



Department
for Education

The Right Home Project

Research report

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1. Executive Summary

The Right Home Project's aims and intended outcomes

The Right Home Project (RHP) represented a multi-agency approach from children and young people's services, housing services and providers to addressing a gap in provision for young people on the edge of care or at risk of being homeless in Calderdale. It aimed to increase the range, quality and effectiveness of support, and to improve outcomes for young people by providing a broad and flexible range of accommodation options alongside a personalised package of support. Five accommodation strands were developed: a Short Stays residential service and Boarding School places for young people on the edge of care; a 24hr Intensive Supported Accommodation service and Foyer provision for vulnerable 16-25 year olds at risk of homelessness; and a Staying Close option for young people leaving residential care. A single multi-agency panel provided a central pathway for assessing referrals and allocating accommodation and support. The RHP Board met monthly and provided oversight during the first year of operation.

The intended outcomes for the RHP included local authority level outcomes (reduced numbers of adolescents entering care and homelessness in the LA; streamlined access routes and provision across the different service options, and cost savings); and young people and family level outcomes (improved wellbeing; participation in education, employment and training, improved family relationships, and reduced homelessness and family breakdown to prevent entry to care where appropriate).

Evaluation methods and aims

The evaluation used mixed methods to gather data at 3 time-points (T1- RHP start, T2- follow-up and T3- evaluation endpoint). It included 2 strands:

1. a process strand to explore the implementation of the RHP and the factors that had enabled successful service provision or had presented challenges. Data were gathered via 34 interviews and surveys with project and partner agency managers (T1=17, T2=13, T3=4) and 5 focus groups with frontline staff (39 data items in total)
2. an impact strand to explore the characteristics, needs and early outcomes for young people and families using the different RHP options, including their experiences and their views on which aspects of the service had worked well and not so well. Data on 33 young people who accessed the RHP during the evaluation time frame were gathered from service referral systems; an evaluation questionnaire embedded within service entry monitoring forms; T3 update data from RHP staff, and follow-up interviews with 15 young people and 5 parents/carers

The small sample size, distributed across 5 different options, and short time frame limited the scope for measuring outcomes, as most of the young people were in the early stages of service use at follow-up. This also meant that an economic component was not feasible. The findings are therefore based on an early evaluation of progress in service set-up and provision and its impact on the early outcomes for young people and families.

Key findings

The RHP had made considerable and successful progress towards achieving its aims and outcomes during the first year of operation.

Successful service set-up and delivery

The 5 accommodation and support options were developed, implemented and all but one were operating at capacity. The new single pathway for assessing and referring young people to appropriate RHP options was operational, having been used for the majority of referrals. In addition, the RHP supported 48 young people during its first year: 21 through the edge of care provision, 25 through the homeless prevention accommodation and 2 through Staying Close. The evaluation sample comprised the first cohort of 33 young people using the service.

High level of difficulties and needs

Data on characteristics, difficulties and reasons for referral showed high levels of vulnerability and need in the sample. Over three-quarters (26, 79%) of the young people using the RHP presented with multiple difficulties and risk behaviour. Poor emotional and mental health was also evident, including self-harm and depression. Whilst adolescent behaviour was often the trigger for referral, some young people had left home to escape violence or risk from family. Data also suggested that difficulties had been long standing with 55% of the group having past involvement with children's services, including 30% who had been in care in the past.

Improved progress in education, employment and training, wellbeing and home life

As noted above, the short follow-up timescale and small sample size suggests outcomes should be interpreted cautiously: however, there was some early indication of positive progress over time for the interview group. Levels of participation in education, employment and training (EET) had risen from 67% of the sample at baseline to 80% at follow-up and young people's reflections on progress showed that 87% reported improvements in EET. Similar self-assessments were made about improvements in home life (87%) and life in general (60%) at follow-up (the remainder reported no change). This was supported by an upward trend in young people's sense of overall wellbeing over time, which had increased from a mean of 64.4 at baseline to 72.5 at follow-up.

Progress in reducing the risk of care and homelessness

Emerging findings on RHP take-up and young people's circumstances at follow-up were mixed and reflected the complexities of accurately targeting the service.

Just over half (19, 58%) of the sample had exited the RHP by T3, of which 42% (8) had disengaged from the service. Nevertheless, almost half (9, 47%) of the exit group were considered by managers to have had their needs met by the RHP service, for example by being supported into new accommodation, returning to family or, where assessed as the most appropriate option, remaining in or entering care.

Over half of the edge of care group (7, 54%) had remained out of care, though, not necessarily with their parents, with 15% (2) going to live with other family members over follow-up. Almost one-third (4, 31%) had entered care. Whilst on the surface this might suggest limited success for the RHP in preventing family breakdown and entry to care, the fact that care was needed and in some cases planned, supported strong concerns from RHP staff that thresholds for accessing the service had been set too high for the first cohort and that an initial lack of understanding amongst referring social workers of the preventative purpose of the new provision had meant that it was under pressure to provide emergency placements for some young people who were already in the process of entering care.

There was evidence of positive progress for those using the homeless prevention options, with most having found accommodation stability since baseline. Over half of the group (11, 55%) had been living in their RHP accommodation for at least 8 months by follow-up. Of those who had left, 2 had successful moves to family, 2 had left the service and 3 had been evicted due to levels of risk and need that could not be contained by the service, despite ongoing help.

Learning and recommendations

Learning points were based on the views of RHP staff about the enablers and challenges to implementation, and of young people and families on what had worked well and not so well in supporting progress.

Facilitators included effective partnership working between children and young people's services and housing services, which, alongside joint oversight by the RHP Board, and vertical and horizontal buy-in from partner agencies, had kept the project on track and enabled challenges to be addressed quickly. A shared vision contributed to service refinement, and effective communication and collaboration at practice level had enabled a shared knowledge of young people referred to the RHP and thereby improved support to meet their needs.

Young people and families valued the flexibility and range of personalised support received from staff. Having time away from family difficulties, together with help with practical and emotional needs was welcomed. Being able to check in with staff for support and advice out of hours was considered a particular advantage as described by one parent: “social services aren’t always open but there is always someone at [RHP] always somebody to help”.

Challenges included the short timescales for implementing the project and generating evidence needed for negotiating sustainability. Setting up the single referral and assessment pathway into the RHP, which involved streamlining existing systems across the different services, proved complex and lengthy. The level of difficulties and needs of some young people proved too high for some services to effectively address and had raised concerns about high thresholds and referral criteria, particularly for edge of care provision. Parents, too, had commented on the need for earlier intervention. Work was ongoing to reframe criteria and thresholds for accessing Short Stays and 24hr Intensive Support accommodation, and establishing protocols for supporting more complex young people who were unable to maintain their accommodation.

Several recommendations were identified. Implementation of innovative approaches involving multiple partners requires realistic time frames and resources to set up provision and test out and refine procedures including referral routes, thresholds for accessing services, staff training needs, and systems for monitoring and evidencing effectiveness.

Further practice and research evidence is required to explore the effectiveness of preventative approaches. The RHP provided an example of how services can bridge the gap between family support and entering care for vulnerable adolescents. To see whether and how such approaches prove effective in the long-term requires longitudinal research.

Commitment and resources are needed to sustain new approaches and enable them to operate as intended. In the current economic climate where, arguably, there is a greater need for bold and creative solutions and yet limited resources to develop them, the Innovation Programme (IP) offered a welcome opportunity to enhance and redesign services; increase accommodation options and staffing and improve practice in the local authority. Sustaining services in the longer term, however, depends on competing local pressures. One of the RHP options was withdrawn during the evaluation time frame and another initially struggled to operate a preventative service, as intended, due to the need for emergency placements.

2. Overview of the Project

The project seeks to intervene to divert adolescents into the right home, at the right time with the right care and support around them and their families (RHP IP Bid).

The RHP represented one local authority's innovative approach to supporting vulnerable adolescents and their families to prevent family breakdown and its consequences for young people, such as homelessness and entering care. It was designed to bring together a range of partner agencies to deliver a menu of accommodation and support options to meet the diverse needs of adolescents and young people aged 11 to 25.

What was the project intending to achieve?

The RHP aimed to improve the quality and effectiveness of Calderdale Council's support to adolescents on the edge of care or homelessness, and their families, by providing an earlier and wider range of accommodation and support options. It also aimed to generate cost savings by providing a joined up approach to referral and service provision, reducing the number of young people entering care and emergency or crisis placements and improving longer term outcomes, including accommodation stability, health and wellbeing and participation in education, employment and training. The project team stated that:

We want to provide the accommodation and support that will prevent young people from going down a path where they bounce from service to service or in and out of accommodation; where they fail to build their skills, access learning or move into work. We want to prevent them from having the kind of transition to adulthood that sustains their current problems or creates more (RHP IP Bid).

The local authority had identified a service gap for some adolescents who were struggling with difficult and chaotic home lives, or who were exhibiting risk behaviour, and yet for whom entry to care might not be the most effective option:

There are young people in Calderdale who, without the right support, are finding themselves on a journey into care during middle adolescence. They are the young people who eventually find themselves in crisis at 16 or 17, kicked out of home or choosing to leave their difficult circumstances. (RHP IP Bid)

The RHP recognised the need for tailored and age-appropriate support options to meet the particular needs of these vulnerable adolescents who came into contact with services, and for whom the existing range of options was limited: "taking a young person into care at some point often becomes the default option and we rely too heavily on expensive emergency placements at points of crisis" (RHP IP Bid). The RHP aimed to provide interventions to prevent entry to care where appropriate and to provide more

intensive support options for those older adolescents who were unable to live with their families or carers and were in crisis or at risk of homelessness.

The overarching objectives of the RHP, as outlined in the theory of change, were to develop a multi-agency approach to improving experiences and outcomes for young people and their families (see Appendix A). Intended outcomes fell into 2 categories:

- local authority level: reduced numbers of adolescents entering care where appropriate; streamlined access to, and provision of, services; improved working and co-ordination across services; cost saving and reinvestment to sustain services
- young person and family level: improved participation EET; improved wellbeing and satisfaction; improved family relationships and reduced homelessness and risk behaviour

How was it intending to achieve these outcomes?

To achieve these outcomes, the RHP comprised the following key components.

A menu of accommodation options

RHP created a menu of 5 accommodation options comprising early intervention support; accommodation with intensive support; and accommodation with tapered support. The RHP menu encompassed existing accommodation provision that was enhanced under the RHP, and newly created accommodation options that were offered alongside existing support options from the Family Intervention Team. The 5 accommodation options (detailed in Appendix A 2) included:

- Boarding School placements for 11 year olds on the edge of care (new option)
- respite in a dedicated Short Stays residential unit for 13-17 year olds on the edge of care (new option)
- intensive 24 hour Supported Accommodation for vulnerable 16-25 year olds (including care leavers) for up to 6 months, comprising 6 flats with capacity for 8 young people (new option)
- Foyer provision for young people aged 16-25 years comprising 6 new flats for up to 2 years and 2 dispersed flats that can become secure tenancies (enhanced option)
- Staying Close support for young people leaving residential care (new option)

Expert and holistic support

The RHP aimed to provide each young person with tailored needs-led support by creating expert support teams in the accommodation settings. This included the allocation of a consistent key worker or lead professional to offer individual support throughout.

Single multi-agency referral panel

To oversee project referrals and allocation, the RHP expanded the existing virtual team, known as the Vulnerable Young Peoples' Panel (VYPP), which had been created in 2014 to establish a multi-agency approach to working with vulnerable adolescents. The VYPP brought together representatives from children's services with housing provision (in-house and partners) and included experts from services working with adolescents and their families such as the early intervention and LAC teams and the Youth Offending Service (YOS). The key objectives of the VYPP were to minimise the number of individual agencies and professionals that young people would "need to tell their story to" (RHP IP Bid) and to consider each young person's circumstances to ensure they received the right supported housing option to meet their needs.

In bringing these components together, the RHP aimed to work with around 50 young people in the first year: 3 in boarding schools, about 25 in short stays, and 24 in intensive and tapered support options. The project team stated that they would "measure success by the numbers of young people we avoid bringing into care and the numbers we prevent from becoming homeless".

Relevant existing research relating to this innovation

Three areas of research provided an evidence base for the RHP: research relating to adolescents in, and on the edges of, care or homelessness, and to the use of innovative preventative strategies.

Existing research and practice evidence has highlighted the characteristics of adolescents on the edge of care and a need for more specialist, age and need appropriate, support to better understand and respond to this group (Bowyer and Wilkinson, 2013; ADCS, 2013; Goran and Jobe, 2013; Dixon et al, 2015). It has outlined some of the specific challenges young people and their families face and a previous lack of service provision to intervene early to prevent difficulties escalating and entry into care:

Researchers have identified a reluctance to intervene with adolescents experiencing serious risk before they reach the threshold for care. And when resources are sparse, adolescents are the first age group to be deprioritised (Hanson and Holmes, 2014).

Recent research on adolescents on the edge of care (Dixon et al 2015) has also outlined some of the reasons for current efforts to support this group; the rising numbers within the age-group coming into care and the associated costs; the need to find more effective and cost-efficient alternatives to care, and the concerns around poorer long-term outcomes for those who enter care as adolescents aged 14 and over, which include instability in care placements, post-care housing instability and homelessness, unemployment and poor mental health (Sinclair et al, 1995; Sinclair et al, 2007 and Dixon et al, 2006).

Research on homeless young people has also highlighted the risk of poor outcomes into adulthood including physical and mental health issues, educational disruption and long-term unemployment. Recent figures suggest a rise in the number of homeless young people seeking help (DCLG, 2016; Quilgars et al, 2011 and 2008). The increasing extent of youth homelessness and recognition of the need for improved and joined-up approaches from children's social care and housing departments was demonstrated by the 2009 Southwark Judgement, which emphasised the duty of housing and children's services to collaborate to meet local authority obligations to provide accommodation and, where appropriate, leaving care services to this group of young people (DCSF, 2010).

Research and practice evidence on the use of innovative approaches to supporting vulnerable young people is also relevant. Of particular relevance is research on the use of preventative strategies for adolescents using short stays in residential care (Dixon et al, 2015; Thompson and Hammond, 2015; Dixon and Biehal, 2007). Some of this evidence suggests positive outcomes in supporting families to address difficulties and divert adolescents from long-term care. Other innovative approaches include the use of Staying Close, supported by the recent review of residential child care by Sir Martin Narey (see DfE, 2016a and DfE 2016b) and the use of boarding school places as a preventative strategy for young people at risk of entering care. The latter forms part of Buttle UK's Boarding Chances for Children initiative being evaluated using a Randomised Control Trial (RCT) by the universities of Durham, York and Nottingham, see [Chances for Children](#).

Changes to the project's intended outcomes and activities

Some changes were made to the project: however, these did not affect the overall aims of the RHP. Changes included:

- the Short Stays option was based in a decommissioned local authority residential unit, rather than in accommodation provided by a housing provider as initially planned

- Staying Close changed to supporting young people in a range of accommodation rather than static dedicated accommodation provided by the 24hr Intensive Support option
- the boarding school option was withdrawn from new referrals at the end of the first year, because of competing financial priorities and a degree of ambivalence within the council about the principle of using such options for young people in and at risk of care

The context within which this innovation took place

The RHP took place in Calderdale, a relatively small English Metropolitan Borough, with a population of 205,293, including 21,826 young people aged 16-24 (see [Calderdale observatory](#) and [economic data](#)). Data from 2011 showed that 9.5% of people lived in neighbourhoods that were amongst the 10% most deprived in England, with 19% of households in fuel poverty and 6.5% of households overcrowded. Approximately 21% of the local authority's children were living in poverty (Ofsted, 2015). Unemployment in the area was marginally higher than the national UK average (5% compared to 3.7%). This was also the case for youth unemployment (28% compared to the UK average of 26.8%).

Youth Homelessness

The Council's [Homelessness Strategy](#) (2015-2020) stated that youth homelessness in the area had been an ongoing challenge and that it was increasing:

Youth homelessness presents a considerable challenge locally and presentations and admissions to temporary accommodation from this age group have been rising during the past 3 years. Outcomes for homeless 16 and 17 year olds are considered by most of the agencies working with them to be less than satisfactory (p.27).

The Council's Housing Options services and Children's Social Care service each have duties towards homeless 16-17 year olds (See DCSF, 2010). Figures provided by the Council refer only to the young people approaching the Housing Options service and subsequently being placed in temporary accommodation, therefore, do not capture the full extent of homelessness. They show that for 2014-15, 87 young people approached the service: 30 were accepted as homeless presentations, 16 as unintentionally homeless, one as intentionally homeless and 40 were admitted to temporary accommodation. The Council was working with a number of housing partners, including Sanctuary Supported Living, Pennine Housing, Horton Housing and Stonham.

Adolescents in contact with children's social care

Data gathered for 2015 showed that 1,240 children were registered as children in need (CIN), 205 were the subject of a child protection plan (CPP) and 320 were looked after children (LAC), 165 of whom were in the adolescent age-range (10-16+ years). The number of all LAC in the local authority represented a rate of 70 per 10,000 of children aged 18 years or under in the area. This compared to 60 per 10,000 nationally (DfE, 2015a; DfE, 2015b). Most young people were accommodated in foster care, as was the case nationally. The area had 3 local authority children's homes in 2013.

3. Overview of the Evaluation

Evaluation aims

The evaluation aimed to describe, for the purpose of sustainability and replication, how the various RHP components and systems were implemented and operated from the perspective of managers, front line staff and service users. This involved exploring what had facilitated implementation and how the project was progressing towards meeting its stated objectives.

The evaluation also aimed to understand who was using the project by exploring the characteristics and needs of the young people and families accessing the RHP options. Finally it aimed to look at the experiences and emerging outcomes for young people and families to understand whether or not the service had achieved its aims. The main research questions were:

- What does the provision involve and how is it being implemented and operated?
- Who are the young people and families using the RHP and what are their needs?
- What are the early outcomes and experiences of the young people and families using the RHP?
- What learning points from the project and evaluation can be used to inform sustainability and replication?

The overall objective was to explore the early impact of the RHP as a vehicle for improving services, support and outcomes for young people on the edges of care or homelessness, and to identify learning for future sustainability and replication.

Methodology

A mixed-methods approach was used, comprising 2 work strands:

- a process strand to capture set-up and operation of the RHP from the perspective of key stakeholders and partner agencies
- an impact strand to explore characteristics, experiences and early outcomes for young people and families using RHP options

(See Appendix B for details of the methodology, data collection and response rates.)

Data were gathered at 3 time-points (T1, T2 and T3) for both strands:

- T1: baseline - at or soon after start of the RHP (process) and entry to RHP (impact)
- T2: follow-up - main data collection endpoint February 2016

- T3: evaluation endpoint - update interviews and survey September 2016

Quantitative data included a range of scales and measures and were subject to mainly descriptive analysis using the statistical package for social sciences (SPSS). Qualitative data, captured via interviews and questionnaires, were subject to thematic analyses.

Young people's participation

The evaluation also involved participatory methods to enable young people to play an active role in key stages of the research process. Participatory and peer research methods can be of benefit to the research process and to young people taking part as research participants and advisors or peer researchers (Kelly et al, 2016). The evaluation team worked with a group of 4 young people recruited from the local authority and with similar backgrounds to the project service users, to form a research advisory group.

The main role of the advisory group was to contribute to the development of research materials to ensure they reflected young people's views and priorities. The group co-created information leaflets and consent forms for parents and young people, and co-designed young people's interview schedules. The advisory group benefitted the evaluation by contributing young people's views on interview topics and interpreting findings. It also benefitted the young people by providing them with an opportunity to gain transferable skills, by attending a residential research skills workshop at the University of York (see Appendix B 2 for further information on the young people's advisory group).

Data collection and evaluation sample

Process strand

Process data were collected from lead managers from the partner agencies, together with focus groups with front-line staff at T1 and T2. This enabled the evaluation to describe the range of services offered under the RHP umbrella and identify the barriers and enablers to successful implementation. The limited timescale, which reduced the follow-up time-window, led to the decision to introduce a final round of surveys and interviews with managers at T3 to gain an update on progress and future steps.

Seventeen service managers, RHP Board members and partners (including referring managers) contributed to interviews at T1. All were followed up with a focused telephone interview or electronic survey at T2, some 4 to 6 months into operation of the RHP, to gather their reflections on progress. Participation rates were high at T2 (13, 76%).

Five focus groups were held with frontline staff from the RHP accommodation options, to draw out the practice methods used; work with partner agencies; and lessons learned.

A final survey was sent to the RHP manager and leads of the accommodation options (n=5), to gain an update on progress at T3. Four responses were received.

In all, 39 items of process data were collected (see Appendix B Table 5).

Impact strand

Data were gathered from young people and families referred to the 5 RHP options during the evaluation data collection period (August 2015 - 15th February 2016). Given the innovatory nature and the offer of 5 different RHP options, flexibility was required as regards the tools created and the time-points for data collection and, therefore, separate questionnaires and interview schedules were tailored to each RHP option, though key areas of enquiry were common to all.

Questionnaires gathered data on circumstances and goals, and incorporated 2 or more outcome measures, depending on the type of RHP option used: for example, participation in EET, housing circumstances and family functioning. The Good Childhood Index (GCI) (Rees et al, 2010) was used to capture young people's views on their wellbeing at baseline and follow-up.

In addition, a data-mapping tool was created to bring together data from local authority (LA) management information systems (MIS) and from the different RHP options' own monitoring systems. The mapping tool provided data on basic characteristics, needs at baseline and history of contact with children's services.

Follow-up face-to-face interviews were carried out to gather the views of young people and parents on the experiences and impact of using the RHP. Delayed timescales for the RHP options accepting referrals, which had reduced the time frame for evaluation follow-up, meant that many of the service users were still in the relatively early stages of their RHP option by the T2 follow-up (for example, one to 7 months later). Brief update information on service users was, therefore, gathered from service leads at T3 (see Appendix B Table 6). The sample comprised the following:

- T1 baseline: data from questionnaires and RHP and LA data systems on all 33 young people who had at least one over-night stay in RHP accommodation
- T2 follow-up: interviews completed with 15 young people and 5 primary carers, 12 of whom were still in receipt of RHP services
- T3 update: data gathered from managers on current RHP involvement and whether goals had been met for all 33 young people; and interviews with 2 young people and one parent in the process of exiting their RHP option

Significant changes to evaluation methodology

Some changes were made to compensate for the compressed timescales and small sample size available to the evaluation.

A number of factors limited the ability of the evaluation to gather impact data on outcomes for service users. Some initial delays in RHP options becoming operational affected the overall sample size and timescales for gathering outcome data as most respondents were in the early months of their RHP intervention. A final round of data collection was introduced in September 2016 (T3).

The variation in the services offered under RHP, and the different populations to whom it was being delivered, meant that the planned single data collection approach was not possible. Instead separate and varied versions of questionnaires were created.

To compensate for the lack of outcome data, the evaluation placed greater emphasis on process and qualitative data to understand the factors that contributed to successful implementation of the different options and the RHP overall.

Finally, several issues meant that the economic component was not feasible within the current evaluation. The variation in service user groups and the different types of support provided through RHP, for example preventative strategies to avoid care and strategies to support independent living and prevent homelessness, contributed to the reduced sample sizes and lack of common measures; short timescales limited the scope to capture follow-up and outcome data; and data gathered on service use via the Service Provision Checklist, (Holmes and McDermid, 2012) and placement types was of insufficient quality and quantity for useful analyses. In addition, data needed to explore value for money were not available from the LA at the time of writing the evaluation report.

4. Key Findings

This section explores the progress of the RHP in achieving its intended outcomes for the local authority and young people and families. It presents findings from the process strand on the implementation of the RHP options and also findings from the impact strand on the characteristics, needs and experiences of those using the service. In doing so, it

- considers the facilitators and challenges involved in implementing and sustaining the RHP options
- explores the early outcomes for young people and families using the services, drawing on their experiences of the RHP and their perceptions of progress
- presents learning based on what worked well and not so well from the perspectives of those developing, providing and receiving support from the RHP

Process findings

Data gathered from interviews, focus groups and surveys with the RHP partners were used to explore the implementation of the RHP and the factors that affected progress in operating the different options within the local authority (see Appendix C).

Implementing the RHP

Evidence showed that the RHP had achieved considerable progress in meeting its aims to deliver a broader menu of accommodation and support options for vulnerable young people, managed through a multi-agency referral pathway. Within the first year, all 5 accommodation options were operating and had been used to support 48 young people.

The 5 accommodation and support options

The service began in July 2015, with the first 4 months focused on getting each of the options ready for operation; developing a service pathway and promoting the RHP services to other agencies and service users. Although delays were experienced, the RHP options were operational by November 2015, with systems in place for assessing and managing referrals and liaising with other relevant agencies. In addition, the local authority (LA) had utilised co-production techniques to involve young people from the children in care council (CICC) and the RHP service in the development of referral information and pathways; the redesign and refurbishment of the accommodation, and in promoting the RHP service via a short film.

The Foyer had been operating prior to the start of RHP and involved making available a proportion of existing provision to the RHP. The Staying Close option began at the end of

August 2015 and the 24hr Intensive Support flats, which required refurbishment, recruitment of staff and negotiations around sign-off on contracts and referral routes, offered their first placement at the end of September 2015. Despite initial delays in recruitment to the Boarding School option, due to procedures related to an external RCT, this option went live in September 2015 in time for the new school term. The Short Stays service was delayed by several months as time was needed to decommission an existing residential unit, which included rehousing residents, and restructuring the service as a short stays provision. This involved the recruitment of a new manager, the development of a model of care and policies and procedures for working with both young people attending the unit and outreach work with families; the refurbishment of the unit and working with staff to adapt to the change in purpose and provision. The service was re-opened following an Ofsted inspection and began accepting referrals in October 2015.

By February 2016, 4 of the options were operating at full capacity, with some residents having left the service and places taken up by new referrals. The Boarding School continued to operate at 50% capacity throughout, as the second young person turned down their place, and the option was later withdrawn as an RHP option for new referrals, though the existing placement continued to be supported.

The referral pathway

Whilst the RHP was successful in achieving high occupancy rates across accommodation options, the referral routes and rates took several months to establish, and remained open to revision. The plan was for all referrals to be processed through the single point, using the Vulnerable Young People's Panel (VYPP), which met weekly. In practice, it was not always possible to assess referrals prior to placement as young people could be offered an RHP option in an emergency or could self-refer directly to the accommodation. In such circumstances, it was agreed that young people would be reviewed retrospectively at the next VYPP meeting to ensure that each referral was assessed and had been offered the right option.

What worked well in implementing the RHP?

Managers and staff from the RHP partner agencies and accommodation options provided their views on what had worked well in setting up the service. The main factors identified suggested that the RHP, through the innovation programme, had benefited from opportunities for partnership working, joint oversight, and adopting a flexible approach and creative solutions to addressing the gap in service provision for different groups of vulnerable adolescents. (See Appendix C Table 7.)

Partnership working and buy-in

Stakeholders felt that the RHP had benefited from an effective partnership approach and collective vision that had evolved from identifying the need for a multi-agency service in

the first instance, through the development and launch phase of RHP, into continued collaboration and operational oversight of the services. The improved working relationship between children and young people's services and housing services was considered to have improved considerably and had enabled a more co-ordinated and efficient service for supporting young people, who might previously have been passed between the two services. It was felt that the shared approach, enthusiasm and willingness to overcome obstacles had been facilitated by existing links that had been formed through the VYYP (which had brought together Children and Young People's Service, housing services and partner agencies) and had smoothed the implementation process:

The partnership working has been one of the biggest successes of the RHP. Engaging with key partners and stakeholders from the beginning. Their willingness and enthusiasm also helped with the limited time we had to consult. It meant that the limited number of consultation meetings we had were productive and well attended. (Manager2)

The importance of horizontal and vertical buy-in was emphasised, with several managers commenting on the commitment to the RHP at all levels and across all partners, which had helped to overcome obstacles:

We got that buy-in, and I think that's why the project has been so successful. Buy-in has come right down from elected members through DCS, right through the service and across partners. So that has minimised challenges, or it's helped us manage any challenges that might have come up. (Manager2)

Communication and joint oversight

Opportunities for regular communication and progress updates proved essential for keeping plans on track, addressing obstacles as they arose, and in identifying and managing referrals. This was facilitated through the weekly VYYP and also the establishment of the RHP Board, which comprised representatives of the partner agencies and met monthly to oversee the RHP during the first year of operation. The Board provided both joint oversight and a platform for promoting and championing the project. A young people's service providers' forum was developed toward the end of the project to enable ongoing collaboration and communication across the agencies.

In addition, staff from the Foyer, 24hr Intensive Support service and Short Stays service gave examples of close collaboration and communication at a practice level that served to strengthen relationships with partner agencies and local authority staff. This facilitated a shared knowledge of young people coming into the RHP services, which enabled staff to develop personalised packages of support to meet their needs.

The importance of raising awareness of the RHP services across the borough was emphasised as a means of generating referrals from agencies and from young people themselves. Strategies included the development of information leaflets, a service launch event and attendance at staff meetings across relevant agencies to promote the RHP aims and provision.

Opportunities for creative and bold service solutions

RHP managers valued the opportunity offered through the IP to have the freedom to design a new service, building on the IP resources and the expertise and good practice of staff and managers. This enabled staff to work creatively to design and deliver provision that responded to the range of needs of the service users. Staff talked of scope to draw upon learning from good practice models operating in other authorities and harnessing the drive of project managers and test out bold innovation through the different project strands. Of note were the opportunities to be part of an experimental programme using Boarding School provision to prevent entry to care; to test out Staying Close provision; and to make use of residential care to provide respite support and outreach aimed at rebuilding relationships between young people and their families, to prevent the consequences and costs of entry to care:

RHP has allowed the service to change its function into an entirely new service, to take the bold step of diverting funds to a preventative vision of residential care at times when residential beds are in short supply. This was a bold and dynamic vision and I believe in time will be proven to be a well thought out and executed cost cutting exercise through reducing the number of children entering care. (Manager3)

Improved service provision

Despite only being live for a matter of months, managers reported that the RHP options had a positive impact on service provision for vulnerable young people in Calderdale. Factors that were making a difference included having access to a wider range of options; additional staffing and resources; extended hours for accessing support; creating specialist housing teams; developing tailored support packages and the introduction of common models of care across the agencies, including systemic and restorative practice. Overall, the RHP offered flexibility in when and how options were able to meet the different needs of different groups of young people. The expansion of accommodation options was also welcomed by other services in the area:

.... there was a shortage of supported housing provision for young people in Calderdale. The new provision has meant that young people receive personalised support in a safe environment. (Manager7)

The 24hr Intensive Support service provided safe and secure accommodation for young people leading chaotic lives, sofa surfing or at risk of sleeping on the streets. The open

door approach to providing support for residents and the emphasis on building skills and confidence and provision of support with independent living skills was considered key to establishing stability, preventing long-term reliance on services and the risk of future homelessness:

Young people worked with have stated that they have found it more settling, they are no longer being passed from a hotel to a bed and breakfast. They have the staff to help and guide with numerous issues, they have ownership of their own premises. This is empowering young people, giving them the self-confidence they need to progress forward. (Manager4)

In addition to meeting the needs of young people at risk of homelessness through family breakdown, the RHP was welcomed as a potential and positive option for care leavers who had experienced housing instability and a useful alternative to the expensive unregulated private sector. While some care leavers had used the service, there appeared to be scope for closer collaboration between RHP and leaving care services: “could the needs of young leaving care clients have been factored into the RHP. After all they are all young people requiring support at their most vulnerable”. (Manager6)

The extension to the Foyer, and increased staffing and resources, also brought greater capacity to work with 16 and 17 year olds with complex needs. The manager noted, “To be able to have a larger team with more resources means we are able to be more creative in our offer”. Staff discussed having more scope and time to build supportive relationships with young people and explore new ways of engaging with them, describing their approach as “sticking to” young people, working flexibly and positively, setting achievable goals and consistent and fair boundaries. Adopting a common and consistent approach across the staff team included working with night staff to enhance their skills to better assist with problem solving.

The creation of a dedicated Young People’s Housing Team was considered to be providing quicker responses to young people at risk of homelessness, by streamlining the referral process and diverting young people from the statutory homelessness routes into packages of safe and supported accommodation tailored to their needs.

