Targeted Youth Support Pathfinders

Interim Evaluation

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York Consulting LLP

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EXECUTIVE SUMMARY

Introduction

1. This report presents the interim findings of the national evaluation of the Targeted Youth Support Pathfinders (TYSPs) undertaken by York Consulting LLP.

2. The Youth Matters green paper (2005) sets out a vision of integrated youth support services helping all young people to achieve the five Every Child Matters (ECM) outcomes. Targeted youth support (TYS) is a central component of these reforms, with particular emphasis on providing timely, effective and coordinated support for vulnerable young people by a range of different agencies working across universal, targeted and statutory services. The core emphasis is on intervening early before needs escalate further.

3. In early 2006, fourteen children's trusts became involved as pathfinders to start work on re-designing services. The evaluation, which commenced in October 2006 has focused on six pathfinder case studies for in-depth research. This report presents the findings of evaluation activities undertaken between March and August 2007. A baseline report on all fourteen pathfinders was produced in January 2007 (unpublished).

4. Research activity was designed under five strands, comprising a mix of quantitative and qualitative techniques with a particular emphasis on determining the impact on young people. As only two of the pathfinders had commenced delivery by summer 2007, there has been an initial shift in emphasis from measuring the impact, to developing an understanding of the features of the models introduced, the issues faced in development and the benefits to date.

Progress and Features of the Delivery Models

5. Relative progress, in terms of reaching the stage of 'delivery' to young people, varies across the case study areas. The most significant factors which have affected the pace of development include:

    *   the **complexity of the multi-agency structures being introduced;**
    *   the **size of area** and the **number of services, practitioners and young people** covered in the pathfinder area; and
    *   the approach to and **issues with project management of the change process**.

6. *All of the case study pathfinders have, or will shortly have in place, new multi-agency models which will act as the key vehicle for delivering targeted support to vulnerable young people. The assumption is that by working in a more coordinated way, with clear links to partner agencies and schools, practitioners will be able to intervene earlier and work collectively to address needs.*

7. *The introduction of a new approach to multi-agency working is a common theme across all case study areas. However pathfinders have tackled the development and design of their local models differently, depending on local circumstances. To develop understanding of what the pathfinders are delivering, we provide an overview of the key characteristics based on the following seven themes of delivery.*

8. ***Theme 1 – Young People Targeted.*** *Most of the pathfinder areas do not have specific criteria in terms of the type of young people/issues they anticipate they will be addressing. This is a deliberate attempt to move away from initiative-driven or issue-specific support, to an approach which embraces the holistic needs of the young person, and as needs change over time.*

9. ***Theme 2 - Age Range.*** *Pathfinders vary in terms of the age range they are focusing on. Three of the pathfinders have developed their approach based on a 0-19 model. The other three have focused activity at 10/11-19, one of which anticipates that particular attention will be on the 13-16 range, with another working with 10-12 year olds.*

10. ***Theme 3 - Model of Delivery.*** *The DCSF guidance document, Making It Happen, defines three models of multi-agency working structures: multi-agency panel; multi-agency team and integrated service. Four areas are establishing a co-located, integrated service, one area has introduced a multi-agency panel, and one authority has introduced a co-located, integrated service in one district of the authority, with a multi-agency panel in another.*

11. ***Theme 4 - Services Involved.*** *The services involved in each of the case study areas vary. All have representation from a number of core services, but there are marked differences in some of the other additional agencies involved. The most commonly represented services areas are Connexions, Education Welfare, the Youth Service and parent/family support workers. Services with more patchy involvement include drugs workers, teenage pregnancy workers, Positive Activities for Young People (PAYP) workers and learning mentors.*

12. *Whilst membership of the teams must, and has been developed according to local need, variation does have some implication for the 'type' of young people that may be referred for support in different areas.*

13. ***Theme 5 – Pathfinder Area.*** *There is case study variation, both in the size of area and, by implication, the number of young people being covered by the models introduced across the case study areas. The most common approach has been to develop multi-agency structures*

in an area covering three to four secondary schools. Others are working in smaller localities with a lower team to young person population ratio.

14. **Theme 6 - Team Capacity**. Most of the pathfinders have not yet undertaken significant work to define the number of young people that could feasibly be supported by the multi-agency structures. Issues related to team capacity include: the size of area / young people population covered by the multi-agency structures; the 'risk profile' of the young people in the area; and the existing workload of staff involved in the team. Two areas that have established an integrated service have estimated that each practitioner will support around 20-25 young people at any one time. However, these models are yet to be tested.

15. **Theme 7 - Delivery Status**. Two areas commenced delivery in spring 2007. By the end of the autumn term 2007, all of the case study areas anticipate that young people will be supported by the new structures.

16. Models of delivery have to be developed and tailored to meet local needs and circumstances. However, local authorities in the process of developing their arrangements should be aware that seemingly minor decisions on location and structure can have a significant impact on the potential effectiveness of the systems.

Factors Influencing the Stage of Development

17. Over the last two years the pathfinders have made significant progress in developing and re-designing multi-agency support structures for vulnerable young people. We have identified eight significant factors which, to varying extents, have influenced the speed and direction of pathfinder development.

(i) Complexity of multi-agency structures developed

18. The level of complexity of the multi-agency structures developed has emerged as a key factor influencing the stage of development reached. Models vary from the introduction of a multi-agency panel meeting on a monthly basis, to the realignment of authority wide services into an integrated service. The areas that have developed integrated services have taken around six to nine months to move from the point at which strategic commitment was secured to delivery stage.

(ii) Roll out strategy – evolution or revolution

19. There is evidence of variation in terms of the approach that case study areas have adopted in relation to roll out strategy. In some areas, the ethos has been to move quickly to trial the model, and work out protocols and issues as they emerge. Other areas have spent longer developing the operational protocols and trying to address potential delivery issues before they emerge. All case study areas acknowledge that the key learning points will emerge once they start delivery in earnest, and anticipate that changes to the operational structures may need to be made.

(iii) Size of area – local pilot v whole area changes

20. There are variations in the size of area chosen to develop the new multi-agency arrangements. One case study area is introducing authority wide developments. Five are trialling the approach in a particular locality before introducing more wide scale changes.

(iv) Amount of resource committed to TYS

21. The amount of resource available to manage delivery of the pathfinder following strategic sign off has constrained the pace of developments. Some areas still have a dedicated project manager in place, whereas others have a small team or single individual who has been working on TYS alongside their other responsibilities.

(v) Skills, profile and experience of the project manager

22. The skills, profile and experience of the project manager have emerged as critical factors in driving forward the changes within an authority. In some areas, the role has been taken on by senior local authority officers who have less time but more 'clout' to drive forward significant change. In other areas, the role has been undertaken by more junior members of staff who have faced some challenges in engaging the commitment of senior staff.

(vi) Recruitment issues

23. *A number of areas have cited that recruitment for the position of manager of the integrated service was a challenge. Individuals appointed include a senior practitioner seconded from the Youth Offending Service and a manager from the BEST Plus Team. The background of the manager is likely to have an impact on the style of management introduced in the team. This will be an important consideration for the authority wide and national roll out.*

(vii) Buy-in of key strategic stakeholders

24. *The commitment and engagement of key strategic stakeholders is an obvious factor which has influenced pathfinder progress. In most case study areas, strategic commitment has positively influenced the pace of the change process.*

(viii) Engagement of practitioners

25. *A further factor which has enabled change to progress quickly was the engagement of practitioners in the development process. All pathfinders undertook wide ranging consultations with frontline practitioners during the initial change process. However, their involvement in inputting into the development of operational protocols was more variable.*

26. *All of these factors should be given due consideration at the start and throughout the development phase.*

Operational Intervention: Features and Issues

27. *In order for the models to function, pathfinders have either explicitly or implicitly considered a range of intervention processes to provide support to vulnerable young people. This starts from the point of identification and continues through to the point where the needs of young people have been met. Whilst the focus of TYS is on outcomes rather than developing processes, analysis of the local models does provide interesting comparison.*

28. *Here we provide an analysis of the intervention processes taken by the pathfinders and consider the potential issues which may impact on effectiveness in delivery.*
Early Identification

29. *Analysis of practice across the case studies indicates that vulnerable young people to be supported by multi-agency working will predominantly be identified through practitioners 'normal' working practices. The key change is that through the introduction of multi-agency structures, practitioners will have a swift and easy mechanism for bringing the young person to the attention of several agencies at once.*

30. *The changes being introduced to identification practices are a welcome and positive development. However, there is also a recognition that practitioner led interventions may be somewhat subjective, the implications of which may be exacerbated when working in a multi-agency way. Potential risks with relying on this approach are as follows:*

- *different interpretations by practitioners of 'at risk' and therefore a lack of consistency in the type of young people referred;*
- *the requirement that a young person needs to be displaying behaviour which highlights them as at risk. This raises the question as to whether the intervention is early enough?;*
- *variation in membership of the multi-agency structures and therefore the type of young people they typically support.*

31. *Some areas have undertaken work to develop a more scientific approach to identifying young people through the development of vulnerability audits, based on a range of known risk factors. Whilst use of such tools can only form part of the identification solution, they do provide a more objective approach to identifying those at risk who may not be currently picked up through practitioners work. Their potential use in supporting the identification process should be explored further.*

32. *The next stage of fieldwork will further explore the extent to which the models introduced encourage young people to strengthen their influence to bring about change, with a particular focus on self referral.*

Understanding Needs and Use of CAF

33. *The introduction of multi-agency working will provide an effective vehicle for practitioners to develop a clearer understanding of the holistic needs of a young person and the potential collective response to this. Practitioners working in areas that are already operational cited this as one of the key benefits to date.*

34. *TYS guidance emphasises the centrality of the Common Assessment Framework (CAF) as a tool to be used in providing support to vulnerable young people. However, whilst the concept of the CAF is widely supported by practitioners in the case study areas, there is variability in the extent to which it is currently being used. In four areas, completion of a CAF will be integral to the identification and referral process. In two areas it is currently anticipated that existing assessment mechanisms will be used.*

35. *Where pathfinders have started to use the CAF as an assessment tool, some teething problems are emerging. These will be explored further over the next phase of research.*

Early and Coordinated Support

36.   *The introduction of multi-agency structures to provide early and coordinated support to vulnerable young people has been the main focus of developments in case study areas. The developments are widely supported and welcomed by stakeholders. However, practitioners in the areas which are already operational have reported a range of issues which are impacting on effectiveness of delivery.*

