Brent Council
Early Help Service

Accelerated Support Team interim evaluation

April 2020

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Executive Summary

1. The Brent Children and Young People's Department (BCYP) established an Accelerated Support Team (AST) within the Early Help Service in early 2019.

2. The AST is a pilot initiative that aims to help solve problems with children and young people aged 11-17 years (young people) and their families, where there is a high risk of the young person entering the care system if the situation does not improve. Key objectives include reducing family crisis and costs to the local authority and keeping young people living safely at home (including reunifying those in temporary care). Core components of the service model are:

   - Time-limited, intensive interventions, where caseworkers have smaller caseloads to give time to address some immediate and multiple needs of the young person and the family.

   - A rapid response where families are contacted within 24 hours of the AST receiving a referral.

   - Flexible support across 7 days per week to meet the needs of the young person and the family.

   - A systemic, therapeutic approach to understanding family dynamics, evaluating risk and moving families forward through ongoing clinical supervision.

   - Access to other multidisciplinary interventions. This includes 1:1 bespoke mentoring support and therapeutic interventions. With funding secured through the UK Government *Supporting Families Against Youth Crime* initiative[i], the AST has also made available a street mentor project and a mental health practitioner since late 2019. For further details, see 1.2.

   - Out-of-hours short-term interventions for high risk young people and families to support work of Brent Children's Social Care, Family Solutions and Youth Offending Team (YOT).

3. The Early Help Service is keen to assess the journey of families post AST intervention and any incurred or saved costs to the local authority, over 2019/20 and 2020/21. This report sets out key findings, analysis and insights from experience to end of March 2020. This report also sets out planned activities to support future evaluation, including of the street mentor project and co-located mental health practitioner funded through the *Supporting Families Against Youth Crime initiative*.

Key findings

4. The AST works with diverse families. Relative to the local population, there is a disproportionate number of families of Black heritage and Muslim. At referral to the AST, the average age of the young person is 15 years 3 months, 36% have previous experiences of local authority care and 55% have a history of offending.

5. The key objectives of the AST to reduce young people going into local authority care and to reduce costs to the local authority are not met. While there are multiple drivers, the main reason is that the AST mostly works with young people aged 15 or more, where there is an accumulation of problems and families have less influence to tackle harms arising from extra-familial influences and contexts. Albeit a small sample, the AST work with young people at Crashpad suggests some success in returning these young people to the care of families and family networks. This points to where the service model may contribute to savings for the local authority. For further details, see 2.3.

6. The AST contributes to other positive outcomes with families. This includes improved emotional wellbeing and regulation, self-esteem, confidence, intrafamilial communication and equipping

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parents with effective parenting strategies for younger children. The AST also makes a positive contribution to reducing youth offending and gang risks and improving young people's mental health. While far fewer families have needs related to youth homelessness, domestic abuse and financial resilience, the AST makes a positive difference with most of these families. There is less impact overall to education/employment and substance misuse. For details, see 2.2.

7. Interviews with families reinforce the challenges for the AST mostly working with young people aged 15 years or more, with an accumulation of problems and families with less influence to tackle harms arising from extra-familial contexts. In the months after AST intervention, families have varied experience of sustained positive outcomes and/or problem escalation. See Appendix 1.

8. The main strengths of the AST derive from highly motivated caseworkers and an intensive support model that facilitates more frequent contact within the home and other environments that suit young people and families. Most families have positive views about their experience. Caseworkers are skilled at building therapeutic and trusting relationships with individual family members. This is aided by rapid access to some key resources. For example, Crashpad, AIR Network mentors and increasingly to interventions to support young people with mental health needs. Underpinning these strengths are a supportive team culture and initiatives to support team and workforce development.

9. The main challenge for the AST relates to securing twin objectives of reducing entry of young people into local authority care and reducing costs to the local authority. Compounding this are challenges about: shared purpose and effective coordination when multiple services work with a family; cultural competence within a multiagency context; non-engagement of parents and/or young people; and access to some services, including good quality translators. Other challenges are:

    a. Street mentoring. The project has not been successful at identifying young people not already known to BCYP. Plans for establishing safe spaces across Brent has not occurred.

    b. AST caseworkers note that time limits to work with families can be challenging, although flexibility exists to extend where appropriate. The average time a family is open to the AST is 15 weeks for cases that closed in 2019.

10. The AST is evolving through implementation. For example, AST offering family mediation, diversion, mentoring and welfare support for young people attending Saturday Youth Court. From April 2020, AST will conduct welfare checks of young people and families and help de-escalate crisis situations for high-risk cases open to Brent Children's Social Care and Family Solutions.

Key recommendations

11. Commissioners and AST leaders are recommended to devise and implement strategies that:

    a. Support referrals of young people aged 11-14 years
    b. Streamline support for families, including AST having more sole allocation of cases
    c. Enhance joint work with local groups that are relevant to the different communities of interest of young people and families.

12. Commissioners are recommended to:

    a. Review the street mentor project
    b. Enhance opportunities for analysing cost effectiveness and the impact of AST short interventions as part of out-of-hours support in the 2020/21 evaluation.

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1. Accelerated Support Team service design and evaluation

1.1 Background

1. An Edge of Care Outcome Based Review aimed to tackle challenges arising from a largely adolescent looked after children (LAC) population in Brent. Close to 80% of the care population in Brent are aged 10 or more[ii], with 40-43% of the care population aged 16-17 years (2017- 2019).

2. Further to the review, an Accelerated Support Team (AST) was established in early 2019. The AST aims to maintain young people aged 11-17 years within their family network by providing intensive, evidence-based interventions to prevent their entry into permanent care. The AST is located within Brent Children and Young People's Department (BCYP) Early Help Service.

3. The AST has characteristics associated with Intensive Family Preservation Services (IFPS). IFPS are services which offer time-limited, intensive interventions for families in crisis and where there is a high risk of child/ren entering care. The principal theoretical framework to guide IFPS is crisis intervention theory[iii] i.e. families in crisis are more likely to be motivated to change and are open to learning new behaviours.

4. A systematic review and meta-analysis of all evaluation reports published internationally to evidence the effectiveness and cost-effectiveness of IFPS for preventing out-of-home placements for children was published in 2019[iv]. The review confirms that the IFPS approach can reduce family crisis and costs to public services and keep children safely living at home with their families (including reunifying those in temporary care). The review notes that fuller economic evaluation is required to validate findings about cost benefit.

5. The review concludes that '*it is evident that IFPS vary in effectiveness, suggesting that how IFPS are implemented is important. It is likely that key elements of the model such as working with children who are at imminent risk of entering care and offering support with 24 hours of a referral are important in ensuring that the service is effective'.* Other features described as key to IFPS are:

   - The service is provided for families with children at imminent risk of an out-of-home placement.
   - A caseworker contacts the family within 24 hours of a referral being received.
   - Support is provided in the family's home environment for a period of 4-6 weeks.
   - Caseworkers are available to families 24 hours a day, 7 days a week.
   - Caseworkers have a small caseload of 2-3 families at a time to ensure that they can provide an intensive and flexible service.

1.2 Accelerated Support Team eligibility and service offer

6. The AST eligibility criteria is that the child or young people is 11-17 years of age and in crisis, which requires time-limited, intensive early intervention support to: prevent future entry into local authority care; or support because the young person is at imminent risk of entry into local authority care. This includes young people at the edge of local authority care or where the aim is to reunify young people with their families that are in temporary local authority care.

7. Other secondary criteria are:

   - Where underlining conditions related to child/adult mental health impact on the family's relationship and could lead to family breakdown.
   - Where the child or young person is in receipt of a criminal disposal or is at risk of offending or vulnerable to negative peer influences.

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- Where levels of conflict/aggression between the child or young person and their parents/carers are of growing concern.
- Where the young person's behavioural difficulties are such that parental capacity is significantly reduced/compromised and there is likelihood of family breakdown.
- Where early indicators identify that a child or young person is at risk of/experiencing actual harm in relation to regular missing episodes and exploitation.
- Where the young person or parent neglects to use self-care skills due to alternative priorities, e.g. alcohol/substance misuse.

8. There are multiple means for identifying young people requiring AST support. This includes:

- Identified through indicators/triggers for young people not previously known to Children's Social Care e.g. Brent Family Front Door referral and via the Street Mentoring Project.
- Currently known to Localities or other services.
- Going into care identified at Entry to Care panel.
- Going into short term care.
- One-off or focused intervention work as part of existing multidisciplinary interventions e.g. working alongside the YOT to support the Saturday Youth Court and weekend duty welfare-contacts for high risk cases open to Brent Children's Social Care and Family Solutions.

9. Figure 1 shows that the AST service model has some similar characteristics of the IFPS. Figure 2 sets out the overall AST structure (as at February 2020).

Figure 1: How AST model compares with key features of an IFPS

IFPS	AST
Families with children at imminent risk of an out-of-home placement.	One eligibility strand has this. Other eligibility strand involves a crisis but not that the young person is necessarily at imminent risk of becoming LAC.
Caseworker contacts family within 24 hours of referral being received.	Yes, with assessment work starting within 72 hours (except when the young person does not already have a social worker or YOT/early help key worker). Where an immediate crisis, the AST caseworker makes contact within 2 hours.
Support provided in family home for a period of 4-6 weeks.	Yes, in family homes, but wider with access to other complementary support (e.g. Air Network mentors, mental health practitioner). Length of time is more than 4-6 weeks. AST Operational Handbook is support of 6-12 weeks (which can be extended if necessary).
Caseworkers available to families 24 hours a day, 7 days a week.	Not 24/7. 8am-8pm Monday to Friday and 10am-4pm on weekends, although caseworkers and Air Network mentors indicate instances of contact outside these times.
Caseworker develops a plan at close to help the family maintain progress made. This includes making referrals to relevant community services after the IFPS has ended.	Yes. Case closure summaries show plans and hand-over meetings to support safe transition. MOSAIC records set out referrals to other services. AST integrates complementary services within its service model so families have wider support as part of the service package. In addition to their caseworker, this includes access to mental health interventions and mentoring for young people (often with a strong sports and positive activities focus). During interviews, it was noted that many families have multiple other services operating concurrent with the AST. Examples were cited of families with 7+ services being concurrently provided to a family[v].

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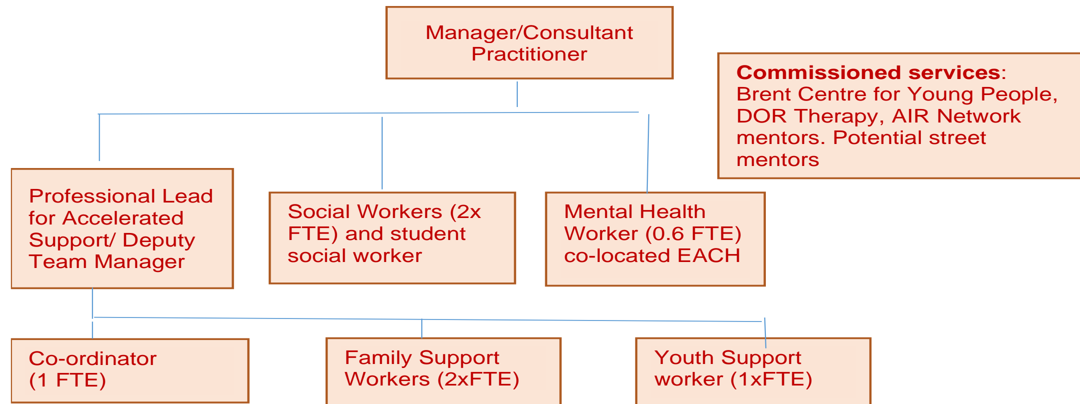
Figure 2: AST structure, as at Feb 2020



10. The AST Operational Handbook also notes that a systemic, therapeutic approach is in place to help with understanding family dynamics, evaluating risk and moving families forward. This is underpinned by clinical supervision delivered by the consultant social work practitioner/team manager to social workers (who are primarily responsible for highest risk cases) and the professional lead/deputy team manager to other staff. These staff are primarily responsible for early intervention cases and in the case of the youth support worker, where the young person is also engaged with the Brent Youth Offending Team (YOT). *Please note throughout this report, wherever these AST staff are working with individual families, they are referred to as caseworkers.*

11. In addition to management oversight and supervision, AST leaders and caseworkers also identify peer supervision, peer support and access to a high-quality training offer as components that support the systematic, therapeutic approach. See 3.1.

12. AST have ready access to commissioned services to support young people and families. Since inception, these are:

- **DOR Therapy** which offers therapeutic interventions for parents.

- **Brent Centre for Young People** which offers therapeutic interventions for young people. This includes supporting young people while they wait for a CAMHS assessment and/or intervention.

- **AIR Network** which offers youth mentoring. Working as part of a team around the family approach coordinated by the AST caseworker, mentors focus on developing young people's skills, confidence and resilience. This includes facilitating access to sport, wellbeing and personal development activities.

- **Crashpad** temporary supported accommodation for young people in Brent; gives space for keeping young people safe, de-escalating crises and family conflict, and for AST intervention work with young people.

13. Since late 2019, with funding secured through the Government's *Supporting Families Against Youth Crime* initiative, the AST has also made available:

- **EACH mental health practitioner,** who is co-located with the AST for 3 days per week. The worker conducts a mental health assessment for young people, where relevant. Thereafter, the

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worker facilitates and coordinates access to relevant mental health interventions for young people and provides some direct interventions to young people.

- **Potential Mentoring** which offers a street mentoring project. The project does not provide interventions to young people and families supported by the AST.

  Rather, the project aims to identify and engage at-risk young people in areas and places they go to, and target individuals identified as higher-risk, such as younger siblings of the YOT cohort. Further to building relationships with these young people, the mentors are expected to support them to develop resilience and skills in keeping safe and to link them and their families to council teams (including the AST) and voluntary services to meet needs. The street mentors are also expected to monitor and intervene with group conflict, working with Brent Police and the Community Protection team.

1.3 Evaluation

14. As a pilot project, Brent Early Help Service commissioned an independent evaluation to assess the journey of families post AST intervention and to identify any incurred or saved costs to the local authority relative to a comparator group, over 2019/20 and 2020/21.

15. An initial evaluation report was prepared in December 2019. The initial report set out the strategy for collecting and assessing data including comparator and costing data to guide the interim evaluation report. It also set out initial findings from a high-level qualitative assessment of families post AST intervention.

16. Appendix 4 sets out the methodology, assumptions and caveats guiding the analysis for this report. This includes the rationale for, and changes in strategy from the earlier report. The interim report sets out the changes in the care status of young people between the AST compared with other teams and understanding of AST contribution to future costs. Building on the earlier report, this interim evaluation sets out findings from qualitative research to determine how and the extent to which the AST meets its objectives and any other key learning. This research was conducted with:

    - Families post AST intervention (interviews for 15 young people (baseline) of which 7 have had follow-up interviews. This builds on initial interviews for 11 young people reported in December 2019).
    - AST leaders and professionals
    - Potential Mentoring and AIR Network mentors and the EACH mental health practitioner.

17. The mental health and street mentoring projects are at an early stage of implementation. It was agreed that the interim evaluation report should indicate how these are evaluated in future reports.

    See Appendix 4 for further details.

18. The draft report was provided in April, with discussion and additional data provided by AST leaders in July 2020. A revised report for year ending March 2020 was provided on 20 July 2020. AST leaders arranged for additional data to help set out the impact of access to Crashpad and which help describe out-of-hours work. It was also agreed that the final evaluation report planned for March 2021 will provide a more in-depth analysis about the impact and other lessons arising from this part of the AST service model.

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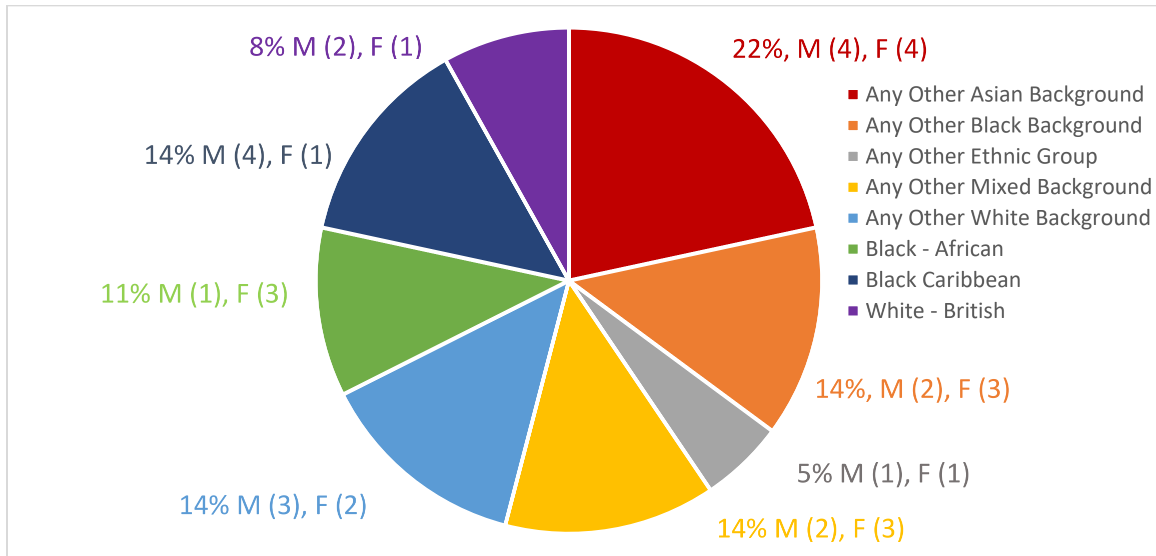
2. Accelerated Support Team outcomes

2.1 Summary profile of young people referred

1. **54% of young people supported by the AST are male, 46% are female.**

2. **There is a mix of ethnicities albeit with a disproportionate number of young people from Black/Black British backgrounds:**[vi] 39% Black (comprising 14% Black Caribbean, 14% Other Black background and 11% Black African), 22% of Other Asian background, 22% White (comprising 14% Other White and 8% White British), 14% of Mixed ethnicity and 5% of Other ethnicity. An AST leader also noted that there is a disproportionate number of young people that are Muslim.

Figure 3: Ethnicity and gender of young people supported by AST



3. **The average age at referral to AST is 15 years 3 months.** The average age at referral for males is 15 years, 8 months and for females is 14 years, 11 months[1].

4. **The average age for young people referred to the AST to have first had an EHA/children's social care plan is 8 years, 4 months.** For 45% of young people known to Brent Children and Young People before age 8 years, they are younger at time of referral to the AST. See Figure 4.

5. **Just over one third of young people have experiences of local authority care at time of referral to the AST.** This cohort first became known to Brent Children and Young People at age 6 years, 5 months. The average age of their referral to AST is 14 years, 7 months.

6. **55% of young people referred to the AST are known to the YOT (58% for young people with experiences of local authority care).** The average age of becoming known to the YOT is 14 years. Of these, young people had committed on average 2 offences and were referred to the AST aged 15 years, 2 months. (2.9 offences for young people with experiences of local authority care).

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[1] Analysis is based on closed case data provided by the AST Coordinator (33 as at Dec 2019) and Brent Children and Young People Performance Manager (37 cases for the period). Ages are based on previous year of young person, as at Dec 2019.

Figure 2: Age characteristics of the profile

Age characteristics of the profile at time of referral	Average age referred to AST
Average age the young person first known to Brent Children and Young People (EHA or statutory children's social care) is 8 years, 4 months	15 years, 3 months
• 15 of 33 (45%) of children were aged under 8 years	14 years, 8 months
• 12 of 33 (36%) of children were aged 0-4 years	14 years, 9 months
• 5 of 33 (15%) were 3-months old or younger (4 subject to plans pre-birth of which 2 are siblings).	13 years, 10 months
12 of 33 (36%) had experiences of being in care at the time of referral to the AST, with an average of 1.5 care episodes per young person. This includes a young person aged 13 years with 4 previous care episodes. Of this cohort: • Average age first known to Brent Children and Young People was 6 years, 5 months. Excluding 2 siblings that were subject to plans pre-birth, the average age of first becoming known is 7 years, 9 months. • 7 of 12 (58%) were known to YOT, with an average age first known to the YOT of 14 years. The average number of offences is 2.9.	14 years, 7 months
18 of 33 (55%) were known to the YOT, with an average age first known to the YOT of 14 years. Average number of offences is 2.4, albeit disproportionately affected by one young person (11 offences). Excluding this young person, average offences is 2.	15 years, 2 months

7. **Based on 8 key problems set out at Figure 3, young people have 3.3 problems on average at the time of referral. 24% have 5 or more.** This is supplementary to any children's social care plan for the young person. The primary problems are:

   a. 57% are either NEET or attending a PRU/education with a lot of absences
   b. 55% have a history of offending
   c. 52% have substance misuse needs, of which 71% have drug problems, 18% have drug and alcohol problems and 12% have alcohol problems
   d. 45% have a family history of domestic abuse
   e. 36% behave aggressively
   f. 36% have undiagnosed needs related to mental health
   g. 18% are homeless (which accounts for 3 of 9 that do not have an EHA/statutory plan)
   h. 12% have a diagnosed mental health condition (3 of 4 in treatment)

   9% are recorded as having special educational needs/disability (SEND) and/or having an education, health and care plan (EHCP). See Figure 5.

8. The AST also supported 10 young people at Crashpad in the year ending 31 March 2020. See 2.2.13. Amongst young people supported at Crashpad:

   a. 67% are either NEET or attending a PRU/education with a lot of absences
   b. 56% have homelessness needs
   c. 56% behave aggressively
   d. 44% with substance misuse needs
   e. 44% with mental health needs (1 of 4 in treatment)
   f. 33% have a family history of domestic abuse
   g. 33% have a history of offending.

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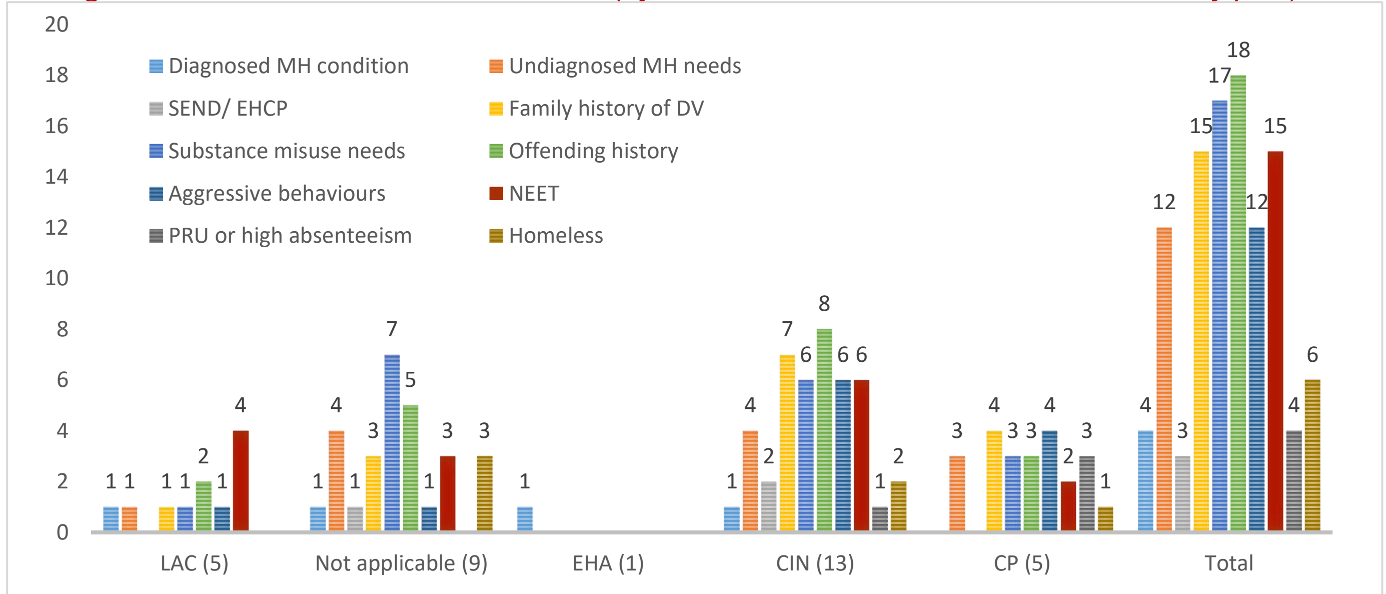
9. The AST also supported 7 young people attending Saturday Court between 01 August 2019 and 05 May 2020. The AST duty worker works in conjunction with the YOS duty manager to ensure the young person is transported home ensuring safety and more effective diversion. The AST duty worker and/or Air Network mentor work with the young people. AIR Network mentors provide short-term packages of support in the week leading up to Court to help young person abide by bail conditions.

Figure 5: Other needs identified at referral (by reference to current status of EHA/statutory plan)



2.2 Aggregate outcomes at times of case closure

10. **Aggregate shifts from referral to case closure, points to more young people being closer to the edge of care/in care.** Of 33 cases, there are:

- Moving into residential care with medium support needs (+2)
- Moving into residential care with low support needs (+2)
- Progressing to a Child Protection Plan (CP) (+3)
- From having no statutory plan or Early Help Assessment (EHA) to having a plan (+1)
- Neutral on EHA
- Foster care placement (-1)
- Child in Need Plan (CIN) (-5)

11. **This suggests that KPIs about reducing case escalation and numbers of young people entering the care system are not met.** AST leaders and caseworkers describe reasons for this (see 3.2).

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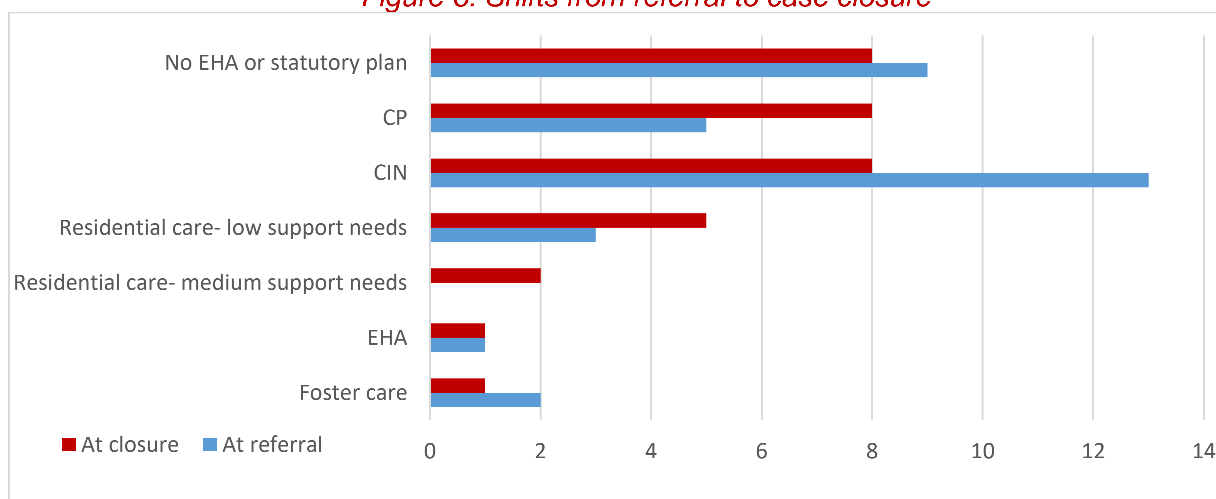
Figure 6: Shifts from referral to case closure



12. **As a subset of these findings, early data points to the AST reducing young people going into care where young people were accommodated at Crashpad.** Of 10 young people supported at Crashpad in the year ending 31 March 2020:

    - 2 were solely provided short-term respite accommodation and no other AST interventions (1 is currently in care and 1 is living at home)
    - 2 of 10 young people are currently in care (including 1 above)
    - 2 of the 8 young people not currently in care were in local authority care at the point of AST case closure.

    See Appendix 3 for three case studies prepared by AST about the impact of their work with young people and families involving Crashpad.

13. AST leaders and caseworkers describe multiple other outcomes secured through work alongside young people and families. In discussions about individual families, AST caseworkers highlighted key outcomes such as improved emotional wellbeing, self-esteem and confidence and the relieving of the crisis that had led to the referral. Sometimes there were also improvements in relationships between young people and their parents/carers. They also note that success can include a young person not returning to the family home (see 3.2). There have also been no further re-referrals to Brent Children's Social Care of closed cases.

14. Figure 5 gives some insight about problems affecting young people and families supported by the AST. In discussion with AST caseworkers, it is less often that a specific problem is what tips the family into crisis. Rather, multiple problems affect family functioning, with these problems often arising from unresolved traumas. Analysis of closed cases points to AST positively impacting these problems for families. Figure 7 shows:

    - Positive outcomes are secured most of the time by AST work with young people and families to address needs relevant to youth offending, parenting and financial resilience.

    - The extent of AST support to improve parenting skills. More confident, effective parenting benefits the primary young person (i.e. the young person for whom the initial referral was made) and at least one secondary child or young person (i.e. a sibling that the AST also provided specific support to).

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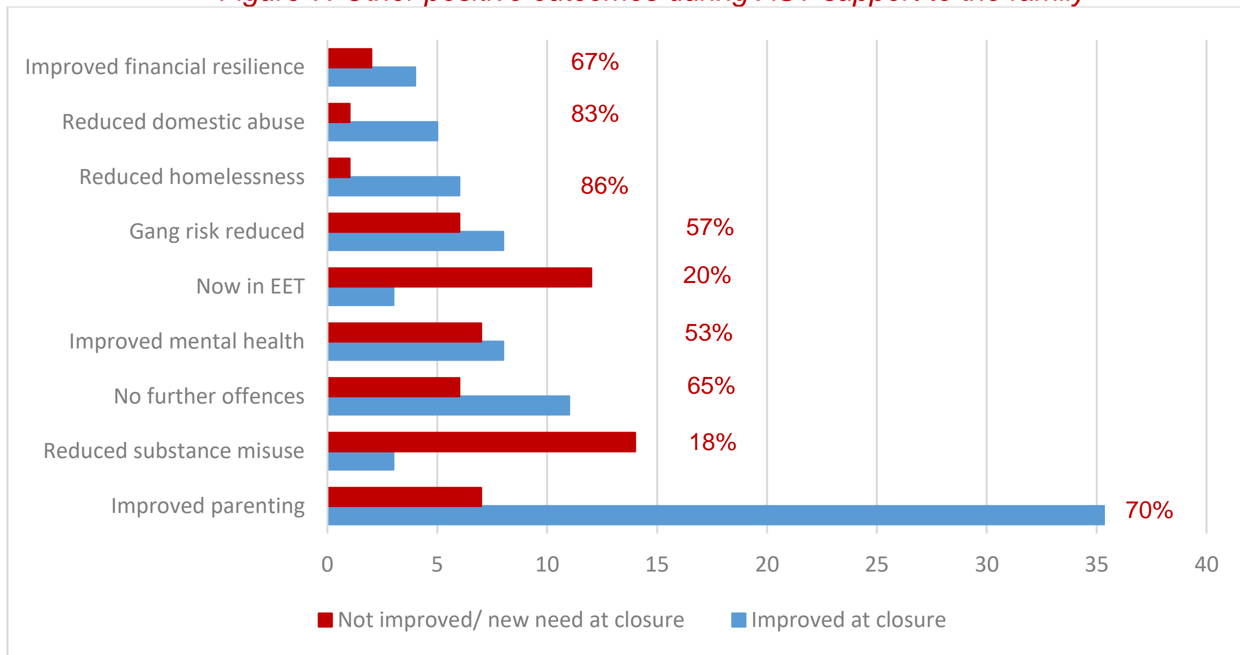
- The significant contributions to reducing youth offending and gang risks and improving young people's mental health, for the close to half of young people where these are recorded as needs.

- Some impact but less overall in supporting young people that were not in education, training or employment (ETE) into ETE and/or misusing substances to reduce substance misuse.

- Far fewer families were recorded with needs related to youth homelessness, domestic abuse and financial resilience. However, the AST contributed to positive outcomes with most of these families.

Figure 7: Other positive outcomes during AST support to the family



15. For those young people that temporarily resided at Crashpad, youth homelessness needs were more prevalent. Of 9 young people, 5 (56%) have recorded youth homelessness. In all cases, homelessness needs were overcome by the AST. At the time of case closure, this included 2 young people in local authority care, 2 residing with relatives and 1 residing at home with family. One of these young people that was in local authority care has since returned to residing with family too.

2.3 Contribution to future costs/savings

16. Figure 8 estimates the contribution to future costs/savings to Brent Council from the results of AST work with families that were closed by December 2019. This is based on the data set out at figures 6 and 7. See Appendix 3 in relation to costs.

17. As the number of families closed to AST (the denominator) is relatively small, outcomes for any one family can disproportionately affect the results. Due to the net effect of 4 young people moving into residential care at the time of case closure, this has the overall effect of projecting costs into the future. **Based on families that were closed by December 2019, the net additional future cost to the local authority is £291k.** This is an average of £8.9k per family.

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Figure 8: Overall contribution to future costs/savings

	Number improved	Saving/cost (£)	Relevant cost/assumptions
If no re-referrals To Brent CYP	33	21054	Proxy of 1 x s.47 process
Reduced substance misuse	3	6795	Proxy annual savings from drug treatment programme
No further offences	11	43307	Proxy average cost/first time young offender per year
Improved mental health	8	10440	Average cost of service provision for (all age) people with mental health disorders per year
Now in EET	3	1905	Unit cost per year of NEET age 16-17.
Reduced gang risk	8	31496	Proxy average cost/first time young offender per year
Reduced homelessness	6	6930	Proxy of homelessness prevention scheme + 10 weeks cost of homelessness + homelessness application per young person
Reduced domestic abuse	5	1890	Per incident cost for local authority (i.e. not Police or NHS)
Total secondary outcomes		102,763	
	Net change	Saving/cost (£)	Relevant cost/assumptions
Foster care	1	75211	Weekly cost of foster care (x 52) & care planning, maintaining placement, review & legal costs, & costs of finding any subsequent placement
Residential care- medium support needs	-2	-236450	Based on annual costs of are planning, maintaining placement, review & legal costs, & costs of finding any subsequent placement & weekly costs (x52) of a voluntary or private residential home
Residential care- low support needs	-2	-236450	Based on annual costs of care planning, maintaining placement, review & legal costs, & costs of finding any subsequent placement & weekly costs (x52) of a voluntary or private residential home
CIN	5	17690	CIN case management costs 6 monthly (x 2 for year)
CP	-3	-13785	CIN case management costs 6 monthly (x 2 for year) + 3 x CP core assessment
Grand total		(£291,021)	

18. As per 2.2.10, the AST is keen to understand what savings may accrue from assisting young people at Crashpad to live safely with families. It is important to reinforce that this is a small sample. As the number of families closed to AST (the denominator) where there is work with the young person at Crashpad is very small, outcomes for any one family can disproportionately affect the results. However, at the time of AST case closure of 9 young people as at 31 March 2020, there are savings from 4 young people returning to live with families and reducing youth homelessness (5).

19. On the basis that these 4 young people will have otherwise required some form of local authority care and taking account of all other shifts in care status, outcomes achieved and the annual budget, there is an overall **saving to the local authority of approximately £60,718 from work at Crashpad.**

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Figure 9: Overall contribution to future costs/savings at time of case closure (Crashpad)

	Number improved	Saving/cost (£)	Relevant cost/assumptions
If no re-referrals To Brent CYP	9	5742	Proxy of 1 x s.47 process
Reduced substance misuse	1	2265	Proxy annual savings from drug treatment programme
No further offences	1	3937	Proxy average cost/first time young offender per year
Improved mental health	3	3915	Average cost of service provision for (all age) people with mental health disorders per year
Now in EET	1	635	Unit cost per year of NEET age 16-17.
Reduced gang risk	2	3937	Proxy average cost/first time young offender per year
Reduced homelessness	5	5775	Proxy of homelessness prevention scheme + 10 weeks cost of homelessness + homelessness application per young person
Reduced domestic abuse	-		Per incident cost for local authority (i.e. not Police or NHS)
Total secondary outcomes		26,206	
Annual budget of Crashpad		-21,749	
	Net change	**Saving/cost (£)**	**Relevant cost/assumptions**
No. living at home (not care)	4	300,844	Proxy of not subject to cost of weekly foster care (x 52) & care planning, maintaining placement, review & legal costs, & costs of finding any subsequent placement
Residential care-low support needs	-2	-236450	Based on annual costs of care planning, maintaining placement, review & legal costs, & costs of finding any subsequent placement & weekly costs (x52) of a voluntary or private residential home
CIN	-1	-3538	CIN case management costs 6 monthly (x 2 for year)
CP	-1	-4595	CIN case management costs 6 monthly (x 2 for year) + 1 x CP core assessment
Grand total		£60,718	

2.4 Comparison to wider Children's Social Care

20. Families closed to AST at Figure 8 stayed open to Children's Social Care. Of 9 cases closed by the AST (and by doing so to Children's Social Care) by 31 December 2019, none of these saw any case escalation during the time of work (e.g. from CIN to CP, CP to LAC) and none were re-referred to Children's Social Care.

21. Performance information for the wider Brent Children and Young People's Department shows that:

22. The average length of time a case is open to Children's Social Care is 175 days (25 weeks), with cases open between 1 and 2,301 days. By contrast, the average number of days a case is open to the AST is 105 days (15 weeks), with cases open between 12 and 204 days.

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23. Of cases closed by Children's Social Care by December 2019, few children had previous experience of: CP (4 of 1,302 (0.2%)); and/or LAC (28 of 1,302 (2.15%)). This is different for the young people working with the AST, where 36% had previous experiences of local authority care (Figure 2).

24. Of cases closed, a small number of children had become CP cases (4.45%, 58 of 1,302) and/or LAC cases (2.23%, 29 of 1.302) when they were open to teams within Brent Children and Young People.

    a. When focused solely on cases open to Localities, Care Planning and Young People in Care teams, a very slight proportion more became LAC during the period of work (2.31%), 26 of 1,165).

    b. Post case closure, 2 children became LAC (0.15%).

    As per Figures 6 and 8, this is different for the young people working with the AST.

2.5 Family perspectives of sustained outcomes

25. Baseline interviews were carried out for 15 young people at 1-6 months post closure by the AST. Follow-up interviews were carried out for with 7 young people at 4-9 months post case closure (with 1 case, 7 weeks post baseline interview). See Appendix 1 for key findings from interviews.

26. For those families, where follow-up interviews took place:

- **For 3 young people, their needs escalated.** One young person moved from foster care to a residential care placement. The other young people (siblings) have moved from CP to being in the care of the local authority. These are both residential care placements, with one having commenced in November 2019 and one at end of February 2020.

  Their grandparents (who had been their primary carers) feel that these are good outcomes for the young people. Most particularly, to help keep these young people safe and reduce their risky and challenging behaviours. They identify that this is also helping with engagement with education, which had been challenging. The grandparents are supportive of their grandchildren. One grandparent is hopeful that one of two grandchildren will return to her home and that unresolved traumas she has will be assisted through the placement. For her other grandchild, she feels that his specific difficulties require ongoing support within a specialised environment.

- **For 2 young people, their needs have de-escalated.** This includes: (1) moving from CP to CIN; and (2) moving from CIN to case closure.

  For the young person where the status is CIN to case closure, she describes the relationship with her mum as going '*from strength to strength'* because of strategies introduced by the AST caseworker that parent/child are implementing. For the family where the young person moved from CP to CIN, mum notes that there has been some sustaining of improvements in communication, family dynamics and her child's engagement with education. However, there has been some recent flaring of challenging behaviours which have been harder for mum to deal with who is frail further to a stroke.

- **For 2 young people, their needs have largely remained the same.** For one young person, he remains subject to a CP Plan. For one young person, he is now aged 18 years and was not at the time of referral to the AST subject to an EHA or other statutory child welfare and safety plan.

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Mum feels very happy that her son who is subject to a CP Plan is accessing an intensive drug treatment programme in Latvia. At the time of the follow-up interview in February 2020, she was pleased to note that charges had been dropped against him in UK courts because it was recognised, he was a victim of exploitation. She noted he was making good initial progress in drug treatment: '*clear faced, clear eyed after 1 month.'* The mum of the other young person has a more mixed perspective about the current needs of her child. She acknowledges some positives with sustained engagement with further education and consistency in use of ADHD medication particularly, but expresses worries about continued cannabis use, aggression and defiant attitudes and behaviours towards his mum and placing himself at risk within the community.

27. For those families, where baseline interviews only took place:

- For 5 baseline interviews:

    - **For 1 young person, there had been no EHA or other statutory child welfare and safety plan before, during or after the period of work with the AST.** Dad was unequivocal about the impact of the AST in improving family dynamics, parenting and his daughter's alcohol misuse.

    - **For 2 young people, they were LAC at the time of interview (which had been the case since case closure).** The young people found aspects of engaging with the AST positive. One young person noted positive outcomes from their engagement. This included in relation to attending school and through the support of the AIR Network mentors, taking up activities that she never had experienced previously.

    - **2 young people had moved from Brent with their families**. Since that time, 1 became LAC and was attending a PRU and 1 had recently been arrested for possession of a knife, with mum reporting that the local authority is initiating CFA processes. Mum of the child that became LAC had been highly complimentary of AST support. However, she felt that her child's condition was insufficiently understood within their new borough and as a result, the positive progress made quickly unwound.

- **3 parents/carers reported non-engagement by their child with the AST.** They emphasised that this was not for lack of trying on the part of the AST. Rather, their child was disinterested and so would cancel appointments or not be at home when AST staff would visit. In seeking to understand how they report their child's current circumstances:

    - For 2 young people, they had current interactions with Police and YOT. 1 is LAC (in a residential care placement) and 1 continues living at his brother's home, albeit that his brother reports this is a very challenging situation that he will not countenance once the young person turns 18 in February 2020 (a MOSAIC check of records in March 2020 indicates that the young person mainly does not live at his brother's home, although he is welcome to).

    - For 1 young person, the parents are hopeful that their son (now aged 18) is making positive progress. There have been no further incidents involving the Police, with their son successfully engaged with schooling and with focused plans for further education. A MOSAIC check of records in March 2020 confirms that there have been no further incidents.

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3. Strengths, challenges and where to next for the Accelerated Support Team

3.1 Areas of strength

3.1.1 High quality staff

1. **Families highlight staff skills and attributes as the primary areas of strength[vii].** Key themes relate to staff skills in building relationships and understanding family dynamics (in some instances also because of cultural affinity) and staff attributes including trustworthiness, reliability and being non-judgemental. For example:

   - *'I could call her if I wanted but I didn't need to. Felt like I could talk to her like she was more of a friend. I find it hard to trust people but felt I could trust her' (*female aged 17, YP7)

   - *'She actually listened to me. She said you don't have to move in with your mum because of what she did…. And she would come and visit me in the Priory…and whenever I needed to, I could call her' (*female aged 17, YP10)

   - *'Fantastic, beautiful, very patient and giving useful advice and trying to bring family together. Any time* <the social worker> *came to me and spent extra time'* (grandparent, YP1)

2. See Appendix 1 for more details of family feedback. AST leaders also reinforced the extent to which the AST has '*highly passionate', ''highly skilled and motivated'* and '*proactive'* staff who '*put the family at the centre of everything they do'.* One AST leader commented that there is a '*positive vibe'* and this is recognised by other teams. For instance, the Edge of Care Panel.

3.1.2 Intensive family support model

3. **Families also value:**

   - **Time given to them.** For example, several families describe their appreciation for staff having time for them and not feel rushed because a staff member was required elsewhere.

   - **Responsiveness.** For example, caseworkers quickly returning phone calls, being flexible and skilled enough to support multiple needs for families and visiting them at home. For instance, young people were very appreciative- '*couldn't believe it'*- that caseworkers and AIR Network mentors visited them outside of London, with caseworkers also visiting them in hospital.

   - **A whole family focus**, with a couple families observing that they appreciated a focus which was about keeping the family together.

4. For close to half of families, they describe AST as different to other services they use because of the features above.

5. AST leaders and caseworkers reinforce family views about these key strengths. Most particularly, the frequency of contact with families and how much of this takes place in the home and settings that suit young people and families. For example, some families having four visits per week[viii], caseworkers are often available to families out-of-hours and caseworkers support young people and families in varied environments. For instance, a caseworker attending a hospital emergency department with a young person and AIR network mentors meeting young people at coffee shops, gyms and other community venues.

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3.1.2 Depth of understanding/relationship with family

6. **AST leaders and caseworkers describe how the frequency of contact, time at visits and the extent of work within the family home create the conditions for deeper, trusting relationships with families.** They describe this as different to other professional experiences working alongside young people and families in crisis and/or with complex needs. As one AST leader said, '*they really get to know the family'*. She goes onto highlight how supervision and case summaries have a depth of analysis and insight about what is making a difference in work with families. She explains, '*I can get a real sense of what the family are saying……you can see the young person through the summaries.'*

7. All AST leaders and caseworkers describe how greater contact and time at visits helps the building of productive relationships with each family member. Moreover, this starts early. For example, caseworkers meet families within 2-hours of referral where there is a crisis (and contact more generally is within 24 hours, with dynamic assessment beginning almost immediately). This is consistent with evidence about what works in securing positive outcomes with families with complex needs[ix].

8. Caseworkers describe having more therapeutic and trusting relationships with families. For instance, a young person made disclosures of sexual abuse that had never previously been shared with professionals. Another caseworker describes tailored work with each parent and a young person to help overcome and provide support to the young person who had been sexually abused (*different to young person in previous sentence*). The family is south Asian and the parents did not recognise paedophilia as something that occurred within their community, which the caseworker felt able to effectively challenge because there was a trusting relationship in place.

3.1.3 Whole family working with access to key multidisciplinary interventions

9. The greater frequency of, and time at visits also gives caseworkers scope to work more creatively with families. Caseworkers describe how they utilise a wider range of tools and resources to support individual family members, as part of a whole family approach. They describe how they can more quickly facilitate access to multidisciplinary interventions relevant to individual family members. This includes as part of working in a multidisciplinary team and through rapid access to commissioned services integrated with the AST, as well as other aligned services.

10. More specifically with commissioned services, AST leaders and caseworkers highlight the value and usefulness of:

    - **AIR Network mentors** working alongside young people, especially those that are further from the edge of care (see 3.2). This was corroborated in interviews with young people and parents/carers. This was primarily attributed to the relationship building and communication skills of the mentors with young people, the value of a service especially for the young person and how mentors helped young people access positive personal development experiences, especially adolescent males. This mainly involved access to physical activities.

      Several caseworkers also noted that good information sharing takes place with AIR Network mentors, as part of whole family working.

    - **Mental health support for young people**, given the prevalence of emotional and mental health needs amongst the young people they support (often grounded in childhood trauma). They note that it is early days having a mental health practitioner co-located within the team; however, '*so far, so good'* and '*it has really added value to young people and ourselves with interventions'.* This was beginning to speed up access to the right support for young people, including wider community resources such as for bereavement. The plans for extending this service to siblings

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(where relevant) was considered positive.

AST leaders and caseworkers also describe the benefits of access to therapeutic interventions from Brent Centre for Young People, including how they can assist young people who are waiting to access a CAMHS assessment and/or intervention.

- **DOR Therapy services for parents/carers** to help them build emotional resilience and address their own needs for more specialist therapeutic support (see also 3.2).

- **Crashpad** spaces (up to 3) for young people that require respite, emergency, and short-term supported accommodation. AST leaders describe how access to Crashpad helps provide some respite in situations of family conflict that create space for mediation and repair work. Of 10 young people the AST assisted using Crashpad in the year ending March 2020, 2 are in local authority care in July 2020.

  At Appendix 2, the AST has shared 3 case studies of young people that resided at Crashpad for inclusion in the interim evaluation report. Of families that shared views for the evaluation, only one parent described Crashpad. She said her son wanted to return home because he did not like it and found it institutional. However, he also did not want to change his behaviours at home. See Appendix 1 YP10.

3.1.4 Team and workforce development initiatives

11. AST leaders and caseworkers describe the benefits of **a strong training offer.** Two caseworkers highlighted particularly training about relational development trauma. They shared how the training offered insights and tools that have been useful and impactful for their own practice but also to supporting and giving ideas to their peers too.

12. In the focus group, caseworkers describe **a strongly supportive team culture**. One caseworker describes the ethos as '*we are a family'.* Amongst caseworkers, they consistently describe how a return from a visit is a chance to discuss with, and gain insight from colleagues about what happened at the visit and about strategies and resources they could utilise to move families forward. It was noted that this ethos of peer support helped team members feel more resilient and avoid burnout and vicarious trauma. A couple caseworkers noted that as new staff joined the AST from other parts of the Children and Young People's Department, this ethos of *'we are a family'* was commented upon positively.

13. Supportive management approaches assist this. For example, 1:1, group and peer supervision, fortnightly team meetings, team development days and opportunities for caseworkers to work from home and where staff are encouraged to take time off in lieu. All staff also have sky guard alarms and know that they can contact managers out-of-hours.

3.2 Areas of challenge

3.2.1 Reducing the numbers of young people going into care

14. **As set out at 2.2, the aggregate shifts in care status show more young people that are closer to the edge of care/in care when the AST closes the case** (for cases closed by 31 December 2019). For several families where follow-up interviews have taken place, there is also escalation in need which includes going into care in the months after case closure. AST leaders and caseworkers recognise as an objective for the AST, this objective is not met.

15. Several AST caseworkers commented that **success can include a young person not returning home at the time of case closure,** if that means the young person is safer. Several caseworkers

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highlight how this may also help to support relationships with parents/carers/extended family in the longer term. This was reinforced by the carers of three young people (see Appendix 1, cases 1, 2 and 3). The principle that a young person not returning home is a success holds true at the individual level. However, this does not explain the aggregate result.

16. AST leaders and caseworkers describe other challenges to reducing the numbers of young people going into care:

- **Too many services are engaged with the family.** One AST leader observed that *'sometimes too many workers are going in. For example,* <the family> *have a social worker in Localities, an AST worker to do prevention work, a YOT worker, CAMHS, mental health service, substance misuse, DOR Therapy, other community resources. It is overwhelming and duplication. Some families want it all but what do they need and what is feasible'.* In the interviews with families, one mum strongly reinforced this: '*there are simply too many people involved in our lives. We cannot work out what everyone's role is'*, going onto say that her son is '*fed up and wants less involvement of people'. (*see Appendix 1, YP5).

  This was reinforced in the focus group. Caseworkers shared instances of many services working at once with families and how this sowed confusion for families and multidisciplinary professionals. In the interviews with families, a young person reinforced this. She felt that the AST impact was less impactful because the non-AST social worker had a different focus *(*see Appendix 1, YP12).

  As an intensive service, the caseworkers feel better placed to ensure the efforts of different services and professionals are pulled together and aligned. However, cutting through overlapping plans, assessments and activity, to prevent resource waste as different services pull in contradictory directions is not straightforward. This is especially so where there are court orders in place.

- **Addressing entrenched problems within families requires more time than the AST can offer.** While the stated aim is for 6-12 weeks of AST support, caseworkers can make a case for extension to timeframes to their managers. 15 weeks was the average length that cases were open, amongst those closed in the period ending December 2019.

  Young people referred for support to the AST have multiple problems consistent with a history of family dysfunction. They are mainly referred to the AST from other Children's Social Care teams. As one AST leader said, '*we get them too late'.* As set out at Section 2, more than one third have previous experiences of care, more than half are known to the YOT and have typically committed 2 offences and the average age where the young person first had an EHA or a statutory child welfare and safety plan was 8 years, 4 months.

  In interviews with families, 2 parents/carers made similar points about making this type of support available earlier. One grandparent said, '*I have been able to implement some of the strategies* <shown by caseworker> *but has been challenging against the negative peer influences and the unresolved traumas/anger issues'. (*YP3 and YP8). The grandparent is hopeful that with YP3 recently moving into out of borough residential care that this will provide the opportunity to address unresolved traumas and anger. YP2 and YP3 are siblings (aged 14 and 15 years when referred to AST) and had been known to Children's Social Care pre-birth. They have had an ongoing history of involvement with statutory services and have experienced multiple adverse childhood experiences.

  This was reinforced in the focus group. For example, an AST caseworker describes a young

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person who was groomed over 2-years and subsequently groomed by a second man. Amongst a number of challenges, the young person aged 17 years witnessed domestic violence in childhood, had a difficult relationship with her parents (a controlling father especially) and had made multiple suicide attempts, including during the time of AST involvement. At referral, the young person was living with relatives (s.20 arrangement). The caseworker describes some positive impacts from support. This included the young person having greater emotional wellbeing, confidence, self-esteem and deeper insight about power dynamics within relationships. The caseworker says that the young person is poised for healthier future relationships. However, the relationship with parents had broken down.

The families and the AST caseworkers are right. Addressing entrenched family problems, repairing relational and developmental trauma and overcoming the normalisation of crisis and involvement of multiple services with families will take more time than the AST can offer. However, this is also broader and deeper than a traditional IFPS focus on stabilising families in crisis and helping parents to provide 'good-enough' parenting so that children continue to live safely with them. As part of exit planning with families, an IFPS utilises and makes referrals to wider services to sustain safety outcomes for the family and address the underlying causes of family stresses and dysfunction. An AST leader agreed with this sentiment: *'we have to be careful about being real.* <Our work is> *boundaried.* <caseworkers'> *role is not to try and rescue.'* She went onto say that the AST can and should exit and involve partners where they will not make an impact.

- **The intervention comes too late.** As noted, the average age of referrals of young people to the AST is 15 years, 3 months. In part, the idea that the intervention came too late for some young people and families to be effective is a subset of the point above. For example, research indicates that IFPS are less effective for older children[x]. Problems have accumulated or remain undetected for years and, after escalation, become more difficult to treat. The influence of the family on disruptive behaviour of children also decreases with age due to, for instance, genetic and peer influences that become stronger with increasing age. This is reinforced by the extent of risks of harm and abuse posed to young people outside their home, from adults and other young people.

  AST leaders and caseworkers note that a more nuanced appreciation of AST impact should account for improved family functioning that keeps younger siblings with their families, albeit that this this will take time to see. Of the 33 closed cases, AST caseworkers report that 1:1 work was conducted with 21 siblings, of which 5 remain living with their parents/carers even if their older sibling(s) is in local authority care. This includes a younger sibling of YP2 and YP3 referred to above, who is in the care of her grandparents. In follow-up interviews with families, 2 parents/carers describe how strategies learned through AST engagement have been applied to the effective care of younger siblings (see Appendix 1, YP, Y3 and YP6).

3.2.2 Insufficient cultural competence within the multiagency context[xi].

17. Several AST caseworkers reflected on how working as part of a multidisciplinary, multiagency approach with diverse families that have complex needs, requires all professionals to have a high degree of self-awareness and to be flexible in using frameworks and tools. This includes taking the time to get to know the family and to recognise that the family is the expert of their experience. They felt that sometimes multiagency colleagues push for cases to be closed and/or stepped down where this was not always in the young person's best interest. This was compounded in the cases where many professionals were involved with the family and/or where court and other statutory orders place specific requirements on families.

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18. This was reinforced in interviews with AST leaders. They described how the disproportionate numbers of young people and families that are Muslim and from Black heritage requires a supportive approach to facilitating change in attitudes and behaviours. For instance, in helping some families appreciate that physical chastisement and physical abuse are not acceptable. The ethnic, faith and gender diversity of the staff team was described as helpful, with one AST leader saying '*this brings a lot to our own conversations'.* Equalities is also a standing item at team meetings. At the same time, she acknowledges that there is more to do in partnering with community groups to support young people and families, developing the aligned services directory to reflect available support for families from different ethnicities and faiths and to establish a service user steering group/peer mentors.

3.2.3 Restrictions to services

19. AST leaders and caseworkers describe other challenges about accessing relevant services and within their own service model. These are:

- **Translators.** It was not always the case that the AST had access to good quality translators. For example, caseworkers describe having had very selective translators in work with a family.

- **Waiting times for partner services.** This included DOR therapy which is 3 months and CAMHS which is variable both for access to an assessment and access to interventions. However, on CAMHS, AST leaders and caseworkers note that arrangements with Brent Centre for Young People to support young people with mental health needs during their wait for CAMHS helps ameliorate this. This is further ameliorated with co-location of the commissioned mental health practitioner with the AST.

- **Timescales.** As noted at 3.2.1, caseworkers highlight the challenge of timescales associated with their own service provision. They noted that this affected relationships and planning transitions with families. For example, one AST caseworker described how in work with one young person who had experienced relational traumas, *'at week 12, young person said she is not coming back. Rejecting me before I could* <from the young person's perspective> *reject her.'* Caseworkers were more inclined to describe cases as closing too early sometimes, albeit they acknowledge that they can make the case for extension.

3.2.4 Other challenges for the AST

20. AST leaders and caseworkers describe other challenges that impact their success. These are:

- **Non-engagement by parents and/or young people.** This is reinforced in family interviews, where 3 parents/carers describe persistent non-engagement of young people (see Appendix 1, YP13, YP14 and YP15). For example, one mum notes that she had met the AST worker twice, but on both occasions '*my son would not be at home. He would not attend or cancel. They never met him at all.'*

- **Street mentor project.** The project was established with aims of making contact with young people in their own territory and exploring their needs, building relationships with them and providing support. This includes specifically identifying and supporting young people at risk not known to Brent Children and Young People to engage with the AST as part of AST's preventative offer. The street mentors would operate across designated areas, targeting hot spots as identified by Brent Police and Community Safety to help tackle gang and knife crime, antisocial behaviour and other contextual safeguarding risks affecting young people.

  It is early days for the street mentor project. A street mentor describes project implementation as challenging, where:

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- winter was not a good time to start the project as it was '*too cold'* and so young people were not outside/accessible
- street mentors operate on foot and with public transport and so are limited in how many young people they have contact with
- the specified times of operation limited making contact with young people (although this has changed).

The street mentor project is working with youth clubs and other organisations to create 'safe spaces' in different parts of Brent, with aims to encourage young people they form relationships with to drop in to for advice and support. However, this is not effectively implemented. Safe spaces are not visited regularly, mentors arrive late and sessions are not always planned by them. The street mentor felt that an existing club operated by Potential Mentoring at Wembley was the most successful.

The street mentor project has also not been successful to date at identifying young people not already known to Brent Children and Young People.

3.3 Where to next

28. Key priorities for the next stage of the AST relate to:

- **Developing further short-term intervention work with high risk young people.** The AST has provided targeted, rapid intervention work with 7 young people attending Saturday Youth Court from August 2019 to May 2020. AST leaders describe new arrangements to support young people and families out-of-hours from April 2020. This includes welfare checks of young people and families and helping, through targeted, rapid intervention work, to de-escalate crisis situations for high-risk cases open to Brent Children's Social Care and Family Solutions. In AST feedback, they report supporting 42 young people as part of these arrangements by early July 2020. This suggests this is quickly becoming a key part of the AST service model.

- **Focusing support on families that will benefit most from the time-limited intensive support offer.** AST leaders identify that there is more to do in encouraging earlier referrals to the AST where there is more opportunity to help young people safely live at home with their families (including reunifying those in temporary care); and so secure objectives of reducing the numbers of young people going into care and costs to the local authority. Suggestions include enhancing collaboration with and encouraging referrals from schools and early help services (including planned Family Hubs which will become operational later in 2020) and amending the criteria to reduce referrals to the AST of young people aged 15 years and over.

- **Streamlining support for families** to overcome duplication and work at cross purposes. As noted at 3.2.1, AST caseworkers feel better placed to ensure the efforts of different services and professionals are pulled together and aligned. The AST leader identifies that this offers scope to reduce co-working and so the AST has sole allocation of families. This may also mean changing the focus of some caseworkers where there is cross-over with other statutory professionals working with young people.

- **Improving partnerships with community groups.** The AST coordinator is organising quarterly partnership fora to help with networking and information sharing with relevant community groups. This has the potential to expand the available support for young people and families, particularly within their communities of interest and local to them. For example, this can help with post-intervention planning.

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- **Enhancing the impact of key resources.** For example, suggestions include assessing the effectiveness of the Crashpad resource and the existing street mentor project. Alongside this, is further developing the co-located mental health practitioner role (e.g. working with siblings). The AST leader notes that this will also be aided by having more engagement with other local authorities to share information and good practice.

3.3.1 Next stages of the evaluation

29. Evaluation work for 2020/21 will help clarify the impact and lessons learned from the continued development of the AST. This includes ensuring that the voice of families remains at the centre of learning about what works and what can improve.

30. Evaluation work for 2020/21 will benefit from assessing the impact and lessons of the AST supporting more young people out-of-hours. For example, exploring differences in engagement shaped by COVID-19 with young people and families and rapid intervention work with high-risk young people and families that have support through Brent Children's Social Care and Family Solutions.

31. More detailed cost effectiveness and outcomes analysis of the AST closed case cohort with a comparator group requires detailed manual case review and analysis that is outside the scope of the agreed evaluation methodology. Commissioners should consider how this approach could be implemented as part of the 2020/21 evaluation.

32. The evaluation activities planned for the mental health practitioner and street mentor project are:

- **Mental health practitioner:**
  - Desktop review including of performance reports and analysis of engagement levels of young people with mental health support, changes in SDQ scores pre/post intervention with young people and siblings and timeliness of mental health interventions (including those brokered by the mental health practitioner) in Q4 2020/21.
  - Integrated into interviews and focus groups with young people and AST leaders and caseworkers is identifying strengths, challenges and any priorities for service development of the co-located mental health practitioner.
- **Street mentor project:**
  - Discussion needs to take place with commissioners about the appropriate evaluation activities, given that the project requires review.

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Appendix 1: Summary of interviews with families

a. Baseline and follow-up

Young Person 1 (case closed to AST in June 2019, initial interview Sept 2019, follow-up Feb 2020), female aged 14 years	
AST overall experience	**The grandparent was extremely positive:** '*Fantastic, beautiful, very patient and giving useful advice and trying to bring family together. Any time* <the social worker> *came to me and spent extra time.'*
How work with the AST is a different experience to other services	Grandparent: *She was never in a hurry to leave which is very different to other services… she saw us very often with about once/week and on the telephone almost every day. She never was hurried. We always felt that she had time for us. Sometimes she would stay longer too because something was going on.* 'Grandparent also added how different it was to have AST caseworkers that were very reliable and returned calls very quickly.
AST positives and areas to improve	Key positives are: (1) the reliability of staff and (2) staff not appearing hurried/making time for family in visits and by phone. On areas for improvement, the grandparent repeated in both interviews that access to the AST earlier may have prevented the need for the YP going into care: '*It would have been better if we had access to this type of service earlier'.*
Current context for the young person and/or family, and how is this different to previously	At the time of AST closure in June 2019, the YP was in an out of borough foster placement (from Feb 2019) with ongoing needs e.g. not attending school, risk of sexual exploitation, offending and mental health/emotional regulation. In Sept 2019, a full care order was sought. **From Nov 2019, the YP moved into residential placement with medium support needs.** At the time of interview in Sept, the grandparent who had been providing care felt that this was a good outcome given difficulties in regulating the YP behaviour. She felt that their relationship was helped to be stronger by the AST and that the YP has some interaction with family members that was previously not the case. The grandmother also reports feeling much less stressed. She added that 'I *feel hopeful that* <the YP returning to live with her> *will happen in the future and I more knowledgeable that there is support around…more confident about what we can do.'*. She noted there had been ongoing difficulties with attending education and also 2 arrests since intervention with AST. The YP has remained in the residential placement since Nov 2019. At the time of follow-up interview, the grandparent shared that she had a recent bereavement (her husband) which has been hard and involved a lot of activity, so she has had less time with the YP. However, the grandparent is happy that the placement stability, the YP is safe and that while engagement with education is still challenging, there has been some improvement. The grandparent feels that this is the best outcome and is pleased that they have a continuing relationship and that the YP does with other family members which she did not previously.

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Young Persons 2 and 3 (siblings with case closed to AST in July 2019. Initial interview Sept 2019 and follow-up Feb 2020), YP2 male 15 years, YP3 female 14 years.	
AST overall experience	**The grandparent was extremely positive:** At the initial interview, she observes that the AST worker has '*done so many things'.* She also valued the focus on providing support to individual members of the whole family. At the follow-up interview, she said '*there was nothing more that* <caseworker> *could do. She tried everything in the book. She was one of those people you could just talk to about anything and she did not judge you. She tried to help'.*
How work with the AST is a different experience to other services	At initial interview: *Tried working with us to help my granddaughters with discipline in household and the changes the girls can make, but also to help with the underlying reasons and explore to why do they have anger? Why are they not listening?* The grandparent notes that this led to a very personalised approach to work with different family members. She accessed parenting support instance to help with setting boundaries, while other 1:1 work and access to mentors was made possible for YP. She recognises that the AST worker worked '*very hard'* but within the timeframe it was not possible to secure sustainable change. This was reinforced in the follow-up interview, where the grandparent says, '*I have been able to implement some of the strategies* <shown by caseworker> *but has been challenging against the negative peer influences and the unresolved traumas/anger issues of YP3'*
AST positives and areas to improve	Key positives are: that AST caseworkers '*came to the house,* <are> *very friendly and know how to speak with and approach the children. She couldn't do any better than she did because they are hard to handle. Children liked her but they then go back* <to> *old patterns and behaviours.* On areas for improvement, the grandparent recommends substantially more access to interventions that seek to address the impacts of adverse childhood trauma. YP1 and 2 (and their two younger siblings that also live with the grandparents) have a long history of engagement with social services, having lived in a household characterised by significant domestic violence, parental substance and alcohol misuse etc. They were known to Children's Social Care pre-birth.
Current context for the young person and/or family, and how is this different to previously	**At the time of AST case closure in July 2019, the siblings' needs had escalated from a CIN Plan to CP Plan.** At the time of the initial interview with the grandparent in Sept 2019, she reported that **YP2 was placed in out of borough residential care**. The grandparent was very happy about this, having previously been in her care subject to an SGO. She considers that his needs are significantly better met as a result which means '*I am not stressing'.* She said of YP2, <he> *is doing great and they are trying to work with him at school to support him. Mainstream school was too big for him* <due to his learning difficulties>…. *he needed more 1:1 support. He has missed out so much school he cannot sit for his GCSEs,* but grandparent noted he has the support he needs now and is attending. YP3 had improvement with schooling and some engagement with the YOT. However, the grandmother reported that she continues to have significant anger and challenging behaviours. In October 2019 she was found guilty of failing to comply with the requirements of a youth rehabilitation order and the grandparent advised that there is an expectation of a review in December 2019 which could result in her also becoming LAC.

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	At follow-up interview in Feb 2020, grandparent explains that it is '*a bit hectic at moment.* YP2, *is in* <same residential placement>*, going well with him and improving up there. He is doing much better and slowly, getting there. He is engaged in education, but he finds it very hard…*<YP has IQ of 47>…. *'Went up last week for birthday'*. **With YP3, she was also moving from her grandparent's home to out of borough residential care.** The grandparent explains that *Y'P was doing good but then erupted, found with a rambo knife and was kept in custody for 24 hours and had to go back to court on 5th March. For one week straight, I had no sleep.* Grandparent explains that it was agreed with the court that she should move into residential care (they were on their way to visit the residential care home at the time of interview). Grandparent explains that *if she is honest with herself and gets the right support and works on herself to address problems and address negative peer influences, she can come out quickly. I have tried to give her help.'* The grandparent says of a younger sibling (aged 13 in Dec 2019) who also lives with her (under an SGO) that there are no particular worries. She says '*Yes, she can be cheeky but she is doing well'* and notes that she is very good at football, playing every Saturday and practising during the week. The grandparent notes that the younger sibling has '*good peer influences'* although from time to time she can run late for her school classes. The grandparent also notes that she applies strategies she has learned from the AST caseworker to caring for the younger sibling.
Young person 4 (case closed to AST in Sept 2019, initial interview Sept 2019 and follow-up Feb 2020), Female aged 12	
AST overall experience	**Mum found the experience positive.** As set out in next boxes, this was due to quality relationships with AST staff, regular home visits which gave time for discussion and there was a focus on keeping the family together. In the follow-up interview, she reiterates that it was '*good.'*
How work with the AST is a different experience to other services	At initial interview: *'Is very different as they come to your house and give you time. Focused on trying to keep family together not take my daughter away'.* Mum explained that sometimes the home visits would also occur at her son's home. At follow-up interview, mum reinforces this: *'they came to your house and they helped us'* whereas she did not feel that this was the case with *'social workers'.*
AST positives and areas to improve	Mum reports that she found talking with the AST worker was like talking to another parent which helped understanding. Mum especially valued the home visits (there tended to be 2 each week): *very good to have her come to house. Means that she can see us as we are'.* There were no recommendations about areas to improve.
Current context for the young person and/or family, and how is this different to previously	**At the time of AST case closure in Sept 2019, the YP remained on a CP Plan, although based on the positive changes a decision was made to close the CP Plan and step down to a CIN Plan in Oct 2019.** Relationships had improved between mum and the YP, with the YP also returning to education (had been NEET), having better safety awareness and no longer going missing. Mum had reported that the YP alcohol use had ceased and mum's disability was well taken into account. Mum says, '<the AST> *brought our family together. It was really handy and so she* <daughter> *has not been horrible to me.*

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	In November, a new CFA was tasked to complete with reports of going missing and having been assaulted in the community by a parent of a school friend. There was improvement through the next couple months with better school attendance, behaviour and prosocial friendship groups. At follow-up interview, mum reports that overall that there was improvement compared to the period prior to the AST involvement with the relationship between mum and YP better and YP attendance at school was improved. However, there had been a fixed term exclusion related to poor behaviour at school and YP had stolen house keys and money and went to stay at a friend's (albeit without permission and so mum thought she was missing again) in the week before. Mum explained that '*I am not feeling very well and I have no money. I will struggle to top up my bus pass, have limited electricity and am on universal credit. It is hard for us.'* Since that time, there has been a couple incidents involving the Police; one where the YP was beaten by another YP and one where the YP had called the Police making claims that mum beat the YP which the Police did not believe, identifying that mother is weak and frail from a recent stroke. The YP is also attending alternative education provision.
Young person 5 (case closed to AST in Sept 2019, initial interview Nov 2019 and follow-up Feb 2020), Male aged 14	
AST overall experience	**Mum found the experience negative.** Mum explains that they did not feel that the right support was provided (see below).
How work with the AST is a different experience to other services	Mum said she found it difficult to distinguish what made the AST different. Mum said that her son rated the YOT but the caseworker less so *'and there are simply too many people involved in our lives. We cannot work out what everyone's role is'*. She explains that her son is '*fed up and wants less involvement of people'.*
AST positives and areas to improve	Overall, mum felt that the support provided was not relevant to their needs and was part of a package that was complicated. She explained that there is no medical help to address her son's anger, which is what the family and her son particularly wanted. At the November interview, mum advised that '*I had to quit my job and also have a 20m who is my 'sunshine' and the brothers love each other. She says that it was suggested that she should be tested for drugs and alcohol,* and there were inferences that her other child could be taken away. She explains that she has also had access to counselling and attended a parenting programme, although the latter was insufficiently focused on parenting adolescents.

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Current context for the young person and/or family, and how is this different to previously	**At time of AST case closure in Sept 2019, the YP remained on a CP Plan.** There was a growing history since 2018 of YP interactions with the Police and committing of offences. This includes assault, possessing drugs and offensive weapons, criminal damage and breaching bail and failing to comply with the requirements of a Youth Rehabilitation Order At initial interview, mum notes that her son should have been looked after, but notes that school attendance had improved and that generally, the YP gets along well with her and his siblings. She explains that a judge confirmed the YP should have been looked but that the Council could not find anywhere to place him. *This was not discernible from MOSAIC records.* At follow-up interview, mum explains that since January 2020, the YP has been in Riga, Latvia (where he is a national) and is in a live-in drug detox and rehabilitation facility. She explains that there was '*no help in the UK but he is getting the support he needs in Latvia'.* This is expected to last for 12 months. Mum says that charges had been dropped against her son in Feb 2020 (deferred from Dec hearing to Jan then to Feb) and that it had been shown he had been groomed and criminally exploited. She says that he had also overdosed in Dec, *'was just 40 kg'* and been using various substances for a couple years. Mum feels positive about the progress the YP is making, noting he is 'c*lear faced, clear eyed after 1 month…..and that for the first three weeks, I also went to a parenting programme'.* Mum explains that '*my other children are doing well.'*
Young Person 6 (case closed to AST in Sept 2019, initial interview Nov 2019, follow-up Feb 2020), male aged 18 years	
AST overall experience	**Mum found the experience positive.** She is especially positive about the AIR Network mentor that worked alongside her son.
How work with the AST is a different experience to other services	Mum felt that there was a particular focus on family. Most particularly, she found the way the caseworker focused on supporting the relationship building within the family and discussing what it means to be a family, different to past experiences. Mum also described 1-2 home visits per week and phone calls with her or the YP. This made access to the AST '*quite a straightforward experience* <which is good because it is> *not easy to access these programmes and a lot don't want to access.*
AST positives and areas to improve	Key positives are: (1) having staff that understand African backgrounds providing the support; (2) supportive caseworker and mentor working with the family; and (3) good coordination and information sharing taking place. For example, mum said '*the mentor was marvellous. He used to come on Wed and Sun (twice week) and when he comes, I would call him in advance so he already comes knowing what is going on'.* Areas for improvement are: (1) consistency in relationships, given a change in caseworker; (2) specific parenting support that she understood was going to be made available was not; and (3) that after-care for parents/carers should be available in the same way that a mentor might still be accessible if required for YP post intervention. In the follow-up interview, mum reinforced the importance of having access to after-care. For example, she describes contacting the caseworker for information about how to access legal aid because her ex-partner, a perpetrator of domestic abuse, was asserting

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	that he is involved in co-parenting as a way of avoiding potential deportation. Mum felt that there was insufficient information provided about what she should do in this instance.
Current context for the young person and/or family, and how is this different to previously	**At time of case closure in Sept 2019, the YP was not subject to any statutory plan or EHA, albeit continued support from the YOT about cannabis use and from CAMHS for ADHD, anger management and concentration problems.** At the time of initial interview, mum reported that '*son now going to college. He is doing construction and he passed. He is still going to physio* <rehabilitation from injuries sustained in a hit and run incident> *but has not been able to do practical. Has made new friends at college and they are good influences. My son is staying at home much more'.* She notes the YP *can still get angry and a couple days ago it flared up, he gets aggressive when he couldn't get money he wanted. Helping to control his anger is what he needs,* noting that her son has ADHD and can be impulsive). However, she finds that AST advice about *'the more you tell him off the worse it will be'* was useful: '*Maybe talk the following day, don't talk back when he is then stage. He would get scared and be emotionally abusive…..It was like a big sack on my back and it was really heavy. Now it is shrinking'.* Mum reported that she was also ' *less anxious'* whereas she was worried '*all the time and he'd come home after 1am and the next day* I <would> *read about knife crime'. She worried also about her other two younger children mimicking their brother.'* In the follow-up interview, **mum reports that all positive changes have not been sustained.** On the positive side, the YP still attends college (working on level 1 maths and English) '*is getting extra support at college and also has made friends'* and is consistently taking his ADHD medication. Mum also attends college two days per week where she is working on level 2 maths. She explains that while she has a long-term health condition and takes a lot of medication, this is '*keeping my mind active and learning*' and means she is '*meeting new people*'. She explains that this also serves to model for her three children, the value of self-improvement and education. She also notes, however, that it is tough financially for the family and they only have money for rent and bills. She says that they are on band c social housing and she is hopeful that an appropriate property will become available. Mum explains that there are problems with the YP's behaviour and use of cannabis and in their relationship. She worries that she '*keeps knives in the kitchen, but they are not always there'* and reports that she says to her son that is he is found with a knife, he will go to prison and risk deportation. She also says that he is '*smoking weed and he is doing this in his room. I have health issues and asthma. He gets very angry and upset and slammed the door and beat the wall, the mirror fell down and lucky did not break. The mentor does still come but he needs help to get off weed. He is online with people I don't know and he swears…..He is insulting to me calling me lazy. I am on medication for a variety of health conditions. I just have to get up and do it, even if he can't see it.* She says that the YP says, '*mum you are keeping moaning all the time'.* I ask about the implications for her two younger children (twins that turned 12 in Dec 2019) and she explains that mainly they are doing well and she is able to manage boundaries particularly with the male twin (with strategies she learned from the AST). For example, monitoring phone use and not allowing children to go and stay at other people's homes. *The AST records having also supported these children.*

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Young Person 7 (case closed to AST in Jan 2020, initial interview 6 Feb 2020, follow-up 25 Mar 2020), female aged 17 years	
AST overall experience	**Young person found the experience extremely positive.** She was especially positive about the caseworker.
How work with the AST is a different experience to other services	The YP explains that '*I felt like I could trust* <caseworker>*….very different to work with social worker who I don't feel like I can trust'.*
AST positives and areas to improve	Key positives are the trusting relationship with the caseworker and the flexibility of available support. YP said '*She would come to the house and sometimes meet just me, sometimes just my mum, sometimes us together. It would happen 1-2 times per week. Sometimes we would meet at Chalkhill at the Willow Children's Centre. I could call her if I wanted but I didn't need to. Felt like I could talk to her like she was more of a friend. I find it hard to trust people but felt I could trust her'.* There were no recommendations about how the AST could improve.
Current context for the young person and/or family, and how is this different to previously	**At time of case closure in Jan 2020, the CIN Plan was closed.** At the initial interview, YP explained that the '*big difference is that arguments now with my mum are more calm. They are more like discussions and we both try and see things from the other person's point of view. Feel like I can talk to my mum now. I didn't before'*. She also explained that *'I would get stressed and that made trying to concentrate with my school work really hard. Now I don't have that stress'.* There are no longer problems about the YP going away for days at a time without telling her mum, arguments that escalate and she is attending classes and engaging well with education. **Positive changes have sustained and the relationship is strengthening further.** At the follow up interview, YP explained that the relationship between herself and her mum is going from '*strength to strength. We do a lot of things together and are talking all the time'.* The interview was conducted during the lockdown for COVID-19 and the YP says, '*Mum and I are playing monopoly and X box….we started going to gym together and I would drop her at work so we can talk more too'.* The YP explains that her mum *'sleeps during the day'* because she works at night. The YP is unequivocal that the strength and quality of their relationship is due to the AST caseworker. She says, 'w*ithout* <caseworker's> *help we wouldn't have been able to. We remember what* <caseworker> *said….When we argue, we tell each other 'step back and think about the situation from another point of view' which is what* <caseworker> *said. Let's talk about in a bit, and try and understand from other person's perspective.'* The YP tells me that the family speak Italian at home and she is studying Italian, accounting and economics at college. Interview arrangements were moved given the YP wanted to ensure she could engage fully with online learning that was offered, further to COVID-19.

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b. Baseline only

Young Person 8 (case closed to AST in July 2019, interview Nov 2019 (family is out of borough and the contact details for mum are no longer operational), female aged 15 years	
AST overall experience	**Mum found the experience extremely positive.** She felt that within the 6 weeks there was good improvement in communication and family functioning.
How work with the AST is a different experience to other services	Mum reports that she found talking with the AST worker was like talking to another parent which helped understanding. Mum especially valued the home visits (there tended to be 2 each week): *very good to have her come to house. Means that she can see us as we are'.*
AST positives and areas to improve	The key positive is the AST worker who facilitated mediation and work to improve communication between mum and YP8. Mum credits the AST worker with having excellent skills at relationship building and making relevant adjustments that support the building of trust and behavioural change with the YP. e.g. using techniques such as providing time and space without demands, offering plenty of choice, avoiding confrontation, using rewards that are based on the YP interests to support motivation. The area for improvement relates to making earlier the type of support available from the AST. Mum had sought the involvement of Brent CHILDREN'S SOCIAL CARE as she increasingly could not cope. She is pleased that support was ultimately available but felt it should have been accessible earlier.
Current context for the young person and/or family, and how is this different to previously	**At time of case closure in July 2019, a CIN Plan remained in place.** At the time of work concluding with the AST, there was a positive trajectory and improved communication and family functioning. However, when moving to Barnet this deteriorated significantly and quickly. **At the time of initial interview, the YP is LAC and living with foster carers** for past 3 months and been permanently excluded from school for her own safety. She attends the PRU. Parent reports feeling stressed and that while her daughter misses her and wants to return home, her daughter has sufficient insight of her condition to recognise that she is not able to manage her avoidance disorder. The parent says that counselling is essential for the YP and that family support is also necessary. As yet, this is not forthcoming.
Young Person 9 (case closed to AST in Sept 2019, interview Dec 2019 (family is out of borough and mum did not consent for a follow up interview), male aged 17 years	
AST overall experience	**Mum was neutral about the AST.** She does not feel that the family situation changed as a result of engagement.
How work with the AST is a different experience to other services	Mum says that '*the AST is no different to Social Services. I think Social Services is that the child is right and that in every situation he is right and this is difficult for parents'.* Mum reports feeling powerless, although she was pleased that the AST social worker was a very nice person.
AST positives and	The key positive is that the AST staff conducted a very thorough and accurate assessment: *I am a good mother, I work, my kids are my life'* and she felt that this came through.

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areas to improve	The area for improvement is that '*there needs to be an independent organisation that supports parents specifically…*<as you are made to> *feel less as a parent. I feel like, I was scared of him and I feel like I am being blamed'.*
Current context for the young person and/or family, and how is this different to previously	**At the time of case closure, a CIN Plan stayed in place but the YP was living back at home (having been homeless).** The YP had access to Crashpad and did not like it at all. Mum reported he found it institutional and wanted to come home, but largely to just do as he pleased. **At the time of interview, the family had returned to live in another borough and YP9 had recently been arrested for possession of a knife. As a result, Social Services were involved again.** Mum advised me that she declined participating in an assessment saying, *I know I am a good mum. I called for help* <in the first instance> *but I am treated like a criminal and* <now worry> *that they might take my other children away.* Mum describes feeling scared of her son who is 6'2 compared to her 5' with two younger children.
Young Person 10 (case closed to AST in Oct 2019, interview Jan 2020 (YP did consent for a follow up interview but contact details no longer operational), female aged 17 years	
AST overall experience	**YP had a mixed view about the AST.** She did not find her initial caseworker helpful or a good listener. However, she asked for a different caseworker and was very positive about the second caseworker.
How work with the AST is a different experience to other services	The YP strongly appreciated that caseworkers visited her when she was a patient at hospital and at a rehabilitation facility. She also valued how she could make contact by phone whenever she needed to as well.
AST positives and areas to improve	The key positives relate to the skills and attributes of the second caseworker. For example, the YP says, '*she actually listened to me. She said you don't have to move in with your mum because of what she did…. And she would come and visit me in the Priory…and whenever I needed to, I could call her.'* She also '*helped me a lot. She helped me move out of the Priory and find a new place.'* The areas for improvement are to have consistently good staff and that the residential care home she has been placed into feels like '*the Priory'.* She did not like how the staff and cameras at the care home made her feel institutionalised.
Current context for the young person and/or family, and how is this different to previously	**At the time of case closure, a LAC Plan was in place** with the YP in residential care with medium support needs. The YP has mental health needs for which receives support from CAMHS. The YP had largely disengaged from education. She describes wanting to become a hairdresser. She does not like how she is not free to come and go as she pleases in residential care and describes that she aspires to '*feel safe and secure with my godmother'* in terms her accommodation arrangements.

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Young Person 11 (case closed to AST in July 2019, interview Jan 2020 (parent was not contactable for a follow up interview), female aged 18 years	
AST overall experience	**Dad found the experience positive.** He felt that there was a positive difference for the YP and that as parents they had learned and applied strategies that were successful. He said '*The Council was very good'.*
How work with the AST is a different experience to other services	Dad said they did not really have a lot of experience working with other services to make this comparison.
AST positives and areas to improve	The key positives are (1) home visiting; (2) help was for the whole family; and (3) the skills and attributes of the caseworker. For example, the he says *'very good at building relationship with daughter and with us.'* There were no recommendations about how the AST could improve.
Current context for the young person and/or family, and how is this different to previously	**There had been no statutory plan in place across the period of AST intervention, including at case closure.** Dad is extremely positive about how '*it made a difference for our daughter. We changed everything and we provide good support for daughter. We changed. The problems have stopped',* referencing the YP drinking alcohol and also that she is doing well at school. He says that she is *'better than normal now'* and that relationships are much improved within the family. He talks about two younger children and says that they are doing well too.
Young Person 12 (case closed to AST in Sept 2019, interview Jan 2020 (YP consented to follow up interview but was not contactable), female aged 15 years	
AST overall experience	**YP had a mixed view about the AST.** There were strongly positive aspects to the experience (see below) but she also felt that the AST caseworker had insufficient power, with the social worker case holder and her parents still too involved in making decisions about her.
How work with the AST is a different experience to other services	YP found the intensity of support, particularly having at least weekly meetings in the first instance and the ability to phone if necessary, with quick returns of calls, very different. The YP also felt that the caseworker and the AIR Network mentor had good understanding of her.
AST positives and areas to improve	The key positives are (1) regular meetings which included the mentor and caseworker visiting at her out of London foster placement and in community venues such as coffee shops; (2) having sessions on weekends; and (3) the opportunity to '*do stuff with the mentor'* that she had not otherwise had opportunities to do, such as go to the gym. The main area for improvement for the YP is that there is insufficient appreciation by the (non-AST) social worker particularly of how the relationship with her parents will '*never be at the level'*. She feels that this limits the impact of the AST.
Current context for	**YP had been CIN at the time of referral and during work with the family became LAC (foster care). At case closure, foster care arrangements remained in place,**

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the young person and/or family, and how is this different to previously	**which had moved from an out of borough placement to a local placement with a Muslim family (culturally appropriate).** At the interview, the YP describes having had therapy made available, but after two sessions '*didn't feel I needed it anymore'* and having support from the mentor, which she rates positively. She also says '*I am in a better place now*'. There was also positive reengagement with education. The YP said '*had been out of school for a year and back at school now'*. On how the YP is experiencing returning to education, she says '*It's alight. I got taken out of my old school and not so bad but I would have preferred to stay outside school.'* While the YP remains in foster care, it remains the intention that there is family reunification.
Young Person 13 (case closed to AST in Aug 2019, interview Sept 2019) male aged 16 years	
AST overall experience	Mum had no comments about the AST. Mum noted that while she had met the AST worker twice, on both occasions '*my son would not be at home. He would not attend or cancel. They never met him at all.'*
At the time of interview, what is the context for the YP	At the time of interview, a Referral Order related to assault, criminal damage and drug possession was in place from August 2019. There are earlier arrests also. The YP had been in residential care. The primary support was delivered through the YOT.
Young Person 14[3] (case closed to AST in Aug 2019, interview Oct 2019) male aged 18 years	
AST overall experience	Older brother who has had primary care responsibility has felt powerless in establishing effective routines and behaviours for the YP, who largely did not engage with support provided by AST and CHILDREN'S SOCIAL CARE. The brother describes persistent patterns of oppositional behaviour, going missing, returning home late and demanding money by the YP. He says, '*we have not had support. It is not the fault of the service because my brother would not attend. He is in trouble again with the Police and we have been told we have been re-referred back to AST but haven't heard anything.'*
At the time of interview, what is the context for the YP	Brother provides accommodation, food and money for clothes etc but indicates he is awaiting the YP turning 18 so he will not feel responsible to do so anymore. At time of interview, the YP was accommodated by brother but with persistent challenges. The YP was arrested in August for threatening behaviours. A 12m conditional discharge was put in place in Sept 2019.
Young Person 15 (case closed to AST in July 2019, interview Oct 2019) male aged 18 years	
AST overall experience	Dad had limited comments about the AST. Dad noted that while he had met the AST worker and felt that his son would have benefited from assistance, he was unwilling to engage. He particularly felt that the mentor would be useful and a good match: '*he was ticking all the boxes to work as a mentor. All things like looking smart, fashionable, he had a BMW, But YP refused to speak with him. Was timid'*.

[2] With the consent of the mum, a request for information and advice was shared post- interview with the AST.
[3] With the consent of the sibling carer, a request for information and advice was shared post- interview with the AST.

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At the time of interview, what is the context for the YP	Dad reports that his son seems to have turned a corner, further to a night in police cells (his 3rd) which was '*an awful night* <for him>' and coming to terms with 2 deaths- a friend who was stabbed and his closest friend's brother who committed suicide. Dad says the parents have '*they showered him with love and affection'* providing him opportunities to visit his close friend in New York and hosting a big 18th birthday party for him. Dad shares that his son has '*gone to school every day this term on time and is producing great art/photography. His aim is to get into a foundation course now for 2020 for photography.'* He is especially complimentary about his school where '*he had a bad initial A level assessment but school has sorted for him to be able to get a diploma'.* They are hopeful that this positive trajectory is sustained. A record check of MOSAIC in March 2020 confirms no further incidents.

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Appendix 2: Crashpad case studies

a. Young person A (see also Appendix 1, YP9)

Young person A, 17, with his sister B and mother previously resided in Hammersmith and Fulham. YPA is known to associate with other gang-affiliated YP. Multiple friends of A were stabbed and threats were made by a rival gang towards him. The family moved to Brent based on Police advice about contextual risks. YPA spent a year residing with his maternal aunt in Yorkshire. However, YPA returned to live with his sister and mother in May 2019. YPA presented as homeless at Brent Civic Centre on 22 May 2019.

The family was referred/allocated to AST as statutory single case-holder. The social worker met with YPA and visited mother within 2 hours of receipt of the referral. Mother had asked YPA to leave due to disrespectful, aggressive and intimidating behaviour. Mother agreed to take him back in. However, YPA was accommodated by the Local Authority the following day after an altercation.

YPA resided at the Crashpad for 4 weeks. During this time the social worker completed an Accelerated CFA and undertook a support plan. The CFA highlighted worries including contextual harm, negative influence/exploitation by older peers, cannabis use, NEET, and reluctance of mother and son to compromise. The prognosis for YPA's return home was poor. The support plan consisted of direct work with YPA about contextual safety, his friendships, feelings and worries, and working with mother and son towards stabilisation and reunification. For example, the family was assisted with:

- Social worker promoting housing and financial stability. For example, through strong advocacy to Hammersmith and Fulham Housing Needs Service and issuance of food bank vouchers.

- AST youth support worker reports working with YPA on emotions, substance misuse, gang affiliation, and his relationship with mother.

YPA returned to live with his mother on 28 June 2019. YPA was supported to access counselling and to gain a college place. AST caseworkers note their good relationship building with family members and positive change between the mother/YPA who were supported to make compromises. At the point of the Accelerated CIN Plan closure, YPA remained at risk of contextual harm whereby he continued to associate with older friends. However, his behaviour improved with no further missing episodes and he abiding by curfew requirements. There were recommendations for 4 further weeks of engagement with the AST youth support worker with a focus on gangs and friendships.

NB. Appendix 1 YP9. The YP had access to Crashpad and did not like it at all. Mum reported he found it institutional and wanted to come home, but largely to come home to just do as he pleased.

At the time of interview, the family had returned to Hammersmith and Fulham and the YP had recently been arrested for possession of a knife. Social Services were initiating a CFA, but at the time of interview mum advised that she was declining participating in the assessment.

b. Young person B

YPB is 17 years of age. She had been residing with her mother and young sister. A breakdown in mother/YP relationship led to YPB being accommodated at the Crashpad. A referral was accepted by the AST to support YPB and her mother rebuild their relationship.

Mediation work was unsuccessful. Mother was especially concerned that YPB's challenging and sometimes violent behaviour was insufficiently improved. The mother hoped time away from the family home would provide an opportunity for YPB to learn how to better manage behaviour. There are also worries about the risk of CSE/criminal exploitation and NEET. YPB had episodes of going missing and returning via taxi.

AST assessment work found the family had a limited support network. Paternal family members were explored but YPB's father did not engage with this. The AST social worker engaged mother and daughter in mediation sessions.

The AST social worker supported YPB to consider education and future and made relevant referrals. However, the YPB did not engage. The social worker held contextual safeguarding sessions with YPB including peer mapping and exploration of positive peer relationships. Additional support included evening welfare checks by duty AST workers, weekend mentoring contact and the support of the AST mental health worker. While it was encouraging that YPB and mother shared the same goal of having a positive and stable relationship and there was hope for future reunification should they commit to mediation, mother and YPB were not committed.

YPB stayed in the Crashpad for 10 weeks, with key worker support. Subsequently, YPB was placed in supported residential accommodation as part of Section 20 accommodation arrangements. YPB went missing frequently from the placement and began spending more time residing with her mother. Arguments and challenging behaviour remained an ongoing intermittent issue. However, YPB was now more engaged with wider family and friends at these times.

c. Young person C

YPC is a Black British/Caribbean female aged 16 years. Her family has a long history of intermittent involvement with Children's Services since YPC's mother was a child. YPC's mother and siblings were removed from their mother's care when YPC's mother was approx. six years. She remained in care and while returned to the care of her mother, her mother was unable to sustain her care. She returned into local authority care as a teenager.

YPC's mother has a history of criminal activities. She was in prison when she was pregnant with her first child who is now aged 18 years. There is a history of and substance misuse and difficult relationships with her mother and family members. She has mental health difficulties which she manages well and is currently a single parent and sole carer for three younger children. Her older children are subject to a Residence Order (RO) and Special Guardianship Order (SGO). The children were removed from the care of their mother when they were young.

The children's maternal grandmother resides within the locality and has regular contact with the family. YPC's mother reported that she is not speaking to her mother due to her mother providing care to YPC.

The grandmother has been the main and sole carer of YPC's older sibling since he was a baby. She was also caring for YPC under an SGO granted in 2005. However, the placement broke down in October 2017 and YPC came to reside with her mother. Since then, YPC returned to live with her maternal grandmother. YPC's mother refused for her to remain living with her due to her abusive and disrespectful behaviour. For example, punching and breaking mirrors in the presence of the younger children, staying out late and shouting at and not listening to her mother. In the past, she has hit her mother.

There were concerns for YPC being at risk suffering significant harm due to reported involvement in criminality, negative peer groups and NEET. She resided at the Crashpad. During this time, there were increasing missing episodes, CSE and engagement in criminality. Initial mediation efforts was unsuccessful. However, this was resolved and YPC returned to the care of her grandmother, notwithstanding her mother not wanting for this outcome.

However, YPC reports more sense of stability by returning to reside with her grandmother. She stated that she was happy to be at home and see her family. She wants to pursue her education. The AST worker completed relationship work with grandmother, YPC and mother to support the return home. YPC was open to AST for 25 weeks.

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Appendix 3: Cost summaries

Cost / saving detail	Unit	Fiscal cost updated cost/ saving
Domestic violence - fiscal cost per incident: local authority, social services (children) and housing	Per incident	378
Youth offender (proxy for any further offences of the young person based on average cost of a first time entrant under 18 in the year following the offence)	Per year	3937
Education: persistent truancy (missing at least five weeks of school per year) - provision of alternative education and cost to social services	Per person per year	1400
Permanent exclusion from school - fiscal cost of alternative educational provision (e.g. in a pupil referral unit) and to social services	Per person per year	11078
NEET: Average cost per 16-17 year old NEET	Per year	635
Alcohol misuse (proxy using estimated annual cost to Public Health/NHS of alcohol dependency)	Per person per year	2192
Drugs misuse (proxy using annual savings in health and social care from structured drug treatment programme)	Per person per year	2265
Average cost of service provision for people suffering from mental health disorders, excluding dementia (all ages, including children, adolescents and adults) - fiscal costs for local authority and health	Per person per year	1035
Homelessness: Average cost of administering a decision on a homelessness application	Per application	444
Temporary accommodation whilst homelessness decision made	Per week	192
Prevention of homelessness	Per scheme	761
Child taken into care: median cost, for children with emotional or behavioural difficulties (low to medium support needs inc. care planning, maintaining placement, review and legal costs, and costs of finding any subsequent placement)	Per year	32995
Child taken into care: high cost, for children with emotional or behavioural difficulties and offending behaviour inc. care planning, maintaining placement, review and legal costs, and costs of finding any subsequent placement)	Per year	232239
Child taken into care: very high cost, for children with disabilities, emotional or behavioural difficulties, and offending behaviour inc. care planning, maintaining placement, review and legal costs, and costs of finding any subsequent placement)	Per year	375716
Child into local authority foster care: overall cost inc. allowances, social worker costs to supporting foster carers	Per week	785
Case management processes for LAC in foster care: deciding child needs to be looked after and finding a first placement and care planning	Per incident	1011
Case management processes for LAC in foster care: maintaining the placement	Per month	2248
Case management processes for LAC in foster care: exit from care or accommodation	Per incident	351
Case management processes for LAC in foster care: finding a subsequent placement	Per incident	273
Case management processes for LAC in foster care: review	Per incident	543
Case management processes for LAC in foster care: legal processes	Per incident	3684
Case management processes for LAC in foster care: transition to leaving care services	Per incident	1551
Local authority residential care home for children	Per week	3359
Voluntary and private sector residential care home for children	Per week	3305
Average cost of child protection core assessment to social services	Each	1057
Application for Child Protection Section 31 Care Order: local authority costs	Each	8460
Children in Need - average total cost of case management processes over a six month period	Per process	1769
Children in Need, case management processes - average cost of Section 47 enquiry	Per process	638
Children in Need, case management processes - average cost of Public Law Outline	Per process	2795
Common Assessment Framework: cost per CAF over a six month period (proxy for EHA)	Each	1795
Parenting Programme - median cost of delivering a group-based parenting programme	Per participant	1189
Parenting Programme - median cost of delivering an individually-based parenting programme	Per participant	2595

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Appendix 4: Methodology

An AST evaluation methodology was agreed with the Brent Early Help Service in May 2019. The primary aims are to assess the journey of families post AST intervention and any incurred or saved costs to the local authority (ideally relative to a comparator group) over 2019/20 and 2020/21. Given the integration of street mentor and mental health projects within the AST from late 2019, the expectation was that evaluation of these projects could take place within the AST evaluation activities.

Future costs incurred/savings

The initial evaluation report prepared in December 2019 set out the evaluation strategy, including plans for assessing future costs incurred/saved. Further to meetings with AST leads and the Children and Young People Performance Manager in July 2019, analysis about closed cases agreed to consider shifts in outcomes for young people at the point of closure to the AST:

a. Status with Children's Social Care (e.g. EHA, CIN, CP, LAC) including any applications for Care Orders and details of any out-of-home placements e.g. foster care, residential care with low, medium or high support needs
b. Alcohol misuse
c. Drug misuse
d. Domestic abuse incidents
e. Engagement in education, training or employment
f. Engagement in youth offending
g. Potential homelessness
h. Any re-referrals of these families to Children's Social Care post intervention

The factors above provide the opportunity to establish any potential costs and/or costs avoided. The costing typology is that used by Ministry of Housing, Communities and Local Government for the Troubled Families calculator (i.e. the New Economy Manchester database)[xii] updated by the annual inflation rates since 2016/17. See Appendix 2.

The plan was for Brent Children and Young People to run a comparator group report comparing outcomes to the AST closed case cohort. The comparator group would be drawn to reflect consistency between the AST cohort and the Children in Need census[xiii] This may have been further stratified to reflect overall differences between males/females, ethnicity and the age when the young person first became known to Children's Social Care, wherever possible.

Advice provided by the Children and Young People's Performance Manager is that relevant MOSAIC fields were not consistently completed to support that type of report for the comparator group. The agreed evaluation methodology does not provide for detailed manual review of records which is necessary to provide that depth of comparative analysis. Given this, a higher-level future cost/savings analysis has been prepared. This uses data about changes in care status between the AST and wider teams; and the AST contribution from closed cases to future costs/savings.

Family journey

Qualitative interviews with families' post-intervention about their experience of engagement with the AST have taken place. This includes exploration with the family about how the AST compares to other services they may have engaged with and the value and impact of the AST on family functioning and other outcomes. The intention is that follow-up occurs at 6 monthly intervals with as many of the same families as possible. These follow-up interviews aim to build on this knowledge, to understand how secure any positive gains are and how service users assess why this may be and what may be attributable to their engagement with the AST.

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The protocol agreed with AST management is for caseworkers to introduce the evaluation and seek the consent of families to participate for once the case is closed. Where consent is secured, contact details and high-level information about the types of needs and circumstances of the young person pre/post AST intervention and the length the case was open to AST are shared with the independent evaluator.

The evaluator sends an initial introductory SMS to the relevant family member (typically the parent, sibling carer or grandparent) and thereafter seeks to engage the family in a confidential phone interview of approximately 15-20 minutes (although noting these can take longer, with approximately 30% of interviews having taken more than 45 minutes).

Details have been shared with the evaluator details of 22 young people (21 families) where young people and/or parents consented to participating in the evaluation by early January 2020. Of the 22 young people, baseline interviews took place about 15 young people (14 families). The remaining families chose not to participate in the evaluation. Follow-up interviews were agreed with 10 of the 15 (3 of the baseline interviews had been conducted with families where young people had never engaged with the AST). Follow-up interviews were conducted about 7 young people. Two of the interviews were no longer possible as contact details have changed. One other potential interviewee was contacted and messages left five times over 2.5-week period.

Fewer families were referred to participate in the evaluation than had been the original expectation. The ambition was that 20 families might participate in initial interviews by October 2019. This over-sampling was designed to overcome drop-out with families with complex needs in longitudinal research. In this way, 10+ follow-up interviews would occur by early March 2020. Then into year 2 of the evaluation, over-sampling would be sustained so that 20 families will have been interviewed at least 3 times by March 2021 to inform learning about the sustainability of changes over time.

Other qualitative research

Focus groups and interviews were conducted with AST leaders (x 2), caseworkers (including the coordinator), AIR Network mentors, a Potential Mentoring street mentor and the mental health practitioner in February/March 2020. These aim to identify:

- What works well
- What is more challenging
- What is different about the way the AST operates compared with other experiences working with young people and families in crisis and/or with complex needs
- Approaches to ensuring effective, quality work with young people and families that reduces crisis and keeps young people and families moving forward
- Any opportunities for service development

Other desktop review

Desktop review work includes:

- Practice research relevant to intensive family preservation services (referenced in end notes)
- AST Operational Handbook
- AST closed case data and profile
- Project aims and monitoring data of the mental health and street work projects.

Finalising the draft report

A full draft report was prepared and shared with AST leaders in April 2020. Initial feedback in May-June 2020 involved meeting the AST manager and email from the AST deputy manager. Further meetings

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with the Brent Children's and Young People Quality Assurance Lead and the QA Lead/AST deputy team manager and AST coordinator have occurred in June 2020.

The draft report was largely agreed and feedback was positive, including in relation to an evidence-led, measured approach, illuminating the voices of families and setting out specific challenges. There was discussion about how to include more information about Crashpad and out-of-hours work in the final interim evaluation report. Key insights about these aspects of AST service provision had not arisen in the data collection processes to date. It was agreed that the AST coordinator would provide additional data about:

- Young people that had temporarily resided at the Crashpad for the year ending March 2020 in the same anonymised format as existing information sharing.

- 2-3 case studies that bring to life AST support for young people using Crashpad.

- Out-of-hours work, particularly working alongside the YOT to support young people attending Saturday Youth Court and plans to provide crisis interventions for young people that have existing support through Brent Children's Social Care and Family Solutions from April 2020.

This data was provided on 10 July 2020. The data points to a significant provision of AST rapid interventions to young people with existing support through Children's Social Care and Brent Family Solutions. 42 young people have been supported since April 2020. AST leaders agreed with George Partnership Limited to ensure this area of work with young people is explored as part of 2020/21 evaluation data collection, analysis and reporting processes. A final draft interim report was provided to AST leaders on 20 July 2020.

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Endnotes

[i] Ministry of Housing, Communities and Local Government, *Supporting Families Against Youth Crime* initiative. Brent Children and Young People's Department was successful in securing funding. This includes (A) superheroes project to equip professionals with a curriculum and the know-how to build resilience within children in the early years and at primary school as part of preventing and reducing risks of youth crime; (B) gang and youth crime focused parenting programmes to help parents with evidence-based strategies and tools to prevent and reduce risks of youth crime; and (C) street mentoring and mental health provision integrated within the Accelerated Support Team (AST) enhances delivery of key objectives of the AST.

[ii] Report from the Strategic Director of Children and Young People, *Annual Corporate Parenting Report 2018-2019,* 24 July 2019 (see 6.4)

[iii] Ibid at page 7, referring to work by Caplan G., 1964. *Principles of preventive psychiatry,* New York, Basic Books and Kinney J et al 1991, *The Homebuilders model: Keeping families together,* Hawthorne, New York: Aldine de Gruyter.

[iv] Bezeczky, Z., El-Banna, A., Kemp, A., Scourfield, J., Forrester, D., Nurmatov B.U *Intensive Family Preservation Services to prevent out-of-home placement of children: A systematic review and meta-analysis.,* Cardiff University. 2019

[v] Examples were described of an AST caseworker being one of multiple concurrent services. Other services include a social worker from the Localities team, young person/family accessing support for substance misuse needs, a parent accessing DOR therapy and the young person having support from AIR network mentor and CAMHS (in addition to any in-school support the young person may have).

[vi] ONS, Annual Population Survey, 2018 (June 2019) which reports Black/Black British population of Brent as 18.9%.

[vii] This is consistent with the evidence base about what works to turnaround the lives of families in crisis and/or with complex needs. For example, DCLG, 'Working with Troubled Families: A guide to the evidence and good practice (2012) at p.17 which states '*A family's impression of their worker is often what determines their views of an entire service and willingness to work with it. If professionals can overcome families' resistance and start to build such relationships, families are much more likely to accept the support being offered and respond to the strong challenge to try to change their lives'.*

[viii] Albeit one to two visits per week is more typical at the start of the engagement.

[ix] A recurrent theme in research is that much of the success of family intervention work is due to the skills of individual workers, both in building an honest and productive relationship with a family and influencing the actions of other agencies around that family. See for example: DCLG, *Working with Troubled Families: A guide to the evidence and good practice* (2012) p.17.

[x] See for example, Deković, M et al (2011). Effects of early prevention programs on adult criminal offending: A metaanalysis. Clinical Psychology Review, 31, 532–544. Van der Put et al. (2011). *Changes in the relative importance of dynamic risk factors for recidivism during adolescence.* International Journal of Offender Therapy and Comparative Criminology, and Harris, J. (1995). *Where is the child's environment? A group socialization theory of development.* Psychological Review, 102, 458–489.

[xi] This focus on cultural competence in social work practice with diverse communities is the subject of wide research. See for example, Harrison, G; Turner, R (2011) 'Being a 'Culturally Competent' Social Worker: Making Sense of a Murky Concept in Practice' *The British Journal of Social Work*, Volume 41, Issue 2, pp333–350 and Sakamoto, I (2007) 'A critical examination of immigrant acculturation: 'Toward an anti-oppressive social work model with immigrant adults in a pluralistic society' *British Journal of Social Work*, Volume 37, pp515–35

[xii] DCLG, *Local Authority Data on Cost and Potential Fiscal Benefits of the Troubled Families Programme* Oct 2016

[xiii] Department for Education, *Children in need census: Additional guide on the factors identified at the end of assessment* Nov 2015

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