In addition, staff and managers at the Short Stays service had covered considerable ground in just a few months. This included refurbishing the previous small group home; setting up and developing new ways of working and models of care; establishing close contact and consultancy with other agencies, such as Therapeutic Services and working with family support services; and developing relationships and creative plans with young people and families to support them with a wide range of difficulties. In addition, staff had attended training on restorative approaches to facilitate their new role in supporting families via their outreach work.

What were the challenges?

In reflecting on the challenges encountered during the process of RHP set-up, managers, partners and staff members identified several common issues: developing an effective referral process that worked well for each RHP service; limited time available to set up the RHP systems and generate evidence; and ensuring that the aims, purpose and entry criteria were agreed and communicated across agencies in a timely manner.

Streamlining referral and assessment processes

The aim was to streamline existing referral processes by developing a single pathway to access RHP through the VYPP alongside the creation of the Young People's Housing Team, which had the capacity to respond to young people at risk of homelessness. The development of a single pathway and common assessment systems, however, proved complex due to the diverse nature of the RHP provision, the range of young people targeted and the various referring agencies and established systems involved.

As the services progressed, it became apparent that the VYPP was not always the most practical referral route for some cases. Challenges included how to respond to self-referrals directly to the Foyer; young people with no agency support, and reconciling the established referral and decision-making processes in the housing options with the timetable and paperwork required by the VYPP. Furthermore, the nature of the randomisation process for the Boarding School placements removed this option from the single RHP referral and assessment system. There was also a need to establish pathways for crisis referrals to the Short Stays service and housing options.

Most of the obstacles were rectified quickly with the help of the RHP Board. For example, it was agreed that assessment and paperwork would be seen by the VYPP retrospectively and work was carried out to streamline processes through the development of a common assessment tool for the Foyer and 24hr Intensive Support housing options.

There were, however, initial differences in referral flows to the different options with the homeless prevention options reaching capacity quickly, whilst the Short Stays service initially struggled to achieve both a steady rate of referrals and the right type of referrals. As discussed later, whilst this was largely a result of the initial lack of awareness and understanding of the new service amongst social care professionals, it nevertheless had implications for the single referral pathway. As the Short Stays option evolved, it was felt that the service was sufficiently different from the other accommodation options for older adolescents and that, in the future, some adjustment would be needed to smooth the process.

Timescales

The tight timescale for setting up an ambitious project that involved establishing 5 accommodation and support options within a local authority environment and involving several partner agencies was also highlighted amongst the challenges. The drive and commitment of all involved helped to meet the target dates within reasonable parameters: however, several issues related to lengthy or complex administrative and organisational processes were raised. For example, the creation of the specialist Young People's Housing Team was delayed due to time-consuming local authority recruitment procedures. There was, however, some flexibility to relax procedures, such as obtaining agreement to waive local authority procurement procedures to facilitate the speedy refurbishment of the Short Stays accommodation.

There was also limited time to adequately raise awareness amongst professionals, young people and families of the aims and purpose of the new service, including thresholds for access and levels of support. This was important for ensuring sufficient and appropriate referrals and for distinguishing the RHP options from other similar accommodation and provision available within the borough, and yet was often taking place whilst the service was still in the development stages.

Gathering evidence and monitoring outcomes and impact

Managers also noted that compressed timescales meant that outcome data could not be collected fully or on time by the evaluation and internal monitoring systems, and evidence to aid discussion about sustainability after the first year was, therefore, limited.

In addition to limited timescales for gathering evidence, the evaluation team's attempts to embed monitoring forms within RHP systems for gathering data at entry and exit to options proved difficult. The accommodation options were already gathering their own data on service use, assessments of young people and managing risk. Additional data gathering proved burdensome for staff, young people and families entering the service. There remained a need to develop streamlined approaches to gathering evidence that included measures of outcome that could be used across the different service options, for example wellbeing, engagement in EET, prevalence of risk and difficulty.

Establishing appropriate thresholds

The RHP was broadly aimed at 2 different groups of service users; younger adolescents on the edge of care and older young people at risk of homelessness or care. Challenges arose in setting thresholds for services and accurately targeting both of these groups.

The RHP provision for homeless young people had reached full capacity within a short time and was in high demand. Challenges arose, however, in ensuring that those referred were at the appropriate level of need to be able to benefit from the service. The

high level of need and complex lifestyle of some of the young people referred to the 24hr Intensive Support accommodation, for example, resulted in them struggling to maintain their accommodation, presenting highly challenging behaviour and posing a risk to themselves and others in the accommodation. Such young people were at risk of entering a cycle of instability with limited accommodation options for moving on to. Discussions remained underway to address this challenge by ensuring more accurate assessment of future referrals, establishing procedures for management of challenging behaviour and adapting existing procedures to meet RHP requirements for flexibility in finding accommodation, including for those in danger of exhausting available options. It was also felt that having the RHP in place to intervene and support young people earlier would, in time, reduce the number of such highly complex young adults needing support.

Similarly, the appropriateness of initial referrals to both the Staying Close service and the Short Stays service were highlighted. Given the breakdown of the Staying Close arrangements, careful identification of young people was felt to be key to ensuring they were suitably matched to the option, together with planning, preparation, regular reviews and a commitment from partner agencies.

Staff involved in the management of the Short Stays service also drew attention to the extent and level of difficulties of some initial referrals for whom it was subsequently agreed that care, rather than prevention, was the most appropriate means of meeting their needs. Staff identified the need to raise awareness amongst professionals of the preventative vision for the service and model of care, and the need to receive referrals for young people at an earlier stage in the development of family or behavioural difficulties. Moving away from the idea of the service as a residential care establishment; training staff to take on innovative practice and family outreach; strong links with partner agencies and establishing a clearer admissions criteria were all seen as crucial to overcoming the problem of referrals for whom the Short Stays option was not suitable and for the overall successful delivery of the service:

Whilst professionals believe the service is to be a positive innovation they do not yet all fully understand the premise of this innovation and therefore are not using or referring to the service always in the scenarios we would wish. (Manager3)

Implementing the boarding school option

A number of specific challenges were identified in operationalising the Boarding School option (see Appendix C 1). Though some related to the complexities of using RCTs in children's social care, they nevertheless presented obstacles to implementation. The external RCT procedures resulted in difficulties and delays in fully informing and preparing families prior to being offered placements, causing anxieties to "parents and

children [who] were placing all their belief in that they or their child would be chosen". (Manager8)

A further challenge was overcoming the initial scepticism from practitioners that boarding schools could or should be used as an option for adolescents on the edge of care. Although the RHP Boarding School option was no longer available to future referrals, managers felt that some progress had been achieved in challenging the initial cynicism and reluctance to refer, largely due to the success of the first placement. The decision to end this preventative option was largely financial at a time of wider cuts to LA budgets and when the council's focus was to provide good quality care placements.

Impact findings

This section looks at the characteristics, circumstances and needs of the young people and families that were using the RHP and their experiences of receiving support.

As outlined in the methodology, baseline data were gathered from referral forms, management information systems and evaluation questions embedded within service monitoring forms for 33 young people at T1. Follow-up information on progress and experiences of the RHP was gathered from interviews with 15 young people and 5 primary cares at T2. Finally, update information on all but 2 of the 33 young people was gathered at T3.

Taking up RHP options

During the first year of operation 48 young people were supported through the RHP options. The first cohort of 33 young people who had spent at least one night in their RHP accommodation during the evaluation time frame formed the evaluation sample. Basic data on the 15 later referrals showed that they were similar in characteristics and needs to the evaluation sample (see Appendix C 4).

The evaluation sample formed 2 service groups: those taking up the edge of care provision (13, 39%) and those taking up homeless prevention options and Staying Close support (20, 61%). Referrals to the RHP came from a range of agencies: social workers, vulnerable children's education team, youth offending services, other accommodation providers, and included 3 self-referrals from young people presenting directly to the accommodation option.

Characteristics and circumstances at referral to the RHP

The majority of young people in the RHP were male (22, 67% compared to 11, 33% female) and, with the exception of 2 young people who were described as 'other ethnicity'

or 'other white', most were white British (31, 94%). The age-range of young people in the sample was 11 to 18 years, with most aged 17 years at referral to the RHP (14, 42%) reflecting the target age-range of the service. (See Appendix C Table 8).

Where were young people living at referral?

Just under half (15, 45%) of the young people in the RHP sample had been living with parents or family at referral to the project, one of whom was a looked after child. The majority, however, had been living away from the family home, mostly in temporary accommodation (10, 30%) or in informal or unstable housing circumstances such as sofa surfing and staying with friends (6, 18%). Two young people (6%) had been in care for 5 or more years and were transitioning to independent living. As might be expected, those living at home were more likely to be the younger edge of care group, the majority of whom (12, 92%) were living with one or both parents. Most (15, 75%) of the older group were in temporary or informal accommodation, though 3 (15%) had been in unstable situations with family, hence their need for the service.

Participation in education, employment and training

Most young people were participating in EET at referral to RHP, with two-thirds (21, 64%) in some form of education and one (3%) undertaking an apprenticeship. Within this, there was some anecdotal evidence of poor attendance at school and being on the brink of expulsion and 4 (12%) were attending PRUs. One-third (11, 33%) was NEET.

The degree of participation reflected the age-range of the group, most being of compulsory school age. However, positive participation levels were also evident within the older group who had been referred to the RHP homeless prevention options, some of whom were already living in the Foyer and had been supported into EET. The majority of this group (12, 60%) had managed to sustain their education and apprenticeship, despite their housing circumstances at referral. Eight (40%), however, were not participating in EET, some, such as the following young person felt "unable to cope with college or work at [the] moment".

Difficulties and reasons for referral to RHP

The reasons for referral to the RHP service were varied and demonstrated high levels of difficulties that had brought young people and their families to the attention of services. In many cases, young people's behaviour was identified as a trigger for family breakdown, either becoming unmanageable for parents or escalating to a degree that had placed the young person or other family members at risk. This included offending, petty theft, running away, truancy and verbal and physical aggression within the home. Some young people described being "thrown out of the family home", whilst others had left their home to escape from violence and assaults or from parents or family members who were neglectful or unable to provide a safe home due to offending or drug use.

Data from referral forms and RHP entry questionnaires gave some indication of the difficulties that young people were experiencing in the months prior to referral. Most young people had multiple difficulties at referral to the RHP (26, 79%). One-third (11) identified as using drugs on a regular basis; one-quarter (8) regularly consumed alcohol, and at least one-fifth (6) had used violence within the family home.

Almost one-third (10, 30%) of young people had special educational needs (SEN) and 5 (15%) were identified as having a learning disability. There was also evidence that at least 10 (30%) young people had significant emotional and behavioural difficulties. Some young people had presented with depression and suicidal ideation and there was evidence of self-harming for over one-quarter (9, 27%) while 5 (15%) had overdosed in the past. Other risk factors for this group showed that 3 (9%) young people were identified as at risk of CSE, and for those who provided a response (20), half (10, 50%) had been bullied and 55% (11) reported having run away in the past.

Evidence from referral forms showed that around one-third of the group had been moving from one unstable housing situation to the next for several months. For example one form noted that “YP has presented at temporary accommodation services 4 times in the last few months”. For 3 (9%) young people, attempts at independent living had broken down because they were unable to manage on their own, as staff explained, “landlord gave notice to quit...[YP] wasn’t coping and a more intensive option was needed” and “[YP] had to leave the property, he was finding it hard to do things for himself”.

In addition to these difficulties, there was some indication of lower wellbeing as measured by the Good Childhood Index (GCI). The GCI captures satisfaction and subjective wellbeing across the 10 areas of young people’s lives that, research has shown, are most important to them (Rees and Main, 2016). Data gathered from the sample at baseline showed that the sense of satisfaction across these life areas was lower in the RHP young people than would be expected in the general population of 10-17 year olds in the UK (see Appendix C Table 15). Of particular note were lower levels of satisfaction with family. Information gathered from interviews provided further insights into the reasons that young people were at risk of care or homelessness. For many, this involved family discord and a breakdown in communication and relationships: as one young person explained “like no-one really got along towards the end and I’d just had enough of it”.

Contact with children’s social care

In addition to the recent difficulties that had led young people to the RHP, it was evident that most had a history of long-term difficulties and contact with children’s social care (CSC) for several years. Just over half (18, 55%) of the sample had been known to CSC dating back 9 years or more. This pattern was repeated across both the edge of care group (8, 62%) and the group using homeless prevention options (10, 50%). Only 5 (15%) young people in the overall sample had first come to CSC less than one year

before referral to RHP. Most of these were older young people whose home circumstances had recently broken down. Some families had been in contact with multiple agencies, including youth offending, family support and CAMHS:

...we've got the youth offending team involved. We've got family intervention team, everyone you can think of really we've had on board at some point, or reoccurring like, due to [child's] behaviour. (Parent/carer 3)

Almost one-third of young people (10, 30%) had been LAC in the past. Most had become LAC as adolescents aged 10-15 years (7, 70%) or 16 and 17 (2, 20%), reflecting national data that shows this to be the most common age-group to enter care (DfE, 2016).

At the time of referral to RHP, over half (20, 60%) of young people were receiving a service from CSC, with 7 registered as CIN (21%), 7 on a CPP (21%), 5 were LAC (15%) and one was a care leaver (3%). All those referred to the edge of care provision were already within the system (as part of the eligibility criteria), mostly CIN or on a CPP. For one young person who was LAC, the Short Stays service was being used flexibly to prevent breakdown of their care placement.

Overall, therefore, young people and families using the RHP tended to have long-term difficulties and needs, which had not been fully met by previous support and service use. At interview, a number of parents commented that they had needed the type of support they were receiving from the edge of care options earlier: "we could have really done with it a lot sooner". (Parent/carer B)

Did the RHP achieve its aims?

Information gathered at follow-up provided some indication of the extent to which the RHP was achieving its aims to work with young people to prevent entry to care and homelessness, and improve housing stability, wellbeing and participation EET.

Engagement with the RHP

In terms of participation and engagement with the RHP, the picture was mixed. Over half (19, 58%) of the group had exited their RHP provision by T3, with 8 (24%) having disengaged from the service (see Appendix C Tables 11 and 12).

Ten young people had left the Short Stays unit, 4 of these having attended the unit between 2 and 12 times only. This reflected the voluntary nature of the service, the level of family difficulties amongst the group and the initial use of the service as emergency or crisis provision whilst waiting for longer term care options to become available.

For the 9 young people who had exited their homeless prevention options, over half (5, 55%) had left within 2 months of moving in, in 3 cases due to being evicted.

Nine (47%) of the young people who had exited the RHP, however, were considered by managers to have had their needs met by the service. This included cases where entry into care was considered the most appropriate option to support the young person or where older young people had been supported to return to family from the supported accommodation.

Preventing family break down and entry to care

Outcomes in terms of preventing entry to care were also mixed and less than straightforward. Around two-thirds (8, 62%) of the edge of care group had remained out of care by T3. Five (38%) young people, however, were in care, one of whom had been in care at baseline and throughout the service (see Table 1).

A breakdown by the edge of care provision showed that the RHP had been successful in supporting the young person attending Boarding School to improve family relationships, avoid family breakdown and continue with their education. Since engaging with the project, there was no longer a risk of care. The child had been removed from CPP and was no longer in receipt of formal services from CSC, though the team continued to offer informal contact to observe progress.

Of the 12 young people who had attended the Short Stay option, only 2 (14%) continued to receive the service at T3. Both had remained at home with their parent(s) throughout.

Of the 10 who had exited the service, one had remained in care, though had moved placement, 2 had remained with parents, whilst a further 2 had moved to live with other family members. Four young people had entered foster or residential care. The whereabouts of one young person was unknown to the service.

Whilst on the surface this data might suggest limited success for the Short Stays service in achieving its aims, it masks the complexities that the service was grappling with in the early stages of operation. As discussed earlier, a particular issue was the high level of need amongst the young people referred and the initial use of the service for crises placements, in some cases whilst care placements were being sought for the young people. The service manager noted that this had arisen in part due to a lack of understanding amongst referring agencies of the preventive purpose of the provision and due to the service initially setting the entry criteria too high. These dilemmas are not uncommon in developing edge of care provision, where effectiveness in prevention depends heavily on accurately targeting 'appropriate' referrals (Dixon et al, 2015). Equally, entry to care was not necessarily seen as a negative outcome, where, after assessment, it was considered the most appropriate option to meet the child's needs.

For those young people who had been able to engage with the edge of care options, there was evidence of commitment to working with the service and the views of young people and families suggested that support from staff had helped to improve family life

and relationships (see Table 17). The 3 young people in the edge of care group that continued to receive RHP support had remained with the service for 8 to 12 months, including the 2 young people still using the Short Stays option and one young person attending Boarding School.

Table 1: Accommodation stability between T1 and T3 (n=33)

| RHP option | RHP N | Remained In T1 Accommodation* | Moved into care | Moved care placement | Moved to other parents/family | Moved to other accommodation | Not known |
|------------------------------|-------|-------------------------------|-----------------|----------------------|-------------------------------|------------------------------|-----------|
| Edge of Care options: | 13 | 5 (46%) | 4 (31%) | 1(8%) | 2 (15%) | 0 | 1(8%) |
| Short Stays | 12 | 4 (33%) | 4 (33%) | 1 (8%) | 2 (17%) | 0 | 1 (8%) |
| Boarding School | 1 | 1 (100%) | 0 | 0 | 0 | 0 | 0 |
| Homeless prevention options: | 20 | 11 (55%) | 0 | 0 | 4 (20%) | 4 (20%) | 1(5%) |
| Staying Close | 2 | 0 | 0 | 0 | 1 (50%) | 1(50%) | 0 |
| Foyer | 10 | 6 (60%) | 0 | 0 | 3 (30%) | 1 (10%) | 0 |
| 24hr supported | 8 | 5 (63%) | 0 | 0 | 0 | 2 (25%) | 1 (12%) |
| Total | 33 | 16 (48%) | 4 (12%) | 1 (3%) | 6 (18%) | 4 (12%) | 2 (6%) |

* Note: T1 accommodation for Short Stays refers to young people's full time accommodation at home with parent(s).

Preventing homelessness and housing instability

There was evidence that many of the young people in the homeless prevention group had found stability in their RHP accommodation (see Table 1). Just over half of those who had used these options (11, 55%) had been living in the same RHP accommodation for between 8 and 16 months at T3. This included some young people who had entered the Foyer prior to the start of RHP.

Just under half (9, 45%) of the group had, however, exited the homeless prevention options. Whilst 2 of these young people had planned and successful moves, 7 had unsuccessful exits. For example, both staying close options had broken down; 2 young people had disengaged from the service and had left their RHP accommodation; and 3 young people had been evicted from their RHP option, although the service had continued to support them with varying degrees of success to find new accommodation. Overall, 4 of the exit group had moved home to other members of the family. Contact had been lost with one young person.

As discussed earlier, the level of disengagement and accommodation movement illustrated the dilemma of how to support complex and vulnerable young people who had struggled to settle and had experienced multiple accommodation breakdowns.

Participation in EET

Levels of participation in EET remained high at follow-up. Of the 15 who were interviewed 87% (13) were in education, training or work an average of 3 months into their RHP package of support (see Tables 2 and 13). Although this was a relatively short time frame for follow-up, most young people had managed to maintain some form of participation despite the changes to their home life since referral to the service. This might reflect the focus of the RHP edge of care options to work with young people to engage with school and of the Foyer and 24hr Intensive Support options to help young people into EET as part of the conditions for taking up the accommodation and the overall RHP package of support. Young people’s own reflections on progress in EET by follow-up showed that 87% (13) reported that things had got better, the remaining 13% reporting no change (see Table 14). Qualitative data indicated that support with homework, travel to school, motivation and help to explore options had made a difference and, for one young person , help to find “a course that I enjoy” had resulted in improved participation.

Table 2: Participation in EET at T1 and T2 for the interview group (n=15)

| Participation in EET | T1 | T2 |
|------------------------------------|-----------|-----------|
| School | 3 (20%) | 3 (20%) |
| College-FE | 5 (33%) | 5 (33%) |
| Not attending school/college place | 1(7%) | 0 |
| Other education | 1(7%) | 2 (13%) |
| Training/apprenticeship | 1(7%) | 1(7%) |
| Full-time or part time job | 0 | 1(7%) |
| NEET | 3 (20%) | 2 (13%) |
| Pupil Referral Unit | 1(7%) | 1(7%) |

Improving life at home and in general

Most of those young people interviewed (80%, 4) reported that their home life had got better in recent months, whether that meant at home with their family or in their own accommodation, of those in the edge of care provision and 90% (9) of those in the Foyer or 24hr Intensive Support accommodation). There was a slightly more cautious view of the extent to which life in general had improved, with 60% (9) reporting that it had got better and 40% (6) feeling that things were just the same (see Table 14).

Young People's subjective wellbeing

The trend towards improvement in young people's lives was also evident in the sense of wellbeing, as measured by the GCI. Data on 12 (36%) young people who completed a GCI measure at both T1 and T2 showed an increase in overall mean score across the 10 life areas at follow-up (71.6 compared to 67.4 at baseline) suggesting an upward trend in wellbeing an average of 3 months after referral to the RHP (see Table 3).

Table 3: Young people's wellbeing at T1 and T2 (n=12)

| Life domain | T1 mean score | T2 mean score | Unhappy at T1 | Unhappy at T2 |
|-----------------------------|---------------|---------------|---------------|---------------|
| Family | 5.50 | 6.75 | 33% | 33% |
| Appearance | 6.58 | 7.25 | 42% | 17% |
| Time use | 7.08 | 7.58 | 33% | 17% |
| Future | 7.08 | 7.58 | 25% | 8% |
| Home | 7.75 | 8.25 | 25% | 0 |
| School/college | 7.30 | 7.11 | 25% | 25% |
| Choice in life | 7.08 | 7.42 | 25% | 25% |
| Health | 6.33 | 7.00 | 25% | 25% |
| Money and things | 7.00 | 8.25 | 33% | 8% |
| Friends | 7.83 | 8.25 | 0 | 8% |
| Happy all things considered | 6.25 | 7.67 | 42% | 8% |

There was some indication that these young people were generally more satisfied with life overall at follow-up with only 8% scoring below the midpoint (indicating unhappiness) compared to 42% at baseline. Importantly given the aims of the RHP, there was an increase in happiness with their home (from 7.75 to 8.25). In fact, all of the young people who completed the measure at follow-up had scored above the midpoint in this area and could therefore be considered to be happy with where they were living (12, 100%).

Overall, there were some cautious indications from the GCI and young people's reflections on changes at follow-up, that things had improved over time for those who were interviewed. In the absence of robust outcome data and a control group, it would be difficult to attribute this directly to the RHP, particularly as young people had often come to the service at a time of crisis and difficulty, which might have naturally decreased over time in any event. That said, qualitative data gathered from young people and parents suggested that the support from the RHP and staff had made a perceptible impact on their lives, contributing to improved relationships, increased stability in their home life and confidence in their abilities to manage existing and future difficulties.

Perspectives of young people and families

A number of key themes arose from young people and families' experiences of the service and their perspectives on what elements had helped and what had not worked so well. Though some issues were common to all RHP options, some were specific to the type of provision, whether edge of care or homeless prevention (see Table 17). There was some resonance with comments, discussed earlier, from manager and staff providing the RHP service, as discussed below.

The need for earlier intervention and straightforward referral processes

Young people accessing the homeless prevention options valued a relatively quick and simple system for assessment, accessing support and moving into their accommodation.

Some parents and carers of the young people using the edge of care options, however, commented on the need for earlier responses to their difficulties. For some this meant a more efficient referral process, to avoid repeated assessments that were considered to have delayed access to much needed support. This could in part be a consequence of coming to the service at crisis point when help was required immediately. An earlier response also meant earlier in the overall life of the difficulty. Parents noted that they would have welcomed the opportunity to access the type of intervention received from the Short Stay service earlier in the course of their family difficulties, had it been available, rather than when difficulties had escalated to crisis point.

Concerns about taking up services

Parents and young people reported some initial reluctance in taking up the RHP services. In particular, concerns related to living with other vulnerable young people, whether living with them in the residential unit or in communal buildings or spaces such as the Foyer. Concerns included the behaviour of other residents and whether they might be a negative influence. Reservations about living with, or near, other residents were also raised in relation to the need for personal space. Whilst time was needed to adapt to new circumstances, the support received from staff and in some cases other residents, had helped young people to feel more at home within the resident community. Responses indicated that information provided by project staff on the aims and purpose of the service had assisted in overcoming their initial fears.

The value of bespoke support and building trusted relationships

The tailored support and emphasis on building trusted relationships were highlighted by both young people and parents/carers. They reported feeling listened to and understood. Staff members were often viewed more as informal sources of support and were described as being more approachable, non-judgemental or, for one young person, "like a friend". This helped to improve engagement with the service and demonstrated the

benefits of making time available for staff to focus on building relationships and providing personalised support.

In addition, practical assistance with independent living skills, and with developing strategies to cope with difficulties, were valued, as was having access to flexible and out of hours contact and the opportunity for family and young people to have a breathing space away from their difficulties.

Whilst on the one hand access to support was welcomed, the need to find an appropriate balance between contact time with staff, developing positive peer support and giving service users space, was highlighted. For example some young people talked of feeling lonely in their accommodation, whilst others wanted more time and space to themselves and the opportunity to practice autonomy.

Summary of findings

The RHP built upon effective partnership working to provide creativity in service design to bridge a gap in services for vulnerable adolescents on the edge of care and homelessness. Within the first year it had successfully implemented a range of age- and need-appropriate accommodation and support packages. Timescales limited the opportunity to fully explore outcomes for the first cohort of service users. However, early outcomes based on young people's reflections on progress suggest improvements in EET engagement, wellbeing and home and life in general.

Young people and families valued the flexibility and range of personalised support from staff across the housing and edge of care options. Having time away from family difficulties, together with help with practical and emotional needs, and being able to check in with staff for support and advice out of hours, was welcomed.

The RHP provided examples of how services might bridge the gap between family support and entering care for vulnerable younger adolescents, and provide stability for older young people. Understanding whether and how such approaches prove effective in the long-term require further practice evidence and longitudinal research.

5. Limitations of the Evaluation and Future Evaluation

The evaluation contained some limitations to be considered when interpreting findings:

- the evaluation ran alongside the set-up phase of the RHP and was, therefore, restricted to mainly implementation data and emerging impact rather than the longer-term development and outcomes of the project
- the short-term nature of this evaluation limited the scope for understanding longer-term impacts of the RHP on outcomes or changes in the lives of young people and families, as most were in the early months of receiving support. Instead, it provided an early indication of progress across short-term outcomes for service users
- the small sample size limited statistical analysis. This was compounded by the sample being distributed across 5 different service options, aimed at 3 different groups; younger adolescents on the edge of care, young people who were at risk of homelessness, and care leavers. The small follow-up sample prevented analysis of change or improvements scores on the outcome measures overtime
- the absence of a control group or local authority, limits confidence in attributing positive outcomes reported by young people and their families solely to the RHP
- the qualitative data was only available for young people and families who agreed to be interviewed and had engaged with the RHP service. It is possible, therefore, that the qualitative data is skewed toward positive experiences as the views of those who disengaged early or had unsuccessful experiences were not captured

Future evaluation recommendations

There are no current plans for further external evaluation. The evaluation team has suggested monitoring tools, such as the type of data gathered at entry and exit to RHP options for monitoring outcomes and progress, to complement internal data gathered by the options. The extent to which these will be utilised by the RHP is not known. The Short Stay service is developing new systems for monitoring outcomes. The evaluation team recommends that each service gathers some data across common variables at entry and exit to contribute to evidence of impact. Data on referrals that do not subsequently take up RHP options might be useful for comparison of outcomes.

Future evaluation or monitoring data could draw on data gathered on the first cohort of service users (n=33) to enable a longer-term exploration of impact and outcomes on the lives of young people and families. It is also recommended that information on the costs of RHP service provision and data on the use of other services (for example YOS, CAMHS, health and so on.) during RHP take-up are gathered to contribute to a cost benefit analysis of the service and its impact.

6. Learning and Recommendations

Learning points and recommendations for sustainability of the project and conditions necessary for embedding this type of innovation are based on the observations and perspectives of the RHP managers, partner agencies, young people and families. The key messages include:

1. Realistic time frames are necessary for setting up new services in local authority settings, particularly when involving multiple partner agencies and multiple service strands. Time is needed to negotiate and streamline existing organisational procedures; recruit, train and familiarise staff in new provision and procedures; agree and embed common systems (such as assessment or referral); and raise awareness of the provision amongst referring agencies and service-users.

I just really strongly believe if a service is set up elsewhere have a couple of months, train your staff up, skill them up to the maximum, get them really up there ready for the new service. (Staff 8)

Efficient time frames and clear processes for assessments and allocating services were important to RHP service-users, particularly at times of crisis when support and/or accommodation was needed quickly.

2. Achieving buy-in at all levels across the partners (vertical and horizontal) was an important factor in achieving progress and overcoming challenges efficiently. This took several forms: effective partnership working and joint oversight to share expertise, iron out organisational differences efficiently and champion the service; and shared vision and goals to maintain focus and enthusiasm and facilitate promotion and awareness of the service across and beyond partner agencies and staff.

I think it's generating that enthusiasm and shared ownership of a vision really, having all those agencies around that table allowed us to push on. (Manager1)

Maintaining collaboration during delivery, and at practice level, can improve local knowledge sharing of service user needs and of other services, and thereby improve provision. Getting everyone on board from the start to identify the need for the service and contribute to its creation and ongoing provision can engender ownership and progress. This includes consulting with young people and involving them in the development of services and procedures that affect them. Providing opportunities to feed back on the quality of services and support can facilitate improvements as well as buy-in from service users.

3. Opportunities, resources and time are needed to test out and embed criteria and thresholds for accessing and targeting new services. The high needs of some referrals

proved too challenging for some RHP options. This raises several issues: the need for information to be communicated to and from referring agencies (e.g. on the service criteria and on young people's needs); protocols for responding to accommodation breakdowns; the need to protect provision for its intended purpose (a difficult task when services are under pressure to respond to emergency referrals and cope with a shortage of alternative care placements or housing options); and the need to accurately target services to maximise service efficiencies and the chances of effectively supporting young people. The latter is particularly pertinent to edge of care provision where establishing the optimum point for delivering preventative support is a challenge; too early where the risk of care is less clear-cut, might result in an inefficient use of expensive options and intrusion into family life, whilst intervening too late runs the risk that difficulties are too entrenched to be addressed by preventative services (ADCS, 2013; Dixon et al, 2015).

4. Opportunities and resources to develop flexible and personalised support can facilitate engagement with service-users and service effectiveness. Enabling staff to provide more relationship focused and flexible support was valued by young people and families using the RHP options. Having the time to deliver this, required additional resources and was achieved to some extent by increasing staff numbers and restructuring working patterns to provide greater availability and accessibility. In some cases, such as Boarding School visits and support to find new accommodation after evictions from homeless prevention options, support continued beyond the formal provision. The out of hours and open door approaches of the supported housing options and the Short Stays service were particularly valued, as was the outreach support. Providing outreach support, however, brought a different focus to the work of the residential staff team at the new Short Stays service and training was needed to assist them with direct work with families. Equally, it placed more time pressures on the staff team and further resources, such as a dedicated outreach worker or family therapist, would have proved beneficial had resources allowed.

Providing a personalised emotional and practical support package for young people and families appeared to have benefited engagement and the perceived effectiveness of the services. Being able to seek support and advice, as and when needed, provided reassurance and could combat the sense of isolation for parents and young people, and also help diffuse situations at the time they occurred, by recognising that difficulties and loneliness rarely keep to office hours.

5. A final learning point was the importance of time and resources to build in effective monitoring systems for gathering information on referrals (to assist with establishing relevant thresholds) and on outcomes (to evidence impact of the service). The importance of streamlining referral, assessment and monitoring data was emphasised to avoid overburdening staff, young people and parents with paperwork at referral and exit. The use of standardised outcome measures and systems for gathering longitudinal data should contribute to more effective evidence of longer-term outcomes (for example,

beyond the immediate service provision), which will also facilitate gathering evidence for cost effectiveness as well as service effectiveness:

Think “sustainability”, ensure you have evaluation and performance measurements agreed from the beginning, this will become more important as local authority budgets continue to become more challenging (Manager2)

Potential for future development

In terms of sustainability of the project, valuable learning took place in the process of setting up the RHP, which should assist greatly with sustainability and replication. Many of challenges experienced were addressed and avenues for managing future developments have been established.

As the RHP progressed, it provided an effective example of partnership working and useful learning in how to maximise the benefits of multi-agency buy-in to work towards efficiencies in services for vulnerable young people.

As the 2 main strands of the RHP (edge of care provision and homeless prevention) have continued to evolve, there has also been a greater understanding of where each fits within the menu of RHP and wider support services. This has brought about recognition of the need for future service refinements: for example, the need for setting more appropriate thresholds and criteria for accessing provision; and having agreed systems for responding to accommodation breakdowns. It was also recognised that some differences in focus had implications for the development of some common RHP systems, such as the single pathway. Service refinements might also include greater service integration or alignment with others that share a similar focus. For example preventative services for younger adolescents could be more closely aligned with family intervention and support services; and the supported housing options for older adolescents might find benefit in working more closely with leaving care services.

Commitment and resources are needed to sustain new approaches and enable them to operate as intended. In the current economic climate where, arguably, there is a greater need for bold and creative services and yet fewer resources to develop them, the IP was a welcomed opportunity to enhance and redesign services in the local authority. Long term decisions around the future direction and development of the RHP remain to be seen. Nevertheless, the RHP has made considerable progress within its first year of operation and has provided a firm foundation for the remaining 4 options to build upon and to deliver effective support to adolescents on the edge of care and their families and to young people at risk of homeless.

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8. Appendices

Appendix A. The Right Home Project

1. Aims, outcomes and theory of change

The Right Home Project (RHP) aimed to improve the quality and effectiveness of Calderdale Council's support to adolescents on the edge of care or homelessness and their families by providing an earlier and wider range of accommodation and support options. It also aimed to generate cost savings by providing a joined-up approach to referral and service provision, reducing the number of young people entering care and crisis placements and improving long-term outcomes, including accommodation stability; health and wellbeing, and participation in education, employment and training (EET).

The overarching objectives of the RHP, as outlined in the theory of change, were to develop a multi-agency approach to improving the experiences and overall outcomes for adolescents and their families. Outcomes fell into 2 categories.

Young person and family level outcomes:

- improved educational participation and attainment and increased participation in employment and training
- raised aspirations and improved wellbeing and satisfaction
- reduced homelessness and risk behaviour
- improved family relationships and reduced family breakdown

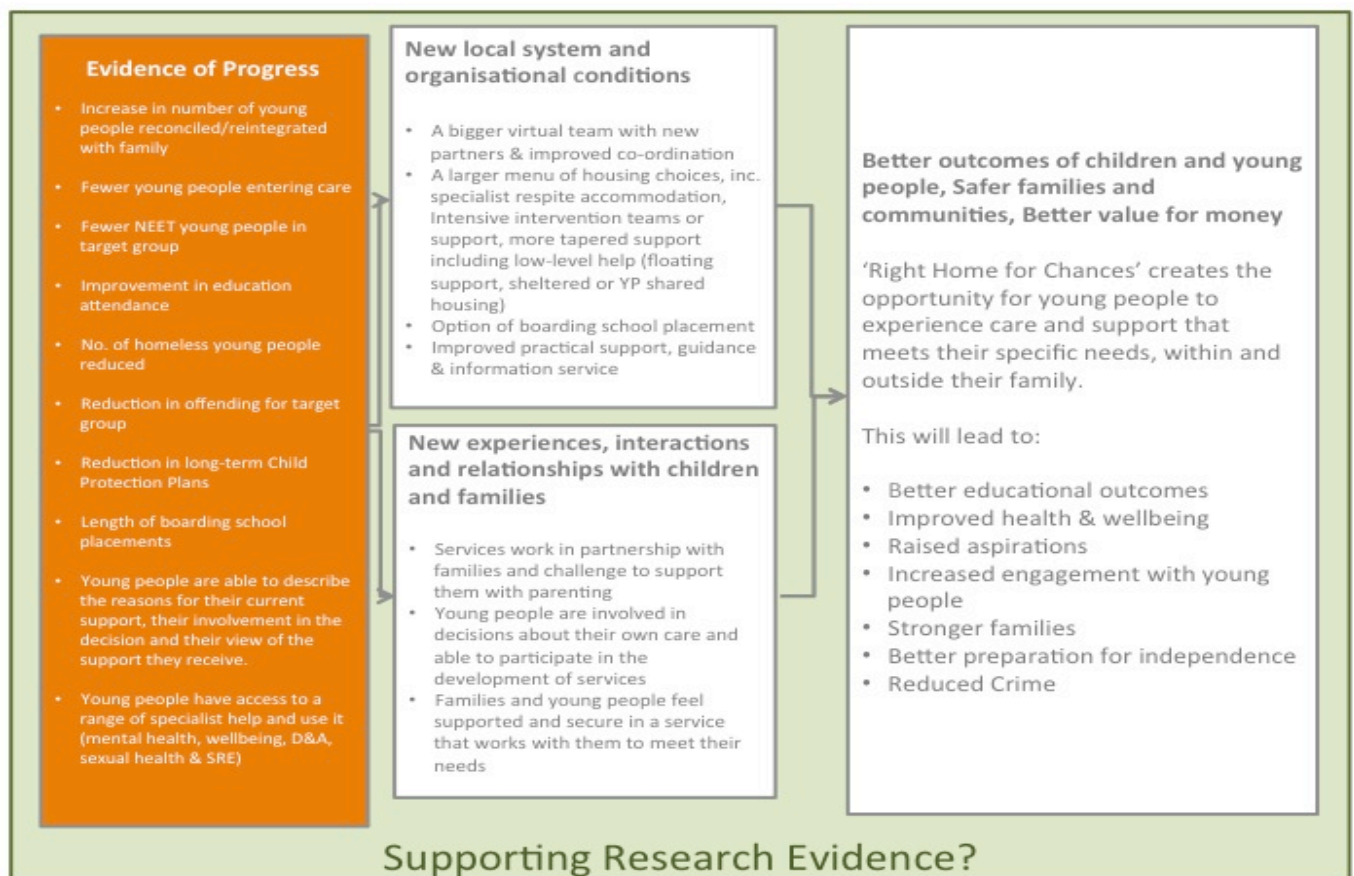
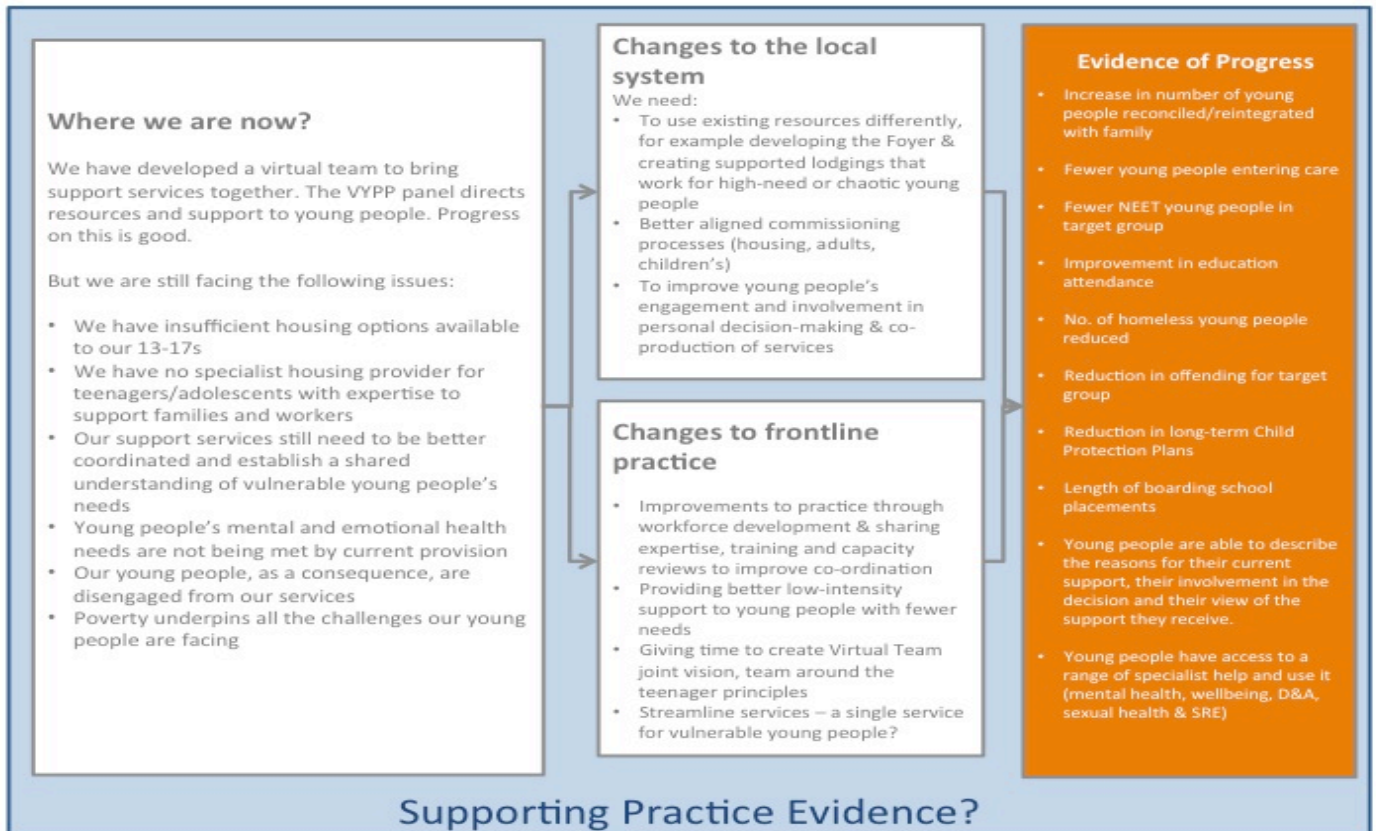
Local authority level outcomes:

- reduced numbers of adolescents coming into care, where appropriate
- streamlined access to, and provision of, services and improved working and co-ordination across services
- cost saving and reinvestment to sustain service

2. Describing the RHP accommodation options

The aims of the RHP are outlined in the project's theory of change.

Figure 1: Calderdale MBC Right Home Theory of Change



The RHP included five accommodation options:

Boarding School

The Local Authority (LA) worked with the charity Buttle UK to offer 3 places at boarding school for children aged 10 or 11, in need or on child protection plans, who it was felt would benefit from strong pastoral support and a focused educational environment with access to a wider curriculum. Families were offered the support of the Family Intervention Team and Vulnerable Children's Education Team to work on the existing difficulties and any issues arising from the child's move to boarding school. The option aimed to reduce the risk of family breakdown and the child becoming looked after, and was offered within Buttle UK's "Boarding Chances for Children" 3 year randomised control trial (RCT) (see <http://www.buttleuk.org/areas-of-focus/boarding-places>). This involved children in need, who fitted the trial's criteria, to be identified by the local authority and approached to undertake preparation and explore whether they would be willing to be part of the programme. Random selection was carried out to assign children to the group who would be offered a place or the group who would not. In year 1 (the evaluation period) 2 children and their families were selected as part of the RCT and one went on to take up the place at boarding school from September 2015. The provision was considered a success and the LA will continue to support the school placement. The Boarding School option is no longer available to new referrals from September 2016.

The Short Stay Service

The Short Stay Service provided a series of overnight stays over a set time frame to young people aged 11-17 years who were at risk of family break-down and entry to care. In addition to the respite and break away from the home environment, the service offered outreach support to young people and their parents/carers in the family home by Short Stays staff in association with the Family Support service, social workers and other support agencies. The staff team operated a model of care that incorporated a strengths based approach and restorative practice. The Short Stays accommodation was converted from a small group home for LAC, as part of the re-organisation of residential services in the local authority. It is regulated under children's homes legislation and was given authority to operate following an Ofsted inspection in September 2015. A further full inspection in February 2016 judged the service to be good in all areas. The staff team moved across from working in local authority small group homes, whilst the service manager and deputy manager were recruited externally.

The accommodation comprised 5 beds, 4 of which were for planned stays and young people involved in on-going packages of support, whilst the fifth was held for crisis referrals. Crisis referrals were made directly to the service with the management team having authority to accept or decline, depending on the needs of the young person and the other young people staying that night. Planned referrals were made through the

weekly VYPP. Matching of young people attending planned stays was a key element of the work. Initially, planned stays were for 3 consecutive nights, followed by 9 days at home, during which the team offered outreach support. In response to the needs of the first entrants, this was altered to 2 nights at the Short Stay Service, followed by 6 nights at home, initially for a period of 4 months, depending on the difficulties that brought young people to the service, and up to 75 nights, the maximum number of respite nights permissible per year to avoid young people becoming eligible for looked after status. The rota included 2 days where no young people stayed at the unit to allow staff to carry out outreach support and home visits with new referrals.

Plans made with the young person and family were tailored to their needs and informed by the Systemic Practice Model practised by the Children and Young People's Service in the local authority, with an emphasis on a whole family approach and multi-agency working. The foundation of the Short Stay Service Model of Care was the Authoritative Parenting Style, complimented by Strengths Focused and Restorative Behaviour Management Approaches. With an emphasis on building relationships between staff, young people and their families, young people took part in activities and trips, the domestic life of the service, such as cooking meals, and interventions aimed at addressing the difficulties and behaviours that led them and their family to the service. The service is on-going and is due to relaunch and rebrand, including a new name and revised eligibility criteria to better manage thresholds to ensure appropriate referrals.

Foyer Service

The local authority Foyer was opened in January 2009 as a result of the growing number of homeless young people being accommodated by the local authority temporary accommodation service and requiring support to develop independent living skills. It is a member of the Foyer Federation and originally offered accommodation, support and training to 10 young people aged between 16 and 25 years. Prospective residents are eligible if they are homeless or in urgent need of somewhere to live and are ready and willing to participate in education training or employment. Young people may self-refer or be referred from the temporary or crash-pad accommodation in the area, from the Housing Options Team or from agencies such as the Youth Offending Team and Leaving Care services.

The innovation programme (IP) funding enabled the Foyer to extend by 6 units alongside the expansion of specialist support services for young people at risk of, or experiencing, homelessness. There are now 12 flats within the Foyer complex and 4 dispersed flats situated in the area. The RHP units are not designated flats; rather the funding has enabled an expansion of services and the ability to offer specialist support to a greater number of young people, often with complex needs and chaotic lives. As such, it is noted that the young people participating in the RHP evaluation were, in effect, a sub-sample of the young people accommodated at the Foyer as a whole.

The referral process allowed young people to identify their needs and the support they would like from the Foyer, such as money management or support to address emotional concerns. These were recorded in plans that were regularly reviewed with the young person to identify short-term goals and aims for the future. Relationships were built with all the Foyer staff, but each resident was allocated a keyworker. The Foyer held regular community activities, such as fortnightly cooking nights and group work. All young people signed a licence agreement that included agreement to adhere to rules such as signing in visitors, engagement with support, and maintenance of the flat. Young people may stay from 6 months to up to 2 years, depending on their situation and abilities.

The expansion of the staff team in order to create a specialist young people's housing team (the existing team leader, 2 support workers on permanent contracts and 2 on 12 month contracts) was expected to enable support work to be extended to 40 young people at any one time, be they in the Foyer, dispersed flats or in Calderdale temporary accommodation. It also created the capacity to respond to young people presenting as homeless or at risk of homelessness across the borough, and offer greater flexibility and creative responses to young people presenting challenging behaviour or not adhering to Foyer rules.

Staying Close

The staying close option was available to young people who were ready, or required to, leave residential care, yet needed tailored support and contact within an independent or semi-independent setting. The notion of "staying close" originated from the concept of "staying put", now a well-established option for young people in foster care beyond their 18th birthday, but rarely available to young people in residential care. The Government have recently expressed a commitment to rolling out staying close options (DfE, 2016a). It aims to support young people to remain geographically close to the residential setting and provide them with on-going support and contact from residential staff. Each staying close package is personalised to the young person's needs and operates flexibly on an as-and-when needed basis. In the RHP model, there was no designated staying close accommodation, rather staying close support was provided in whichever type of accommodation the young person was living in.

As shown in table 4, 2 young people took up RHP staying close options during the evaluation period. The support packages and accommodation offered were different in both cases. The first young person was accommodated in a dispersed flat and received intensive support from their previous residential keyworkers (equivalent of 1.5 FTE). The second moved into the Foyer following a preparation period and received a support package primarily from their Foyer keyworker. The second staying close package had the capacity for staff from the previous residential setting to stay overnight if required, but this was not taken up during the evaluation period. Both Staying Close options came to an end during the first year.

24hr Intensive accommodation and support

In partnership with Sanctuary Supported Living, the RHP offered 24-hour intensive support for young people aged 16 to 25 years who were homeless or at risk of being homeless (including, in some cases, care leavers). The project aimed to support young people who had complex needs and chaotic backgrounds to make a positive transition to adulthood. Six self-contained and fully furnished flats form a small terrace comprising 4 one-bedroom flats, one 2-bedroom flat and one staff facility with offices and additional kitchen/utility room and bathroom. The project is staffed 24 hours by a Project Manager, project workers and overnight concierge staff. Although relationships are built with all the project staff, each resident has a keyworker.

The project received its first resident in late September 2015 and all referrals were administered through the VYPP. Young people could self-refer or be referred from the temporary or crash-pad accommodation in the local authority, the Housing Options Team or agencies such as the Youth Offending Team and leaving care services. The initial assessment process enabled young people to discuss, with project staff, their needs such as help to build their confidence, learn basic living skills and access education, training or work, and the support they would like in the short and long-term,, , These plans were regularly reviewed with the young person. It was expected that young people would stay for 6 months, on average, before being ready to move on to a less intensive supported living option or to independent living. All young people signed a licence agreement which included adherence to rules to ensure safety was maintained for all residents on the site.

Take up of RHP options

Thirty-three young people made up the first cohort of referrals to take up the RHP options, as shown in Table 4. A further 15 young people were referred after the evaluation data collection ended. (See Appendix C, section 4.)

Table 4: RHP accommodation option taken up

| RHP option | N | Percent |
|------------------------|----|---------|
| Short stays | 12 | 36% |
| Foyer extension | 8 | 24% |
| Foyer flat dispersed | 2 | 6% |
| 24hr intensive support | 8 | 24% |
| Boarding school | 1 | 3% |
| Staying close | 2 | 6% |
| Total | 33 | 100% |

Appendix B. The Evaluation

1. Aims

The evaluation aimed to describe, for the purpose of sustainability and replication, how the various RHP components and systems were implemented and operated from the perspective of managers, front line staff and service users. This involved exploring what factors had facilitated implementation and how the project was progressing towards meeting its stated objectives. The evaluation also aimed to understand who was using the project by exploring the characteristics and needs of the young people and families accessing the RHP options. Finally it aimed to look at the experiences and emerging outcomes for young people and families using the service to understand whether or not it had achieved its aims.

Overall, the evaluation aimed to demonstrate the early impact of the RHP as a vehicle for improving services, support and outcomes for young people on the edges of care and homelessness.

The main questions posed were:

- who are the young people and families accessing the services? For example, what are the young people's needs at referral, as viewed by the young people, parents, or the project team?
- what does the provision involve and how is it being implemented and operated within the local area?
- how do the options operate alongside each other and address the needs of young people?
- what are the early outcomes and experiences of the young people and families using the different options?
- what are the views and experiences of the service providers on what helps or hinders their attempts to improve the circumstances and life chances of the young people and their families?
- what are the cost benefits attached to the service?
- what learning points from the project and evaluation can be used to inform sustainability and replication?

As discussed in section 7 of the report, it was not possible to address all of these questions due to the small sample size, the differences across the 5 types of service options (and therefore types of service users taking up the different options) and the short time frame for gathering follow-up data.

2. Methodology, data collection and sample

The evaluation comprised a process strand to capture set-up and operation of the RHP from the perspective of key stakeholders and partner agencies and also an impact strand to explore characteristics, experiences and early outcomes for young people and families using RHP options.

Data were gathered at 3 time-points (T1, T2 and T3) for both strands and comprised quantitative data using a range of scales and measures and qualitative data captured via interviews and questionnaires. Quantitative data was subject to mainly descriptive analysis using the statistical package for social sciences (SPSS) and qualitative data was subject to thematic and content analysis using NVIVO and coding of full transcripts.

- T1: baseline - at or soon after: start of RHP (process); entry to RHP (impact)
- T2: follow-up - main data collection endpoint February 2016
- T3: evaluation endpoint - update interviews and survey September 2016

The relatively small sample size and short time frame placed restrictions on statistical and outcomes analysis and therefore, data gathered from the qualitative components took precedence.

Process strand

To describe the range of services offered under the RHP umbrella and identify key learning points based on the barriers and enablers to successful implementation, process data was collected at 2 time-points (baseline (T1) at evaluation start in August 2015 and follow-up (T2) - evaluation end point in March 2016) from lead managers from the partner agencies, together with focus groups with front-line staff. Given the limited timescales, which reduced the follow-up time-window for gathering impact and outcome data from young people and families, a decision was taken to scale up the process information strand and a final round of survey and interviews with managers were carried out in September 2016 (T3), prior to completion of the report, to gain an update on progress and future steps.

Seventeen service managers, RHP Board members and partners, including referring managers, contributed to either phone or face-to-face interviews at baseline. All were contacted again at follow-up, 4 to 6 months into operation of the RHP, and asked for their reflections on progress either via a focused phone interview or electronic survey. These were informed by key themes emerging from the initial round of interviews.

Participation rates were high at 76% (n=13). Five focus groups were held with staff from the RHP accommodation options, to draw out the practice methods used; work with partner agencies; and lessons learnt. Participant numbers ranged from 2 staff members to 7 (See Table 5). A final round of surveys was sent out to the RHP manager and the 4

leads of the accommodation options to gain an update on progress at endpoint (T3), 3 of which were followed up with a telephone interview. Four responses were received. In all, 39 items of process data were collected, in addition to a review of relevant service documentation.

Table 5: Process data collection from managers, partners and staff

| Process method | Responses | Per cent |
|---|------------------|-----------------|
| Process interviews with managers during T1 set-up | 17 | 100% |
| Focus groups with staff | 5 | 100% |
| Feedback from managers at T2 (4 to 6 months post-launch): <ul style="list-style-type: none"> • Process interviews • E-surveys | 13: 2 11 | 76% |
| Update from managers at T3 September 2016 (1 year post launch) | 4 | 80% |
| Regular feedback from service options managers, service reports to RHP Board and Practice Review (dated 21/01/16) | | |

Impact strand

Referral and Management Information

The evaluation set out to include all young people referred to the 5 RHP accommodation options during the evaluation time frame, that is, from first entry to the RHP up to the cut-off for data collection by 15/02/16 (T2). The development of the data collection tools ran alongside the development of the referral pathways for the RHP and the launch and initial establishment of practice methods and systems in each of the accommodation options. Given the innovatory nature and range of the various RHP options being offered, flexibility was required as regards the tools created and timetable for data collection. The referral pathways took time to negotiate and tailor for the different RHP options, with the weekly Vulnerable Young People’s Panel (VYPP) having overall decision-making responsibilities for referrals, but direct (fast-track) referrals also being received by the Foyer and the Short Stays Service.

Having established regular contact with the managers of each RHP option and the VYPP administrator, the evaluation set up systems to receive basic anonymised data on each referral to the RHP (including date of birth, gender, reasons for referral, current accommodation, referring agency and decision made about referral). Unfortunately, comprehensive data on referrals that did not go on to take up RHP support (either due to the options being at full capacity or a decision being taken that the RHP was not suitable)

was not forthcoming. Therefore, we only report on and describe the sample of 33 young people who had at least one over-night stay in RHP accommodation (see Table 6). It should be noted that the 10 young people included in the evaluation sample from the Foyer were, in effect, a sub-sample of the Foyer residents as a whole.

A data mapping tool was developed to collect background information from the local authority Management Information System. Basic details on ethnicity, disability, legal status, history of contact with Children's Services, family composition and contact with the Youth Offending Team etc. was obtained through a secure and anonymous transfer of data. Some data on the 33 young people was made available, indicating that all the young people or families had been in contact with the local authority services in the past. In addition, further data was collected from the 3 main accommodation options (Foyer, Short Stays Service and 24hr Intensive Support service) on the young person's characteristics, circumstances at referral and reasons for approaching the service.

Survey data

The evaluation aimed to survey all entrants to RHP options at baseline (T1), as close to entry to the RHP as possible and at a follow-up point (T2) to collect both monitoring data on wellbeing and outcome measures at 2 time-points and the views and experiences of the young people (and in the case of the Boarding School option and Short Stays Service, those of the primary carer). Given the diversity of support and accommodation options being offered under the RHP umbrella and the range of young people being targeted (predominantly 11 to 18), a one-size fits all approach to the creation and delivery of the survey tools was not possible which added a layer of complexity to the data collection processes and impacted on the evaluation timetable. Some questions and measures were included on all surveys. This included 10-point scales to measure satisfaction with support; feeling listened to and participation in decision-making; views on hopes and concerns for entering RHP; and reflections on how the RHP had helped them at follow-up. In addition, the Good Childhood Index (GCI) measure of subjective wellbeing was used. The GCI was developed following detailed qualitative and quantitative research with children and young people nationally (Rees and Main, 2016) and provides an indication of satisfaction with life. The measure has not been validated for use with small samples, such as the current sample, or to test effectiveness of services over time and was not, therefore, used as an outcome measure in this evaluation. Nevertheless, it did provide a mechanism for gathering data directly from young people about how they felt about their lives and what was going well and not so well, as a supplement to referral, monitoring and interview data.

Baseline

Seven bespoke tools and corresponding information sheets for support staff were developed at baseline so that staff could administer and fully inform potential evaluation

participants. Surveys were also developed for the primary carers of the young people attending the Short Stays Service and boarding school. The tools for the Foyer, Intensive Support and Staying Close options were similar, given the age group and nature of the accommodation, whilst the surveys for the Short Stay Service and boarding school families included a measure of family functioning (Score 15, Stratton et al., 2014). The low completion rates for the Score 15 limited its use for the evaluation.

The evaluation team worked closely alongside managers and staff in each RHP option to explain the need for the baseline data and how best to embed it with their referral and admission procedures so that it was captured in a timely manner and provided a positive addition to in-house monitoring. This was particularly pertinent to the Short Stays service, where the team was developing new systems and approaches to working with children and their families, and were keen that relationship building was not negatively impacted upon by considerable amounts of paperwork requested at set-up meetings and on the young person's first night at the service.

Twenty one out of the 33 young people and 6 out of 13 primary carers completed T1 surveys (64% and 46% respectively) (see Table 6). The reasons for non-completion for 12 young people include young people being less engaged with the service itself, exiting relatively quickly or the staff being extremely busy at the initial stages of the launch.

There was considerable variation in the days between entry to the RHP and the date of completion of the baseline questionnaire. In the case of the Foyer (including the dispersed flats), current residents of the Foyer were initially designated as RHP residents. Some of these young people had been receiving support from the Foyer for some time (since May 2015 for one young person, whilst another entered the Foyer late in 2014, but entered a RHP dispersed flat in August 2015). Therefore, the entrance questionnaires for 5 of the 8 young people from the Foyer for whom we have T1 surveys are not true baseline, but do provide a snapshot of their situation at the start of the RHP. In summary, 57% of baseline surveys were completed within a fortnight of the young person's first night's stay.

Follow-up

The evaluation set out to interview a sub-sample of 30 service users, including parents/carers as appropriate, at a follow-up point (T2), dependent on the date of entry to the RHP. Given constrained timescales, it was not possible to invite 30 service users to be interviewed. The evaluation interviewed 15 young people and 5 primary carers, including one family who self-completed a T2 questionnaire (see Table 6). At entry: staff at each of the RHP options assisted with distributing information leaflets and inviting young people (and primary carers) to participate; and the interview schedules were tailored for the individual options. The emphasis was on listening to the views and experiences of the young people and families about the services and support they had received, what had helped, what was not so helpful and any initial change in their home-life, their participation in education, employment or training (EET) and their difficulties. In

addition, young people and families were asked to repeat the measures administered at baseline (described above).

There was variation in the length of time from entrance to the RHP to the follow-up interview, ranging from 20 days, in the case of a young person living at the Intensive Support service, to 233 days in the case of the young person at the Foyer, and all but one received services from the RHP for at least 7 weeks. The 4 young people and their carers interviewed from the Short Stay Service had attended regularly, with the average number of overnight stays being 20. All those interviewed were well placed to comment on the support they had been receiving and the initial impact on their lives. Three had left RHP services in a planned way, 2 of whom moved on from the Foyer and one from the Short Stay Service). The remaining 12 were still accommodated by the RHP.

A limitation of the evaluation was the absence of the voices of young people who had exited the RHP services in an unplanned way, due to eviction or non-engagement. Staff members were not able to administer exit measures and, since these young people were usually hard to reach, the resources required to establish contact were not available.

Time scales for all RHP options becoming operational; young people and families taking up options, and restricted evaluation follow-up timescales meant that many of the service users were still in the relatively early stages of their RHP option by T2. This limited the extent to which change over time could be assessed. Resources were insufficient to extend the evaluation fully beyond the original endpoint of March 2016 to allow a longer data collection time frame. Instead, the evaluation closed down for 5 months and re-opened for one month to gather a final round of data (T3). Update information on service users was provided by services leads and on how the RHP was progressing. Although the data monitoring systems that had been introduced at baseline had not been maintained in the interim, each RHP option was able to provide some data on the status of the original 33 referrals. In addition, some data was provided on the basic characteristics of new referrals entering RHP between March and September 2016.

The sample comprised the following:

- baseline (T1): data on all young people who had at least one over-night stay in RHP accommodation, in total 33 (see Table 6)
- follow-up (T2): the evaluation aimed to interview a sub-sample of 30 service users (including parents/carers as appropriate) at a follow-up. Given limited time frames, however, 20 interviews were completed (15 young people and 5 primary carers) (see Table 6)
- September 2016 update (T3): information was gathered on current RHP involvement of all 33 young people included at baseline and whether goals had been met. A final round of update interviews was sought in September 2016 with

young people and families who had been interviewed at follow-up. However, only 3 took place (2 young people and one parent) Data were also gathered on 15 new referrals to RHP

Table 6: Impact data from young people and parents or carers

| RHP Options | Referral and background data (MIS and service monitoring) | T1 baseline questionnaires | | T2 follow-up interviews & questionnaires | |
|------------------------|---|----------------------------|----------------|--|----------------|
| | | Young people | Parent / Carer | Young people | Parent / Carer |
| Boarding school | 1 (3%) | 1 (100%) | 0 | 1 (100%) | 1 (100%) |
| Foyer | 10 (30%) | 8 (80%) | n/a | 5 (50%) | n/a |
| 24hr Intensive support | 8 (24%) | 5 (63%) | n/a | 4 (50%) | n/a |
| Short stays service** | 12 (36%) | 6 (50%) | 6 (50%) | 4 (33%) | 4 (33%) |
| Staying close | 2 (6%) | 1 (50%) | n/a | 1 (50%) | n/a |
| Total | 33 (100%) | 21 (64%) | 6* (46%) | 15 (45%) | 5* (38%) |

*Out of a possible total of 13 parent/carer interviews (boarding school and short stays service only).

** Three update interviews were carried out at T3 in September 2016 (1 parent and 2 young people from the short stays service).

The young people's advisory group

The evaluation also involved participatory methods to enable young people to play an active role in key stages of the research process. Participatory and peer research methods can be of benefit to the research process and to young people taking part as research participants and advisors or peer researchers (Kelly et al, 2016). Young people's participation in The Right Home Project Evaluation was necessary to ensure the study was carried out with young people's views in mind. It also reflected the involvement of service users in the development of the RHP itself.

In order to establish an advisory group for this study, the Research and Participation Assistant contacted members of staff from the local authority to bring together a group of young people who might be interested in working with the evaluation team. Four young people expressed an interest in joining the group, 3 females and 1 male. All young people were aged between 16 and 18 and each had experience of either being in care or

had previously been homeless. The young people's advisory group met 4 times over the course of the evaluation, 3 times during the set-up and data collection phases and once at the end of the project. Their role was to support in the creation of materials for the evaluation including information leaflets, consent forms, interviews and questionnaires.

A breakdown of the sessions included:

- what is the right home project?
- why do we need an advisory group?
- what is the advisory group's role?
- what accommodation options are available for young people?
- sign off on the information leaflets and consent forms
- exploring the accommodation options
- identifying what young people would want to know before moving in
- creation of the follow-up questionnaire
- training on interview skills

The advisory group explored the 3 main accommodation options for the RHP; Short Stay service, 24hr Intensive Support accommodation and a Foyer provision. Having gained an understanding of the evaluation and the services provided by the RHP, the group were able to create the materials needed for the evaluation (for example information leaflets and consent forms for participants and their parents and carers), to ensure that the information on the evaluation was understandable to young people who may take part as research participants.

The advisory group worked together to identify questions and information that they would want to know before taking up the RHP options. These included:

- would I have to share a room?
- do I have my own bathroom and kitchen?
- am I allowed to cook?
- can I have people to stay over?
- can I decide not to come/can I stay longer than originally planned?

Once they had identified a list of questions the group practiced interviewing each other and identified additional information they considered important:

- if it isn't the right time for young people to use these services can they come back again?
- what help and support do you get from the accommodation?
- do you like the staff?
- did you have a choice in where you live?

Feedback on the interview training session

Young people generally felt that they had benefited from being part of the advisory group and that they had acquired new knowledge and skills. Comments from the young people in the group included:

I didn't realise how hard it was to interview someone

I really liked writing the questions thinking of ways to ask them to young people

It was good to think about what questions to ask and think how someone might answer it like if I was in an interview I would know to take time and think about the questions

I really enjoyed making the changes to the information leaflet as not all of the information was needed and the young people wouldn't read it all

I liked finding out how many options there are for young people, I can let people I know that might need help about it

Two members of the advisory group attended a 2 day residential research skills workshop at the University of York, where they worked alongside other groups of young people that had worked as advisors on similar evaluations. The workshop enabled young people to:

- come together and share their experiences of their involvement in the evaluations
- share information on ways that young people can be involved in research
- develop communication and presentation skills
- attend a student led campus tours with the University's widening participation team

Feedback from young people showed that they had benefited from the workshop and that they had found it informative in terms of both involvements in research and in continuing education:

The residential was full of really good information about research and student life

This was a great and informative residential

My favourite parts were doing the presentation, having a campus tour and information on the university

It was hoped that the advisory group would build on their skills and continue to contribute to service development in Calderdale.

Appendix C. Findings

1. Process – implementing the RHP

The process strand of the evaluation focused on data from managers and staff on their experiences of implementing the RHP and shared learning on what had facilitated progress; the main challenges how these had been addressed. The main themes arising from the data and supporting evidence are presented here:

Table 7: Perspectives of managers, partners and staff on RHP implementation

| Facilitator | Quote |
|---------------------------------------|--|
| Partnership working | The partnership working has been one of the biggest successes of the RHP. Engaging with key partners and stakeholders from the beginning when the bid was being put together helped raise the awareness of what was trying to be achieved. Once we had been made aware that we were successful it made re-engaging with key partners and stakeholders easier. They could also see the genuine need and gap in services for young people at risk of going into care or homelessness. Their willingness and enthusiasm also helped with the limited time we had to consult. It meant that the limited number of consultation meetings we had were productive and well attended. (Manager2) |
| Buy-in | Any innovation requires a great deal of energy and it requires a buy-in from a whole range of people, and that's people within the council but also partners, and we got that buy-in, and I think that's why the project has been so successful. Buy-in has come right down from elected members through DCS, right through the service and across partners. So that has minimised challenges, or it's helped us manage any challenges that might have come up. (Manager1) |
| Creative service design and solutions | RHP has allowed the service to change its function into an entirely new service, to take the bold step of diverting funds to a preventative vision of residential care at times when residential beds are in short supply. This was a bold and dynamic vision and I believe in time will be proven to be a well thought out and executed cost cutting exercise through reducing the number of children entering care (Manager3). |
| Improved service provision | Prior to the Right Home Project there was a shortage of supported housing provision for young people in Calderdale. The new provision has meant that young people receive personalised support in a safe environment. The project complements the existing Young People's |

| | |
|--|--|
| | <p>support services. (Partner1)</p> <p>The young people worked with have stated that they have found it more settling, they are no longer been passed from a hotel to a bed and breakfast. They have the staff to help and guide with numerous issues, they have ownership of their own premises. This is empowering young people, giving them the self-confidence they need to progress forward. (Manager4)</p> <p>The Right Home Project is providing accommodation and support for Relevant Care Leavers where otherwise we would have had to use high cost unregulated private provision. This service has been resilient to the challenges presented by one young person in particular and has stuck with them rather than withdrawing accommodation and support (Manager5)</p> <p>In terms of the Foyer [RHP] has allowed us more capacity for 16/17 yr. olds .This change has directed us in the way we deliver our service from a traditional Foyer model. To be able to have a larger team with more resources means we are able to be more creative in our offer to yp. (Manager6)</p> <p>... one of the things that we're really trying out at the minute is this “sticking to” approach; so [yp]'s like a prime example; really sort of difficult to work with, sort of tried shutting us out, but the new “sticking to” approach is actually working... (Staff1)</p> <p>... building up that relationship without being too pushy, and having a level of engagement that putting the boundaries clearly in place around them; and being consistent and fair; and looking at positively what can be done rather than focus on the negative. (Staff2)</p> |
| <p>Challenges</p> | <p>Quote</p> |
| <p>Streamlined Referral routes and assessments</p> | <p>I think a big learning thing with us has been for a one-stop referral route; I think there was a lot of services, and each service comes with their own referral path. So to have that one referral route I think has been a massive expectation, it's been really difficult. Everyone's trying to grasp it but I think it has been hard. (Staff3)</p> <p>Establishing and gaining a common understanding of the referral criteria and processes for the different projects caused a bit of confusion at first, but this was rectified relatively quickly. (Manager7)</p> |

| | |
|--|--|
| | The differing nature of the short stays service has unfortunately meant that the single assessment and access point system that has been provided for the housing options of the right home project was not relevant to short stays service.(Manager3) |
| Timescales | There has been little time to evidence any outcomes and the impact the new services could have on young people at risk. Internally we have agreement in principle to continue with the services whilst more evidence is collected. However, other external factors may influence this, such as budget cuts and the local elections. (Manager2) |
| Establishing appropriate thresholds | <p>We always have difficult cases where there is no easy solution, but at least working together we take joint ownership. (Manager7)</p> <p>The work was a little bit late in coming for these particular young people. (Manager4)</p> <p>Raising awareness across the authority both amongst professionals and families about what the service is. Challenging the stereotypical perception of residential care and the way in which this is used has been the biggest challenge. Whilst professionals believe the service is to be a positive innovation they do not yet all fully understand the premise of this innovation and therefore are not using or referring to the service always in the scenarios we would wish. (Manager3)</p> |
| Closer alignment with existing/other services/agencies | <p>I think that for whatever reason care leavers and their being able to access YP services in Calderdale has made it difficult at times A lack of options for leaving care is having a detrimental effect on other 16/17 yr old services. Could the needs of young leaving care clients have been factored into the right home programme? After all they are all young people requiring support at their most vulnerable. (Manager22)</p> <p>In an absolutely ideal world embedding an advanced practitioner into the service, trained in therapeutic family interventions, would have also been of significant benefit to the service...and additional community and outreach workers. (Manager3)</p> |

Challenges to providing the Boarding School option

A number of specific challenges were identified in operationalising the Boarding School option. As these were distinct from the challenges facing the other RHP options, they are discussed in more detail here.

Though some of the challenges related to the complexities of using RCTs in children's social care, they nevertheless presented obstacles to implementation. The randomisation procedure (required by an external RCT) resulted in difficulties and delays in fully informing and preparing families prior to being offered placements, which meant that young people and parents were often left waiting to hear whether they had been chosen, resulting in uncertainty and anxiety:

This caused significant delay in the implementation. The outcome was that families and children were left waiting and feeling anxious about their future. Randomisation brought challenges we had not predicted. Parents and children were placing all their belief in that they or their child would be 'chosen' and that boarding school was the answer to their difficulties. This was clearly an additional pressure in addition to statutory social work intervention..... (Manager8)

In addition to preparing the family for the Boarding School, it became apparent that there was also a need to prepare the boarding schools so that they were able to support the young person. RHP staff highlighted a need to work with school staff to familiarise them with the needs of vulnerable children. This included working with the school on attachment and behaviour management, something that the school acknowledged was of value to their work with all pupils.

A further challenge identified by professionals involved with the Boarding School placement was the decision-making around maintaining a Child Protection Plan and statutory responsibilities for a child who was away from the family during term time, but back at holiday time. This was a new situation for Calderdale Council and raised new dilemmas and debates about the safeguarding needs of the child as well as the impact on the parent(s) or carer(s) and siblings remaining at home:

... when you're then looking at the progress of the child protection plan, the impact of being home for two weeks and then away, how do you measure that impact...if they do enter into the boarding school should they automatically come off a child protection plan, or even a child in need plan... (Manager9)

A final challenge was overcoming the initial scepticism from practitioners that a Boarding School placement could, or should, be used as an option for adolescents on the edge of care. Although the Boarding School option was no longer available for future referrals, managers felt that progress had been achieved in challenging the initial cynicism and reluctance to refer.

I would fully recommend considering boarding school as a resource for vulnerable children on the edge of care or to support a connected carer arrangement. In my experience the families were far more open to the idea of boarding school than

professionals were. They spoke of it as a fantastic opportunity and a way of helping them manage as a family. Families reported they felt in control and this was very important to them. (Manager8)

The positive experience of the first referral demonstrated to professionals that boarding schools could be an option for some children on the edge of care, offering good education and pastoral care, whilst managing risk by offering alternative education pathways to those ordinarily available to children in need. Though it was felt that some reservations remained, the decision to end the option was largely financial at a time when the council's focus was to provide good quality care placements.

2. Impact – who was using the RHP and did it help?

Data, gathered on up to 33 young people from service referral forms, local authority data systems and from the evaluation entry and exist questionnaires embedded within the services' monitoring data, provided an overview of the characteristics, difficulties and the reasons and goals for coming to the service. (See Tables 8, 9 and 10.)

Interview data with 15 young people and 5 parents/carers provided insights into experiences of the RHP service and what had and had not worked well from their perspectives. (Quotes, organised by themes, are presented in Tables 10 and 17.)

Baseline

Table 8: Characteristics and circumstances of young people at baseline

| | EOC provision | Homeless provision | Full RHP sample | New referrals |
|-------------------------------------|----------------------|---------------------------|------------------------|----------------------|
| Total number of cases | 13 (39%) | 20 (61%) | 33 | 15 |
| Demographics (n=33) | | | | |
| Male | 9 (69%) | 13 (65%) | 22 (67%) | 8 |
| Female | 4 (31%) | 7 (35%) | 11 (33%) | 7 |
| Age: | | | | |
| 11-13 years | 4 (31%) | 0 | 4 (12%) | 4 |
| 14-15 years | 7 (54%) | 0 | 7 (21%) | 4 |
| 16-18 years | 2 (15%) | 20 (100%) | 22 (67%) | 7 |
| Ethnicity: | | | | |
| White British | 13 (100%) | 18 (90%) | 31 (94%) | / |
| White (Other) | 0 | 1 (5%) | 1 (3%) | / |
| Other ethnic group not listed above | 0 | 1 (5%) | 1 (3%) | / |
| RHP option (n=33) | | | | |
| Boarding School | 1 | 0 | 1 | 0 |

| | | | | |
|---|------------|-----------|----------|---|
| Foyer | 0 | 10 | 10 | 3 |
| 24 hr Intensive support | 0 | 8 | 8 | 4 |
| Short Stays service | 12 | 0 | 12 | 8 |
| Staying Close | 0 | 2 | 2 | 0 |
| Background and history (n=33) | | | | |
| Legal status at referral: | | | | |
| CIN | 5 (39%) | 2 (10%) | 7 (21%) | / |
| CPP | 6 (46%) | 1 (5%) | 7 (21%) | / |
| LAC | 1 (8%) | 4 (20%) | 5 (15%) | / |
| Adopted | 1 (8%) | 0 | 1 (3%) | / |
| Care leaver | 0 | 1 (5%) | 1 (3%) | / |
| None | 0 | 12 (60%) | 12 (36%) | / |
| Time known to Children's Social Care from 1 st referral to RHP baseline: | | | | |
| < 1 year | 2 (15%) | 3 (15%) | 5 (15%) | / |
| 1-3 years | 1 (8%) | 3 (15%) | 4 (12%) | / |
| 4 – 8 years | 2 (15%) | 4 (20%) | 6 (18%) | / |
| 9 or more years | 8 (62%) | 10 (50%) | 18(55%) | / |
| Mean number of years | 8.4 | 8.1 | 8.2 | / |
| Mode(s) number of years | 0, 10 & 11 | 0,1 &11 | 0 &11 | |
| Range | | | | |
| Age of young person when first became LAC (n=33) | | | | |
| Never LAC | 9 (69%) | 14 (70%) | 23 (70%) | / |
| 1-4 | 0 | 1 (5%) | 1 (3%) | / |
| 5-9 | 0 | 0 | 0 | / |
| 10-15 | 4 (31%) | 3 (15%) | 7 (21%) | / |
| 16 and over | 0 | 2 (10%) | 2 (6%) | / |
| Mean: | 12.7 | 12.1 | | |
| Range: | 1-17 yrs. | 1-17 yrs. | | |
| Number of care episodes ever (n=33): | | | | |
| 0 | 9 (69%) | 14(70%) | 23 (70%) | / |
| 1 | 1 (8%) | 5 (25%) | 6(18%) | / |
| 2 | 3 (23%) | 1 (5%) | 4 (12%) | / |
| Living at referral | | | | |
| Extended family | 4 (31%) | 1 (5%) | 5 (15%) | 2 |
| Residential care | 0 | 2 (10%) | 2 (6%) | 0 |
| Friends | 1 (8%) | 1 (5%) | 2 (6%) | 1 |

| | | | | |
|-------------------------------------|---------|----------|----------|---|
| Parent(s) | 8 (61%) | 2 (10%) | 10 (30%) | 6 |
| Sofa Surfing | 0 | 4 (20%) | 4 (12%) | 2 |
| Temporary accommodation | 0 | 10 (50%) | 10 (30%) | 0 |
| B&B | 0 | 0 | 0 | 2 |
| Other RHP accommodation | 0 | 0 | 0 | 2 |
| Education at baseline (n=33) | | | | |
| Main activity: | | | | |
| Secondary school | 5 (39%) | 0 | 5(15%) | / |
| Pupil referral unit | 4 (31%) | 0 | 4 (12%) | / |
| Further education/college | 1 (8%) | 10 (50%) | 11 (33%) | / |
| Apprenticeship/training | 0 | 1 (5%) | 1 (3%) | / |
| Missing school/not attending | 2 (15%) | 2(10%) | 4 (12%) | / |
| NEET | 1 (8%) | 6 (30%) | 7 (21%) | / |
| Part time education | 0 | 1 (5%) | 1(3%) | / |
| Self-Reported risk factors (n=20) | (n=6) | (n=14) | (n=20) | |
| Evaluation entry questionnaire | | | | |
| Alcohol use: drink a lot of alcohol | 3 (50%) | 8 (57%) | 11 (55%) | / |
| Drug use: use a lot of drugs | 4 (66%) | 6 (43%) | 10 (50%) | / |
| Experience of being bullied | 2 (33%) | 8 (57%) | 10 (50%) | / |
| Experience of running away | 3 (50%) | 8 (57%) | 11 (55%) | / |

All percentages are rounded up to nearest whole number.

The data in this table are based on referral forms and evaluation entry and exit questionnaires.

Percentages are mostly based on the 33 cases unless otherwise stated (e.g. n is given if data is missing for some variables).

Data on 15 new referrals that were not included in the main sample is presented for comparison. '/' indicates data not available.

Table 9: Difficulties and risks identified at referral (n=33)

| Needs at referral | Male | Female | Number (%) |
|---------------------------|------|--------|------------|
| SEN | 7 | 3 | 10 (30%) |
| Drug use | 9 | 2 | 11 (33%) |
| Self-harm | 6 | 3 | 9 (27%) |
| Alcohol use | 4 | 4 | 8 (24%) |
| Emotional and behavioural | 6 | 4 | 10 (30%) |
| Learning disability | 4 | 1 | 5 (15%) |
| CSE | 0 | 3 | 3 (9%) |

Difficulties are reported only where evidence is clearly available and might, therefore, underestimate the presence of difficulties within the sample.

Table 10: Young people and parents' reasons for referral to RHP

| Reasons for referral to RHP |
|---|
| Well like things between me and me mum got a bit like domestic and then I ended up getting arrested from the property. (YP 7) |
| Me and my mum have never got along; it were just so awkward in the house, like I had like real bad anger problems, I had quite a lot of stuff and then my mum couldn't cope with it anymore; then one night I just literally lost it and just smashed everything up and that's the reason why I had to leave. (YP3) |
| It was just like a breakdown in relationships between like family and stuff like that; it weren't, and that were the major sort of thing really, like no-one really got along towards the end and I'd just had enough of it so I got kicked out first and then decided I didn't want to go back. (YP 1) |
| Trashing the place, spent time away, putting themselves at risk, and others, just does not care about anything (Parent/Carer 3) |
| Myself and [child] have a terrible relationship; we argue quite a lot, it's stressful; there's just constant arguments all the time, where it's a power thing with us, but I'm trying to be a parent and absolutely feels to me at times that [child] wants to be the parent to me. So we struggle and neither of us give in, we're both stubborn (Parent/Carer 11) |

Follow-up

Data on young people at T3 were gathered from managers.

Table 11: Participation in the RHP by T3

| RHP option: | Exit RHP | Still in RHP | Missing | Total N per option |
|-------------------------|-----------------|---------------------|----------------|---------------------------|
| Edge of Care: | | | | |
| Short stays | 10 (83%) | 2 (17%) | 0 | 12 |
| Boarding school | 0 | 1 (100%) | 0 | 1 |
| Homeless prevention: | | | | |
| Foyer extension | 3 (38%) | 5 (62%) | 0 | 8 |
| Foyer flat dispersed | 1 (50%) | 1 (50%) | 0 | 2 |
| 24 hr intensive support | 3 (38%) | 4 (20%) | 1 (12%) | 8 |
| Staying close | 2 (100%) | 0 | 0 | 2 |
| Total | 19 (58%) | 13 (39%) | 1 (3%) | 33 |

Table 12: RHP service use and outcomes at T3

| Outcomes* | EOC provision (n=13) | Homeless prevention (n=20) | RHP Follow-up sample (n=33) |
|---------------------------------|-----------------------------|-----------------------------------|------------------------------------|
| Still in RHP service at T3 | 3 (23%) | 11(55%) | 14 (42%) |
| In care at T3 | 5 (38%) | 0 | 5 (15%) |
| Disengaged | 4 (31%) | 4 (20%) | 8 (24%) |
| Evicted | 0 | 3 (15%) | 3 (9%) |
| Exit needs met (managers views) | 7 (54%) | 2 (10%) | 9 (27%) |

* These outcomes categories are not mutually exclusive.

Table 13: Young people's participation in EET at follow-up

| Main activity at follow-up for interview group | EOC provision (n=5) | Homeless prevention (n=10) | RHP Follow-up sample (n=15) |
|---|----------------------------|-----------------------------------|------------------------------------|
| Secondary school | 3 (60%) | 0 | 3 (20%) |
| Pupil referral unit | 1(20%) | 0 | 1 (7%) |
| Further education/college | 0 | 5 (50%) | 5 (33%) |
| Apprenticeship/training | 0 | 1 (10%) | 1 (7%) |
| Ft or Pt job | 0 | 1(10%) | 1 (7%) |
| NEET | 0 | 2 (20%) | 2 (13%) |
| Pt education | 1 (20%) | 1 (10%) | 2 (13%) |

Table 14: Young people's ratings of improvements over time

| Change over time: | EOC provision | Homeless provision | Full RHP sample | comments |
|--------------------------|----------------------|---------------------------|------------------------|--|
| EET: | (n=5) | (n=10) | (n=15) | |
| Better | 4(80%) | 9 (90%) | 13 (87%) | "I have finally got onto a course I enjoy" (H1) "I've stepped up a lot, fulltime apprenticeship, following to a job" (H2) |
| Just the same | 1 (20%) | 1(10%) | 2 (13%) | |
| Worse | 0 | 0 | 0 | |
| Homelife: | N=5 | N=10 | (N=15) | |
| Better | 4(80%) | 9 (90%) | 13(87%) | "Better because I'm more independent and confident" |

| | | | | |
|------------------|---------|---------|---------|---|
| | | | | (H3) “Better relationship with family”(E5) “Because I feel like I’ve had my own space so it’s got better”(E1) |
| Just the same | 1 (20%) | 1(10%) | 2 (13%) | |
| Worse | 0 | 0 | 0 | |
| Life in general: | N=5 | N=10 | (N=15) | |
| Better | 2(40%) | 7(70%) | 9 (60%) | “I feel more in control of my decisions (H17) Grown in confidence over time while I’ve been here” (H21) “I feel healthier, more free, more activities and eating better” (H+) |
| Just the same | 3 (60%) | 3 (30%) | 6 (40%) | |
| Worse | 0 | 0 | 0 | |

Young People’s Wellbeing

The trend towards improvement in young people’s lives was also evident in their sense of wellbeing, as measured by the Good Childhood Index (GCI). Data gathered at T1 and T2 showed that young people in the RHP reported a lower sense of wellbeing across most life areas in comparison to similar aged young people in the general population (See tables 15 and 16).

Information on young people’s subjective wellbeing was gathered via self-completion checklists provided at baseline (T1) by the RHP service provider and at follow-up (T2) by the research interviewer. The GCI involved measuring subjective wellbeing across the 10 aspects (domains) of young people’s lives that research has shown are important to them (Rees and Main, 2016). Young people in the study were asked to rate their happiness and satisfaction across 10 life domains on a 0 (very unhappy) to 10 (very happy) scale. Analysis of the measure included generating an overall score per individual young person, a mean score for the responding sample and a mean score for each of the 10 domains.

Subjective wellbeing at entry to RHP

Data were gathered from 21 (64%) of the young people at baseline. The total possible score for the measure was 100, indicating maximum satisfaction with life (i.e. scoring 10

(very happy) across all 10 domains). Total scores were only available for 17 cases at baseline and ranged from 25 – 96 with an overall mean score of 64.4, indicating a moderate sense of satisfaction with life. Just under one-fifth (18%, 3) of young people scored below the midpoint of the scale and could, therefore, be said to be unhappy and dissatisfied with their lives at the point of entering RHP.

The total possible score for each individual domain ranged from 0 to 10, where 10 indicated 'most happy'. Young people in the sample indicated that they were most happy with their relationships with friends, reflecting national data on young people's life satisfaction.

Overall, however, the mean scores across all life domains were lower amongst the RHP young people than would be expected in the general population of 10-17 year olds in the UK (see Table 15). Of particular note, were lower levels of satisfaction with family and health in the RHP sample (5.5 and 6.3 compared to 8.4 and 8.1 for UK respectively).

Whilst the low satisfaction with family might be expected given the reasons the young people had come to the attention of the RHP service (that is, most commonly due to risk of or actual family breakdown) it is of note that in research carried out nationally, by Rees et al (2010), satisfaction with family life was shown to be the domain most strongly associated with overall positive wellbeing. Furthermore, their research suggested that family relationships, rather than structure, had a greater impact on wellbeing, emphasising the importance of providing support to young people and their parents/carer around repairing family interactions.

Table 15: Young people's subjective wellbeing at baseline

| Life domain | 10-17 year olds in the UK mean | Right Home YP T1 mean | Right Home YP T1 Unhappy |
|-----------------------------|---------------------------------------|------------------------------|---------------------------------|
| Family (n=21) | 8.4 | 5.52 | 43% |
| Appearance (n=21) | 7.0 | 6.57 | 43% |
| Time use (n=21) | 7.4 | 6.43 | 38% |
| Future (n=20) | 6.6 | 6.50 | 35% |
| Home (n=21) | 8.0 | 7.29 | 29% |
| School/college (n=21) | 7.1 | 6.47 | 29% |
| Choice in life (n=21) | 7.0 | 6.76 | 24% |
| Health (n=21) | 8.1 | 6.33 | 24% |
| Money and things (n=21) | 7.2 | 6.90 | 23% |
| Friends (n=21) | 8.0 | 7.71 | 5% |
| Happy all things considered | / | 6.33 | / |

A score of 5 or less was used to indicate low levels of satisfaction or unhappiness with a particular domain. This analysis reiterated that the area young people were most unhappy with was relationships with family (43%) alongside their appearance (43%) and how they used their time (35%).

Change over time

Due to the small sample size at follow-up (13), it was not possible to examine individual change over time. The overall mean score for the group who were interviewed (some 3 months after baseline) was 72.5 (range of 48-89) compared to 64.4 at baseline, suggesting an upward trend in wellbeing for the RHP group as a whole.

There was some indication that young people were more satisfied with family at follow-up, with the mean score for the group increasing from 5.52 to 6.77, and, importantly given the aims of the RHP, with their home (from 7.21 to 8.31). In fact, all (13, 100%) of the young people interviewed at follow-up who completed the measure scored above the midpoint in this domain and could therefore be considered to be happy with where they were living.

Overall, therefore, there was some cautious indication that the RHP young people for whom we had data at follow-up (and might, therefore, be those who had engaged with the service more successfully) felt generally more satisfied with their life.

Table 16: Young people's subjective wellbeing at follow-up

| Life domain | 10-17 year olds in the UK mean | Right Home YP T2 mean | Right Home YP T2 Unhappy |
|-----------------------------|---------------------------------------|------------------------------|---------------------------------|
| Family (n=13) | 8.4 | 6.77 | 31% |
| Appearance (n=13) | 7.0 | 7.31 | 15% |
| Time use (n=13) | 7.4 | 7.69 | 15% |
| Future (n=13) | 6.6 | 7.62 | 7% |
| Home (n=13) | 8.0 | 8.31 | 0 |
| School/college (n=10) | 7.1 | 7.30 | 30% |
| Choice in life (n=13) | 7.0 | 7.46 | 23% |
| Health (n=13) | 8.1 | 7.00 | 23% |
| Money and things (n=13) | 7.2 | 8.31 | 7% |
| Friends (n=13) | 8.0 | 8.15 | 8% |
| Happy all things considered | / | 7.38 | 15% |

3. Perspectives of young people and families on what worked well and not so well.

Table 17: Young people and parent or carer views of what helped

| Theme | Quotes |
|--|---|
| Early intervention and the need for straightforward referral processes | <p>At first it was quite disappointing because I think the first two times they needed more information on [yp] so they had to write another thing about him. So basically for two times I think it got chucked out of referral and it kept getting put back... then the final straw was I'd asked [yp] to leave the family home, so then when I rang care services and told them I'd removed him out of the home, their lack of support was absolutely appalling for the first four days. (Parent/CarerA)</p> <p>Obviously because it was a new thing at the time of hearing about it, we could have really done with it a lot sooner. (Parent/CarerB)</p> <p>... because I had a tutor at college and she had to let all my teachers know like what kind of situation I was in, and one of my teachers actually said to me "I know a place that does take young people in that can't get a tenancy or anything". So I went in and I got the place within a few days literally. (YP H)</p> |
| Initial concerns and reluctance to access services | <p>At first I must say I did have reservations, which I would say to them I was worried that [child] would get involved with children that had worse behaviour and she would turn into a worse kind of child than what I felt she was already.(Parent/Carer C)</p> <p>Because I had some friends that used to live at [Foyer] and some of the stuff that they told me that's happened at [Foyer]; like things have been stolen, people have been hit and stuff like that; it made me feel, ooh, it don't seem like the right place for me. (YPHH)</p> |
| Bespoke support: building trusted relationships with service staff | <p>There are quite a lot of people involved, like Social Services and all that. But I think, because... my key worker, I speak to her like a friend more than someone who's a social worker or something; so I find it easier to speak to her about things; so I think that helps. And then because some people, my social worker, and I don't really like opening up to her, whereas with [keyworker] it kind of seems like she understands me so it's easier for me to talk to her. (YPEE)</p> <p>When we had meetings, like if you said, oh look at this, and they'd</p> |

| Theme | Quotes |
|---|--|
| | <p>actually sit and listen to you, they wouldn't just try and throw it off, they'd actually sit and listen, gave you reasons why it would be good or if it would be bad, why they can't do it and stuff like that. So they did listen... (YPH0)</p> <p>Just the odd phone call checking in how things are going and how am I and, which is really nice, because the other people that are involved, they're just, yeah, not here when you really need them or... I really appreciate the phone calls, they are actually, you know, genuine when they sound like they're asking whether we're all OK. (Parent/CarerE)</p> |
| Bespoke support: emotional and practical interventions | <p>I like my like lead worker, she's good. I've got quite a close relationship with her. She's helped me a lot; like she's helped me with like the problems with my mum and stuff. (YPHJ)</p> <p>Yeah, I mean I've had money support and there's always like drug and alcohol [support] if I need them; and like I've got a lot of support with like mental problems. (YPHG)</p> <p>The support is amazing... whenever I need a hand with something she'll help me out. Like if I need my flat tidying she'll help me do certain things. If I'm struggling with money she will help me budget, if I need help doing food shopping she'll help me do food shopping. (YPHA)</p> <p>I can just phone them up, no matter what time of day; obviously not in middle of night or anything, unless it was an emergency. But anything, even if it's just something stupid, I can just ring them up, get their input, and then we can liaise with each other and come up with a plan for whatever the problem is. (Parent/CarerF)</p> |
| Balancing the need for a breathing space with formal and informal support | <p>I just don't think they understand like how it feels to be this age and living on your own and like, you know, even at like, with Christmas time and that, I don't think they know how it feels to be having no choice really. Cos they have like, their own families so they won't see it from like a kid's point of view. (YPHS)</p> <p>I'm on my own a lot... Just cos everyone else who lives here can go out on town and stuff and I'm just sat in on a weekend, and all my mates aren't eighteen yet so they can't stay. Have to be eighteen, with photo ID to stay here. (YPHL)</p> |

| Theme | Quotes |
|-------|---|
| | <p>I don't know, it's just I felt like it were like being at home, like you've got all your brothers and sisters around you, cos I like bonded with a lot of people in here. It's just, I don't know, but it is good, I love it here, I absolutely love it here. (YPHU)</p> <p>I liked that they left you alone if you wanted to be alone and that, you'd got your own personal space, you're allowed to eat what you want, the house is like always nice and warm. (YPED)</p> <p>Just time away from my mum because we clash a lot; so me coming here is like a break. I knew it was just like to get me and my mum the respite that we needed, but I don't know. I didn't really want to come at first I thought it'd be weird, but then it weren't. (YPEA)</p> |

4. New referrals to the Right Home Project after February 2016

A further 15 young people were referred to the RHP after data collection for the evaluation ended (between February 2016 and September 2016). Based in information on basic characteristics and circumstance of the group, the groups appeared similar to the study cohort of 33 first referrals to the RHP.

Of the 15 new referrals 8 were male and 7 were female. Four young people entered the Intensive support strand, 8 entered the short stay service and 3 entered the Foyer. There were no new referrals to the Boarding School or Staying Close Strands of the project. The ages of the new referrals ranged from 12 years old to 17 years. Five young people were living in temporary or informal housing situations at referral to the service, such as B&B, sofa surfing and staying with friends. Eight were living with family; either parents (6) or grandparents (2) and 2 young people had previously lived in the RHP Foyer accommodation and had been re-referred to the service.

Most young people had been referred to the RHP service via social workers (8). Two young people were referred to the service via the youth offending team, one via the family intervention team, 2 via other accommodation options within the right home project, and one with support from a youth worker: a final young person was a self-referral with no contact with service at the time of referral.

The reasons for referral indicated that, as with the first cohort, young people presented with multiple difficulties. Risks identified included: YOS involvement or known offending (4), anti-social behaviour, including violence to others (7), NEET (9), vulnerability and mental health problems (social anxiety or depression) (4), drug and alcohol use (3) breakdown in family relationship (7).



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