37.   *Issues identified include:*

- *the extent to which focus has been on providing early intervention or dealing with most overt cases of concern;*
- *the availability of appropriate interventions to address needs; and*
- *the issue of operating across boundaries.*

Lead Professional Role

38.   *The role of the lead professional in most of the pathfinder areas is yet to be clarified. Most of the case study areas have not established clear guidance on the criteria of practitioners to be able to operate as a lead professional, or the responsibilities of the role.*

39.   *During the fieldwork phase, it was noted by researchers that there is variation in terms of the seniority and experience of practitioners involved in some of the teams. A number of core stakeholders have not previously had 'case-holding' responsibility. This has implications for the extent to which they will have the necessary skills and experience to effectively coordinate and negotiate support for a young person. Early feedback from some practitioners has highlighted concerns in relation to what the role would mean for them in terms of both responsibility and resource.*

Benefits and Future Priorities

40.   *A number of perceived benefits have been reported by stakeholders. To date, these are focused at the strategic and operational level.*

Strategic Benefits

41.   *In all of the case study areas, involvement as a pathfinder has added additional impetus to an ongoing programme of developments for both young people and the wider community. A number of the pathfinders reported that involvement in the TDA's change process gave them a greater clarity of vision, wider engagement of practitioners and a fresh impetus to drive forward a wide ranging programme of change for young people. Key benefits realised at strategic level reported include:*

- *greater consensus amongst different service areas which has allowed significant developments to be driven forward;*

- engagement of practitioners in the process providing learning for both strategic and operational managers on issues on the ground;
- impetus for wider developments linked to neighbourhood initiatives; and
- some schools now considering joint commissioning of services.

Operational Benefits

42. A range of benefits both, anticipated and unanticipated, has been reported by operational managers and practitioners as a result of involvement to date. Examples include:

- raised profile of service areas and practitioners;
- collective ownership in responding to issues;
- practitioners have better understanding of the holistic needs of a young person.

Outcomes for Young People

43. By summer 2007, around thirty children and young people had been supported by new multi-agency structures of support introduced in the case study areas. Benefits for young people as reported by practitioners include:

- support for young people is more tailored to individual needs;
- services are less stigmatised;
- more support for those below statutory thresholds;
- more coordinated support.

Priorities for Future Development

44. All case study pathfinders have identified priorities for ongoing/further development. Those featuring most significantly include:

- developing operational protocols;
- extending the team;
- developing performance measures;
- planning for roll out.

45. The following sections report on progress in designing and developing evaluation tools which will be applied later in the evaluation programme. Readers interested solely in the progress and performance of the pathfinder case studies may wish to skip or skim these sections.

Planning, Self Evaluation and Performance Measurement

46.   *Our evaluation baseline report identified the lack of explicit performance indicators as a barrier to measuring the impact of TYS in pathfinder areas, sometimes resulting in a lack of clarity. In order to address this deficiency, we have been working closely with the six case study pathfinders agreeing measures of performance linked to local objectives to support planning and self evaluation.*

47.   *Our development work on self evaluation and performance measurement was conducted with the Gateshead Pathfinder and a guide for pathfinders using Gateshead illustrations has been produced and shared with the other case studies. This information has also been made available to the TDA, who intend to use it to inform and support TYSP roll out.*

48.   *The guide sets out a seven-step process to support effective planning, self evaluation and performance measurement. It provides advice and illustrations in relation to each of these steps. The guide is also supported by an evaluation toolkit, which provides pathfinders with useful information in relation to evaluation methodologies and approaches.*

49.   *While we have facilitated the overall development process, pathfinders have largely chosen their own indicators. This is much more effective in generating buy-in and ownership compared to external imposition.*

50.   *Through our work with each of the pathfinders, the guide continues to evolve. By the end of the evaluation a definitive document will be produced. In the meantime, we will continue to circulate our interim document and provide support to the case study areas as appropriate.*

Universal Risk Modelling

51.   *Universal risk modelling is a term that has been adopted by York Consulting to apply to the application of readily available or 'universal' data on all young people in an authority to ascertain the likelihood of a specific young person experiencing a specific poor outcome in the future.*

52.   *Universal modelling provides a quantitative framework which allows an objective assessment of local 'risk' based on consistent definitions of assumptions. At present, most authorities assess risk on a subjective basis.*

53.   *A risk modelling approach offers potential benefits to planning authorities. These include better targeting of resources to the individual, monitoring of changes in risk over time and better understanding of differences and need across client groups.*

54. Universal risk modelling not only offers the potential to identify those young people most at risk of a specific outcome, but also those young people who are most likely to benefit from a specific intervention. By monitoring changes in the likelihood of poor outcomes, it is possible to extrapolate change today due to an intervention on outcomes in the future.

55. A literature search was undertaken to identify risk factors associated with eight undesirable outcomes for young people, such that that universal risk model could be built using the National Pupil Database (NPD) and the Pupil Level Annual School Census (PLASC).

56. While the literature review revealed a lack of quantitative data on risk, it did allow us to analyse a range of risk factors associated with multiple outcomes.

57. We have used the model to identify young people at risk in each of the six pathfinder areas. The analysis shows significant differences in risk profile across the pathfinder areas. It has also shown significant differences in the percentage of young people facing multiple risk factors between authorities. The analysis has also allowed individual young people with the greater numbers of risk factors to be identified in an entirely objective way.

58. Improved targeting of individuals and assessment of potential need across an authority is central to the TYS philosophy. For universal risk modelling to be a useful tool in these areas, further development is needed, possibly through detailed review of literature, primary search or a stochastic modelling of the NPD and PLASC datasets linked to outcome data available elsewhere.

59. The results of this preliminary modelling work will be made available to each of the pathfinder areas.

Assessment of Impact

60. Successful implementation of TYS should impact on the outcomes for young people and on the services for young people delivered in an area. To identify these impacts, two quantitative workstreams have been undertaken:

- individualistic risk modelling;
- analysis of the shape of service delivery.

Individualistic Risk Modelling

61. Research shows that there are risk factors known to be associated with poor outcomes. In effect, the characteristics of a young person today can be used to make an assessment of the likelihood of their level of risk of experiencing specific poor outcomes in the future.

62.   The purpose of individualistic risk modelling is to identify characteristics of young people to build a quantifiable risk profile and then isolate changes in this profile following a young person's interaction with TYS or a TYS intervention.

63.   YCL have developed a questionnaire that builds a risk profile of individual young people. The term 'individual risk modelling' has been applied to mean risk profiling that requires information that is not routinely collected on young people.

64.   The questionnaire has been designed in two parts. The first is a Strengths and Difficulties Questionnaire (SDQ) which picks up softer risk and resilience factors associated with self-esteem. The second is a series of behavioural questions that pick up participation in activities that are both positive and negative and are know to affect the likelihood of poor outcomes in the future.

65.   The questionnaire will be distributed by a lead professional to approximately 50 young people receiving TYS interventions in case study areas.

66.   The questionnaire is about to be introduced in Gateshead and, over the next few months, will be introduced in Derby, Wandsworth and Leicester.

The Shape of Service Delivery

67.   We have introduced the term the 'shape of service delivery' to mean:

   •   the number of young people receiving services;
   •   the duration, intensity and nature of services they receive;
   •   moving into and out of more intensive and specialist services and towards and away from universal provision.

68.   The identification of this change in the shape of service delivery is important, not just for the pathfinders to assess the impact of the new ways of working, but also for national roll out to provide evidence on the impact of resources of services following implementation of TYS models.

69.   The approach adopted to map the shape of delivery has been to work with each case study area, identify what they have or are doing in terms of collection of data around services accessed and then offer support to build upon this to provide data useful for the evaluation and for the authority.

70.   Most areas are familiar with the triangle of need, which is a very simple example of mapping out the shape of delivery in an area. We have, therefore, used this as a starting point for discussions to describe the kind of information required.

71.   *In areas where we are unable to map the shape of delivery through a triangle of need, we will seek to map the caseloads of lead professionals.*

72.   *Mapping activity in each of these six pathfinder areas is ongoing and at different stages of development.*

Conclusions and Recommendations

Conclusions

73.   *At this interim stage in the evaluation, we are not in a position to present significant evidence regarding the impact of pathfinder activity on outcomes for young people. This is due to the slower than anticipated progress in implementing planned change on the ground.*

74.   *An extensive programme of work has taken place to develop the methodological tools to measure impact on young people. We have designed, and successfully trialled, a young person questionnaire which will shortly be implemented to measure and model changes in the risk profile of young people following service intervention.*

75.   *Pioneering work has been undertaken to develop a top-down universal model of risk assessment.*

76.   *Further work is required to refine and test the universal model. The results generated so far are designed to illustrate the power and application potential of the technique.*

77.   *Progress has been made on developing performance indicators in each of the pathfinder areas. We have designed a framework which can be used by pathfinders to specify performance indicators and are supporting them in the specification process.*

78.   *It is clear from the above that, from an impact perspective, much of the progress has been largely developmental. This should not belittle the achievement. Much of it is new and innovative and is establishing a platform to measure future impact, both in the case study pathfinders and more widely.*

79.   *Over the last two years, all of the six case study areas have developed their approach to providing support to vulnerable young people. In some of the case study areas, involvement as a pathfinder was a direct catalyst for action.*

80.   *The relative progress in terms of reaching 'delivery' of a redesigned model of support for vulnerable young people varies across the case study areas. The key factor which has affected progress is the complexity of the changes to be introduced.*

81.   *By summer 2007, two of the case study areas had commenced delivery of the model they expect to roll out. The other four areas expect to commence delivery during the autumn term of 2007.*

82.   *A range of local factors has affected the stage of development. These include the amount of resource committed to managing the process, the skills, profile and experience of the project manager and the extent of strategic buy-in.*

83.   *The models of delivery in the six case study areas vary The key variables of the model design include the 'type' of young people targeted, the age range, the model of support (multi-agency panel or integrated service) and the range of services involved.*

84.   *There are clear commonalties in the models of delivery introduced across the case study areas, all having an explicit focus on providing more evidenced, based and coordinated support. However, there are also a number of important differences with regards to how the teams will operate, which services will be involved and how they will go about intervening early which will impact on both the type of support available and which young people will be targeted.*

85.   *Collectively, the approach to intervention and the range and level of services involved are likely to have the most significant impact on the extent to which the balance of support in each area is more focused on early intervention or on providing support to young people whose needs have already escalated.*

86.   *The operational arrangements to support the process from identification of a young person to the point at which their needs have been addressed vary in each of the case study areas. Analysis across the areas highlight a range of factors which is likely to influence the effectiveness of the model.*

87.   *In all case study areas, the main approach to identification will be through practitioners making others aware of vulnerable young people requiring a multi-agency response. The key difference is that once identified, the practitioners will have a more effective approach to coordinating appropriate support.*

88.   *Some areas are in the process of developing and introducing vulnerability matrices to support the identification process. Whilst such tools can only support this, they do provide a more objective approach to considering the risk factors facing young people, and prompt discussions about whether the focus of activity will be on intervening early with those at risk, or on providing better support for those whose needs have already escalated.*

89.   *It is anticipated that the CAF will be a central tool used in assessing needs in four of the case study areas. In the other two, existing structures for assessing needs will continue to be used.*

90. Early investigation has highlighted that there is a lack of clarity in relation to the lead professional role in a number of the case study areas. Some practitioners reported that they were unsure whether they would be required to be a lead professional and what this would mean in practice.

91. In all case study areas, there is an implicit assumption that the developments being introduced will support 'prevention'. However, understanding of what prevention means varies across practitioners, depending on the service area they are from.

92. The focus of the benefits reported so far have been at the strategic and operational level, rather than on young people and families. At the strategic level, the key benefit reported is in relation to the growing consensus between service areas to work collaboratively to improve services.

93. The next few months will provide a detailed understanding of the issues and factors affecting effectiveness in delivery. All of the issues identified here will be explored further to provide a greater understanding of issues and good practice in delivery.

Recommendations

94. Local authorities need to provide strong strategic support, backed by sufficient resources to deliver the changes.

95. Developing a shared and common vision early on in the process is important.

96. Development teams need to recognise and address differences in understanding in terminology.

97. Development teams should divide their focus between the theoretical model and the practical implications from an early stage.

98. Development teams should consider use of vulnerability matrices.

99. Practitioners should be engaged throughout the process.

Acknowledgements

1   INTRODUCTION

1.1   This report presents the interim findings of the national evaluation of the Targeted Youth Support Pathfinders (TYSPs), undertaken by York Consulting LLP.

1.2   The aim of this report is to provide learning from the six case study areas involved in the pathfinder process to develop understanding of the models introduced, identify issues and good practice associated with delivery and provide evidence of early benefits.

TYSP: An Overview

1.3   The *Youth Matters* green paper[1] (2005) sets out a vision of integrated youth support services helping all young people to achieve the five Every Child Matters Outcomes. Local authorities (LAs) are currently in the process of making significant reforms to the structure, organisation and delivery of these services which should be in place across England by 2008.

1.4   Targeted youth support (TYS) is a central component of these reforms, with particular emphasis on providing timely, effective and coordinated support for vulnerable young people by a range of different agencies working across universal, targeted and statutory services. The core emphasis is on intervening early *before* needs escalate further.

1.5   In early 2006, fourteen children's trusts became involved as pathfinders to start work on re-designing services. As part of their involvement, children's trusts were supported by the Training and Development Agency for schools (TDA) through a change process in order to develop local models of support in order to improve outcomes for vulnerable young people.

1.6   The national roll out of TYS commenced in early 2007. All LAs are expected to develop their own local models of targeted support with structures being in place by 2008.

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[1] HMSO, 2005. Youth Matters

TYSP: The National Evaluation

1.7   As outlined in the ITT, the primary aim of the evaluation is:

> *"to identify effective approaches, as developed by the pathfinders, for integrated targeted support and the services delivered, and see if they have an impact on young people with additional needs and who are at a high or growing risk of poor outcomes".*

1.8   The evaluation was required to provide both **formative** learning to support pathfinder delivery and policy development, and **summative** information on take-up, cost effectiveness and impact. The four key evaluation objectives were to:

- identify the **early indicators of impact** of the redesigned integrated targeted youth support on outcomes for young people;

- identify the **range of challenge and support interventions** used across pathfinders in terms of 1-2-1 engagement between practitioner and young people and families. Where it is possible identify which engagements, challenge and support interventions are resulting in positive outcomes for young people;

- explore and identify the **strategic planning and integration structures** and processes associated with delivering effective TYS to young people;

- identify what **early intervention and prevention activities are working** with young people at risk of negative outcomes.

1.9   Between October 2006 and January 2007, work was undertaken in all fourteen pathfinders to gain an understanding of the stage of development and focus of activity across all areas. Following the baseline report[2] (2007), six case studies were selected for further in-depth research. This report presents the findings of evaluation activities undertaken between March and August 2007.

Issues in Delivery

1.10 Two key factors have affected delivery of the evaluation. These factors have implications for what we are able to report at this stage. The factors are:

(i)   the 'stage of development' of the pathfinders;

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[2] York Consulting (2007). Baseline report: evaluation of the Targeted Youth Support Pathfinders (unpublished)

(ii)   defining TYS in the case study areas.

(i) Stage of Development of the Pathfinders

1.11   The design of the national evaluation was initially driven by a focus on determining the *impact* of TYS on young people. This was based on the assumption that the pathfinders were 'ready' to deliver their newly designed services when the evaluation commenced in October 2006. In reality, by summer 2007 only two of the case study areas were supporting young people through the newly developed arrangements. There are a number of valid reasons for this which we discuss later in the report (see Section 3, Factors Influencing the Stage of Development). However, the implication is that the focus of this report is on exploring the models of TYS and understanding the challenges and lessons learned in developing multi-agency structures. The key learning period in terms of identifying 'what works' in delivery will take place over the next six months.

1.12   The tools for assessing impact on young people and families are all in place, details of which are presented in Section 8: Assessment of Impact. Most of the case studies aim to commence delivery to young people in autumn 2007. We therefore anticipate that some indicators of impact will be reported in the final report to be published in March 2008.

Defining TYS in the Case Study Areas

1.13   A further issue which has affected the evaluation has been in establishing a consistent understanding of what TYS is. In all of the case study areas, participation as a pathfinder involved children's trusts undertaking research and consultation into the gaps and overlaps in provision in the local area, and developing a plan to address local needs. Essentially, involvement in the supported change process came to an end when the pathfinders achieved agreement on the plan for changing delivery structures backed byb local strategic support.

1.14   Did TYSP directly deliver a change in approach in pathfinder areas? Did it act as a catalyst for change alongside other factors? Pathfinders have different views regarding the relative balance and contribution of TYS. From our point of view, local definitions of what TYS is, or is not, confuse the issue. The focus of our attention is on understanding the actual changes that have been introduced by pathfinders to improve support for vulnerable young people, irrespective of derivation.

Methodology

1.15 A brief overview of our general approach to the evaluation is provided overleaf.

<u>Case Study Selection</u>

1.16 As indicated earlier, six case study areas were selected to be involved in in-depth research to provide a detailed understanding of the development of TYS. The approach to selection involved ensuring a mix of areas in terms of model design and level of involvement in linked initiatives. The focus was on selecting pathfinders that had made the most progress to reaching 'delivery'.

1.17 The case study areas are:

- **Derby City;**

- **Gateshead;**

- **Hampshire;**

- **Leicester City;**

- **Southwark;** and

- **Wandsworth.**

<u>Approach</u>

1.18 Research activity was designed under five strands, comprising a mix of quantitative and qualitative techniques. These strands are as follows:

- **Strand 1 – Strategic Delivery Consultations**: Interviews with the project managers, strategic stakeholders, service managers and practitioners;

- **Strand 2 – Modelling Personalised Interventions**: Interviews with 30 to 60 young people, their lead professional and family on multiple occasions to explore their experience of support;

- **Strand 3 – Modelling the Shape of Provision:** Exploring changes to the type and volume of provision at each of the thresholds to determine the impact of the new structures on the model of support;

- **Strand 4 – Universal Risk Modelling:** The development of a tool to assess the level of risk facing young people in each of the case study area based on known risk factors;

- **Strand 5 – Individualistic Risk Modelling:** Pre and post intervention questionnaires to 150 to 300 young people in receipt of targeted support to assess changes to the risk, resilience and behaviour of young people in receipt of the questionnaire.

1.19 In addition to these five strands, significant work has been undertaken to develop processes to measure performance of the pathfinders through the development of area specific Performance Indicators, based on a common framework. Further details of this work are presented in Section 6, Planning, Self Evaluation and Performance Measurement.

1.20 As only two of the pathfinders have recently commenced delivery to young people, it has not been possible to undertake activity to inform strands 2, 3 and 5 of the methodology. There has therefore been an agreed shift in emphasis in this report, which focuses on developing understanding of the features of the models introduced, the issues faced in development and the benefits to date. In the later sections of the report, we provide an overview of other work being undertaken as part of the evaluation.

Report Structure

1.21 The remainder of this report is structured as follows:

- **Section 2** describes the features of the case study models and progress made towards implementation;

- **Section 3** outlines the enablers and challenges experienced by the case studies in developing redesigned services;

- **Section 4** examines the operation of the models against the seven key delivery elements outlined in the TYS Guide. Potential issues with operational model are also explored;

- **Section 5** highlights the benefits realised by stakeholders in the case study areas to date;

- **Section 6** provides an outline of the work we have undertaken to support case study areas in developing their approach to planning, self evaluation and performance measurement;

- **Section 7** introduces the tool we have developed to assess the level of risk in the case study areas;

- **Section 8** provides details on the tools we have developed to measure impact of TYS;

- **Section 9** outlines our conclusions and recommendations.

2 THE CASE STUDY MODELS: STATUS AND FEATURES

2.1 This section provides an assessment of the stage of development reached by the case studies in terms of re-designing targeted services for vulnerable young people. Given the variation in how TYS has been translated in the different areas (see Section 1), we also present a description of the key features of the models developed in each of the six case study areas.

The Four Stages of Development

2.2 Relative progress, in terms of reaching the stage of 'delivery' to young people, varies widely across the case study areas. This has been affected by a range of both contextual and operational factors which are discussed in more detail in Section 3. The most significant factors include:

- the **complexity of the multi-agency structures being introduced;**

- the **size of area** and the **number of services, practitioners and young people** covered in the pathfinder area; and

- the approach to and **issues with project management of the change process**.

2.3 All of the case study pathfinders had achieved the critical point of securing strategic commitment[3] by December 2006, and have been moving towards implementation of new models of delivery at varying speeds since then.

2.4 In **Table 2.1** we assess the level of progress reached by categorising them against **four generic stages of development**. These are:

(i) model under development: one of the case studies is still in the process of designing their model (Southwark);

(ii) structures for multi-agency working in place, which allow practitioners to meet regularly: five of the case studies have in place some form of newly developed multi-agency group that was meeting regularly by the end of August 2007;

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[3] Known as DP3 of the Training and Development Agency's (TDA's) change management process - http://www.everychildmatters.gov.uk/deliveringservices/targetedyouthsupport/

(iii) **operational structures under development:** all of the pathfinders are still in the process of developing and fine tuning the operational processes to support the operation of the model designed;

(iv) **young people being supported by new structures:** at the end of August 2007, two of the pathfinders had young people flowing through a newly designed, fully operational multi-agency support model that it is envisaged will be rolled out across the authority.

Table 2.1 Stage of Development				
	Model Under Development	**Team that Meets Regularly**	**Operational Structures Under Development**	**Young People Supported by New Arrangements**
Derby City	No	Yes	Yes	No
Gateshead	No	Yes	Yes	Yes
Hampshire	Yes	Yes	Yes	Yes
Leicester City	No	Yes	Yes	No
Southwark	Yes	No	Yes	No
Wandsworth	No	Yes	Yes	No

2.5   By the end of the autumn term 2007, all of the case study areas anticipate that young people will be supported by the new structures.

Case Study Overview: Seven Themes of Delivery

2.6   All of the case study pathfinders have, or will shortly have in place, new multi-agency models which will act as the key vehicle for delivering targeted support to vulnerable young people. The assumption is that by working in a more coordinated way, with clear links to partner agencies and schools, practitioners will be able to intervene earlier and work collectively to address needs.

2.7   The introduction of a new approach to multi-agency working is a common theme across all case study areas. However pathfinders have tackled the development and design of their local models differently, depending on local circumstances. To develop understanding of what the pathfinders are delivering, we provide an overview of the key characteristics based on the following seven themes of delivery:

• **Theme 1 – Young People Targeted;**

• **Theme 2 - Age Range;**

- • **Theme 3 - Model of Delivery;**

- • **Theme 4 - Services Involved;**

- • **Theme 5 – Pathfinder Area;**

- • **Theme 6 - Team Capacity;**

- • **Theme 7 - Delivery Status.**

2.8 Further details of the individual pathfinder models are provided later in this section. Details and issues associated with the operational processes introduced to support the functioning of the model are outlined in Section 4.

Theme 1 – Young People Targeted

2.9 Most of the pathfinder areas have purposefully not developed and defined criteria which articulates the specific type of young people/issues they anticipate they will be addressing. This is a deliberate attempt to move away from initiative-driven or issue-specific support, to an approach which embraces the holistic needs of the young person, and as needs change over time, with a core focus on outcomes.

2.10 That said, all pathfinders have adopted a common theme of supporting vulnerable young people who fall between the gaps in service provision between universal and statutory services, and doing so in a more informed and coordinated way. Some areas have identified weaknesses in current support mechanism which may create hot spots for identification.

2.11 For example, one area has made specific reference to addressing gaps in service provision for young people coming off intensive supervision provided by the Youth Offending Team, and two areas have defined that they intend to support those at risk of becoming NEET[4].

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[4] NEET = Not in Education, Employment or Training

Theme 2 - Age Range

2.12 Pathfinders vary in terms of the age range they are focusing on. Three of the pathfinders have developed their approach based on a 0-19 model. The other three have focused activity at 10/11-19, one of which anticipates that particular attention will be on the 13-16 range. One of the 0-19 pathfinders has taken the decision to split into two teams covering 0-12 and 13-19. The rationale behind the age split is to take a more consistent approach to addressing issues arising in transition between primary and secondary phases of education. In one district of one authority, there is a core focus on transition between primary and secondary school with activity only focused on 10 to 12 year olds.

Theme 3 - Model of Delivery

2.13 The DCSF guidance document, Making It Happen[5] defines three models of multi-agency working structures:

- **multi-agency panel** – members remain within their agency but meet regularly to discuss children with additional needs who would benefit from multi-agency input. Panel members might do case work or take a more strategic role. **Example: Youth Inclusion and Support Panel (YISPs)**;

- **multi-agency team** – members are seconded or recruited into the team with a leader and common purpose or goals. They may still get training and supervision from their home agency but have the opportunity to work with a range of different services. **Example: Behaviour and Education Support Teams (BESTs) and Youth Offending Teams (YOTs)**;

- **integrated service** – different services such as health and education are co-located to form a highly visible hub in the community. Funded by the partner organisations and managed to ensure integrated working, they are often based in schools or early years settings. **Example: Sure Start children's centres and extended schools**.

2.14 We have taken these definitions to classify the models introduced in the six case study areas:

- four areas have established a co-located, integrated service;

- one area has introduced a multi-agency panel;

- one county council authority has a co-located, integrated service in one district, with a multi-agency panel in another.

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[5] DCSF (2007). Making It Happen: Working together for children, young people and families

2.15 Five of the case studies intend to hold multi-agency meetings on a fortnightly/monthly basis to discuss children and young people identified as needing multi-agency support. The one area which does not operate a meeting driven approach (Southwark) has developed a completely different model of support.

2.16 For those operating an integrated service, meetings will be attended by both practitioners on the core team and a range of wider/extended services that may also be required to provide support. Areas which operate a panel model have a similar membership for the monthly meetings but do not have a team of co-located practitioners.

2.17 The model of delivery which differs most significantly from the other case study areas is Southwark. This pathfinder has developed an approach which provides a single point of contact for schools dealing with young people with additional needs. This co-located team will not have a caseload, but rather practitioners at team leader level will provide advice and guidance to schools in implementing a Team around the Child (TAC). In the other models, the TAC will be formed as an outcome of the regular multi-agency meetings.

Theme 4 - Services Involved

2.18 The services involved in each of the case study areas vary. All have representation from a number of core services, but there are marked differences in some of the other additional agencies involved. **Table 2.2** provides an analysis of the services involved in four of the five co-located teams. Key points to note are:

- there are **sixteen different service areas** involved across the four case study areas analysed;

- the four integrated service teams each have between **five and seven different service areas** represented on the core team, from a range of thirteen[6];

- the most commonly represented services areas located in the integrated service are **Connexions, Education Welfare, the Youth Service and parent/family support workers**;

- the four integrated service teams **all have links to a range of other services**;

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[6] The range of between five and seven service areas is taken from more detailed analysis not presented here

- the services which are **most commonly linked** to the core team are **Education Psychologists, CAMHS[7] and the YOT[8]**;

- services with **more patchy involvement** across these case study areas include **drugs workers, teenage pregnancy workers, Positive Activities for Young People (PAYP) workers and learning mentors**.

	Table 2.2: Services Involved in Multi-Agency Structures in the 4 Case Studies with Integrated Services	**In Core Team**	**Linked to Core Team**
1	Connexions	4	
2	Education Welfare	3	1
3	Youth Service	3	
4	Family Support / Parent Involvement	3	
5	Social Service	2	1
6	School nurses	2	
7	Educational Psychologists	1	3
8	Housing officers	1	1
9	Police Youth Worker	1	1
10	Behaviour Support Worker	1	1
11	PAYP worker	1	
12	Teenage pregnancy worker	1	
13	Drugs worker	1	
14	CAMHS		3
15	YOT		2
16	Learning Mentors		1

2.19 Whilst membership of the teams must and has been developed according to local need, variation does have some implication for the 'type' of young people that may be referred for support in different areas. This issue is explored further in Section 4.

Theme 5 – Pathfinder Area

2.20 There is case study variation, both in the size of area and, by implication, the number of young people being covered by the models introduced across the case study areas. The case study areas can be classified as follows:

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[7] Child and Adolescent Mental Health Services
[8] Youth Offending Team

- **the pathfinders have focused activity in an area covering around three to four wards**. These areas each have between around three to four secondary schools within their boundaries (Derby, Wandsworth, Southwark)[9];

- **two areas are trialling the approach in an area which covers one secondary school** (Leicester and Gateshead). Both of these cover the 0-19 group;

- one area has piloted an approach to providing targeted support in **one district of a local authority, but has also trialled a different approach in another district** (Hampshire).

2.21 Having undertaken preliminary activity in one quadrant of the authority, one pathfinder (Southwark) has taken the decision to roll out across the whole authority without piloting the approach. Logistical constraints with the model developed prevent a pilot taking place. The other five areas intend to pilot the model in a defined area of the authority, before rolling out on a wider scale over the course of the next year.

Theme 6 - Team Capacity

2.22 Most of the pathfinders have not yet undertaken significant work to define the number of young people that could feasibly be supported by the multi-agency structures. Issues related to team capacity are dependent on a range of factors including:

- **the size of area / young people population covered by the multi-agency structures** – how many young people are living and learning in the area?

- **the 'risk profile' of the young people in the area** – what is the level of disadvantage in the area? What implications does this have for the number of young people who may need support?

- **the number and range of practitioners involved in providing multi-agency support** – how many practitioners will be directly involved in the panel or integrated service? What services can they offer to young people?

- **the model of multi-agency support adopted (i.e. panel or integrated service)** – what are the expectations of staff in terms of changes to their role? Attendance at more meetings? Acting as a lead professional? What implications does this have for their resource?

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[9] Based on estimates of average school size, this suggests that around 13,000 0-19 year olds live in the 3-4 ward pathfinders

- **the existing workload of staff involved in the team** – do practitioners come with an existing and full case load? How will they fit the new responsibilities into their role?

2.23 Defining capacity is a difficult thing to achieve when there are so many factors to consider, much of which is currently unknown.

"We haven't really thought about capacity. At the moment we're just bringing forward cases we individually know about. There may be a problem in the autumn term when we do the vulnerability audit. There's a risk that this will throw up too many cases to feasibly discuss in one meeting." (Practitioner)

2.24 Two areas that have established an integrated service have estimated that each practitioner will support around 20-25 young people at any one time. However, these models are yet to be tested.

Theme 7 - Delivery Status

2.25 The case study areas vary in terms of their delivery status, as discussed earlier in this section. The overall picture is:

- two areas have been 'operational' since spring 2007. Gateshead is trialling the model it expects to roll out in one area. This area has implemented a multi-agency panel approach which in operational terms was easier to establish. Hampshire is trialling a different approach in two districts;

- three of the case study areas are currently operational in that they are holding multi-agency meetings. Two of these co-located over the summer of 2007 and one expects to do so in early autumn 2007. In all of these areas, the new approach to support should commence from September 2007 (Derby, Leicester, Wandsworth);

- one area only completed its extensive research programme in summer 2007, but is now moving rapidly to establishing the integrated service which should be operational in autumn 2007 (Southwark).

2.26 By the end of August 2007, around 30 young people had been discussed in the new multi-agency structures.

Local Delivery Models

2.27 In order to develop understanding of the local delivery models further, here we outline the details of the delivery arrangements in each area. There is some variation in local terminology across areas. To avoid confusion we have categorised each area into one of the three definitions outlined in paragraph 2.13.

Derby City

2.28 The model in Derby has involved building on existing multi-agency panel meetings operating in secondary schools to develop a co-located, community based, integrated service known as the Youth Support Team (YST). These developments have taken place in a part of the city know locally as Area One.

Table 2.3: Derby City – Developing an Integrated Service	
Factor	**Description**
1: Young People Targeted	No specific target. Implicit understanding that support will be provided to all young people whose needs are not being met by single agencies working in universal or targeted services.
2: Age Range	11-19
3: Model of Delivery	Integrated Service: Derby has established a community based Youth Support Team (YST) to provide support to young people identified as having additional needs, which are not being addressed by a single agency. The team is currently virtual but will move to a co-located community hub.

Young people are identified by school staff who discuss young people causing concern at a monthly panel meeting, chaired by a member of the school's senior leadership team. Other practitioners working with young people can also identify and refer young people who would benefit from support. Young people are referred to the YST for support. |
4: Services Involved	Services currently included in the YST are: 3.8 x Connexions PAs; 2.5 x Youth Workers; 2 x Family Support Workers; 2 x School Nurses; 2 x Education Welfare Officers. The aim is to involve higher tier services when the team is more established. This will include Social Services, Educational Psychologists and the Youth Offending Team.
5: Pathfinder Area	The focus of development activity within Derby is within an area known locally as Area One. Three secondary schools are within the boundaries of this case study.
6: Capacity	No capacity estimations have been made.
7: Delivery Status	Leaner support meetings (LSMs) or panels have been operational in the three secondary schools for the last 3-4 years. The YST is currently operating on a virtual basis, meeting once a month. The team will be co-located from Autumn 2007.

Gateshead

2.29 The model in Gateshead has involved learning from existing 'initiative driven' multi-agency structures to establish a multi-agency panel which meets on a monthly basis to discuss children and young people causing concern. The developments in this authority are in the Birtley area which is located in the south of Gateshead.

Table 2.4: Gateshead – Introduced a Multi-Agency Panel	
Factor	**Description**
1: Young People targeted	Any child or young person that a practitioner feels would benefit from multi-agency support and is not in receipt of statutory services.
2: Age Range	0-19
3: Model of Delivery	Multi-agency panel - Two tier structure comprising an 'Area Panel' of senior managers and a 'Multi-Agency Group' of frontline practitioners. Cases are discussed in the MAG and referred to the AP when they cannot be resolved by the group. Children and young people are brought to the attention of the group by concerned practitioners. A lead professional is allocated who takes away actions and contacts with a view to establishing a Team Around the Family (TAF). This group is made of operational managers.
4: Services Involved	Area Panel: Senior officers from for example police, youth offending, community learning etc. Multi-agency group: a wide range of services from which includes SEN Support, Education Welfare Service, Learning Support, Education Psychology, Youth and Community Learning, Health Advisors, Children's Centres, Youth Offending Team, Police Service, Housing.
5: Pathfinder Area	The focus of development activity within Gateshead is within the Birtley area. One secondary school is within the boundaries of this case study area.
6: Capacity	Not defined. The team has worked with a round 25 children and young people since operation commenced in March 2007.
7: Delivery Status	The team piloted the approach from October 2006, and became operational in March 2007.

<u>Hampshire</u>

2.30 Various models have so far emerged in Hampshire with two pilot areas currently trialling different approaches as outlined below. The intention is that, once each district has an operational Locality Team, the youth support service staff will have close working links with their local team.

Table 2.5: Hampshire – Introduced a Multi Agency Panel in one District and an Integrated Service in another District	
Factor	**Description**
1. Young People Targeted	13-19 at risk of disengagement (Test Valley). Year 6-7 pupils identified as likely to benefit from transition support (Gosport).
2. Age Range	13-19 (Test Valley) 10-12(Gosport)
3. Model of Delivery	Multi-agency panel (called a CAF Completers Group) in one district (Test Valley) which meets fortnightly. Integrated service - Three part-time youth workers in one district (Gosport), linked to the district Locality Team, and providing transition support to young people in Years 6 and 7. Referrals are made by schools, Locality Team members and from TAC meetings.
4. Services Involved	Services currently attending the CAF Completers Group include: Locality Team Manager; Area Youth Worker; Senior Youth Worker; School Nurse; Connexions Team Manager; 14-19 Consortium Manager; Kids Church representative; YOT; Homelessness Prevention worker; YIPS; Tier 2 Drugs Service.
6. Capacity	Not defined
7. Delivery Status	Both pilots have been operational since April 2007.

<u>Leicester City</u>

2.31 The model in Leicester has involved the establishment of one 0-19 integrated service operating from two hubs in the New Parks area of the city. The 0-12 team is located in the Children's Centre; the 13-19 team operates from the local secondary school, New College. The 13-19 team will support young people identified through weekly panel meetings held in schools to identify children and young people causing concern. Children in the 0-12 age group will be referred by headteachers and other practitioners located in the Children's Centre.

Table 2.6: Leicester City – Introduced an Integrated Service	
Factor	**Description**
1: Young People Targeted	Referrals will be made to the 13-19 integrated service hub from the weekly panel meeting held in school, or any other routes which lead a practitioner to complete an informal CAF, i.e. at Tier 2a. The team will support young people who do not meet statutory service thresholds but require support. Young people can also self refer.
2: Age Range	0-19+
3: Model of Delivery	Integrated Service: One integrated service have been established to support children and young people living and learning on the ward. The team operating from two hubs are 0-12 and 13-19. The 0-12 team has expanded from an existing 0-5 team. The 0-5 team is based out of the Children's Centre and the 13-19 team is based in the local secondary school. Monthly meetings involving wider services not co-located will take place on a monthly basis.
4: Services Involved	13-19 Team: 1 x Connexions PA, 1 x Youth Worker, 1 x EWO, 1 x Police Youth Initiative Officer, 0.5 x manager of BEST Plus Team, 1 x School Nurse, 1 x Housing Officer, 0.4 x DART worker (drugs and alcohol).
5: Pathfinder Area	The area covers one ward of around 5,000 children and young people. There is one secondary school in the ward which has around 750 pupils on role.
6: Capacity	Expectation of 120-150. No more than 20 YP per LP
7: Delivery Status	The team has been co-located since 1st July 2007. Young people should start flowing through the model from September 2007.

Southwark

2.32 Developments in Southwark have taken a different form compared to the other case study areas. The model being developed is based on a Team Around Schools approach. The co-located team will provide advice and support to schools, rather than directly holding a case-load of young people. The research phase took place in one of the four areas of the LA. The model will be rolled out from September 2007 to the whole of the authority.

Table 2.7: Southwark - Plan to Introduced an Area Wide, Locality Based Integrated Service	
Factor	**Description**
1: Young People Targeted	Young people targeted include: young people with complex needs for whom the schools have concerns that they are not receiving adequate support; young people with a range of needs whose threshold falls below the current level of need to be eligible for statutory support.
2: Age Range	0-19
3: Model of Delivery	Integrated Service: The model developed is based on the establishment of 4 co-located teams, each of which will serve a quadrant of the borough. The teams will act as an interface between schools and universal, targeted and statutory services to ensure better identification of need and coordination of services. The locality teams will not have a 'caseload' of young people, but instead will provide advice and support, based upon a Team Around Schools model. The intention is that all services will be provided through the quadrant structure using a local commissioning framework. Over time, only specialist services will be maintained at a borough wide level.
4: Services Involved	The members of the team will be at team leader level. The core team will include social services, education welfare officers, education psychologists, behaviour support workers, parental involvement workers, Youth Service workers and Connexions staff. It is hoped that over time, police and health will join the team.
5: Pathfinder Area	The research has been undertaken in an area which covers a total of 4 x secondary schools, 19 x primary schools, 3 x special schools and 2 x children's centres.
6: Capacity	Not specified – not a case holding structure.
7: Delivery Status	Staff should be deployed into teams by September 2007. Many of the tools to support the model are currently being developed.

<u>Wandsworth</u>

2.33 Multi-agency panels were in place in schools in Wandsworth prior to TYS, involving school staff and with representation from the Connexions Service as required. The aim of the pathfinder was to establish an integrated service to provide support to young people identified by both school staff and other practitioners. Activity is taking place in one of the four areas of the borough.

Table 2.8: Wandsworth - Introducing an Integrated Service	
Factor	**Description**
1: Young People Targeted	The Targeted Youth Support Team is focusing support on young people who are at risk of becoming NEET, and have a range of needs which often fall in between targeted and statutory thresholds. This will also include young people who are coming off intensive supervision orders with the Youth Offending Team.
2: Age Range	11-19 with an anticipated focus on 13-16
3: Model of Delivery	Integrated Service: The aim has been to develop a co-located, integrated service to support young people who fall between the gaps in provision. The core team has recently been established but it is envisaged that over time, this will be extended to incorporate wider services. The team meets on a monthly basis to discuss referrals. Young people will be referred to the team through a range of mechanisms including from the Youth Offending Team, Teenage Pregnancy Worker, and the schools' own panel meetings etc. All referrals will be assessed by the Core Team Manager.
4: Services Involved	The team builds on the Connexions model of service provision and comprises 4 x Connexions PAs, 0.5 x Principal Social Worker, 1 x Parent Support Worker, 1.5 x PAYP worker and 0.5 x Teenage Pregnancy Worker. The team is managed by a full time Core Team Manager who has been recruited from the Youth Offending Service. Strong virtual links with Extended Services which include Safer Neighbourhoods Team, Housing, PCT, Learning Mentors, CAMHS, Total Health at Wandsworth, Education Welfare Services, Education Psychology, ISSfS (BEST-BIP, EMAS), schools, Social Services and the YOT.
5: Pathfinder Area	The pilot covers an area of four wards. This area includes 4 x secondary schools, 1 x special school and 1 x Pupil Referral Unit.
6: Capacity	The team includes a total of 11 full time staff. It is intended that each will handle between 20-25 cases. Overall capacity is

Table 2.8: Wandsworth - Introducing an Integrated Service	
Factor	**Description**
	estimated at around 250 young people.
7: Delivery Status	The team has recently co-located and expects to receive its first referral in October 2007.

2.34 It is important to stress that TYS is not about establishing an integrated service. It is a much more fundamental change in how agencies, organisations and practitioners work together to improve the support they provide to vulnerable young people. However, at this stage of development it is difficult to identify how practice has changed in terms of a 'before' and 'after'. This section has therefore sought to outline the framework in which the real change in practice will take place. In this respect, the work is just beginning.

2.35 The next phase of the evaluation will aim to elicit the more subtle changes in practice through interviews with young people, lead professionals and practitioners. However, local authorities in the process of developing their structures should be aware that seemingly minor decisions on location and operation can have a significant impact on potential effectiveness. These issues are explored further in Section 4.

3   FACTORS INFLUENCING THE STAGE OF DEVELOPMENT

3.1   Over the last two years the pathfinders have made significant progress in developing and re-designing multi-agency support structures for vulnerable young people. An analysis of the experience of the case study pathfinders has identified a range of issues which has emerged in undertaking the re-design process. These, some of which have been touched on in the previous section, are considered here in more detail.

3.2   We have identified eight significant factors which, to varying extents, have influenced the speed and direction of pathfinder development.   These are as follows:

(i) **complexity of multi-agency structures developed;**
(ii) **roll out strategy – evolution or revolution;**
(iii) **size of area – local pilot v whole area changes;**
(iv) **amount of resource committed to TYS;**
(v) **skills, profile and experience of the project manager;**
(vi) **recruitment issues;**
(vii) **buy-in of key strategic stakeholders;**
(viii) **engagement of practitioner.**

(i) Complexity of multi-agency structures developed

3.3   The level of complexity of the multi-agency structures developed has emerged as a key factor influencing the stage of development reached.   In Section 2 we highlighted three different models of multi-agency structures: multi-agency panels; multi-agency teams and integrated services.   Four of the pathfinders have developed a model based on integrated services (most complex) and two have developed a multi-agency panel (least complex).

3.4   The case study area which has reached delivery stage first, is a multi-agency panel. Whilst this represents a significant change in multi-agency working, it has not required significant structural changes for those taking involved (Gateshead). As such, this means that the pathfinder has not had to go through the stage of negotiating resources, securing commitment and developing significant infrastructure to support the operation of the team.

3.5 The case study area which is likely to be the last to reach delivery stage (Southwark) has chosen to undertake significant re-structuring of services across the whole authority as part of wider developments to improve support provided to children and young people. This has major implications for all services involved in terms of assessing and reallocating resources and is inevitably a time-consuming process.

3.6 The areas that have developed integrated services have taken around six to nine months to move from the point at which plans were committed to by the strategic board, to delivery stage. During this period, project managers have been undertaking a range of activities such as sourcing premises, negotiating partnership agreements, agreeing team structures and resources and developing IT infrastructure. The amount of resource available to do this has a bearing on how quickly these developments are put in place.

(ii) Roll out strategy

3.7 There is evidence of variation in terms of the approach that case study areas have adopted in relation to roll out strategy. In some areas, the ethos has been to move quickly to trial the model, and work out protocols and issues as they emerge. Other areas have spent longer developing the operational protocols and trying to address potential delivery issues before they emerge.

Table 3.1: Differing Approaches to Roll Out Strategy
In Gateshead, a two tier structure has been established to support the roll out approach, which very quickly moved to delivery stage. The multi-agency group (MAG) meets on a monthly basis to discuss cases they think would benefit from multi-agency support. An Area Panel (AP) has also established to deal with more strategic issues and 'unblock' cases that the MAG is having trouble reaching a solution for.
In Derby City, whilst the aim is to co-locate a multi-agency team, it has been acknowledged that there are some issues which need to be resolved which have introduced delays to the process. In order to start the ball rolling, the new multi-agency team has been meeting on a monthly basis and starting to develop their new ways of working and discuss cases.
In Leicester, the multi-agency team co-located just before the school summer holidays. This has given them time, which for most staff is the quietest time of the year, to develop the team working arrangements and build relationships before delivery will commence in earnest in September.

3.8 The former approach is only possible in areas where there is no need for negotiation over resources and identification of premises, i.e. setting up a multi-agency panel. More complex models have undertaken increased levels of upfront planning as the implications for practitioners are greater. However, developing the model in stages does have benefits.

> "The school have already seen real benefits from the support provided by the multi-agency team before we've moved to a co-located team. If they had some doubts about whether this would make a big difference, they don't anymore. It's helped sustain commitment over the longer term." (Project Manager)

3.9 All case study areas acknowledged that the key learning points will emerge once they start delivery in earnest, and anticipate that changes to the operational structures may need to be made. A reflective approach to delivery will be crucial.

(iii) Size of area – local pilot v whole area changes

3.10 There are variations in the size of area chosen to develop the new multi-agency arrangements. One case study area is introducing authority wide developments. Five are trialling the approach in a particular locality before introducing more wide scale changes. Both approaches bring their own challenges.

3.11 In areas implementing changes across the whole local authority (Southwark) there are major logistical and resource management constraints that the areas have had to address in order to progress. This has required a longer lead time in order to reach delivery stage.

3.12 However, piloting can also bring its own drawbacks. Practitioners in one case study area reported they were facing challenges in responding to the demands of the new arrangements, when their role covered an area wider than the pilot area.

(iv) Amount of resource committed to TYS

3.13 The amount of resource available to manage delivery of the pathfinders once the plans were given strategic backing has constrained the pace of developments. Some areas still have a dedicated project manager in place, whereas other have a small team or single individual who have been working on TYS alongside their other responsibilities.

> *"The Change Teams were disbanded after DP3 (strategic backing) meaning that in effect, it was my responsibility to get all the operational stuff in place before we could get going. My role changed from being out there selling the vision, to spending lots of time in an office doing very practical tasks such as writing partnership agreements. More resource would have moved us along much more quickly."* (Project Manager);

> *"Moving from DP3 (strategic backing) to delivery stage in three months was never a realistic timeframe"* (Project Manager).

(v) Skills, profile and experience of the project manager

3.14 The skills, profile and experience of the project manager are all critical factors in driving forward the changes within an authority. In some areas, the role has been taken on by senior local authority officers who have less time but more 'clout' to drive forward significant change. In other areas, the role has been undertaken by more junior members of staff who have faced some challenges in engaging the commitment of senior staff.

> *"It's been a very stressful at times. I know what I need to do to get the job done, but trying to get buy-in and commitment of senior execs when you're at my level has been difficult at times. We're proposing significant changes that affect people's jobs and I don't think that was appreciated at the outset."* (Project Manager)

(vi) Recruitment issues

3.15 A number of areas have indicated that recruitment for the position of manager of the multi-agency team was a challenge. The range of skills and experience required places restrictions on the type of people that may be appropriate for the role. Knowledge and understanding of the working practices of the agencies involved in the team structure is a necessary requirement. Candidates also need to have experience in managing an evolving team and developing new practices.

3.16 Individuals appointed include a manager seconded from the Youth Offending Service and a manager from the BEST Plus Team. The background of the manager is likely to have an impact on the style of management introduced in the team. Consideration to the types of skills required will be a focus of attention in the next phase of fieldwork.

(vii) Buy-in of key strategic stakeholders

3.17 The commitment and engagement of key strategic stakeholders is an obvious factor influencing pathfinder progress. In most case study areas, strategic commitment has positively influenced the pace of the change process.

> *"The commitment of the Board has been great. There has been regular attendance from all service areas throughout the process. The focus has now shifted to the roll out plan."* (Project Manager)

3.18 However, it was acknowledged in some areas that some fluctuations in support were experienced along the way. Commitment to improving support for vulnerable young people was strong across all areas in the early stages of pathfinder work, with good engagement in the research and design processes. However, as the details and implications of multi-agency working became clearer, some case study areas reported a resistance in some service areas to committing resources and changing practice.

"Things were moving along really well until we got to the implementation phase. Getting commitment from all service areas to change how they operate and commit resources to this was where things slowed down." (Project Manager)

3.19 A number of factors were identified as having helped to move the situation forward:

- **the commitment of the Director of Children's Services** – to support the Project Manager in negotiating between service areas;

- **the skills of the Project Manager** – to tackle sensitive issues head on;

- **the approach to roll out** – introducing changes on an incremental basis to demonstrate the benefits before making significant change.

3.20 Difficult decisions have to be made in committing to changing operational practice. The implications of introducing multi-agency teams should be considered early in the process, so that service areas have time to consider the impact on their own operational structures.

(viii) Engagement of practitioners throughout

3.21 A further factor which has enabled change to progress quickly was the engagement of practitioners in the development process. All pathfinders undertook wide ranging consultations with frontline practitioners during the initial change process. However, their involvement in inputting into the development of operational arrangements[10] was more variable. This had an impact on both the capacity to progress, and the extent to which the model was developed as practitioners had originally envisaged. One practitioner highlighted that although they were co-located, there was still work to do in developing team protocols.

> *"I was involved in the early consultations but haven't been since. We're set up as a team now but I'm not sure what my role is yet. I think we'll be working that out as a team but we're not ready to work with young people yet."* (Practitioner)

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[10] Operational arrangements, for example, are where the services are located, which services are co-located, how much time individual practitioners will be spending in the co-located team, what will happen to their existing workload, what their management arrangements would be.

3.22 Developing multi-agency structures takes time. The introduction of the arrangements has different implications for different service areas and these all need to be negotiated. All pathfinders spent significant time on researching and developing the theoretical model of multi-agency working. Whilst this is a fundamental part of the process, it is also important that sufficient attention is paid to working out the detail of how the new arrangements will work in practice, and that all partners are signed up to a common agreement. In some areas problems have emerged at the delivery stage where expectations, particularly in terms of committing resource, had not been sufficiently clarified with the agencies and staff involved.

3.23 The commitment for the Director of Children's Services, senior managers and the strength of project management are both critical factors in ensuring that impetus is maintained where these problems do emerge.

4 OPERATIONAL INTERVENTION: FEATURES AND ISSUES

4.1 Section 2 highlighted the key features of the models being implemented across the six case study areas. In order for the models to function, pathfinders have either explicitly or implicitly considered a range of intervention processes to provide support to vulnerable young people. This starts from the point of identification and continues through to the point where the needs of young people have been met. Here we consider some of the associated features and issues.

4.2 The elements in the process considered are:

(i) **early identification -** what are the characteristics of the young people/needs that will be referred to the MAP/MAT? How do practitioners know about them? What processes have to happen for them to be passed for multi-agency support?

(ii) **understanding needs and use of the CAF** - what type of assessment do practitioners undertake to identify the needs of a young person? To what extent is CAF used?

(iii) **early and coordinated support –** how is a package of supported coordinated? What types of support can practitioners access?

(iv) **lead professional role** – what are pathfinders doing in relation to allocation of lead professionals? What are their roles and responsibilities? How does budget holding influence their role?

4.3 The TDA has recently published a TYS guide which outlines seven elements of delivery. These include the themes outlined above but also include three additional elements which focus on:

- **prevention;**

- **support across transitions;**

- **improving services**.

4.4 These are discussed later in this section.

(i) Early Identification

4.5   Analysis of practice across the case studies indicates that vulnerable young people will predominantly be identified through practitioners 'normal' working practices. The key change is that through the introduction of multi-agency structures, practitioners will have a swift and easy mechanism for bringing the young person to the attention of several agencies at once[11].

4.6   This is a significant change for most practitioners, who were previously reliant on drawing on their own professional networks to identify appropriate support. The weaknesses of this approach are well documented, leading to both variations in the level of support depending on a practitioners own networks, and a 'baton passing' approach. Practitioners in the case study areas anticipate that discussing cases through a multi-agency forum will develop both collective ownership and a sense of shared responsibility to address the needs of a young person.

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[11] A number of areas have highlighted that they want to move away from the term referral, as this implies passing the problem often. Swift and easy access or coordinated support are two terms used in some of the pathfinder areas.

4.7   **Table 4.1** provides the detail of identification practices to be implemented across the case study areas.

Table 4.1: Identification Practices	
Area	**Practices in Place**
Derby	School based structures for identifying young people is the main vehicle for identification. Each school in Area 1 holds a monthly panel meeting, chaired by the deputy and attended by pastoral support staff (including heads of year) to discuss young people causing concern within the school. Membership has recently been broadening, following the set up of the Youth Support Team (YST) to include referrals from practitioners working in non-school based settings (i.e. Connexions / Youth Service etc). An identification tool, similar to the universal risk model we develop later in this report, has been used to identify young people in their final year of compulsory education most at risk of becoming NEET to attend a Youth Service run NEET prevention programme. It is anticipated that in the future this tool will also be used to identify young people most at risk of other undesirable outcomes, as well as a means of identifying young people who could benefit from engagement with the integrated Youth Support Team.
Gateshead	Processes include identification by practitioners, as well as primary aged children being identified through the termly vulnerability audit being piloted. Some children/ YP have been identified as they are just outside the 50 identified as most at risk of offending, and are therefore not receiving support through the YIP.
Hampshire	Young people are identified by a wide range of agencies and through self-referral. There are currently no plans to use vulnerability criteria. The implementation of CAF will be a key way of identifying young people with additional needs, particularly when more than one agency is required to meet those needs. The overriding emphasis is for agencies not to refer but instead to request support. In Test Valley practitioners attend multi-agency meetings to identify YP to discuss (Test Valley). In Gosport, Schools, the Locality Team and TAC meetings identify 10-12 year olds who could benefit from Year 6-7 transition support. (Gosport).

Table 4.1: Identification Practices	
Area	**Practices in Place**
	This is intended to address a lack of coherence in approach for both young people and practitioners despite some high quality targeted services being available in discrete communities, agencies and projects.
Leicester	Identification of young people from two levels. Young people identified by school staff are discussed in a weekly school panel meeting, attended by the LIST manager and heads of year. YP can then be referred to the LIST team for support. Alternatively practitioners on the team or in linked services can refer cases they think need wider support. Young people can also self refer into the team.
Southwark	Young people will be identified through schools using a Vulnerability Matrix (VM) which will inform the professional as to whether a CAF needs to be completed. Schools are currently being trained in the use of the VM to help identify vulnerable young people in need of preventative services. Initial identification and discussions regarding the needs of young people brought to the attention of school staff will link in with the Team Around the Child model.
Wandsworth	There are two mechanisms for identifying young people in Wandsworth. From the subjective approach, practitioners will bring their existing case loads that they consider would benefit from multi-agency support into the TYST. In addition to this, the pathfinder has also developed an objective approach, compiling a set 'at risk' indicators, which have been weighted and scored on a scale of 1 to 3. The 'scores' were then tested with partner agencies who had contact with the young people to see if they corroborated the results. Young people scoring at least 3 will be targeted with additional support. Examples of risks and scores include: 1 – asylum seekers/refugees; 2 - 13-19 receiving intensive support from Connexions; 3 – fixed term permanent exclusion.

4.8 The changes being introduced in all pathfinders to introduce joint working to support earlier intervention are a welcome and positive development. However, in some areas there is also a recognition that practitioner led interventions may be somewhat subjective, with different definitions of at risk being applied deepening on the service area worked for. Potential risks with relying on this approach are as follows:

- **different interpretations of 'at risk' or vulnerability** – practitioners may have different interpretations of what risk factors are. This could lead to inconsistencies in the types of young people identified for support. In one of the case study areas, practitioners are providing training to school staff on identification of risk in order to develop common understanding of risk factors;

- **the requirement for a young person to be displaying behaviour that highlights them as at risk** – identification of risk suggests that a young person should be displaying some form of behaviour which brings them to the attention of a practitioner. In some cases, young people will not be identified because they may want to cover up a problem;

- **variation in membership of the multi-agency structures –** in Section 2 it was highlighted that practitioners on the multi-agency teams come from around thirteen different service areas, but that there are variations in membership across the areas. The type of service areas involved in the multi-agency team will have implications for the type of young people identified.

4.9 Some areas have undertaken work to develop a more scientific approach to identifying young people through the development of vulnerability audits, based on a range of known risk factors. Use of these tools is not yet widespread and where they have been used, some concerns have been raised. However use in one area identified a key benefit in terms of identifying 'unknowns'.

Use of Vulnerability Audits
A vulnerability audit was used in one of the case study areas (Derby) to help identify young people at risk of becoming NEET who may benefit from involvement in a support programme. Retrospective use of the tool confirmed that the young people referred to the programme were included in the audit list. However, a number of other young people were also identified by the tool who had not been referred for support. Following discussion with practitioners it was identified that these young people were the less obvious cases of concern.

4.10 Whilst use of such a tool can only form part of the identification solution, it does provide a more objective approach to identifying those at risk. A potential issue with its use is that more young people may be identified that can feasibly be supported.

4.11 York Consulting is in the process of developing a tool which can be by local authorities to identify those at risk, drawing on information held in the National Pupil Database (NBD). Further details are provided in Section 7: Universal Risk Modelling.

4.12 The next stage of fieldwork will further explore the extent to which the models introduced encourage young people to strengthen their influence to bring about change, with a particular focus on self referral.

(ii) Understanding Needs and Use of CAF

Understanding Needs

4.13 The introduction of multi-agency working will provide an effective vehicle for practitioners to develop a clearer understanding of the holistic needs of a young person and the potential collective response to this. Practitioners working in areas that are already operational cited this as one of the key benefits to date.

4.14 Practitioners in the operational case study areas reported that multi-agency meetings were facilitating:

- **accelerated knowledge transfer about specific children and young people;**

- **a clearer understanding of the issues/factors affecting the child/young person;**

- **faster and clearer understanding of the agencies that have an established relationship with the child/young person/family;**

- **improved knowledge of what services other agencies can offer**.

4.15 The introduction of multi-agency meetings was felt to have addressed many of the issues related to understanding what interventions and agencies had already been delivered to a young person or family and how they could move support forward. However, despite the national statements and guidance on information sharing (cross-Government Information Sharing: Practitioners' Guide[12] and the statement on information sharing protocols and agreements[13]) some concerns were expressed in relation to clarity of understanding with regards to information sharing outside of meetings.

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[12] http://www.everychildmatters.gov.uk/resources-and-practice/IG00065/
[13] http://www.everychildmatters.gov.uk/informationsharing/

Common Assessment Framework

4.16 TYS guidance emphasises the centrality of the Common Assessment Framework (CAF) as a tool to be used in providing support to vulnerable young people. However, whilst the concept of the CAF is widely supported by practitioners in the case study areas, there is variability in the extent to which it is currently being used. In four areas, completion of a CAF will be integral to the identification and referral process. In two areas it is currently anticipated that existing assessment mechanisms will be used.

4.17 **Table 4.2** outlines the practices in each of the case study areas.

Table 4.2 Assessment Practices	
Area	**Practices in Place**
Derby	CAF has been rolled out across the city although not explicitly tied to the work of the YST. The schools keep a file of 'non-CAFed' children/ YP receiving support, which information is added to by the school panel. No standard assessment tool is currently being used for young people identified outside of the school setting.
Gateshead	There has been no change to the process of assessment since the MAG was established. CAF training has been delivered across the area but not all practitioners have completed this yet. Assessments such as ONSET or ASSET may be used in MAG discussions. All new referrals made from the MAG up to the AP must have a CAF.
Hampshire	CAF has been rolled out across the county and will have been delivered in all eleven districts by the end of September 2007. It is the intention that all young people working with the TYS pilots go through the CAF process either prior to, or on, referral to TYS.
Leicester	All young people referred to the team must have at least have had an initial CAF undertaken by a school practitioner or whoever else is making the referral. All members of the core team are CAF trained although not all school staff are.
Southwark	Southwark has been promoting the use of CAF and has carried out training to schools and service providers. It is anticipated that the majority of CAFs will be completed in universal services (schools, early years settings and by health visitors). The Team Around Schools (TAS) will work with the schools to feed into discussions arising from a completed CAF.
Wandsworth	The majority of referrals will be made by school staff that have identified a young person using the VM and having completed a CAF.

4.18 Where pathfinders have started to use the CAF as an assessment tool, some teething problems are emerging. These will be explored further over the next phase of research. Issues highlighted to date include:

- **lack of understanding of who CAF is for** - in one case study area, some practitioners reported that they thought CAF should only be used where there is a child protection issue;

- **reluctance to consider using non-specialist tools** – some practitioners have reported that they are reluctant to stop using their assessment tools as they feel they are more effective;

- **assessment tools linked to funding** – an issue was highlighted in one area that the funding they receive for an intervention is dependent on them using a particular approved tool.

(iii) Early and Coordinated Support

4.19 The introduction of multi-agency structures to help strengthen the process of providing early and coordinated support to young people has been the main focus of developments in the case study areas. Fortnightly/monthly multi-agencies meetings are being introduced in five of the six case study areas, which will be used for discussing individual cases. The intention is that actions from these meetings will subsequently be taken forward by a nominated lead drawing on the Team Around Child model.

4.20 In the one area not introducing monthly meetings, the aim is for the multi-agency team to provide a single point of contact for schools who have identified a young person experiencing difficulties.

4.21 The developments in multi-agency support are welcomed and supported by stakeholders. However, practitioners working in the areas which are already operational have reported a range of issues which are impacting on the effectiveness of delivery. The following examples are based on individual experiences to date, rather than being common themes:

- **availability of appropriate interventions –** some areas have reported that whilst the structures developed are helpful, they do not have appropriate interventions available to address the needs of young people. One area only has one programme which it refers young people discussed in multi-agency meetings to and no other forms of one to one support are currently planned;

- **length of intervention** – some practitioners have expressed concern that many support programmes they can refer young people to have a specific length or timescale for delivery, e.g. a twelve week programme. However, successful completion of a programme does not necessarily mean that needs have been met. Teams need to introduce clear processes for monitoring and reviewing progress and develop clear exit strategies from support programmes;

- **cross-boundary issues –** one area has developed strong information sharing processes that appear to be working. However, these advances are not occurring in neighbouring LAs, which in some cases, has caused problems in terms of accessing relevant information on a child/young person;

- **funding post-code lottery** – some funding issues have been identified in terms of accessing the support required for a child. Practitioners have experienced barriers in some cases where support is dependent on postcode and/or the initiative that provides the funding for that provision;

- **speed of support –** one school complained that monthly meetings are not sufficiently regular if this is the only mechanism for accessing multi-agency support. A case was cited where the response to teenage pregnancies had slowed down because referrals had to come through a multi-agency meeting.

(iv) Lead Professional Role

4.22 The role of the lead professional in most of the pathfinder areas is yet to be clarified. Most of the case study areas have not established clear guidance on the criteria of a practitioners they think have the capacity to operate as a lead professional or the responsibilities of the role. In most cases, it is anticipated that the key person coordinating support for a young person will be determined through experience, on a case by case basis.

4.23 Early feedback from some practitioners has highlighted some concerns in relation to what this would mean for them in terms of both responsibility and resource.

> *"We haven't discussed lead professionals yet. I don't think I'll be asked to be one. I don't think I could be responsible for coordinating meetings with some of these people – I'm not experienced enough. But then again, I probably know the young people better than they do. Is that the criteria for being a lead professional?" (Youth Service Practitioner)*

> *"I don't think I'll be asked to manage cases. I'm just not experienced enough in the other areas that are going to be on the team…. I don't think I'd feel comfortable chairing meetings with people from loads of different services and I've already got a full case load."* (Practitioner).

4.24 During the fieldwork phase, it was noted by researchers that there is variation in terms of the seniority and experience of practitioners involved in some of the teams. This has implications both in terms of practitioners' skills and abilities to effectively coordinate and negotiate support for a young person. An illustrative comment was made by a practitioner involved in one case study area.

> *"I think we've got a good mix of service areas here, but most of us are fairly junior within our organisations. I'm hoping there's going to be training and development so that those that do have more experience aren't just going to take over?"* (Practitioner)

4.25 A range of issues with lead professional allocation and role are likely to emerge over the next few months, depending on the type and mix of practitioners involved in teams.

The TYS Delivery Guide

4.26 Based on learning from the case study areas the TDA has published the TYS Guide, which provides seven core elements of delivery. These include the elements outlined above but also include three additional elements which focus on:

- **prevention;**

- **support across transitions;**

- **improving services**.

4.27 The elements we have already discussed focus on parts of the intervention process. The three highlighted above are broader themes which apply to a wider cohort than those receiving targeted support, although specific consideration to the at risk group is required. Here we outline some of the issues identified in the case study areas. It should be recognised that these were not a specific focus of the initial research design. Further details will be obtained in the next round of activity.

Prevention

4.28 Prevention work for vulnerable young people can be both part of universal services provided by agencies to all young people, or part of a more targeted response delivered through the multi-agency team. Practitioners consulted tended to focus on the latter, to highlight what they were doing to support prevention.

4.29 There was an inherent assumption by practitioners that the support they would be providing would contribute to the prevention of escalation of needs. However, analysis of responses provided by different types of practitioners highlighted that there was a difference in the definition of prevention, depending on the service area they originate from. For higher tier services, e.g. social services, the focus was on preventing problems escalating to a point where statutory intervention is required. For those working closer to universal services, the focus was on strengthening resilience before issues escalate at all.

4.30 In one of the areas that has commenced delivery, concerns have been raised by some stakeholders that the focus of attention to date has been too heavily weighted to those requiring higher levels of support. In this area, the approach to identification has emerged as the key factor influencing the type of young people supported.

> *"We have a list of young people we want to provide a better level of support for, but inevitably its often those that have been in the system for a long time, where we haven't been able to sort the problems out. I'm a bit concerned that the same families will keep appearing because they fall short of statutory intervention, but have very significant problems." (Practitioner)*

4.31 In another area which has also commenced operation, the targeted support model has a very clear focus on prevention of problems which emerge at transition between the primary and secondary phases of education. The model in this case is based on the knowledge that issues be exacerbated for some young people at this stage in their life, and that practitioners are consciously looking to intervene before any issues emerge. This differs from the former model which is based on reaction to an existing need.

4.32 Whilst local areas must develop solutions which meet their local needs, it is important that local authorities developing their models are aware of the implications that seemingly subtle differences in definition will have on the type of support they will be focused on. Further exploration of the focus on prevention is required as other areas become operational.

Support Across Transitions

4.33 There is variability in the extent to which pathfinders have placed particular emphasis on targeting support across transitions, and which transitions they are focused on. Some areas have explicitly identified transfer between services as a priority, e.g. young people coming off intensive supervision orders (Wandsworth) whilst other areas have focused on support between primary and secondary school (Hampshire and Leicester). All areas need to consider the key areas or times where risk may be heightened and ensure they have effective practices for identifying and supporting young people at these points.

4.34 Examples of how case study areas have introduced structures to address existing issues are provided below.

Support Across Transitions
The model in Leicester has established two co-located teams covering 0-12 and 13-19. The age range was specifically chosen in order to ensure a more consistent approach to addressing emerging issues identified across transition from primary to secondary school. Further work is required to ensure clear linkages between the two teams.
The TYST in Wandsworth is focusing support on young people who are at risk of becoming NEET, and have a range of needs which often fall in between targeted and statutory thresholds. The team has also come to an agreement with the YOS to provide regular mentoring support to young people coming off intensive supervision and surveillance programmes with the aim of bridging the gap between receipt of intensive support and the point when additional support is no longer required.

Improving Services

4.35 Stakeholders reported that improvements to services being made in the local authority are part of a wider programme of reform under changes being introduced under integrated youth support services (IYSS). Early work in the change management process placed particular emphasis on improving services through a focus on Quick Wins. Since this stage, the evaluation has focused on the models of multi-agency support being introduced. Closer examination of the improvements to services specifically for vulnerable young people will be undertaken in the next stage of the evaluation.

5   THE BENEFITS OF REDESIGNED SERVICES

5.1   There is an implicit assumption both throughout this report, and in the TYS policy, that the introduction of multi-agency structures will be a key driver in bringing about the changes needed to improve outcomes for vulnerable young people. At the current stage of development, it is too early to say whether this hypothesis will be proven to be correct. However, a range of benefits have been experienced in the development of the new arrangements which are reported under the following themes:

- **strategic benefits;**

- **benefits for service areas and practitioners;**

- **improvements for young people**.

5.2   Later in the section we highlight some of the priorities that pathfinders are focusing on to further develop the models of support introduced.

Strategic Benefits

5.3   In all of the case study areas, involvement as a pathfinder has added additional impetus to an ongoing programme of developments for both young people and the wider community. A number of the pathfinders reported that involvement in the TDA's change process gave them a greater clarity of vision, wider engagement of practitioners and a fresh impetus to drive forward a wide ranging programme of change for young people.   Key benefits realised at strategic level reported include:

- **greater consensus amongst different service areas which has allowed significant developments to be driven forward** – involvement in regular meetings requiring difficult decisions to be made has raised awareness of the challenges faced by linked service areas. In some areas this has led to pockets of work to address long standing issues affecting practitioners on the ground;

- **engagement of practitioners in the process providing learning for both strategic and operational managers on issues on the ground** – the change process has involved wide scale consultation with both practitioners and the community. This has allowed strategic managers to re-connect with local priorities and re-focus their attention on key areas;

- i**mpetus for wider developments linked to neighbourhood initiatives** – the consultation process has enabled clear linkages to be made in developments to services for youth, to addressing the concerns of the wider community.   It is hoped that the improved coordination will lead to improvements in perception of the local authority by residents in the local areas involved;

- **provided a focus and impetus for rolling out linked initiatives** in particular in relation to CAF, information sharing and the lead professional – some areas have accelerated their plans for rolling out training in order to ensure that practitioners can engage with the new model of working;

- **some schools now considering joint commissioning of services** – in some areas schools have started to discuss realignment and joint commissioning of services.

5.4   It is anticipated that more strategic benefits will emerge once the teams become fully operational and service areas develop their approaches to collective working.

Benefits for Service Areas and Practitioners

5.5   A range of benefits both, anticipated and unanticipated, have been reported by operational managers and practitioners as a result of involvement to date. Examples include:

- **raised profile of service areas and practitioners** – some practitioners have reported that the profile of their service area has improved in both schools and amongst other practitioners as a result of closer working relationships;

  "Some people didn't understand the value of Connexions services before this. I feel that people are recognising the work we can do to stop problems getting worse, and helping people who are coming off more intensive support." (Practitioner)

  "The schools can see we're actively trying to help them and listen to the problems currently faced. Its good for both of us." (Practitioner)

- **collective ownership in responding to issues** – practitioners have reported that previously they may have felt isolated in responding to a range of needs which were beyond their scope. