, birth families and young people through the Action Research Group process, findings from interviews with young people, focus groups with senior staff and academic literature.

The Safe Haven model can be thought of as having three constituent parts. These are explored in report sections 2.1 - 2.3. The first constituent part relates to the assertive outreach work with young people by mentors comprised of:

- Relationship based intervention
- Planned proactive interventions
- Reactive and crisis support

The second part - enquiries and interventions with birth families by Safe Haven Social Workers – was important but smaller in volume than the mentoring side of the model. It was delivered by social workers so less emphasis has been given to describing this role than the mentoring, however the despite research recommendations for increased focus on birth family relationships[2], this practice also represents and element of innovative in the intervention, as it is unusual to see proactive social work with families once children and established in the care system.

The third element was influence on local authorities and other organisations' practice. The intention was that the practice at Safe Haven should inform and influence local authority practice in relation to social care with the target group. There is distinct anecdotal evidence that Safe Haven made some progress with this through exploring positive ways to deal with challenging behaviour with providers in both foster care and residential homes; exploring birth family work after the decision to remove children and young people has been made with the LA's; and through evidencing the need for robust out of hours contact for young people and their carers. The pilot nature of the intervention which ended after the commissioned one year period means it has not been possible to explore the impact of this element in depth, but initial findings are described.

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1. Key literature used to theme young people's perspectives on process include: Colley, H. (2003). Mentoring for social inclusion: A critical approach to nurturing mentor relationships. Routledge; Stein, M. (2012). Young people leaving care: Supporting pathways to adulthood. Jessica Kingsley Publishers; Newburn, T., Shiner, M., & Young, T. (2005). Dealing with disaffection: young people, mentoring and social inclusion. Willan Publishing; Stein, M. (2006). Research review: Young people leaving care. Child & family social work, 11(3), 273-279; Clayden, J., & Stein, M. (2005). Mentoring young people leaving care. York, UK: Joseph Roundtree Foundation; Philip, K., King, C., & Shucksmith, J. (2004). *Sharing a laugh?: a qualitative study of mentoring interventions with young people*. Joseph Rowntree Foundation; Brady, B., Dolan, P., & Canavan, J. (2015). 'He told me to calm down and all that': a qualitative study of forms of social support in youth mentoring relationships. *Child & Family Social Work*. Storo, J. (2013) *Practical Social Pedagogy: Theories, Values and Tools for Working with Children and Young People*, Policy Press: Bristol. Eichsteller G, Holthoff S (2009) Risk competence: Towards a pedagogic conceptualization of risk. Children Webmag 9. http://www.thempra.org.uk/downloads/risk.pdf

2 Larkins, C., Ridley, J., Farrelly, N., Austerberry , H., Bilson, A., Hussein , S., Manthorpe , J. and Stanley, N. (2013) *Children's, Young People's and Parents' Perspectives on Contact: Findings from the Evaluation of Social Work Practices*. *The British Journal of Social Work*, doi:10.1093/bjsw/bct135

2.1 Assertive Outreach Work with Young People by "Mentors"

A clear concept of intensive outreach practice conducted by staff has been developed within Safe Haven. The term mentoring is only a partial description of this aspect of the project, however we retain this term as it was the job title used within the project. It is clear however that within this model of practice there are substantial elements of social pedagogy.

Box 3 below gives an overview of the elements of practice identified by Mentors and young people within ARGs and interviews and indicates how they relate to contemporary professional literature on mentoring and social pedagogy. Crucially, their combined perspectives define essential parts of workers' attitudes and approach, as well as describing what they do, reflecting the programme's appreciation and understanding of social learning theory.

Drawing extensively on the discussions with the ARGS, particularly senior staff, it is possible to group these elements of practice into three distinct forms of intervention within the mentoring model – relationship based intervention, proactive interventions and reactive and crisis support. Each of these interventions are interlinked, and co-dependant but may be present to greater or lesser extent depending on the young person's needs, their length of contact with the service and the immediate situation at hand.

Box 1 – Co-created Description of work done by "Mentors"

	Young People	Mentors	From professional literature
1) Relationship based intervention			
Actively Engaging and Having Things in Common	X	X	In mentoring and social pedagogy
Being Caring, Trustworthy and Respectful	X	X	
Being Contactable	X	X	
Being Young Person Centred	X	X	
Doing Activities	X	X	
Being Available	X	X	
2) Proactive interventions			
Making Plans	X	X	In mentoring and social pedagogy
Giving advice and guidance	X	X	
Giving Practical Support	X	X	
Giving Emotional Support	X	X	
Enabling young people to express their views	X	X	In social pedagogy
Getting information about what is happening	X	X	
Working with families and professionals too	X	X	
Filling Gaps in Services	X	X	
Supporting Transition and Exit	X	X	
3) Reactive and crisis support	X	X	
Being Available / Responding to Crisis	X	X	In social pedagogy
Guiding young people through risk	X	X	

These three forms of interventions are described in more detail below.

2.1.1 Relationship based intervention

Ensuring that the young person has at least one positive relationship was seen as a mechanism for building self-worth and resilience i.e. the presence of the relationship itself is of direct benefit. The intervention model assumes that a young person may have limited positive relationships within their life, and the mentor his/herself begins to provide such a relationship. In principle, at the end of the intervention, the mentor de-escalates their relationship with the young person, after other parts of the intervention enable them to have other positive relationships in place, avoiding dependency on the Mentor.

Young people interviewed placed importance on the friendliness of their workers and valued the sense in which they had been matched to someone who was prepared to share some aspects of their personal self within a professional relationship.

"She shares a lot of personal information with me about who she is." (Young Person, T1)

Young people described their mentors as caring and trustworthy. Both mentors and young people emphasised the importance of respect. This was expressed both in one-to-one dialogue that took place and where mentors attended meetings with young people.

"I just trust her, like I find it very, very hard to trust someone, so she's the only person I trust." (Young Person, T1)

Interventions were bespoke to each young person, so which practices are engaged in with each young person should be determined by listening to young people's views and negotiating roles. This is underpinned by respect for and promotion of young people's agency and self-efficacy. One young person described this as:

"They give me a say in what they do." (Young Person, T1)

The principle that mentors are independent from the local authority care system was seen as key - interventions should not be directed by other professionals engaged in decisions about the young person's care. Goals were also set for each young person through a payment by results (PBR) system based on research about what influences better outcomes for young people in care i.e. education, which enabled the local authorities to determine the targets set for each young person. However, in practice, work with individual young people responded to the raft of issues that inevitably emerged in their ongoing personal situations, in addition to any targets set in the PBR's. Young people tended to report that workers were 'on their side'.

Participating in individual activities was a way to develop hobbies and interests to increase the range of positive ways young people had to spend their time. But, young people saw activities like shopping and going for a meal as a way of building a relationship with their mentor. This echoes social pedagogy literature which suggests professionals and young people build effective relationships through engaging in a common activity alongside each other, rather than an adult accompanying a child.

Group activities were identified by mentors as a method of enabling young people to develop social skills and ability to interact positively with other young people in a safe setting. Some activities were said to contribute to the young person's capacity to take appropriate risks. Mentors described group activities predominantly in terms of joint social opportunities for young people. In this way leisure activities also became a form of proactive intervention.

2.1.2 PROACTIVE INTERVENTIONS

Proactive interventions refer to dialogue or activities undertaken with or accessed through the Mentor that are pre planned, and have specific aims linked to the project outcome objectives and the young person's wishes, such as stabilising a placement, improving educational engagement or improving contact.

This category of intervention has three phases:

The Preparatory Phase - Where the primary goal is to build the relationship between the mentor and the young person and engage them in the service (this enables the relationship intervention to occur).

Goal Based Intervention Phase – Where the mentor negotiates a set of goals with the young person and undertakes dialogue and activities to achieve these goals.

Exit Phase – Where the Mentor begins to focus on activities and strategies which build positive support from other people around the young person (such as carers, social workers etc.) in order to withdraw their own support.

Mentors described the importance of developing the aspirations and goals of young people during 1-to-1 dialogue, using techniques such as miracle questions[3] and solution focused therapy. This included identifying steps to achieve goals related to, for example, careers. Young people only occasionally referred to planning with mentors, but it may be that they saw this as part of giving advice.

Giving advice and guidance on a whole range of life issues was seen as a central part of discussions young people had with mentors:

"She gives me a lot of advice about families, school life and life."
(Young Person, T1)

Mentors did not always describe their role as providing general advice; many saw the focus of their interventions as more about managing risk. However mentors' description of taking account of and responding to the young person's best interests and welfare when providing support may capture part of this general guidance role. The importance of advising rather than directing was emphasised by young people:

"She don't tell me what to do but she advises me and that, so obviously if I need an opinion I talk to these [Safe Haven people]"
(Young Person, T1)

Practical support included reminding young people when they have appointments, providing transport, making referrals, or identifying educational options to the young person. Mentors saw this as a key element of ensuring a young person remained engaged in other services, particularly youth offending services. Young people saw practical support as a way of mentors helping them achieve some of their goals around education, training and placement moves.

"Always there for, like every time I need something done or I need, like help with something, she's always there." (Young Person, T1)

[3] Eg "If you woke up tomorrow, and a miracle happened overnight so that you no longer had the problem we have been talking about, what would be the first signs that the miracle had occurred?"

However, practical support was also important in enabling young people to access other elements of the Safe Haven service itself. For example, practical support with transport could help young people to participate in group activities or other work with mentors.

Mentors saw their role at times as helping support young people to take active decisions in all aspects of their lives, enabling young people to express their views so that they could access relevant services. In principle, mentors saw their role as accessing other services but in some cases they also responded to the gaps and failings in existing services by accessing in-house interventions (particularly tutoring).

When engaging in purposeful dialogue with other professionals, mentors expressed a commitment to passing on the views of the young person whenever possible. Many young people valued this role. However, some found it confusing, as the same person at times was providing guidance rather than promoting voice and influence. But the need for social workers to listen to young people's views was underlined.

"I think there needs to be a bit more help so the social worker will listen and that." (Young Person, T1)

Gaining access to appropriate information and providing this to young people also enabled views to be informed by current understandings of events.

"MENTOR asks my social worker and tells me what's going on." (Young Person, T1)

Mentors and young people identified the role of mentors in liaising informally but purposefully with individuals around the young people to affect change in a young person's life. This included things like explaining the emotions of a young person to their carer after a difficult day, or supporting a boyfriend to change a negative behaviour. The focus of 1-to-1 purposeful dialogue was seen by mentors as engaging with other individuals influencing the young person's life (e.g. parents, carers, partners, professionals and close friends) to provide benefit to the young person.

"Like they'll talk about it like, talk to my mum so they'll compromise." (Young Person, T1)

At the same time, young people were not always comfortable with the way in which they were talked about with carers.

The senior staff ARG clearly identified the need for an exit and transition strategy to be put in place as the Mentor finishes working with the young person. The very real danger of creating a damaging impact when withdrawing a close personal relationship was highlighted by staff and is underlined in the literature. The Safe Haven intervention is not intended to last indefinitely, as it focuses on stabilising a young person's life and the ARGs noted that failure to enable stability and transition would risk creating a dependency and undermining the project goal.

In practice the risky nature of an innovative pilot programme such as Safe Haven brings with it challenges in terms of exits. In the case of Safe Haven it was always hoped that funding post pilot period would be available and therefore the first cohort of 30 young people would be

able to access a reduced service from Safe Haven i.e. telephone support or a place of safety in times of emergency, at no cost to the LA's. It was also hoped that some of the first cohort may be in a position to and willing to provide appropriate support for the next cohort. In reality the LA's were not in a position to continue funding and this decision was made with very short notice.

This therefore had some impact in some cases on the delivery of smooth exit strategies (see 3.6 and exits and transitions). Some mentors, although aware that this was a 12 month pilot programme, struggled to balance the need to build relationships with young people with the time limited nature of the intervention. In addition, with the hope and expectation that the service would continue past the pilot period, they had not been able to plan for smooth exits or transitions for all young people. This was further complicated by the late referral of a small number of young people into the programme by the LA's which meant that those young people received a shorter intervention than the 8 to 12 months envisaged in the initial model. This experience underlines the importance of greater attention to exit strategies in all pilot programmes within children's social care[4] and the need for local authorities to commit to finding funding for continuation strategies where services are successful.

Some young people described having limited other forms of support at the end of the intervention.

> *"I weren't happy that … Social Services have decided to take Safe Haven away, like it's the one place where I can come and talk to people about how I'm feeling and like if I need them they're there. I don't have no other like thing, do you know what I mean?"*
> *(Young Person T4)*

2.1.3 Reactive and crisis support

Reactive and crisis support is an immediate and swift intervention in response to a crisis or short term incident in a young person life, such as a missing episode or a serious incident with carers. This was as much about averting potential crisis (giving a young person space at Safe Haven to take a few hours break from their carer, or talk to their mentor to avoid running away) as dealing with crises after they occur (rescuing young people from potentially harmful situations when they had run away).

Mentors described the underlying principle of Safe Haven to provide a rapid and swift increase in service at times of crisis. Availability was therefore central to all practices engaged in by the service. This is reflected in internal monitoring data which shows that 63% of all contact time was outside of daytime hours (6pm -6am Mon - Sunday). Friday 2-6pm and Friday 6-10pm were peak periods of service use. In total, 1483 of 3211 contacts were recorded between 10pm and 6am.

Mentors were seen as highly accessible and the service was described as very responsive, with young people receiving support out of hours and with very often instant responses. The young people and LA professionals contrasted this with their experience of many social

[4] e.g. Stanley et al (2012) *Social Work Practices: Report of the National Evaluation* DfE, London DFE-RR233

workers. The ability to contact Safe Haven at any time and receive a response was identified by both other professionals and young people as averting crisis or dealing with emergency situations.

"I could be in a really crappy situation and they'll pick me up, calm me down, talk to me, give me both sides of the plan and then just advise me of the best thing to do or to say."(Young Person T4)

Young people, professionals and mentors described the importance of giving clear advice or guidance to young people on the consequences of their actions. This involved encouraging young people to reflect on specific incidents or behaviours and developing their capacity for reflection generally, the risks they are engaged in and recognising the consequences of taking risks. This was particularly focused around avoiding potential risk in future and advising the young person if they are about to do something unsafe.

The principle underlying this approach, building young people's capacity to navigate risk, is a core part of social pedagogy but it is not clearly described in mentoring literature. Rather than seeking to control the young person's behaviour or environment to remove risk, it involves building young people's capacity to recognise and engage appropriately with risk: risk competence. This element of practice sits on the boundary between crisis and reactive support and proactive interventions, with crisis informing the planned interventions after an incident has occurred. Ensuring that young people feel empowered in their decisions is key to the longer term improvement in decision making processes and promotes resilience.

"If I'm going to do some, a stupid decision they'll say like I advise you not to do it but, you know, I'm not really no-one to tell you what to do." (Young Person, T1)

Providing opportunity for the young person to be listened to and empathized with through 'going for a chat' was seen as a core part of the proactive interventions but also played a key role in rapid crisis responses particularly in terms of averting crisis. From a programme perspective, such conversations were based on relational theory and are informed by social learning, attachment theory and social pedagogy.

"If she's having a bit of a tough time she'll ring somebody from Safe Haven and say "Look, I'm not feeling too good, can somebody come over and see me or can I come over to you?". I know that they've supported her a real … a real lot, you see." (LA Professional)

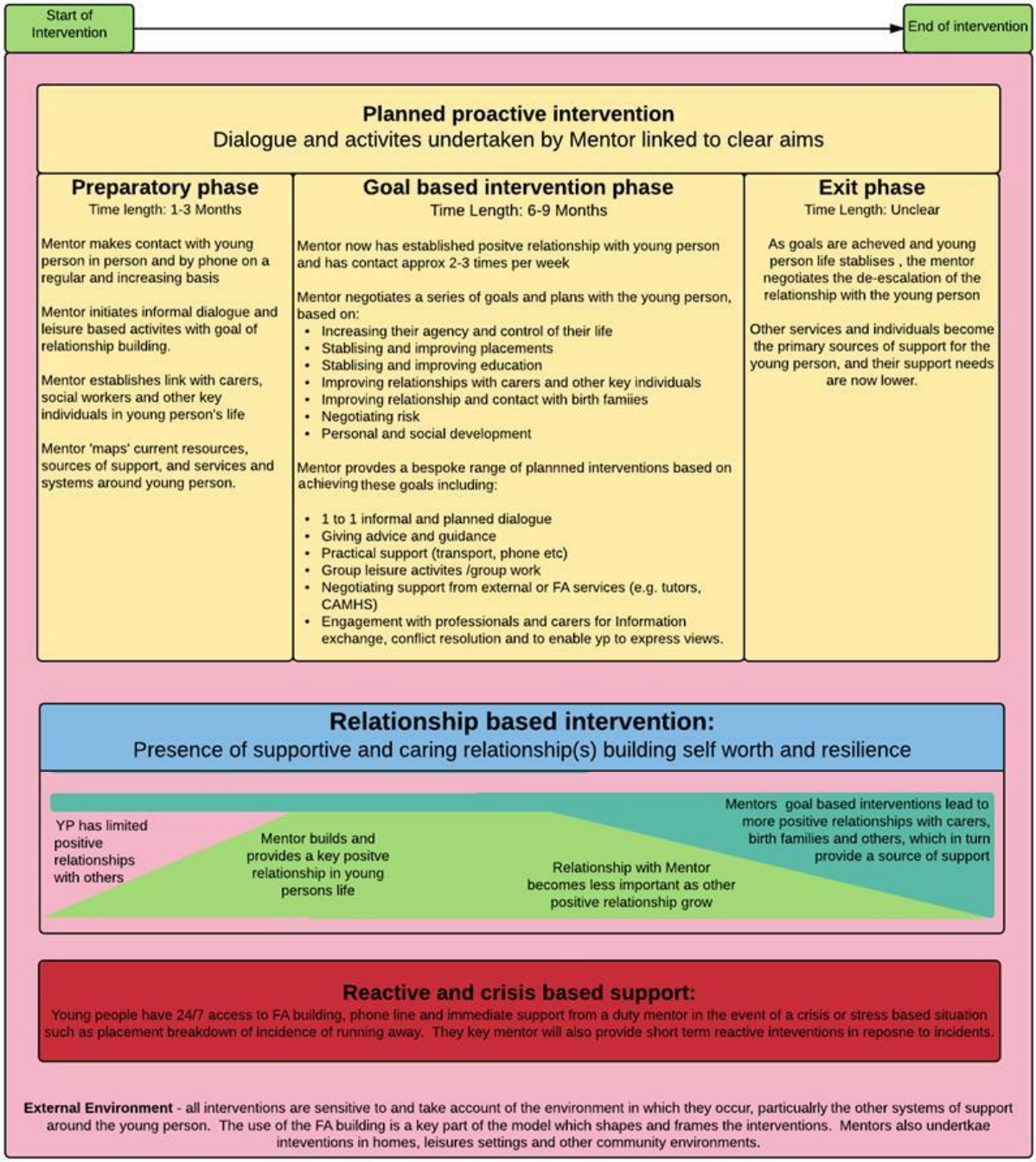
"[my Mentor] would just speak to me like proper, like on a level about it [argument with Mum]… and it would just make me feel better about things." (Young Person T4)

2.1.4 The Mentoring Model

The descriptions of practice above taken with discussion with senior staff focus groups and service information (e.g. role descriptions and training materials) have enabled the creation of a retrospective conceptual model of the mentoring service. Diagram 1 below illustrates the mentoring model as a chronological approach reading from left to right over a 1 year

intervention period. This is intended for development of future services; the intervention on site followed this model.

DIAGRAM 1 - THE ASSERTIVE OUTREACH MENTORING MODEL



2.2 SAFE HAVEN SOCIAL WORK WITH BIRTH FAMILIES

Unlike mentoring, social work is an established profession with clear practice guidelines. However based on discussion during group and individual ARG meetings with social workers and birth families there are a number of key features that distinguish their experience of the

Safe Haven approach to social work. Unlike local authority social workers, Safe Haven social workers did not have statutory decision making duties. They were also able to prioritise building trusting relationships, providing emotional validation and enabling engagement between families and social services.

The liberation of Safe Haven social workers from the responsibility for making decisions about the care of the child fundamentally frames the relationship Safe Haven social workers (SHSW) are able to have with birth families as different from the relationship they have with local authority social workers. Consequently it was suggested that birth family members would be able to develop greater trust in SHSW than their local authority counterparts. This was confirmed in some interviews as four family members described building a positive relationship with a SHSW and feeling they trusted, could rely on and feel listened to and understood by this person.

"he is a caring person, you know, and he likes to find out how the situation is and how you [are] yourself and how you're feeling in yourself, … he'd make a good counsellor, …He is very caring and understanding as well."
(Birth Family Member)

Two birth family members contrasted this with their experience of other social workers:

"I trust, only SHSW …He talks to you, he listens to you and … helps you. He don't promise this and he don't promise that … if he says to me like "I'll phone you and let you know", he'll actually phone you, even if he don't know…the answer you ask, he'll phone and say "I've looked into it and I can't help you" …when social worker says I'll phone you back and they don't phone you back, that ain't no good." (Birth Family Member)

"I've been honest …some of the workers that I've seen over the past, they're so staid, you know, and sometimes you're frightened to say"
(Birth Family Member)

These interviews also suggest that being reliable, kind and caring, communicating when promised and not being 'staid' all contribute to building trusting relationships.

Safe Haven social workers were valued as providing emotional validation for the experiences of parents. During discussion many parents were keen to emphasise the way Safe Haven Social Workers heard "*their side of the story*" and had engaged with the reality of the situation as the birth families saw it. Safe Haven hoped that this process may help build up birth family trust in the concept of a social worker, or an intervening professional generally but we do not have sufficient data to comment on this process. Safe Haven social workers did identify that many parents were initially sceptical of engagement with any services, where previous intervention had left them feeling mistreated. Some birth family members however indicated that they were already very engaged with social services and that if mistrust arose, it may be in relation to specific social workers, rather than the profession as a whole.

The aim of Safe Haven engagement with birth family members was to enable positive relationships between young people referred to the service and their families where possible. Through the ARG process it also became apparent that some positive outcomes were also

anticipated for parents, regarding wellbeing, positive parenting and increased knowledge of systems and their children's lives. These outcomes are described in the framework (see Table 2 above).

In line with findings from the national evaluation of Social Work Practices[5], building trusting relationships with families did enable greater contact and in some cases return home (see 3.7 below).

2.3 Influence on Local Authorities, Other Organisations, Professionals Practice

One aim of the pilot programme was to direct the social work professional gaze onto current practice and highlight areas that could be improved in regards to work with young people who are in complex and challenging situations.

Feedback from Safe Haven staff indicates that processes aimed at influencing practice have been initiated in a number of ways:-

- The importance of timely decision making has been emphasised with the monthly meetings with local authorities commissioning the service, allowing the Safe Haven management team to feedback the effect on the young people of delayed or last minute decision making processes.
- The negative impact of a regular change in social workers has on these young people was also noted in these meetings. Attention was drawn to the fact that in some cases young people had been without a named social worker for prolonged periods of time.
- Professional attention was drawn to the need for advance planning around placements including the need to ensure that there is sufficient stock of appropriate local placements to move young people into when they are ready to step down from more intensive therapeutic or out of county placements. Evidence of the impact of this observation was seen in interviews with local authority professionals and is reported in section 3.3 below.
- Issues concerning suitability and consistency of educational provision (see section 3.4) were fed back to the Local Authority in the hope that it could look at ways to improve these areas of delivery.

In addition, the Safe Haven model of practice highlights the need for:

- Provision of a robust out-of-hours responsive service for both young people and their carers (63% of contact was out of hours).

[5] Larkins, C., Ridley, J., Farrelly, N., Austerberry , H., Bilson, A., Hussein , S., Manthorpe , J. and Stanley, N. (2013) *Children's, Young People's and Parents' Perspectives on Contact: Findings from the Evaluation of Social Work Practices. The British Journal of Social Work*, doi:10.1093/bjsw/bct135

- Provision of proactive involvement and support for birth families, after their young people have come into care, as this can impact positively on the contact between the young people and their families.

The need for these improvements in local authority practice around placements is evidenced by the concerns raised by young people in interviews. They indicated that there was a negative impact on their education related to placements. This was caused either by long waits for placement changes, and plans for education being contingent on the placement move or, placement change disrupting the educational support which had been put in place. For one young person their educational placement was considered unsuitable for over eight months but despite Safe Haven making decision makers aware, no plans were made to find a more suitable placement. The Safe Haven response to these delays was sometime to ensure direct provision themselves

> *"One particular young man spent two months at Safe Haven, been with a tutor for each day" (Safe Haven Staff Member)*

Interviewees also raised concerns about local authority delays concerning contact. Difficulties related to the speed and transparency of social work decision making regarding the extent and form of contact and delays in putting in place new arrangements when these had been formally agreed. Two family members also noted poor communication from social services related to promises about contact, made to the parent or to the child.

Whilst Safe Haven staff considered that the pilot had not been long enough to effect the long term systemic change in local authority practice which they had hoped to achieve, they nonetheless noted changes in the approach of some social workers and educators. Safe Haven staff reported providing some education professionals with a clearer understanding of the needs of looked after children. Safe Haven staff also reported that commissioners and team managers recognised that the service had had a positive impact on social workers' ability to give a clear and holistic account of the children in their caseload.

2.3.1 Costing Model

The innovative social investment enabled payment and costing structure of the service may also influence the practice of local authorities and other organisations. Safe Haven operated on a 100% payment-by-results model, whereby each local authority would make up to five payments per beneficiary. The first payment was made on successful engagement. Two further payments were linked to achievement and sustainment of placement stability and two to achievement of bespoke outcomes around positive behaviour change and sustained engagement in education/employment/training activity. The most that a local authority could pay per beneficiary was £33,000. The innovation in the funding model behind Safe Haven was recognised when it won the Social Investment Initiative prize at the Charity Times Awards 2017.

The cost benefit analysis of the intervention demonstrates that this sort of targeted specialised provision, including crisis support and engagement with families can result in savings and a positive return on investment. The findings in Box 2 are drawn from data

analysis by York Consulting[6]. They show a positive return on investment. They also indicate that had step down placement been provided for the young people who were awaiting these, the savings would have been even greater.

BOX 2 –FINDINGS FROM THE ECONOMIC EVALUATION

ESTIMATED SAVINGS

The estimated total saving generated by Safe Haven, i.e. the financial values of the projected benefits over the 12 months from August 2017, is £1,380,683. This comprises:

- £774,959 in placement cost savings;
- £391,468 in placement stability savings;
- £17,666 in savings linked to the reduced risk of beneficiaries going missing;
- £61,799 in savings linked to better attendance/behaviour;
- £134,911 in savings associated with other risk factors including CSE, anger issues and self-harming.

The total estimated savings are £657,802 for the Wolverhampton beneficiaries and £722,881 for the Sandwell beneficiaries. This translates to an average saving per beneficiary of £43,853 in Wolverhampton and £48,192 in Sandwell.

RETURN ON INVESTMENT

The estimated return on investment (ROI) for the Safe Haven programme as a whole is 1.94 using local authority payments as the costs base, and 1.52 using delivery costs. The economic evaluation therefore estimates that for every £1 invested in Safe Haven, £1.94 (using local authority payments) or £1.52 (using delivery costs) will be saved over the ensuing 12 months. The net additional savings per £1 invested are £0.94 and £0.52 respectively.

Staff at Family Action reported that six Safe Haven beneficiaries could have been stepped down to a lower cost setting during their engagement with the programme had there been suitable placements available locally. Had these step-downs taken place, and had they been sustained until the end-point of the programme, an estimated £505,645 in additional benefits would have been recorded. This would have increased the programme-level ROIs to 2.65 (using local authority payments) and 2.07 (using delivery costs).

[6] York Consulting (2017) *Economic Evaluation of Safe Haven*, York Consulting: EXECUTIVE SUMMARY

3. Outcome Indications

This section reports the findings regarding outcomes for young people referred to the service and some indications of impact of birth family work. The findings are organised into subsections, according to the outcome framework as follows:

- 3.1 How I deal with risk
- 3.2 Concerns about harm
- 3.3 Placements are suitable for me
- 3.4 Taking part in the right education training and employment for me
- 3.5 Wellbeing and efficacy
- 3.6 Relationships around me are supportive and positive
- 3.7 Relationships with Birth Family

Within each section we provide an overview from the snapshot or survey data and then explore young people's experiences in detail, drawing on the qualitative data from young people, family members and professionals to indicate where and how improved outcomes were achieved. Parental experiences are covered in detail in subsection 3.7. Ongoing challenges that impede progress are also noted in each subsection, where these have been raised in interviews.

3.1 How I deal with risk

Suitability of attitude to risk increased substantially.

At baseline, the mentors' snapshot (valid n=24) assessed 23.8% of young people as having a 'suitable' attitude to risk; 57.1.% were 'partially suitable' and 19.0% 'not suitable'. Mentors were not able to comment on the attitude to risk of a further 4 young people due to lack of information from social workers. At T4 (valid n=23), mentors assessed 52.2% of young people as having a 'suitable' attitude to risk; 26.1.% were said to have a 'partially suitable' and 21.7% 'not suitable' attitude to risk (see table A4). In six cases, attitude to risk was recorded as not known. This could be due to the complex nature of the case and the practitioners feeling that overall they were unable to accurately record the attitude to risk.

Of the 21 young people who received more than one snapshot rating where risk was known, nine showed positive change between their first and last rating, three showed negative change. Nine remained neutral, three of whom were rated suitable, so had no potential for positive progress. More than half of the cohort for whom the measure was completed twice maintained the highest level of risk competence by this measure or progressed towards it.

In the baseline T1 survey young people (valid n=14) were asked if the statement 'I take a lot of risks' was an accurate description of them. 64.3% said this was 'Moderately True' or 'Exactly True'. The remaining 35.7% said this was 'hardly true', and no participants answered not at all true. At T4 (valid n=14) 42.9% said this was 'Moderately True' or 'Exactly True'. The remaining 35.7% said this was 'hardly true', and 21.4% said this was 'not at all true'. Too few participants completed this measure to test for statistical significance. (See Table A5 for details).

In initial interviews, just under a third (5/16) of the young people asked about their exposure to and management of risky situations considered that they were able to effectively manage their exposure to risk. Seven described a mixed relationship to risk taking and three felt highly exposed to risk. Young people described some of the experiences they identified as risky: self-harm, running away, alcohol, legal highs, getting "involved with the wrong people", being in the wrong places. Often they identified having more than one of these experiences simultaneously.

The number of young people reporting improvements in their risk management increased with time. Over the course of up to four interviews, 15 (8LA1: 7LA2; 8F: 7M; age 12-16 years) of the 18 young people who commented on this measure reported improvements in their attitudes to risk.

"I changed myself … I don't like risks any more." (Young Person, T4)

"my behaviour is going to go back to normal….normal's good!"
(Young Person, T4).

COMBINED OUTCOMES FROM ALL DEALING WITH RISK MEASURES

Combining assessments of risk competence from all perspectives (snapshots, surveys, interviews and monitoring data), suggests that in total risk competence improved for 19 (11LA1: 8LA2; 11F:8M, aged 12-17) of the 25 young people[7]. The 12 young people who mentors considered had a consistently suitable or an improved relationship to risk were in line with the young people's own accounts of their experience as only one young person reported a deterioration where mentors had reported improvement[8]. In addition the mentors provided assessments in relation to three young people who did not discuss risk in follow on interviews. Improvement in risk competence was also noted in relation to four young people in the monitoring data, and this included one young person who did not discuss risk with researchers.

The ways in which risk competence improved varied, with five young people describing increased risk competence in more than one way. Three young people described being more able to identify risks or ways to remove themselves from risky situations, and mentors described two other young people developing these competencies.

"I just ditched them off because some of them doing drugs … don't want to get involved in that, I just want to get on with my life."
(Young Person, T4)

Seven young people described developing alternative coping strategies or choosing to remove themselves from risky situations and mentors described three other young people developing these skills. Coping strategies included not going out and choosing friends more carefully, getting busy with hobbies/activities and contacting family. One young person changed attitudes from T2 to T4, due to an increased motivation to get a job.

[7] 30 young people were in the programme however data was not available for all, some of this was due to late referral in to the programme.
[8] This young person has not been included in the total as primacy has been given to their self-assessment where this was available.

"I do [still take risks] but I don't … because it's me getting in shit now. Because obviously, if I'm getting in shit now … I ain't going to have no job man". (Young Person,T4)

How positive dealing with risk outcomes were achieved and persistent challenges

Some positive change was attributed to support from Safe Haven staff.

"they come to the rescue….Like they have to check on me, like." (Young Person, T4)

"Sometimes [when I get into arguments] I go to Mentor, erm, sometimes I just, I just wait really and just speak, and just leave, like just have time to myself…and just, just give it time." (Young Person, T2)

At other times change was attributed to support provided by a network of services – including carers, CAMHS and therapeutic support.

"my carers and like they've got me CAMHS and therapy and that."(Young Person, T2)

"I've got a sexual assault advisor" (Young Person, T4)

On one occasion, care homes and mentors collaborated to provide the needed support.

"I didn't ask for it, my, the manager of my home did… [I do] weekly session [on safety, with my mentor]." (Young Person, T2)

For one young person, choosing to move away from risky behaviour was a journey that could only be undertaken alone.

"no-one has helped me out with that…I've had to choose my friends, I've had to choose who the right and wrong ones are going to be … it's easy to talk about it but no-one can actually help you with it, absolutely no-one" (Young Person, T4)

Some of the persistent challenges were in relation to self-harm. This was due to the difficulty of receiving help, or the fact self-harm was being used as a strategy for dealing with bigger emotional challenges.

"I self-harmed…because I was down…Everyone's worried about me, it doesn't make a difference about anything … people keep telling me I need to fucking accept things, well I'm sorry, I'm not the sort of person that does that. … they're trying to say 'oh you need to forget and all this', forget, forget when everything's fucked up in my head, why I'm like this, why I'm angry, because of my head, because I've got so much things in it! No, it's not happening" (Young Person, T3)

The two young people who did not describe improvements and three other young people whose progress dropped off, described difficulties related to the time-limited nature of services:

"It is time limited … which I don't think it should be any like limited sessions, so. Because it's in your head that you, you don't need to open up because they're going to leave in nine weeks, like nine weeks." (Young Person, T4)

In some cases, concern about time-limited services was connected to late referral into the programme.

Two young people (2 LA1; 1F: 1M; aged 15) described losing Safe Haven as having negative consequences for their ability to manage their risk-taking behaviour.

"They've helped me and I don't know where my anger's going to go…"
(Young Person, T4)

3.2 Concerns about harm

Snapshot tools asked mentors to rate their concerns about risk of harm for each young person using a scale of 0 to 3 where 0 is no concerns and 3 is high risk. This was completed against 18 potential dimensions of concern at four time points. An overall concern about harm rating was created for each young person by summing the scores across dimensions. Data analysis focuses on the mean concern about harm ratings, the number of high risk concerns and the change in levels of concern for individual young people.

As shown in Table 3, the mean overall concern about harm score showed a downward trend across the four time points, with the mean at T4 being the lowest point. Across the cohort, the end point was not significantly different from either T0 or T1[9] however, there was a downward trend in the average number of high risk ratings per child over the course of the intervention. **Of the 29 young people who received more than one snapshot rating 17 (59%) showed mean reduction in overall concern about risk levels between their first and last rating**, 10 showed an increase in concerns and two remained neutral.

TABLE 3 - Intervention cohort mean overall concern about harm score

Time period	*N*	Mean overall concern about harm rating	Mean number of high risk ratings per young person	Mean number of no concerns ratings per child
T0	7	14.6	3 .6	12.1
T1	28	12.1	2	11.8
T2	26	14.1	1.92	10.6
T4	29	10.7	1.31	11.9

The data from the snapshot tool baseline (T0+T1 n=28) was compared with the final snapshot rating (T4 n=29) for the intervention cohort (ILA). Across the intervention cohort at baseline, mean overall concern about harm ratings were highest in relation to placement breakdown, anger issues and risk of being NEET (See appendix Chart 1). Placement breakdown and anger issues were the areas most commonly identified as high risk. There were concerns about mental health, CSE and missing / running away in relation to more than half of the cohort[10].

[9] dependant samples t-test 95% confidence
[10] Comparison of cohort mean ratings for each of the 18 dimensions of risk is given in Chart 1 n the appendix.

TABLE 4 - CHANGES IN CONCERNS ABOUT HARM ACROSS 18 DIMENSIONS OF RISK - BASELINE TO T4

Dimensions of risk	Absolute Percentage Change in Cohort Mean	Numbers of individual young people for whom there were concerns experiencing from Baseline to T4:		
		Reduction in concern level	Stability	Increase in concern level
Placement breakdown	-19%	14	3	4
Child sexual exploitation	-18.5%	11	1	4
Emotional abuse	-11.1%	7	2	2
Being NEET	-10.7%	6	8	4
Abduction	-6.1%	4	1	2
Child neglect	-6%	3	0	1
Anger issues	-5.7	4	17	5
Sexual abuse	-3.8%	2	1	2
Mental health issues	-3.4%	5	7	3
Substance misuse	-3.2%	5	4	3
Self-harm	-3.2	6	4	3
Physical health issues	-0.3%	2	2	2
Physical abuse	-0.2%	3	3	3
Alcohol misuse	3.1%	3	1	6
Missing/running away	4.3%	8	6	11
Criminal activity	4.8%	5	6	3
Gang related behaviour	6.4%	2	1	6

When individual dimensions of risk are considered, as shown in Table 4, between baseline and T4 a substantial reduction occurred in the mean cohort concerns about placement breakdown, CSE, emotional abuse and being NEET. In each of these four dimensions, concerns about harm for individuals were more frequently recorded as improving than deteriorating[11]. Some reduction also occurred in mean cohort concerns about abduction, child neglect, anger issues, sexual abuse, mental health, substance use and self-harm. In five of these seven dimensions, concerns about harm for individuals were more frequently recorded as improving than deteriorating.

Concerns about risk of harm for individuals remained almost static in relation to anger and sexual abuse. However, in interviews, seven young people discussed improvements in their emotional control, anger management or behaviour suggesting that although mentors concerns remained static, young people themselves had a greater sense that they were becoming more competent in dealing with anger issues. Concerns about risk were relatively static in both the cohort mean and for individuals in relation to physical health and physical abuse.

Mean cohort concerns rose about four dimensions of risk: alcohol use, being missing/running away, criminal activity and gang related behaviour. In each of these areas concerns about harm for individuals were more frequently recorded as deteriorating than

[11] The mean number of no concern ratings per child remained relatively consistent.

improving. This may be as a result of the development of more trusting relationships between young people and their mentors and therefore more honest disclosures around behaviour than earlier in the relationship. However, in relation to going missing and criminal activity, concerns about harm for individuals tended to remain static or improve more frequently than they deteriorated. In relation to going missing, there was a shift in assessment from no concern to low risk (See appendix Table A6).

Given the challenging contexts faced by the cohort of young people Safe Haven was designed to support it was recognised from the outset that risk could be reduced but not eliminated and these findings should be interpreted in light of the Safe Haven model which focussed on increasing risk competence as well as reducing high risk. This approach to risk is in line with the model of Social Pedagogy adopted. Increase in concerns about risk may be, to some extent, due to a closer relationship between mentors and young people, making mentors more able to identify risky contexts or behaviours; decrease in assessment of risk might also result from better knowledge of young people and their contexts. Concerns about risk did not necessarily translate into risky behaviours as half the cohort described themselves as more risk competent. Interpretation of the finding regarding going missing is discussed in some detail below alongside discussion of the comparison cohort, as there may be further explanatory factors.

Cross Comparison of Concerns about Harm

Snapshots[12] recording concerns about harm were completed for the comparison site cohort (CLA) at baseline (T1 n= 14) and endpoint (T4 n=14) and the ratings of No Concerns, Low Risk, Medium Risk and High Risk were converted into a scale of 0-3 respectively. **Overall, across the 18 dimensions of risk the mean change in risk ratings at the intervention site was - 4.0% (n=17, SD=7.40) compared to -11.7%, (n= 17, SD =10.12) at the comparison site.**

Bearing in mind that the intervention sought to reduce high risk concerns for the cohort, and acknowledged that the elimination of all risk of concerns would not be achieved, analysis of data for the intervention and comparison cohort focussed on proportionate reduction in high risk as well as absolute percentage change in mean risk in the 11 dimensions of risk where there were concerns about harm for more than one quarter of the intervention cohort[13].

As shown in Table 5 below, in the intervention cohort, high risk concerns and mean concern ratings were more reduced than in the comparison cohort in relation to mental health, self-harm, placement breakdown, substance use and being NEET. In two of these dimensions (mental health and self-harm) all high risk concerns were eliminated for the intervention cohort whereas there was no reduction in high risk concerns for the comparison cohort. In a further two dimensions (substance use and being NEET) high risk concerns were eliminated for nearly half of the cohort and again there was no reduction in high risk concerns for the comparison cohort. In relation to placement breakdown, high risk concerns were eliminated for four fifths of the intervention cohort and only one tenth of the comparison cohort.

[12] See Table A13

[13] Comparison of means concerns about risk across the 18 dimensions is shown in Chart 2 within the appendix.

Significantly, mean risk of being NEET fell for the intervention cohort and rose for the comparison cohort.

TABLE 5 - COMPARISON OF CHANGES IN CONCERNS ABOUT HARM ACROSS 11 DIMENSIONS OF RISK - BASELINE TO T4

	Proportionate (n) Reduction in High Risk Baseline to T4		Absolute Percentage Change in Mean Baseline to T4	
	ILA	**CLA**	**ILA**	**CLA**
Mental health issues	**1.00**	0.00	**-3.4**	0.0
Self-harm	**1.00**	0.00	**-3.2**	-2.4
Placement breakdown	**0.82**	0.14	**-19.0**	-11.9
Substance use by	**0.52**	0.00	**-3.2**	-2.4
Being NEET	**0.42**	0.00	**-10.7**	2.4
Child sexual exploitation	**0.80**	0.66	-18.5	**-22.9**
Emotional abuse	**1.00**	**1.00**	-11.1	**-22.2**
Anger issues	0.30	**0.43**	-5.7	**-10.3**
Criminal activity	0.23	**0.50**	4.8	**-11.9**
Missing/running away	0.00	**0.50**	4.3	**-26.2**
Gang related behaviour	-2.00	**1.00**	6.4	**4.8**

Table 5, above, also shows there was some comparability between the two cohorts in reduction of risk in relation to CSE and exposure to emotional abuse: high risk was eliminated for a higher or equal proportion of the intervention cohort as the comparison cohort, however the change in mean risk was greater for the comparison cohort. In the comparison cohort, high risk concerns and mean concern ratings were more reduced than in the intervention cohort in relation to anger issues, criminal activity, being missing and gang related behaviour. There is a sharp contrast regarding being missing as there was no reduction of high risk in the intervention cohort and regarding gang related behaviour as high risk concerns doubled for the intervention cohort but were eliminated for the comparison cohort. These findings could be attributed to growing mentor awareness of the young people's contexts as the snapshots were completed over time, rather than any negative change in young people's behaviour. This explanatory factor was not present in the comparison site as snapshot assessments were completed retrospectively.

The increased concern about the numbers of young people running away was reflected in the SSDA903 data for the first 30 weeks of the intervention, as shown in Table 6. Whilst there was a reduction in the average number of times in which a young person from the cohort was recorded as missing compared with one year previously, there was an increase in the number of young people who had an incidence of going missing.

By contrast, the comparison cohort showed a slight decrease in the number of young people running away and a more substantial decrease in the average number of times each of those young people were recorded missing compared with the previous year. However, when considering the young people who ran away in either year the change in the average number of times each ran between years did not vary significantly between the comparison and the intervention site.[14]The proportion of young people running away at the comparison site was substantially higher, at two thirds compared with around one third at the intervention site. However as this was the case across both years the difference cannot be attributed to Safe Haven.

TABLE 6 - INCIDENCE OF MISSING RECORDED IN SSDA903

SSDA903 Recording of:	Intervention		Comparison	
	Comparison period	Initial Intervention period	Comparison period	Initial Intervention period
Number of children going missing	7 (n=30)	11 (n=30)	9 (n=15)	8 (n=15)
Mean number of times reported missing (for children who go missing in either period only)	2.79 (n=14)	2.61 (n=13)	5.60 (n=10)	3.90 (n=10)

The SSDA903 data does not record destination of running away and part of the intervention model was designed to enable young people to have a crisis support base which was accessible 24/7. In some of the incidents recorded as the young person running away or going missing they had in fact contacted Safe Haven or gone home. As there are substantial differences in the ways that local authorities record incidences of being missing in the SSDA 903 data, these statistics cannot reliably be said to compare like with like. Qualitative evidence from the snapshot show that one young person who was seen as at a higher risk of running away at the end of the programme was staying in touch with Safe Haven during missing periods and had used the facility of Mentors being on hand – they had collected him and taken him somewhere safe. Two young people who went missing from the placement did so in order to return home; one of them uses the Safe Haven number to call for support at these times. Another young person, rated at a lower level of risk but still having incidence of going missing followed a safety plan during these episodes which included keeping in contact with Safe Haven. Another had a prolonged absence but kept in daily contact with Safe Haven. Some increase in the number of young people recorded as running away therefore coincided with an increase in help seeking behaviour, this was particularly true where running away was a response to difficulties with placements.

HOW POSITIVE CONCERNS ABOUT HARM OUTCOMES WERE ACHIEVED AND PERSISTENT CHALLENGES

The steps taken towards reducing concerns about risk of harm were achieved through a combination of proactive interventions and crisis response as detailed in section 2 and the specific outcome related interventions described in sub-sections 3.1-3.7.

[14] Based on an independent samples T test at 95% confidence, (n=24)

The fact that the snapshots show an increase from no concern about going missing towards low risk is perhaps an indication of Mentors' growing understanding of the contexts and young people they are working with. Local authority professionals (IROs and Social workers) indicated that in the context of growing exposure to CSE for many children, the service did reduce the risk of something serious happening when young people did go missing.

"one girl that I've got that is at risk of CSE, by them going out at two o'clock in the morning … fetch her back, you know… [young people have] been safeguarded from risk …So for me that's, that, which I think is fabulous" (LA Professional)

Although reduction of risk related to mental health was small in the snapshot data, one professional commented that there had been visible risk reduction here too, and this was also related to risk competency:

"these children [the cohort] are more at risk. …a few that we were concerned around mental health, and they [Safe Haven] were exceptional in terms of supporting… they put themselves out to be there to support round the clock … which is really valuable." (LA Professional)

3.3 Placements are suitable for me

The T1 snapshot (n=25, see Appendix Table A7) indicated that mentors believed 44% of young people were in suitable placements and 44% were in 'partially suitable and 12% in 'not suitable' placements. By T4 the percentage recorded as in suitable placements had increased slightly (to 50%) but those in 'not suitable' placements had also increased to 26.9%. As shown in table 7, mean ratings[15] by mentors of the young people's views on suitability of placement remained almost the same at each time period (T1 to T4). Of the 26 young people who received more than one snapshot rating, eight showed positive change between their first and last rating, seven showed negative change and 11 remained neutral.

TABLE 7 - Mean snapshot rating – suitability of placement

Time period	Mean snapshot rating – suitability of placement
T0	2.3 (valid n=4)
T1	2.3 (valid n=25)
T2	2.0 (valid n=24)
T4	2.3 (valid n=26)

Overall the number of placement moves recorded in SSDA 903 data during the initial intervention period was lower than one year previously; it fell from 38 to 28[16] (see Table 8). A paired samples t test identified this was not statistically significant (p=0.406, 95% confidence), however the overall trend was positive, the number of children experiencing no placement moves rose from 6 to 11. One placement move only was experienced by 13 young people in the comparison period falling to nine in the intervention period. The number of young people experiencing three or more placement moves fell from five to

[15] Using a 1 to 3 where 1 = not suitable, 2 = partially suitable, 3 = suitable

[16] Based on SSDA903 data the number of placement moves the cohort underwent during the first seven months of the project[16] was compared to the same seven month period one year previously (n=28)[16].

three. Although the overall trend was positive, the picture within the group was complex, 13 young people experienced fewer placement moves, and 13 young people experienced more, whilst two remained static.

Overall there was no significant difference in the average number of placement moves per child during the initial intervention when the two cohorts were compared.[17] The increase in the number of young people experiencing no placement moves in the initial intervention period was higher in the comparison cohort by 8%. However the number of young people experiencing 3 placement moves or more decreased more substantially in the comparison cohort (26.1% more).

TABLE 8 - SSDA 903 PLACEMENT MOVE DATA PRE- AND DURING- INITIAL INTERVENTION

	Intervention Cohort (n=28)		**Comparison Cohort (n=15)**	
	Comparison period	Initial Intervention period	Comparison period	Initial Intervention period
Number of placement moves within whole cohort	38	28	28	11
Number of young people experiencing no placements moves	6 (21.4%)	11 (39.3%)	3 (20.0%)	7 (46.6%)
Number of young people experiencing 1 placement move	11 (39.3%)	9 (32.1%)	6 (40.0%)	5 (33.3%)
Number of young people experiencing 3 or more placements moves	5 (17.9%)	3 (10.7%)	5 (33.3%)	0 (0%)
Repeated measures Mean Placement moves (standard deviation)	1.36 (1.50)	1 (1.12)	1.86 (1.72)	0.73 (0.79)

Mentors mean ratings[18] of risk of placement breakdown fell as the intervention progressed (see Table 9). Of the 28 young people who received more than one snapshot rating 14 showed positive change between their first and last rating, four showed negative change and 10 remained neutral. This was a greater reduction in risk of placement breakdown than that achieved for the comparison cohort.

TABLE 9 - MEAN SNAPSHOT RATING - RISK OF PLACEMENT BREAKDOWN

Time period	**Mean snapshot rating risk of placement breakdown**
T0	2.3 (valid n=6)
T1	1.3 (valid n=28)
T2	1.4 (valid n=26)
T4	1.0 (valid n=29)

[17] Based on an independent samples t test at 95% confidence, (n=44)
[18] Using a 0 to 3 where 0 = no concerns , 1 = low risk, 2 = medium risk and 3 = high risk,

Positive change was also seen in interviews. At baseline, two-thirds of young people interviewed (11/16) felt they were in partially satisfactory placements, two young people were wholly satisfied and only three were dissatisfied with their placements. Over the course of up to four interviews 15 of the young people described partially satisfactory placements. **At the last interview a significantly higher proportion of young people were entirely satisfied with where they were living (2/16 at Baseline; 10/23 at T4).**

Young people's satisfaction levels with their placements varied considerably over time and satisfaction related to multiple factors. Only one young person (LA1) was completely satisfied with their placement at T1 and remained satisfied at T4 and a second young person was happy with their placement at the only time interviewed. Both had returned to live with a family member:

"Yeah, I love it, I spend some time with my (parent) and that's sick, it's cool." (Young Person, T4)

"it's nice. The staff make it nice." (Young Person, T4)

Eight young people (2M, 6F; 1xLA1, 7xLA2; Age 12-17) described difficulties in their placements when first interviewed, including stress arising from moving and challenges of building relationship with staff. For two these problems had resolved by T2. The others experienced ups and downs that continued either in T3 but all eight were positive about their placements at the time of last interview.

'I'm a bit nervous I've got to say but I'm, I'm excited to see what happens in the future… they've decided I'm going to be there for another six months, I'm really happy'. (Young Person, T4)

Three young people (2M, 1F; 1 x LA1, 2 x LA2; Age 15-16) described being moved during their time with SH and being happier as a result and in one case managing their own anger better. However, at T4, they all described ongoing tensions in relationships with staff or other residents.

"I'm doing well in the house, I'm doing well not to put holes in walls, I'm doing well to try and calm my anger down". (Young Person, T1)

"just don't feel like I can talk to them about my stuff, hence why I've got that relationship with (mentor)". (Young Person, T1)

Two further young people (1M,1F; 1x LA1, 1x LA2; Age 15-16) described significant improvements in their ability to manage relationships with staff and maintain relationships, however they expressed concern about their ability to continue managing their stress or anger given that Safe Haven support was ending.

Eight young people (4M, 4F; 7LA1,12xLA2; Age 12-16) described some positive experience in the placements that they were in during their time with SH. However, at the time of last interview (or according to monitoring data if no final interview undertaken) they were dissatisfied with placements or placement decisions. Two were being moved or had been moved and did not want to. Three described bullying or fear.

"The whole house scares me." (Young Person, T1)

COMBINED OUTCOMES FROM ALL PLACEMENT MEASURES

By T4, placement improvements had been achieved for 16 young people (15 reported this at interview, this was echoed in monitoring data for these you people plus improvement was noted in a further snapshot of one young person who did not discuss this issue in interview).

Monitoring data suggests that 12 young people were experiencing less placement conflict and breakdown and that six young people had been able to influence placement decisions and this is echoed in professional interviews.

> *"I coached her a little bit on how to bring things up, how to speak, you know, how, how to say what she wanted, in a polite manner,… and she told them what she wanted and, … got given everything" (SH Staff)*

However in interviews young people gave mixed accounts of whether they had had any influence on, or indeed information about, placement moves. Only two described choice and the others tended to say they had not had any choice:

> *"So only found out I'm moving yesterday or Tuesday, now, into a new place that I don't want to go to and like, I don't know, it's like, my social worker never answers the phone, so I don't always hear. "*
> *(Young Person, T1)*
> *"Well it was kind of my decision [to move] and it wasn't at the same time. And yeah, I feel alright about it." (Young Person, T4)*

Whilst moving placement was a positive outcome for some young people, who wanted to move to somewhere more suitable, the young people who experienced multiple and frequent placement change wanted a reduction in the number of moves they experienced. Although moving placement can sometimes be in a young person's best interests, the lack of suitable placements meant that some moves were not ideal. A reduction in number of placement moves remained an important outcome for the young people.

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HOW POSITIVE PLACEMENT OUTCOMES WERE ACHIEVED AND PERSISTENT CHALLENGES

Young people described a wide range of ways in which Safe Haven staff had helped support placement stability. Support involved crisis management in stressful situations with family and foster carers as well as making plans, encouraging social workers to address young people's concerns and providing encouragement for positive behaviour.

> *"there's been a lot of problems going on and then they'd come in and they'd like break it up and they'd take me out and then bring me back, they were just being really supportive." (Young Person, T4)*

> *"we made a plan basically … we'd speak to my social worker and stuff and we'd figure out what we could do because basically I was unhappy"*
> *(Young Person, T2)*

Despite the progress that had been achieved for some young people there remained significant challenges regarding fit between the young people's wishes and needs, and the nature of the placements available. Some young people described on-going unresolved bullying from other young people, lack of understanding from staff and lack of therapeutic intervention.

"the home's shit…bullying." (Young Person, T3)

"Social Services are saying they want to move me from here, which I'm upset about because I like it here. They're saying this placement can't meet my emotional needs and now that Safe Haven's going as well, it's just too much for me". (Young Person, T4)

As described by this young person, for some the difficulty of inappropriate placements was compounded by the loss of Safe Haven support. The importance of crisis support from a Safe Haven style service is underlined by the comparison data which shows that the intervention had a significant impact on placement stability, despite the sometimes limited availability of appropriate placements.

One parent also expressed dissatisfaction with inadequate placements, arising from staff not providing the activities they had promised:

"she needs maybe to join a class, maybe to go power walking or jogging, running. None of the staff over there are doing that... [they say they will but] It's not happened." (Parent)

Absence of adequate service provision in terms of placement availability was a major factor, as described by a local authority professional who wanted to respond positively to requests for improved placements:

"we agreed that we would look for a foster placement … unfortunately trying to find a foster placement for a lad who's got a history of placement breakdowns … within the same geographical area so far we've had … nothing that I want him to take up." (LA Professional)

3.4 Taking part in the right education training and employment for me

A consistent core of just under one fifth of young people remained out of education throughout the programme. Of the ten young people who had been out of education employment or training at their first snapshot rating, two moved into and stayed in education during the programme, six remained consistently out of education. A further two moved into and then back out of education. No young people who started in education or training left it completely, although some left and then reengaged between snapshots (see Table 10).

TABLE 10 - MENTOR IDENTIFICATION OF EET SETTING AT BASELINE SNAPSHOT

EET setting	Baseline	T0	T1	T2	T4
College	1 (3.6%)	0(0.0%)	1(3.6%)	1(4.0%)	1(3.4%)
N.E.E.T	10 (35.7%)	4(57.1%)	8 (28.6%)	6(24.0%)	8 (27.6%)
Other Educ. setting	6 (21.4%)	1(14.3%)	7(25.0%)	6(24.0%)	7 (24.1%)
Employment	0 (0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0%)
School	11 (39.3%)	2(28.6%)	12(42.9%)	12 (48.0%)	13 (44.8%)
Total	**28 (100%)**	**7(100%)**	**28 (100%)**	**25 (100%)**	**29 (100%)**

Mentors' snapshot rating of young people's educational behaviour, attendance and suitability remained relatively static throughout the programme (see Table 11). Of the 20 who were rated twice or more, behaviour at school or college did not change for 13 (six of these were rated as good, meaning there was no room for measuring improvement). The rating improved for four young people and worsened for three (see Table A8). Of the 22 young people rated twice or more for attendance at school or college, 11 showed no change; seven of these were rated as good, meaning there was no room for measuring improvement (See table A9). The rating improved for five and worsened for six young people. Of the 25 young people who were rated twice of more for the suitability of their education, employment or training setting, 19 showed no change between their first and last rating (eight of these were rated as fully suitable from the outset). The rating improved for three and worsened for three young people (see Table A10).

TABLE 11 - MENTOR ASSESSMENTS OF EET SUITABILITY, BEHAVIOUR AND ATTENDANCE

Time period	Suitability of education employment or training mean rating[19]	Behaviour at school or college mean rating[20]	Attendance at school or college mean rating
T0	Too few to report	Too few to report	Too few to report
T1	2.3 (valid n=21)	2.2 (n=17)	2.5 (n=20)
T2	2.4 (valid n=24)	2.3 (n=21)	2.4 (n=21)
T4	2.2 (valid n=25)	2.3 (n=19)	2.5 (n=22)

In terms of attendance and behaviour, the starting point for the two cohorts substantially different making comparison difficult[21]. However, the mean rating for behaviour at T4 was the same as the comparison cohort mean rating at endpoint of 2.30 (n=10). The mean rating for attendance at T4 was higher than the comparison mean rating at endpoint of 2.1 (n=13). Unsurprisingly the difference was not significant as sample sizes were small[22]. (see Table A11 for Behaviour and Attendance rating of comparison cohort)

[19] Where 1 = Not suitable, 2 = Partially Suitable and 3 = Suitable

[20] For Behaviour and attendance , 1 = Poor, 2 Medium and 3 = Good

[21] Arguably there was less room for improvement in the intervention cohort, where ratings were already higher. Or, more change was seen within the comparison, despite the higher end score in the intervention.

[22] Based on an independent samples t test at 95% confidence

Despite the relatively static nature of mentors' ratings of suitability, attendance and behaviour, the number of young people reporting satisfaction with their education tended to increase over time but many young people also experienced setbacks. Over the course of up to four interviews 13 (7 LA1: 6 LA2, 6F: 7M, age 12-16) of the 15 young people who commented on this outcome reported increased satisfaction with their education. Five young people (2 LA1: 3 LA2, 2F: 3M, aged 14-16) were generally happy with their educational experience when first interviewed (T1) and remained happy with their educational and training progress throughout their time with Safe Haven. This included increased feelings of commitment, motivation, confidence and timekeeping:

"I've settled down proper in Year 10, I've got to knuckle down now"
(Young Person, T4)

"A lot better, like I was always late for college and stuff … whereas now I'm not …I'm on time". (Young Person, T2)

During their final interview (T4) eight young people (5 LA1: 3 LA2, 5F: 3M, age 12-16) described improvements in their educational experience, overcoming some of the challenges that they had described in previous interviews (6 at T1; 2 at T3) or that had been raised as concerns in Review/PEP meetings (unhappiness, attendance, exclusion or bullying).

Three young people (1 LA1: 2 LA2, 1F: 2M, aged 11-15) described some difficulties with education when they were first interviewed and received support from Safe Haven that enabled them to improve attendance and engagement in fulfilling educational activities. However they experienced on-going challenges due to external factors. For example, for one young person placement changes were set to disrupt the educational support which had been put in place.

"I just feel like, I feel lost now, and feel lost" (Young Person, T4)

Six young people (2 LA1: 4 LA4, 4F: 1M, age 13-17) described experiencing improvements in education at the beginning of their time with Safe Haven (for example a reduction in bullying) but a deterioration by the end of the intervention. These deteriorations were due to factors outside of Safe Haven's control - a course being cancelled, a feeling of isolation in specialist education, changes in teaching staff, entry into a secure setting or lack of educational provision.

"I don't really go to education anymore...I'm just getting isolated in school like, I don't like it". (Young Person, T4)

COMBINED OUTCOMES FROM ALL EET MEASURES

Combining assessments of improved behaviour at school from interviews and monitoring data suggests that in total behaviour in school improved for eight (5 LA1: 3 LA2, 3F: 5M, age 13-16) of the 25 young people.

"my behaviour's a lot better because of (mentor) now."
(Young Person, T2)

There was also a positive impact on increasing future aspirations of 14 young people.

"If it weren't for (mentor) I probably wouldn't have finished school and I probably wouldn't be looking for colleges and work placements".
(Young Person, T4)

Interviews and monitoring data for the 15 young people show that ten (6 LA1: 4 LA2, 4F: 6M, age 13-16) had some influence over their educational activities but five (2 LA1: 3 LA2, 5F, age 14-16) did not.

"I'm not allowed to go to school because of my behaviour, … it's because of the stuff I'm going through...But when I talk about it I get angry, nobody seems to listen to me and it frustrates me" (Young Person, T4)

HOW POSITIVE EET OUTCOMES WERE ACHIEVED AND PERSISTENT CHALLENGES

Where satisfaction with education was increasing, Safe Haven staff and social workers were both described as helping. Sometimes this involved mentors in encouraging social workers to take action.

"[MENTOR is] speaking to the social worker and looking on the internet for me and that. …She's trying to get me into school and that." (Young Person, T1)

Mentors attended school to support young people:

"Like when school wasn't go so well, she came and talked to my social worker about it and made my social worker listen to like her point of view and mine at the same time." (Young Person, T4)

Tutoring provided through Safe Haven was also valued:

"I can't even put it into words because it's just so touching… (MENTOR) didn't want to just impose something on (young person) that wasn't fitting…she's taken time to see what actually will work… and now they're on a route where they're actually going to be doing private tutoring" (Parent)

Safe Haven had also helped in searching for work, helped visit colleges and provided support to cope with transition into and maintaining attendance at school

"MENTOR has helped me try and find work and that." (Young Person, T1)

The importance of holistic working with schools, placements and social workers to support young people effectively was emphasised by mentors and local authority professionals:

"they were all working very closely together with (young person) to, to sort of get him to do that [attend school] and he did start doing it which was absolutely brilliant". (LA Professional)

Friends could be essential support to maintain attendance:

"never used to attend school until I had these new mates." (Young Person, T1)

Safe Haven staff described implementing a broad approach to supporting engagement with education and training:

"practical stuff around applications, taking them to interviews, assisting them like a parent would about what should you wear and, you know, preparation for those interviews, as well as the very practical actually going into school and sitting in the classroom on occasions. … what the

mentors have been able to do is to, is through dialogue, actually engage young people in thinking about their future and to perhaps very gently, encouraging them to have some aspirations and aims."
(Safe Haven Staff Member)

Those who were dissatisfied with their education in later interviews reported being out of school for long periods with no alternative provision or instances of bullying which would result in missing lessons.

"Crap...Don't like my lessons and people have been horrible to me".
(Young Person, T3)
"I hate school…I get bullied... it's like the worse thing ever".
(Young Person, T3)

For one young person their educational placement was considered unsuitable for over eight months but despite Safe Haven making decision makers aware, no plans were made to find a more suitable placement - the focus remained on attendance despite this being unlikely in the circumstances.

Birth family members also highlighted concerns about educational challenges to young people, dissatisfaction with the inadequacy of some educational provision and one highlighted that they did not know about Safe Haven's role to provide educational support:

"at the moment she is having one education class a week and I think that's maybe for one hour, two hours. That's not good enough. She needs more education" (Birth family member)

"I didn't realise that they [Safe Haven] did all that [around education],…I think [what need's to be different] … it's knowing what they do and what they can do for young people." (Birth family member)

In contrast to the snapshot data, an interview with a professional indicated that there had been a positive result in terms of attendance, however a narrow focus on attendance could also obscure wider consideration of where young people were starting from:

"a lot of these young people were in no form of education or partial… we have seen some good results in terms of children maintaining a good and a high level of attendance… we've had conversations with Safe Haven and the panel about whether some of the [original PBR EET] targets were realistic or not…"
(LA Professional)

External factors sometimes affected the support Safe Haven could offer. For example, two young people were waiting to be moved which impacted on their ability to attend educational placements. This barrier was recognised by young people, mentors and local authority professionals:

"if they have to keep moving placement then they keep moving schools don't they? So because they keep moving schools they don't do as well as their peers do they?" (LA Professional)

YP: *I've done loads of courses; I've passed every single one of them, like distinction.*
INT: *So is anyone helping you to use them if you've got all your certificates already?*
YP: *Yeah, I'm just waiting to move first like (Young Person, T2)*

3.5 WELLBEING AND EFFICACY

The Short Warwick and Edinburgh Mental Health and Wellbeing Tool[23] was used as a measure of wellbeing. This provides an interval scale to estimate mental wellbeing, with higher scores within an item reflecting greater overall mental wellbeing. It is a shortened version of the WEMWBS scale which meets the Rasch model, and can be used for comparison to established national norms as well as identifying changes from project interventions. WEMWBS has been tested for use with school age populations resulting in a Cronbach alpha of 0.84.

Responses[24] are summed and then raw scores are converted to metric scores using a scale created by the questionnaire authors to provide a score between 7 and 35.

TABLE 12 - MEAN SWEMWBS WELLBEING SCORES

Wellbeing	Mean score (sd)
All Baseline (t1) **Valid n=16**	20.49 (5.50)
All t2 **Valid n=14**	21.62 (4.98)
All t3 **Valid n=9**	20.96 (5.50)
All Endpoint (t4) **Valid n=14**	21.03 (6.10)
Repeated Measures **Valid n =11** **Baseline** **Endpoint**	 21.75 (5.87) 19.59 (4.61)

Table 12 above provides the average score (mean) and spread of scores (standard deviation, SD) for all young people that responded at each time point. At T1, the mean SWEMWBS metric score for the survey participants (n=16) was 20.49 out of a possible score of between 7 and 35. This is significantly lower than the mean established national norms[25] for 16 to 24 year olds of 23.57. At end point the mean had progressed towards the national norm and was 21.03. A paired t-test, conducted comparing the baseline and endpoint scores for those

[23] Taggart, Brown and Parkinson (2016) Warwick-Edinburgh Mental Well-being Scale (WEMWBS) User Guide Version 2 Edinburgh, NHS Health Scotland

[24] Participants are asked how much the statements below describe their experience over the past two weeks, using a five point scale ranging from none of the time (0) to all of the time (5): 1.I've been feeling optimistic about the future; 2.I've been feeling useful; 3.I've been feeling relaxed ; 4.I've been dealing with problems well; 5.I've been thinking clearly; 6.I've been feeling close to other people; 7.I've been able to make up my own mind about things

[25] Ng Fat, L., Scholes, S., Boniface, S., Mindell, J. and Stewart-Brown, S. (2016) 'Evaluating and establishing national norms for mental wellbeing using the Short Warwick–Edinburgh Mental Well-Being Scale (swemwbs): Findings from the health survey for England' *Qual.Life Res.,* Significance based on a one sample t-test at 95% confidence, p =0.042

young people that provided data at both time-points (n = 11), indicated that the change in wellbeing was not significant (p =0.154).

The Generalised Self Efficacy Scale[26] was used as a measure of survey respondents' self-efficacy. It asks participants views on the extent to which participants feel able to accomplish goals and overcome challenges. The scale was originally created to assess a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events. It is suitable for use with both adolescents and adults in samples from 23 nations, Cronbach's alphas ranged from 0.76 to 0.90.

Responses[27] for each respondent are summed to give a final score ranging from 10 to 40. Table 13 below provides the average score (mean) and spread of scores (standard deviation, SD) for all young people that responded at each time point.

TABLE 13 - MEAN GENERALISED SELF EFFICACY SCALE SCORES

Self –Efficacy	Mean score (SD)
All Baseline (T1) Valid n=16	24.00 (5.50)
All (T2) Valid n=14	28.36 (3.75)
All (T3) Valid n=8	29.63 (4.63)
All Endpoint (T4) Valid n=14	27.36 (5.50)
Repeated Measures Valid n =11 Baseline Endpoint	 24.73 (5.31) 26.45 (4.13)

A paired t- test, conducted comparing the baseline and endpoint scores for those young people that provided data at both time-points (n = 11), revealed that the change in efficacy was not significant (p =0.289). However, at baseline, the mean score of survey respondents was 24 (n=16). This is significantly lower[28] than a comparison dataset (n.219) of 11-18 year olds in Great Britain where the mean score was 29.2. **At T4, the difference between the cohort (27.36) and the general population (29.2) was no longer significant[29].**

In baseline interviews young people were also asked to rate how they felt about themselves and life in general. At baseline half (7/14) answered this question positively and described

[26] Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, Measures in health psychology: A user's portfolio. Causal and control beliefs (pp. 35-37). Windsor, UK: NFER-NELSON.
[27] Participants are asked how much they agree with a series of ten statements, listed below, on a four point scale ranging from Not at all True (1) to Exactly True (4): I can always manage to solve difficult problems if I try hard enough; If someone opposes me, I can find the means and ways to get what I want; It is easy for me to stick to my aims and accomplish my goals; I am confident that I could deal efficiently with unexpected events; Thanks to my resourcefulness, I know how to handle unforeseen situations; I can solve most problems if I invest the necessary effort; I can remain calm when facing difficulties because I can rely on my coping abilities; When I am confronted with a problem, I can usually find several solutions; If I am in trouble, I can usually think of a solution; I can usually handle whatever comes my way.
[28] Based on a one sampled t test at 95% confidence, p = 0.002
[29] Based on a one sampled t test at 95% confidence p=0.232

themselves as feeling 'fine' or 'happy' and, nearly half of the young people interviewed on this theme (7/16) described themselves as lacking control in their lives. There was a strong link between those who felt they had more control and those who felt happier.

"Yeah, it's changed. [on a scale of 1 to 10] I'd say it's about a nine. I think people have started to notice that I've matured…I think I've got not a lot of responsibilities but more than I should for my age but I think I'm handling life all right." (Young Person, T4)

***INT**: how are you feeling about life generally at the minute?*
***YP:** Shit …I've got no control whatsoever… I don't have control over my own life, everyone makes decisions for me and I just go along with them. It's the easiest thing to do. (Young Person, T4)*

In up to four consecutive interviews 11 participants described improvements in wellbeing.

"I've been a lot able to not, not get angry and upset about those issues anymore because I've been able to talk to people about it and deal with those problems" (Young Person, T4)

Combined outcomes from all wellbeing measures

In sum, combing all sources (interviews, the survey and monitoring data), improvement in at least one of these areas of wellbeing was seen by 16 (8LA1:8LA2; 7F:9M; aged 12-17) of the 22 young people for whom we have some data[30].

Fewer emotional problems were experienced by nine of the 21 young people for whom this is recorded. Of these nine young people, five young people interviewed described improvements in their mental wellbeing and a further four were recorded in monitoring data as showing improvements, suggesting that in total improvements were experienced by nearly half of those young people for whom we have data.

More than half (10/18) experienced improvements in their emotional control, anger management or behaviour and seven of these discussed these improvements in interviews:

"I've gone from literally fighting random people just for no reason just because I'm mad … and then going from punching walls to just walking away. And if I am angry then just calming down! …it doesn't always work but the majority of the time!" (Young Person, T4)

Three young people were reported as having fewer problems with peers and two improved their physical health.

How positive Wellbeing outcomes were achieved and persistent challenges

Some of the improvements in wellbeing were achieved through conversations with mentors where young people talked about their problems or where mentors helped young people understand and become more reconciled to their family histories:

[30] In two instances, where young people's views on having emotionally or behaviourally difficult experiences contrast with mentor assessments, mentor assessments have been discounted.

"Like, so it's like when I have problems like she does actually help me…she just like talks to me and everything". (Young Person, T4)

"…just seeing the bigger picture … instead of me just seeing it as my mum leaving me… now that I'm older I understand … more than just her leaving me, I understand it from her point of view as well." (Young Person, T4)

Where progress in wellbeing had not been achieved, some of the young people were experiencing long waits for specialist CAMHS services or lacked control in their lives.

Some young people who felt particularly bad about themselves or their lives described not talking to anyone about emotions at the outset of the intervention.

"I won't talk to them... It's easier. I don't like people knowing my business."(Young Person, T1)

But these feeling improved for many young people, including the young person quoted above. It is likely that a similar reluctance to talk to other people was still experienced by the seven young people who did not choose to take part in the research interviews.

3.6 Relationships around me are supportive and positive

The Presence of Caring Scale[31] is a subscale derived from the individual protective factors index designed to measure the amount of support one receives from an adult, for use with 11-18 year olds. Alpha reliability is 0.65. Participants are asked how much they agree with a series of 9 statements[32], listed below, apply to them using on a four point scale[33].

Table 14 below provides the average score (mean) and spread of scores (standard deviation, SD) for all young people that responded at each time point. A paired t-test was conducted comparing the baseline and endpoint scores for those young people that provided data at both time-points (n = 11) to examine whether the change in their scores over time was significant. The change in presence of caring was not significant (p =0.801). The presence of caring mean score did increase from T1 to T3 but the change was not significant but, as young people were aware they would be losing their mentor at T4, this may account for the fall in scores at T4. To account for this a second paired t- test was conducted comparing the baseline and T3 scores for those young people that provided data at both time-points (n = 6) to examine whether the change in their scores over time was significant prior to losing their mentor. Unsurprisingly, with only six samples no significant differences were found (p= 0.718)

[31] This subscale is derived from the Individual Protective Factors Index Phillips & Springer (1992).Extended National Youth Sports Program 1991-1992 evaluation highlights, part two: Individual Protective Factors Index (IPFI) and risk assessment study. National Collegiate Athletic Association. Sacramento, CA: EMT Associates. It has been used in evaluating mentoring programs before and interventions for young people in care, including research by the authors

[32] There are people I can depend on to help me if I really need it; There is not an adult I can turn to for guidance in times of stress; If something went wrong, no one would come to my assistance.; There is an adult I could talk to about important decisions in my life; There is a trustworthy adult I could turn to for advice if I were having problems; There is no one I can depend on for help if I really need it; There is no adult I can feel comfortable talking about my problems with; There are people I can count on in an emergency; There is a special person in my life who cares about my feelings.

[33] Scale is written as YES!, yes , no, NO!. Items 1, 4, 5, 8, 9 are scored as follows: YES! = 4, yes = 3, no = 2, NO! = 1. Items 2, 3, 6, and 7 are reverse scored. All scores are summed to create a final score ranging from 9 to 36

TABLE 14 - PRESENCE OF CARING SCALE MEAN SCORES

Presence of Caring	Mean score (sd)
All Baseline (T1) **Valid n=16**	27.44 (5.76)
All T2 **Valid n=14**	28.14 (5.52)
All T3 **Valid n=8**	29.50 (4.17)
All Endpoint (T4) **Valid n=14**	27.71 (5.11)
Repeated Measures 1 **Valid n =11** **Baseline** **Endpoint**	 27.00 (4.10) 27.45 (5.03)
Repeated Measures 2 **Valid n =6** **Baseline** **T3**	 26.33(5.57) 29.17(5.60)

All 16 of the young people interviewed on this theme at T1 described having at least one positive relationship with people around them, some of these young people experienced difficulties in their relationships as well. Eight of these young people described progress in their relationships within the initial intervention period and when asked directly about the presence of positive relationships young people often responded by naming Safe Haven staff but other adults and peers were also frequently mentioned. The difficulties they discussed tended to be in relation to birth families, carers and social workers.

"if I do summat wrong, say if I ran off they [carers] wouldn't even talk to me but then [social workers] were going off, they would talk to [parent] …and everything but I get silent treatment." (Young Person, T1)

Some young people also described not having friends or having difficulties with peers in their placement. These findings indicate that Safe Haven staff had been successful with all of these young people in establishing supportive relationships within the first 28 weeks of the programme.

Over the course of up to three subsequent interviews (T2-T4), eleven young people (5M, 6F; 2 LA1, 9 LA2; Age 12-17) continued to describe positive relationships with both their mentors and with others- family, carers, friends.

"I can speak to MENTOR about everything literally... MENTOR kind of boosts my confidence. She encourages me to do good in life..." (Young Person, T1)

'I didn't think I'd trust her [Mentor] at first but I do trust her a lot, more than I've ever trusted anyone else' (Young Person, T1)

A further nine young people (2M, 7F; 7 LA1, 2 LA2; Age 12-16) described establishing positive relationships with their mentors but these were the only people they felt they could talk to

or they were also losing other relationships (FSW or Carer or sibling) at the same time as losing their mentors at T4:

"Now, I don't feel like anyone, because Safe Haven's gone. The staff, I like the staff, don't even start me on my mum because half the time she doesn't even answer the phone" (Young Person, T4)

"we've been thrown in with these people, we've been told to get to know them, open up to them, let them help you and then they've just been taken away" (Young Person, T4)

"...they're always there and they always make you feel better, what helps me is that they're...always on my side...like family..." (Young Person, T4)

Two YP (1M, 1F; 1 x LA1, 1 x LA2; Age 11-15) described a positive relationship with their mentor or Safe Haven sessional worker but did not describe any other positive relationships.

"Err, you (mentor) sometimes, when I see you" (Young Person, T1)

"I think (sessional worker) is a very cool person. Because that's why I trust him". (Young Person, T1)

One YP described a negative relationship with Safe Haven owing to the fact he was forced to attend by his Social Worker.

COMBINED OUTCOMES FROM ALL SUPPORTIVE RELATIONSHIPS MEASURES

In sum, 22 of the 23 young people who discussed this issue in interviews reported having a positive relationship in their lives. Increased understanding of positive relationships was described by 16 young people and the ability to build supportive relationships with people around them was described or demonstrated by 17 young people.

"I've just realised like if it wasn't for Safe Haven, I don't think I'd be where I am now. … I'm a much better person, I'm a lot less, what's that word? Ignorant. … before I had no support. And I think it's because I've got the support and I know that people care I think it's making me more of a happy person, that's why." (Young Person T4)

Choice about relationships was also significant as 12 young people described their ability to choose relationships they engage in and two said they were more able to move away from people who negatively impact on them.

Don't know, just pull myself out of trouble. (Young Person T4)

I don't speak to them now… they was like bad, so I cut them off. (Young Person T1)

HOW POSITIVE RELATIONSHIP OUTCOMES WERE ACHIEVED AND PERSISTENT CHALLENGES

Young people suggested that positive relationships were built by mentors who engaged in activities and were available and on young people's side:

"We went Go Ape with her, go-karting, we've done activities basically... Just getting out to be honest… having something to do." (Young Person, T4)

"they've always just been like supportive, been there on the phone… they were there from day one basically… I'm attached to them… can't even call it a service really…" (Young Person, T4)

"She understands and she listens and does, like if ask her to do something, like if I want to make a complaint she will and she'll help me." (Young Person, T4)

Professionals underlined the importance of mentors being trustworthy and on young people's side:

"… they don't see Safe Haven as part of the local authority… they're suspicious aren't they of social workers and teachers and the police and all these people who they feel have got power over their lives? Whereas Safe Haven for them is a comfortable place to go." (LA Professional)

The presence of mentors was particularly significant for those young people who did not have positive relationships elsewhere:

"I don't know of her having a positive relationship with anybody… I've worked with her for six months, I don't know of her having a positive relationship. … [pause], oh actually she had a positive relationship with MENTOR, from Safe Haven." (LA Professional)

"because I don't speak to them at the care home… I think there's only MENTOR I talk to, so. …. It's the only person I've got." (Young Person, T1)

For other young people carers were their primary support but learning to manage peer relationships was significant:

"[in last 4 months] I've blocked all [destructive friends], don't chat to them anymore." (Young Person, T1

Professionals suggested that supportive relationships could be established with mentors because they were different from social workers in terms of independence from decision making and availability:

"I think Safe Haven, that's someone who they can go to when they've got a problem, it's someone who they can trust, you know, someone who doesn't make those horrible decisions." (LA Professional)

"…allowing them a channel to talk about their anxieties or worries, helping them to understand what's happening… being a constant source of support… Safe Haven have a twenty four hour line… their ability to be available is, is what's very different to social work." (LA Professional)

In practice the planned de-escalation of the mentor relationship was not as robust in all cases as was hoped; this was for many reasons including the late referral in to the programme by the LA's. In some cases with young people who were referred in at the earliest opportunity, Safe Haven staff reported that planned de-escalation was successful, in other cases once the end of the pilot service was confirmed a series of exit meetings with

young people were planned. These were designed to reflect on their positive progress and ensure that they were aware of the support available to them once Safe Haven was no longer in operation. At the time final interviews were undertaken, this process was just beginning and it was clear that not all young people had been aware that it would be a time limited service. Safe Haven staff report that in a minority of cases the planned reflective meetings were not possible however every young person was made aware of the closure and that a support helpline would be available for two months post closure for all 30 young people.

3.7 Relationships with Birth Family

At baseline mentors' snapshot assessment indicated that over one third (10/28) of the young people had suitable contact arrangements with birth families and that just under one fifth (5/28) had wholly unsuitable arrangements. Within the intervention cohort, mean ratings[34] by mentors of the young people's views on suitability of contact remained almost the same at each time period (See Table 15). Of the 23 young people who received more than one snapshot rating, 15 showed no change between their first and last rating, the numbers of those rated suitable (7/29) and not suitable (3/29) had both slightly decreased but, the number with partially suitable contact arrangements had increased substantially (See table 16 and table A12). However when the number of young people with partially suitable/suitable contact versus those with not suitable contact was compared between baseline and T4 the difference was found not to be significant (p= 0.059, n=18).[35]

TABLE 15 - Mean snapshot rating – suitability of contact

Time period	Mean snapshot rating – suitability of contact	Reported as not known
T0	2.00 (valid n=4),	3
T1	2.25 (valid n=20)	8
T2	2.23 (valid n=22)	4
T4	2.17 (valid n=23)	6

TABLE 16 - snapshot comparison – suitability of contact.

Suitability rating	Baseline (n=28)	T4 (n=29
Not suitable	14.2% (4)	10.3% (3)
Partially suitable	17.9% (5)	44.8% (13)
suitable	35.7% (10)	24.1% (7)
Not known	32.1% (9)	20.7% (6)

Part of the work of Safe Haven was in regards to birth families. However this work was not always straight forward, it was difficult to get information from the LA's and changes in social workers made timely decisions difficult. As a result by the end of the programme suitability of contact arrangements were recorded as not known for one in five of the young people in the cohort.

[34] Using a 1 to 3 where 1 = not suitable, 2 = partially suitable, 3 = suitable

[35] Based on an a Cochran's Q test at 95% confidence

Work with birth families took place at varying levels of intensity dependent on both levels of need and levels of engagement. However the team facilitated sibling contact, first time contact with grandparents, life story work between a mother and her two children and a Family Group Conference (FGC) as well as work with birth families around their understanding of the events that had led to their child's removal.

"[SH have] helped both the mum and, and the young person to sort of get over that well "who's fault is it that I'm in care"? Their relationship was quite rocky … but both of them want to have a good relationship so … it's about helping them both to achieve that."
(LA Professional)

Across the series of up to four interviews ten young people described increased satisfaction with their contact with families and in monitoring data, mentors recorded improvement for one further young person. Five of those who described increased satisfaction when interviewed said improvements occurred within the first four months of their support from Safe Haven, almost always as a result of the SH intervention.

T1 INT: *If you compare…now to how you were getting on?*
T1 YP: *"Ten times better…obviously sometimes me and my mum … we bicker but obviously like that's, if it's got to that then I come to Safe Haven"*

"they've helped me to get back with like some of my family like, so, I'm happy that they've done …MENTOR's like made my mum more, erm, contact, like more phoning me and all that, so." (Young Person, T1)

Two had initially been satisfied with contact, but through support from Safe Haven were able to identify and achieve further goals to increase the amount of contact with siblings or the quality of contact with a parent. The remaining three young people did not describe improvements until T3 or T4 but by then, again acknowledging Safe Haven support, they were having more contact with a parent.

A further five young people described wanting more contact, or more understanding, from their family. Throughout the interviews four of them describe ups and downs and progress with a parent is recorded in relation to the fifth young person. However, at the last interview dissatisfaction remained around contact.

"don't even start me on my mum because half the time she doesn't even answer the phone …she hasn't forgotten about me but whether she, anyone wants, me…'' (Young Person, T4)

For all five of these young people interviews and the case files show that Safe Haven have intervened in some way.

Four young people described difficulties regarding contact throughout their time with Safe Haven. Hopes of having improved contact with family members had not been addressed, or contact was now in place with a family member the young person did not want to see.

"it's awkward because I barely know them. …And that's my social worker's fault." (Young Person,T1)

"I don't want him to come…I don't like him" (Young Person, T1)

For two of these young people increased contact was recorded in Safe Haven monitoring data as positive, but that was not the young person's assessment of their own experience.

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COMBINED OUTCOMES FROM ALL FAMILY RELATIONSHIP MEASURES

In sum, at the end of the intervention, 11 of the 20 young people for whom we have data experienced increased satisfaction with contact, nine remained dissatisfied.

Where satisfaction with contact had increased, and in two cases where it had not, support for contact was described as increased for 12 young people (and this was mentioned in interviews by four young people and one family member). Young people spoke of emotional support:

"one time I spoke to MENTOR at eleven, nearly twelve o'clock at night, … the day before I went to [contact] I was a bit nervous … I was really nervous like and, and MENTOR was really, she was really supportive…after the call she messaged me saying hope you have a good day, good luck and everything." (Young Person, T1)

Professionals also mentioned practical planning and support:

"Safe Haven, they can do work around rehabilitation…setting up contact… supporting that in terms of practical terms. All the planning … that's our role but then the logistics and the planning around it and some of the one to one support and work for the child and the, and the parent… [Safe Haven] do that." (LA Professional)

Shared understanding of past conflict had also increased for four young people, three of whom mentioned this in interviews:

"I understand it a little bit more now, I see more than just her leaving me, I understand it from her point of view as well" (Young Person, T4)

One mentor described this process: proposing to a young person that they write a letter to a parent and then passing this on through the birth family social worker. The mentor underlined the importance of trying to get answers:

"We can't guarantee we'll get answers, we can't guarantee we'll get answers that you're going to like but at least you'll know… because a lot of them don't even know half of … why they ended up where they are, it's not their fault they're in care". (Mentor)

Some birth family members also acknowledged the value of this process:

"I know I need to sit down with CHILD and obviously explain to her because she has got questions and she does ask me a lot of things. Why was I put in care? … SH FAMILY WORKER has drafted a letter up for me, bless him … but I think there's got to be a one to one with me and CHILD, maybe with members of staff you know, just to sit in that room and she can ask me, you know, as many questions as she wants" (Birth family member)

For ten young people involvement in decision making about contact was described as increased, but only four of them noted greater influence in interviews.

HOW POSITIVE FAMILY RELATIONSHIP OUTCOMES WERE ACHIEVED AND PERSISTENT CHALLENGES

Safe Haven staff assisted by speaking to social workers on young people's behalf and by encouraging family members to make contact.

"they've helped me to get back with like some of my family like, so, I'm happy that they've done …MENTOR's like made my mum more, erm, contact, like more phoning me and all that, so." (Young Person, T1)

Carers also played a role:

"basically I never used to be able to see my dad and then my carer pretty much says "why can't he see his dad?" And then that's how it all started." (Young Person, T3)

Seven young people however described an on-going absence of control:

"the only thing is it's up to my social worker…He's just about managing to say I can still carry on talking to her and writing to her." (Young Person, T2)

One Local Authority professional mentioned Safe Haven involvement in Family Group Conferences contributed to improving relationships with families, but a main plank of the intervention was the direct provision of birth family social workers. As this was such a central approach to their work, it was explored in interviews with five birth family members.

The Safe Haven birth family social work intervention aimed to support positive relationship building, improve parental wellbeing, increase understanding and implementations of steps towards positive parenting; and, increase parental knowledge about care procedures, system and decision-making about their child's life.

Four of the five family members we interviewed described improved wellbeing:

"if I know that CHILD's doing alright …it puts my mind at rest and I ain't going to worry about them." (Birth Family Member)

"when BFSW came and became involved anyway I just, it was like … burst of, you know, excitement, it was like "is it finally going to happen?" … I am much happier." (Birth Family Member)

Three family members spoke of their increased understanding and implementation of steps towards positive parenting and how the BFSW helped them control their responses:

"I was on the verge of like saying, "Sorry, leave it, just walk away". I know it's hard but…I can talk to BFSW about it, and BFSW talked me round." ((Birth Family Member)

Two local authority professionals had also noticed this parenting work and potential improvements:

"with the mother ….oh how can I say? She doesn't prioritise this girl, she prioritises herself … there's a lack of emotional warmth, … they've been doing some work with the mum on that". (LA professional)

"we've had a few cases where Safe Haven have been involved… building relationships … reuniting children with their parents, working in partnership with the parents, … there has been improvement in relationships." (LA Professional)

In the ARGs, it had been suggested that there was potential for the Safe Haven model to increase parental knowledge about care procedures, system and decisions. Three family members felt more informed about and involved in their child's life.

"[I now] go to that LAC Review just to find out her situation, the circumstances … and what's happening" (Birth Family Member)

Many birth family members did not need increased knowledge of the system as they were already very used to navigating with social services.

"I'm not shy in ringing the social workers up because I've dealt with them for years so if I think anything I will phone and keep phoning and messages and stuff" (Birth Family Member)

However one family member did describe an increase in their knowledge of the care system.

Professionals also commented on the value of Safe Haven's work with families at moments of crisis:

"Safe Haven have worked wonderfully … PARENT had a worker from Safe Haven who went out and …supported her. CHILD had workers who literally at the drop of a hat was there for her" (LA Professional)

Undoubtedly the family members interviewed were those more engaged with the service, and it was clear from interviews with young people and professionals that attempts to engage some parents had not always been successful:

"Mum wouldn't engage". (LA Professional)

"Well we did try [contact]…but because we was arguing it went down the drain, then we started having whole days… then had the argument again, so … it's just like "No!"." (Young Person, T1)

Many of the hurdles young people faced in trying to achieve the contact arrangements they sought were not related to their birth family's engagement. Some young people had not asked their mentors for help with contact, even though it was a concern. Difficulties also related to social work decisions about the extent and form of contact and delays in putting in place new arrangements when these had been agreed. **One local authority professional attributed this to a risk averse culture in local authorities:**

"I think sometimes agencies are risk averse, so like say maybe the young person has got the potential to go home and they're like oh no, no, no, no, but … at the end of the day whether we like it or we don't, the likelihood is at eighteen these children will reconnect with their family members, so it's getting these children ready for that, that situation isn't it?" (LA Professional)

Two family members also noted poor communication from social services. Both related to promises about contact, made to the parent or to the child:

"It was set the date [for contact] and everything and … all of a sudden on the day, … they says "Oh, we haven't had any information… it looks like there's been a sudden change". (Birth Family Member)

SOCIAL WORKER was promising CHILD [greater contact] … And I says …"go back to your office, you read the report… because it ain't [your decision], it's the top knobs in SOCIAL SERVICES [who decide]" (Birth Family Member)

Overall the professional feedback about Safe Haven's role with families was very positive:

"I've got to be honest I can only applaud Safe Haven because all the dealings I've had… I can only commend them for everything … the support and … what their service has offered". (LA Professional)

It is therefore unsurprising that one young person and two professionals raised concerns about the implications of the ending of the service for safeguarding adults and building relationships with birth family members:

"Because Mum and I, we like offload on to them, we know that they're there when I run away …I think my mum will build [pressure] back up again... last time she built it up she nearly killed herself, … Now she's literally got no-one to talk to." (Young Person T4)

"the Family Liaison Worker from Safe Haven was doing quite a lot of work … I think PARENT was then recognising …"I do need some help with my parenting skills". But, because Safe Haven are no longer going to be around". (LA professional)

"Safe Haven have worked wonderfully with CHILD and PARENT… there's a big void now … because child always had somebody to call on." (LA Professional)

4. CRITICAL REFLECTIVE LEARNING

There is a variable pattern of improvement within each outcome theme, with significantly more young people experiencing progress in relation to some measures than others. Looking across the outcome themes two relatively distinct groups of young people can be identified.

The first group of 15 young people all (15/15) reported satisfaction or above average scores throughout the intervention in relation to one outcome theme, and almost all (12/15) consistently reported satisfaction or above average scores in relation to two or more outcome themes. Two thirds (11/15) reported having positive relationships from the first interview. Five of the 15 experienced improvements in relation to almost every area where they had concerns and the remaining 10 faced on-going difficulties either in education or their placement but never both.

The second group of 10 young people tended to experience a lack of progress in outcomes and nine of them reported no progress or ongoing difficulties in four or more outcome themes. This was echoed by mentors who, at T4, assessed seven of these young people as having risk of harm levels as the same or worse than at baseline. Where they had experienced improvements, this tended to be in relationships, risk management and education but these were related to interventions that Safe Haven provided directly and the young people frequently expressed concern about the loss of these support systems in their last interview. We would suggest that the five young people, who did not engage in the interviews or survey, are likely to resemble this second group who experienced poorer outcomes, as they were less engaged with the service overall.

There were differences between what was happening between different mentors and young people. This could be viewed as a positive as each young person received a personalised service based on their individual need. However, one downside of this approach is that occasionally, young people were not aware that they could receive support with certain issues (e.g. contact, education) whereas other young people were receiving this support. Some of this concern was addressed after the interim report, when further information was produced in line with the action research based approach to this evaluation whereby learning identified informed changes to the programme.

The fact that progress was happening for some young people in this second group indicates that the intervention may have been successful if it had been longer term and had the scope of goal based interventions broadened to address all of young people's concerns. In some cases, the loss of Safe Haven services (mentoring, tutoring and family support) caused a deterioration at the time of the last interview. More time would have assisted ease of transition from Safe Haven to mainstream provision. It is clear that the end of the pilot service caused distress for some of the young people who had benefited from it. Save Haven staff noted that a yearlong pilot did not allow adequate time for the intervention as the process of recruitment of staff and referral of cases meant that some young people did not received the 8-12 month provision that was envisaged.

Some lack of progress was due to individual and contextual factors. There were differences in the starting places of the young people who engaged in the service and personal histories may have played a part in determining the speed with which young people were able to respond to the intervention they were receiving. Most of the lack of progress they experienced was in relation to placement suitability – an outcome theme where Safe Haven had relatively little influence as there was a lack of specialist provision that was seen as suitable for many of these young people. The importance of a full social pedagogic approach[36] is underlined here as this addresses systemic and institutional barriers such as lack of appropriate provision as described in subsection 2.3 and throughout section 3. These barriers included inappropriate placements, delays in placement change and subsequent impacts on education as well as delays in provision of specialist services such as CAMHS.

Potential tensions around the work with birth parents that emerged from the ARG process were identified in the interim report. Parents talked of the Safe Haven social workers helping secure an outcome they wanted with regard to contact and there were concerns that this might be in tension with social workers' role in promoting the best interests of the child. There was potential for tension in service goals around parenting skills as this had not been an aspiration parents described. Despite these potential areas for tension, the parents interviewed reported very positive experiences of the service, young people and parents tended to be more satisfied with contact arrangements and some Local Authority professionals clearly identified that improvements in parenting skills had been achieved for some. The remaining tensions, however, concern the need for clearer information about the roles of different Safe Haven workers and how communication between them, families and young people will be managed.

Related to this, there is still some potential tension as the primary client of Safe Haven is the young person; this can therefore lead to complexities when combining the wishes of the birth family and local authorities. There have been instances where young people do not currently wish to change their relationships with their birth families, but parents or professionals have taken steps towards this because they consider this to be in their interests. Professionals have noted that there have been contradictions between sometimes inappropriate payment by result goals set for individual young people and the sometimes more suitable goals that young people identify and work towards together with their mentors. Sometimes the initial goals were set without a full understanding of the young people's history and current situations. In developing this model of practice further senior staff have noted that it would therefore be beneficial to ensure that information gathering activities are completed much earlier than was possible during this pilot project, we suggest that this should be within six weeks. Ensuring that local authorities revise their goals for young people when receiving a Safe Haven type service by taking into account young people's own preferences may help avoid these tensions, and could be integrated into the (monthly and statutory) case reviews.

[36] Coussée, F., Bradt, L., Roose, R. and Bouverne-De Bie, M., 2008. The emerging social pedagogical paradigm in UK child and youth care: Deus ex machina or walking the beaten path?. *British Journal of Social Work*, *40*(3), pp.789-805.

Areas of Learning for Local Authorities

- Consideration should be given to ensuring that pilots of the nature of Safe Haven which are innovative and work with young people with complex personal histories are commissioned for longer than 12 months
- Maximise the consistency of personnel who are involved with any one child in order to avoid repeated disrupted relationships within the care system.
- Broaden the availability of specialist placements as these have a multiplier effect in contributing to other positive outcomes, including financial savings. Suitability of placement was the most significant factor distinguishing young people in Group 1 from those in Group 2.
- Ensure that information about the young people referred to any new service is provided on day one. The importance of this in maximising the potential for local authorities to receive the best return for their investment has also been stressed in previous evaluations[37].

Recommendations for Future Safe Haven Provision

- Develop further information about optimum delivery of the service model, based on learning from the pilot. Young people, birth family members and professionals all need to be clear about the aims of the service, how young people can shape their own goals within it and how communication between different people will occur.
- Ensure at the outset that Local Authority partners have sufficient step down placements to allow young people to transition, when appropriate, to foster care or less intensive residential placements.
- Establish mechanisms through which young people's own goals can be fed into and shape the case reviewing and payment process when negotiating future contracts, so that targets are even more individualised. Even where reduction in risks of being missing, being NEET or experiencing CSE are the primary focus of an intervention, targets which include measures related to birth families, relationships, wellbeing and attainment remain important as all of these factors can contribute to improved outcomes and reduction in vulnerability to CSE, running away, school attendance etc.
- Ensure that contracts with local authorities have a sufficient notice period built in or ring fence contingency funds to enable sufficient time for the model exit and transition strategy to be fully implemented. This model would involve ensuring that service users are fully aware of the time limited nature of support from the outset of the intervention and that, by the end of the intervention, the young person experiences a gradual withdrawing of support and transition to other suitable supportive relationships, putting in place goal based interventions to achieve this where needed.
- Consider tying the Safe Haven model of work into social pedagogy professional standards and training opportunities.

[37] Stanley, N., et al. (2012) *An Evaluation of Social Work Practices* London: DfE

APPENDIX – METHODOLOGY AND STATISTICAL TABLES

The research builds on a range of action research and large scale evaluation projects already conducted by the research team[38]. It combines participatory and pluralist qualitative methods[39] with matched control design and integral process evaluation; considered the most rigorous evaluation approach where a randomised control trial (RCT) is not appropriate.[40] It involved mixed methods and a realist[41] approach. We will use the findings from the quantitative elements of the study to identify patterns and correlations and the qualitative elements of the study will enable us to identify likely causal mechanisms that lead to success. This combination of approach recognises that looked after children have complicated lives that are affected by a variety of factors, both inside and outside of the service. Stakeholders knowledge of the process and outcomes will be valued as of paramount importance and close working with service users and deliverers will enable service improvements as the evaluation evolves.

A1.1 ACTION RESEARCH

Our action research approach was guided by the principles outlined for social work action research.:

> '(1) grounded in lived experience,
> (2) developed in partnership,
> (3) addressing significant problems,
> (4) working with, rather than simply studying, people,
> (5) developing new ways of seeing/theorizing the world, and
> (6) leaving infrastructure in its wake.'[42]

Facilitators followed these key principles for participation with young people and parents engaging in action research and those seeking to influence service delivery:

- Build confidence in young people
- Pay attention to group dynamics and feelings of vulnerability
- Maintain constructive relationships and open communicative spaces
- Engage in structured opportunities for dialogue
- Commit to listening, acting and enabling young people to influence decisions

Evaluation can also be a demanding experience for practitioners, and we also sought to ensure that the extra workload was seen as acceptable by ensuring values and aims were clearly shared, and findings were constructively and supportively used to inform improvements in practice. We sought input from young people, birth family member and parents from the start of the evaluation in order to ensure that their perceptions framed the theory of change which was used to assess the intervention.

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[38] Larkins, C., Ridley, J., Farrelly, N.Stanley, N. (2013) Children's, Young People's and Parents' Perspectives on Contact: Findings from the Evaluation of Social Work Practices. The British Journal of Social Work; Larkins, C., Stone, C., Berry, V., Westwood, J. and Moxon, D. (2015) *It's about cameras, and your future, and your life*. Preston: University of Central Lancashire (for Paul Hamlyn); Larkins et al (2015) *Evaluation of New Hub: A Co-Created Leaving Care Service*, Preston: University of Central Lancashire

[39] Frost, N., & Nolas, S.-M. (2013). The contribution of pluralistic qualitative approaches to mixed methods evaluations. In D. M. Mertens & S. Hesse-Biber (Eds.), *Mixed methods and credibility of evidence in evaluation*. *New Directions for Evaluation, 138,* 75–84. P.75

[40] Wiggins, M., Bonell, C., Sawtell, M., Austerberry, H., Burchett, H., Allen, E., et al. (2009). Health outcomes of youth development programme in England: Prospective matched comparison study. British Medical Journal, 339 (b2534), 148–151. Wiggins, M., Rosato, M., Austerberry, H., Sawtell, M., & Oliver, S. (2005). Sure start plus national evaluation: Final report. London: Social Science Research Unit, University of London.

[41] Pawson, R. and Tilley, N. (1997) *Realistic Evaluation.* London: Sage.

[42] Reason H. & Bradbury, P. (2003) Action Research: An Opportunity for Revitalizing Research Purpose and Practices. *Qualitative Social Work* 2(2): 155-175 p. 155

A theory of change is '*a dialogue-based process intended to generate a description of a sequence of events that is expected to lead to a particular desired outcome*'.[43] A theory of change can be used to aid description, to get agreement about the process of change, to aid planning and the evaluation of outcomes[44]. It can also be linked to sources of evidence which can be useful in trying to improve evidence informed approaches. It takes a structured and outcome focused approach to defining the problem and what needs to change, identifying the barriers to change, the processes for overcoming these barriers, and the anticipated outputs and outcomes.

In practice, our fluid action research group (ARG) process involved:

- Structured group meetings with staff, including senior staff
- Semi structured group activities and one to one conversations with young people alongside Safe Haven group activities.
- Learning from birth families and young people during their meetings with members of the evaluation team to discuss their participation in the evaluation
- Exploring information from service documents

The composition of the structured groups is fluid, affected by staff rotas and levels of engagement of young people and parents with the service.

Box A1 - Action Research Activities

ARG 1: Developing an Evaluation Outcomes Framework
A group meeting with staff and informal conversations with birth families to develop a theory of change: a structured and outcome focused approach to defining the problem and what needs to change, identifying the barriers to change, the processes for overcoming these barriers, and the anticipated outputs and outcomes.

ARG 2 - Developing the research tools and measures for the evaluation
A group meeting with staff and informal conversations with young people to inform development of research tools and identify what information could be gathered to identify change (outcome measurements).

ARG 3 - Developing the Mentoring Model
A **group meeting with mentors** and a **group meeting with young people** to identify and define concepts and experiences of having a mentor and mentoring, informed by initial findings from interviews with young people and a literature review of mentoring.

ARG 4 – Feedback on early findings, and action for change
Two separate meetings between mentors and young people along with a meeting with senior staff. Mentors and senior staff received detailed feedback on early findings and all groups worked to identify strategies for improving the service that focused on providing clearer explanation of the service offer to young people and professionals. Changes to information materials were designed at one of these meetings, to respond to recommendations from the interim report.

ARG 5 – Reflection on final project model
A meeting with senior staff to explore the final vision of the project model at the end of the programme and the mechanism and contexts which are important within the model. It was not possible to return to the other ARG participants as the service was ended after the pilot year.

A1.2 Intervention Site Evaluation Over Time

For young people, parents and staff involved in the intervention a series of mixed method research activities gathered data on the process and impact of the service through a series of time intervals:

[43] Vogel, I.(2012) *ESPA guide to working with Theory of Change for research projects* ESPA
[44] Stein, D. & Valters, C. (2012) *Understanding theory of change in international development: a review of existing knowledge* Asia Foundation/Justice and Security Foundation.

Time 0 (T0) = week 2-12 of the intervention; Time 1 (T1) = 18-28; Time 2 (T2) = week 31-38; Time 3= week 40-42; (T4)= week 46-48. During T0 young people were still being referred into the service and the primary aim of the intervention was to establish working relationships and gather knowledge. From T1 to T3 relationship building was on-going but targeted goal based work was also undertaken. At T4 the contract for the pilot project had come to an end and young people were aware that the service was ending.

i. **Repeat Interviews with Young People** After contact had been made with most young people), all young people using the service were invited to participate in interviews (T1). Interviews were repeated at approximately 10 week intervals (T2, T3 and T4) to maintain relationships between researcher and young people and to record variations in their experience over time. Interviews were semi structured, based on the outcome framework, and involved creative and draw write techniques responding to the individual preferences of each interviewee.

j. **Family Interviews** Using an interview schedule developed by the ARG based on a model used in previous research,[45] interviews with family members occurred once Safe Haven staff had established connections with family members (T3).

k. **Professional Interviews** Using an interview schedule based on a model used in previous research[9] and adapted to reflect the co-created outcomes framework, interviews were conducted with staff from the referring local authorities (social workers, IROs and social services managers).

l. **Young People's Questionnaires** Three standardised measurements – see box 2 – and one additional question on risk were selected to reflect the outcome framework developed through the ARGs. Young people were asked, at T1, T2, T3 and T4, to complete these through online questionnaires (administered by researchers, or Safe Haven staff if young people did not wish to be interviewed).

m. **Mentor's Risk Snapshot** A bespoke risk assessment tool was created comprising 25 measures (18 regarding risk) which reflected the outcome framework developed through the ARGs. Each measure provided a three point scale against which Mentors were asked to record their perceptions of the risk levels for each young person. Snapshots were completed at T0, T1, T2, and T4.

n. **In-House monitoring and information** provided case data, payment by results measures and monitoring of service use times. Information on job roles, service descriptions and training provided to staff was also accessed.

Box A2 – Standardised Measures Used in Survey with Young People

The Short Warwick and Edinburgh Mental Health and Wellbeing Tool[46] – This provides an interval scale to estimate mental wellbeing, with higher scores within an item reflecting greater overall mental wellbeing. It is a shortened version of the WEMWBS scale which meets the Rasch model, and can be used for comparison to established national norms as well as identifying changes from project interventions. WEMWBS has been tested for use with school age populations resulting in a Cronbach alpha of 0.84.

Presence of Caring Scale[47] - This is a subscale derived from the individual protective factors index designed to measure the amount of support one receives from an adult

[45] Larkins, C., Ridley, J., Farrelly, N., Austerberry , H., Bilson, A., Hussein , S., Manthorpe , J. and Stanley, N. (2013) *Children's, Young People's and Parents' Perspectives on Contact: Findings from the Evaluation of Social Work Practices. The British Journal of Social Work*, First published online: August 21, 2013. doi:10.1093/bjsw/bct135

[46] Taggart, Brown and Parkinson (2016) Warwick-Edinburgh Mental Well-being Scale (WEMWBS) User Guide Version 2 Edinburgh, NHS Health Scotland

[47] Phillips & Springer (1992).Extended National Youth Sports Program 1991-1992 evaluation highlights, part two: Individual Protective Factors Index (IPFI) and risk assessment study. Report prepared for the National Collegiate Athletic Association. Sacramento, CA: EMT Associates.

for use with 11-18 year olds. Alpha reliability is 0.65. This has been used in evaluating mentoring programs[48] previously for evaluation of interventions for young people in care by UCLAN.

Generalised Self Efficacy Scale[49] - used as a measure of survey respondents' self-efficacy. It asks participants views on the extent to which participants feel able to accomplish goals and overcome challenges. The scale was originally created to assess a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events. It is suitable for use with both adolescents and adults in samples from 23 nations - Cronbach's alphas ranged from 0.76 to 0.90.

A1.3 Cross Comparison Evaluation

Comparison sites were selected from local authorities that at the time of service commencement were the five closest statistical neighbours of the intervention sites. These comparison sites were approached in order of closest match[50] first until two matched local authorities willing to participate were recruited. In each of the comparison sites a cohort of 15 children and young people were identified. These cohorts were matched against the profile of the children/young people in the intervention site based on: age, gender, ethnicity, number of placements in previous year and (where possible) date episodes of care commenced, category of need and placement type or missing incidence and case history risks. Data was only received from one of the comparison sites who had agreed to participate. This may have had an impact on the reliability of the comparison, but profiles were matched across the whole range of the cohort to mitigate the impact of this.

Cross comparison evaluation data were collected in the two intervention local authorities and matched local authority through:

a. **Elements of the SSDA903 data and education returns.** Anonymised cohort data was accessed through local authority statistics services for the statistical years prior to the intervention and for the period covering the first nine months of the intervention.
b. **Risk snapshot tool**. In comparison sites, team leaders, working with individual social workers completed risk snapshots. They were asked to complete the risk snapshot tool for each of the young people within the cohort assessing the level of risk at time of completion (Month 11) and retrospectively for a date one year previously (Month 0). This meant assessing levels of risk at the time the document was completed (M11) and retrospectively for one year prior to this date (M0). A comparison of distributions in risk ratings across the comparison and intervention sites shows a relatively good match against high and medium risk assessment but substantial differences in the distribution of low risk assessments. To limit the impact of this disparity comparative analysis focuses on both mean ratings and changes in high risk assessments.

A1.4 Participants and Data

ARGs involved 22 staff and five young people as formal participants. Four birth family members and three young people have also contributed to the process through informal dialogue in one to one conversations with researchers.

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[48] Portwood, S, Ayers, P, Kinnison, K, Waris, R, & Wise, D 2005, 'YouthFriends: Outcomes from a School-Based Mentoring Program', *The Journal Of Primary Prevention*, 26, 2, pp. 129-145,

[49] Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON.

[50] Assessed using DfE SSDA903 2015 data (www.gov.uk/government/.../SFR34_2015_Local_Authority_Tables.xlsx) and ONS data regarding resident population estimates by broad age band (https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=31) and 2015 English indices of multiple depravation 2015 scores. (https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015)

Interviews involved 23 young people, seven family members and twelve professionals. A total of 55 interviews with young people were conducted, over four time periods and at each time interval between 17 and nine of them participated (see Table 1).
Family interviews were attended by seven participants (2M; 5F), including parents, step parents, grandparents and a family friend.
Professional interviews involved up to five participants from each referring local authority (4 LA1: 5 LA2; 7F: 5M), these included social workers, social service managers and independent reviewing officers. Further professional interviews were conducted with three frontline staff from Safe Haven (2F: 1M).

Mentor's Risk Snapshot

The snapshot was completed for 30 young people over four time points (T0, T1, T2, T4) as described in Table 2. As snapshots were only completed for 7 young people at T0, a combined baseline was created using the earliest available assessments for each young person who had completed at T0 or T1. Data was not always recorded for each measure at each time point due to the Local Authorities referring into the programme after T1 and some measures not being answered thereafter, therefore the valid numbers for each measure are reported in the findings (see sections 3.1-3.7 of this report).

TABLE A1 - NUMBERS OF SNAPSHOTS COMPLETED OVER TIME

		T0	T1	Baseline (T0+T1)	T2	T4	Total
Intervention LAs	**LA1**	2	11	11	12	12	13
	LA2	5	17	17	14	17	17
Gender	**Male**	1	13	13	13	14	14
	Female	6	15	15	13	15	16
Age at Week 0	**11-12**	1	4	4	3	4	4
	13-14	4	12	12	12	12	12
	15-17	2	12	12	11	13	14
Total		**7**	**28**	**28**	**26**	**29**	**30**

A total of 55 surveys were completed by a total of 24 young people at four time points (T1-T4) as described in Table 3. 55 interviews were also completed and 118 snapshot risk assessments. The empirical data in the tables within the young people's survey are primarily descriptive. The number of young people contributing data at all time points is small and it can be difficult to detect a significant effect over time since one or two young people with dramatically different scores (called statistical outliers) can have a large influence over the mean/average score for the group. Only 11 young people responded at both the baseline and endpoints, allowing for the repeated measures data analysis within this report. This represents more than one third of the cohort, a significant response rate given the cohort.

TABLE A2 - NUMBERS OF SURVEYS COMPLETED OVER TIME

		T1	T2	T3	T4	Total
LA	**LA1**	7	5	3	7	11
	LA2	9	9	6	8	13
Gender	**Male**	5	8	6	7	12
	Female	11	6	3	8	12
Age at Week 0	**11-12**	2	2	1	1	3
	13-14	9	6	4	9	11
	15-17	5	6	4	5	10
Total		**16**	**14**	**9**	**16**	**24**

SSDA 903 and Educational Data

Data from SSDA903 returns covering the period April 2015 to March 2017 for each young person in the intervention cohort was used. This included placement history, CIN category, Legal status, missing incidences, SDQ scores and education data on attendance, attainment and exclusion. Data within this was used from two time periods 1/09/2016 – 31/03/2017 (initial intervention period) and 1/09/2015 – 31/03/2016 (comparison period). The initial intervention period covers the thirty weeks that span from T0 to the beginning of T2. Data will not be available for the remaining 22 weeks of the intervention (T2-T4) until April 2018 and is therefore beyond the remit of this report. SDQ scores were compared between the 15/16 return and the 17/18 return

Comparison site SSDA data (n=15), and snapshot data (n=14) for one comparison site was received. Snapshot data was completed by social workers in the comparison site in July 2017, giving the young person's position at the current time and one year previously. SSDA data was received for the same time periods as intervention sites and categorised in the same way as described above. Based on the SSDA data the profile of the comparison cohort was

TABLE A3 - PROFILE OF COMPARISON COHORT

Gender	Male	**7**
	Female	8
Age at Week 0	**11-12**	2
	13-14	5
	15-17	8
Total		**15**

A1.5 ANALYSIS

For each outcome indicator where data were available these were analysed using a framework approach[51]. Integrating a mixed methods design,[52] qualitative data (which gave the richest picture of young people's perspectives on their own experience) was then assessed within each theme to identify whether individual young people felt they had made progress over time. This data was then compared with quantitative data regarding mentors perceptions and survey findings plus any observations from family members and professionals. Contradictions were explored where these arose, and young people's own perspectives were prioritised. An overview of the experience of individual young people across all of the outcome themes was then assembled, so that commonalities in experience within the cohort could be identified. Qualitative and quantitative data was then re-examined to provide indications of possible causal mechanisms, that is, potential factors influencing the profile of young people for whom the service is most likely to be effective and under what circumstances. This was cross checked against project information (role descriptions and training plans), monitoring returns provided to the intervention local authorities and summary case information.

[51] Ritchie, J. & Spencer, L. 1994. Qualitative data analysis for applied policy research" by Jane Ritchie and Liz Spencer in A.Bryman and R. G. Burgess [eds.] *"Analyzing qualitative data"*, 1994, pp.173- 194.

[52] Onwuegbuzie, A.J. & Teddlie, C. (2003) A framework for analyzing data in mixed methods research. In: *Handbook of Mixed Methods in Social and Behavioral Research* (eds A. Tashakkori & C. Teddlie), pp. 351–383. Sage, Thousand Oaks, CA.

A1.6 Outcome Tables

TABLE A4 - Mentor assessment of young person's attitude towards risk over time

Attitude to risk suitability	T0 Valid % (Valid n)	T1 Valid % (Valid n)	T2 Valid % (Valid n)	T4 Valid % (Valid n)
Suitable	33.3% (1)	23.8% (5)	31.8% (7)	21.7% (5)
Partially suitable	33.3% (1)	57.1% (12)	40.9% (9)	26.1% (6)
Not suitable	33.3% (1)	19.0% (4)	27.3% (6)	52.2% (12)
Total - Valid % (Valid n)	**100% (3)**	**100% (24)**	**100% (24)**	**100% (23)**
Reported as not known % (n)	57.1% (4)	14.2% (4)	7.6 (2)	20.7 (6)

TABLE A5 - Young person's perception of their risk taking over time

'I take a lot of risk'	T1 % (n)	T2 % (n)	T3 % (n)	T4 % (n)
Not at all true	0% (0)	9.1% (1)	12.5% (1)	21.4% (3)
Hardly true	35.7% (5)	18.2% (2)	25.0% (2)	35.7% (5)
Moderately true	50.0% (7)	54.5% (6)	50.0% (4)	28.6% (4)
Exactly true	14.3% (2)	18.2% (2)	12.5% (1)	14.3% (2)
Total - % (n)	**100.0% (14)**	**100.0% (11)**	**100.0% (8)**	**100.0% (14)**

TABLE A6 - Mentor's snapshot assessment of those at some level of risk - baseline and T4

Issues	No concerns		Low Risk		Medium Risk		High Risk	
	Base	T4	Base	T4	Base	T4	Base	T4
Anger	7%	10%	21%	31%	39%	28%	32%	31%
Placement breakdown	29%	38%	21%	28%	11%	28%	39%	7%
Missing running away	43%	31%	14%	24%	14%	17%	29%	28%
Mental health issues	46%	44%	21%	24%	21%	31%	11%	0%
Child sexual exploitation	46%	66%	14%	21%	21%	7%	18%	7%
Not in education or employment	57%	55%	0%	17%	0%	3%	43%	24%
Self-harm	61%	62%	14%	10%	14%	28%	11%	0%
Criminal activity	64%	45%	4%	24%	14%	31%	18%	14%
Substance use	64%	69%	11%	3%	11%	21%	14%	7%
Emotional abuse t	68%	83%	4%	3%	25%	14%	4%	0%
Gang related behaviour	75%	72%	14%	3%	4%	14%	7%	10%
Alcohol use	82%	72%	11%	17%	4%	10%	4%	0%
Physical abuse	82%	86%	14%	3%	0%	3%	4%	0%
Abduction	86%	90%	4%	7%	4%	3%	7%	0%
Sexual abuse towards yp	86%	83%	4%	14%	4%	3%	7%	0%
Physical health issues	89%	83%	17%	14%	0%	0%	4%	3%
Child neglect	89%	97%	4%	3%	4%	0%	4%	0%
Extremism	100%	100%	0%	0%	0%	0	0%	0%

Chart 1 Cohort Mean risk factor ratings at baseline and endpoint

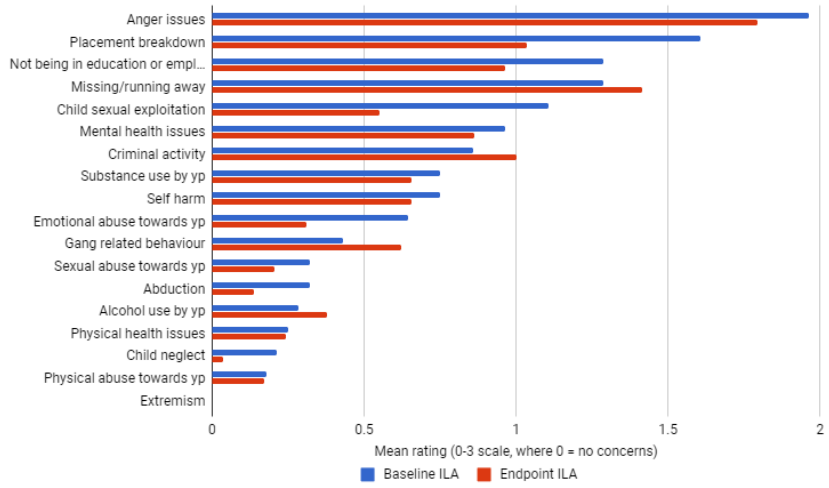

Chart 2: Change in cohort mean risk factor ratings between baseline and endpoint

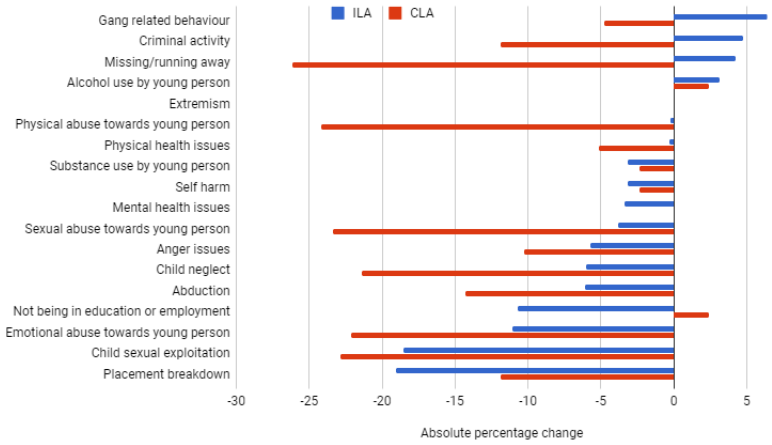

TABLE A7 -Mentor assessment of Suitability of current placement at baseline snapshot

Placement suitability	T0 Valid % (Valid n)	T1 Valid % (Valid n)	T2 Valid % (Valid n)	T4 Valid % (Valid n)
Suitable	50.0% (2)	44.0% (11)	33.3% (8)	50.0 %(13)
Partially suitable	25.0% (1)	44.0% (11)	33.3% (8)	23.1% (6)
Not suitable	24.0% 1)	12.0% (3)	33.3% (8)	26.9% (7)
Total - Valid Percent (valid n)	**100% (4)**	**100% (25)**	**100% (24)**	**100% (26)**
Reported as not known % (n)	42.9 % (3)	12.0% (3)	7.8% (2)	10.3 % (3)

TABLE A8 - INTERVENTION SITE MENTOR ASSESSMENT OF EDUCATIONAL BEHAVIOUR OVER TIME

Attendance Suitability	T0 Valid % (Valid n)	T1 Valid % (Valid n)	T2 Valid % (Valid n)	T4 Valid % (Valid n)
Good	0.0% (0)	43.8% (7)	47.6% (10)	47.4% (9)
Medium	0.0% (0)	31.3% (5)	33.3% (7)	36.8% (7)
Poor	100.0% (1)	25.0% (4)	19.0% (4)	15.8% (3)
Total - Valid Percent (valid n)	**100% (1)**	**100% (16)**	**100% (21)**	**100% (19)**

TABLE A9 - MENTOR ASSESSMENT OF EDUCATIONAL ATTENDANCE OVER TIME

Attendance suitability	T0 Valid % (Valid n)	T1 Valid % (Valid n)	T2 Valid % (Valid n)	T4 Valid % (Valid n)
Good	0.0% (0)	60.0% (12)	57.1% (12)	50.0% (11)
Medium	0.0% (0)	25.0% (5)	28.6% (6)	45.5% (10)
Poor	100.0% (2)	15.0% (3)	14.3% (3)	4.5% (1)
Total - Valid Percent (valid n)	**100% (2)**	**100% (20)**	**100% (21)**	**100% (22)**

TABLE A10 - MENTOR ASSESSMENT OF SUITABILITY OF CURRENT EET STATUS OVER TIME

EET suitability	T0 Valid % (Valid n)	T1 Valid % (Valid n)	T2 Valid % (Valid n)	T4 Valid % (Valid n)
Suitable	0.0% (0)	57.1% (12)	58.3% (14)	48.0% (12)
Partially suitable	0.0% (0)	19.0% (4)	20.8% (5)	24.0% (6)
Not suitable	100.0% (3)	23.8 % (5)	20.8% (5)	28.0% (7)
Total - Valid Percent (valid n)	**100% (3)**	**100% (21)**	**100% (24)**	**100% (25)**
Reported as not known % (n)	57.1% (4)	25.0% (7)	7.7% (2)	13.8% (4)

TABLE A11 - COMPARISON SITE SOCIAL WORKER ASSESSMENT OF EDUCATIONAL BEHAVIOUR AND ATTENDANCE OVER TIME

	Attendance		Behaviour	
Suitability	Baseline Valid % (Valid n)	Endpoint Valid % (Valid n)	Baseline Valid % (Valid n)	Endpoint Valid % (Valid n)
Good	21.4% (3)	46.2% (6)	9.1% (1)	60.0% (6)
Medium	26.6% (4)	15.4% (2)	9.1% (1)	10.0% (1)
Poor	50.0% (7)	38.4% (5)	81.9% (9)	30.0% (3)
Total - Valid Percent (valid n)	**100% (14)**	**100% (13)**	**100% (11)**	**100% (10)**

TABLE A12 - MENTOR ASSESSMENT OF SUITABILITY OF CONTACT ARRANGEMENTS OVER TIME

Contact suitability	**T0 Valid % (Valid n)**	**T1 Valid % (Valid n)**	**T2 Valid % (Valid n)**	**T4 Valid % (Valid n)**
Suitable	50.0% (2)	50.0% (10)	31.8% (7)	30.4% (7)
Partially suitable	0.0% (0)	25.0% (5)	59.1% (13)	56.5% (13)
Not suitable	50.0% (2)	25.0% (5)	9.1% (2)	13.0% (3)
Total - Valid Percent (valid n)	**100% (4)**	**100% (20)**	**100% (22)**	**100% (23)**
Reported as not known Percent (n)	42.9 % (3)	28.6% (8)	15.4% (4)	20.7% (6)

TABLE A13 - INTERVENTION AND COMPARISON SITE ASSESSMENTS CONCERNS ABOUT RISK OF HARM OVER TIME – COHORT MEANS

	Valid N ILA		Valid N CLA		Baseline ILA		T4 ILA		Baseline CLA		Endpoint CLA		Absolute percentage change in mean	
Risk Factor	**Baseline**	**T4**	**Baseline**	**Endpoint**	**Mean**	**SD**	**Mean**	**SD**	**Mean**	**SD**	**Mean**	**SD**	**ILA**	**CLA**
Placement breakdown	28	29	14	14	1.61	1.29	1.03	0.98	2.07	1.14	1.71	1.27	-19.09	-11.90
Child sexual exploitation	28	29	13	14	1.11	1.20	0.55	0.91	1.62	1.04	0.93	0.92	-18.51	-22.89
Emotional abuse towards YP	28	29	14	13	0.64	0.99	0.31	0.71	1.36	1.28	0.69	0.63	-11.08	-22.16
Being NEET	28	29	14	14	1.29	1.51	0.97	1.27	1.50	1.45	1.57	1.40	-10.67	2.38
Abduction	28	29	14	14	0.32	0.86	0.14	0.44	1.00	1.18	0.57	0.76	-6.12	-14.29
Child neglect	28	29	14	14	0.21	0.69	0.03	0.19	1.29	1.27	0.64	0.93	-5.99	-21.43
Anger issues	28	29	13	13	1.96	0.92	1.79	1.01	2.15	1.14	1.85	0.99	-5.71	-10.26
Sexual abuse towards YP	28	29	12	14	0.32	0.86	0.21	0.49	1.42	1.31	0.71	0.91	-3.82	-23.41
Mental health issues	28	29	14	14	0.96	1.07	0.86	0.88	1.29	1.07	1.29	0.99	-3.41	0.00
Self-harm	28	29	14	14	0.75	1.08	0.66	0.90	1.29	1.20	1.21	1.19	-3.16	-2.38
Substance use by YP	28	29	14	14	0.75	1.14	0.66	1.04	1.00	0.96	0.93	1.07	-3.16	-2.38
Physical health issues	28	29	13	13	0.25	0.65	0.24	0.64	0.62	0.77	0.46	0.66	-0.29	-5.13
Physical abuse towards YP	28	29	14	13	0.18	0.61	0.17	0.47	1.57	1.22	0.85	0.90	-0.21	-24.18
Extremism	28	29	0	0	0.00	0.00	0.00	0.00					0.00	
Alcohol use by YP	28	29	14	14	0.29	0.71	0.38	0.68	0.50	0.52	0.57	0.94	3.12	2.38
Missing/running away	28	29	14	14	1.29	1.30	1.41	1.21	2.07	1.21	1.29	1.33	4.27	-26.19
Criminal activity	28	29	14	14	0.86	1.24	1.00	1.10	1.29	1.33	0.93	1.14	4.76	-11.90
Gang related behaviour	28	29	14	14	0.43	0.88	0.62	1.08	0.57	1.02	0.43	0.76	6.40	-4.76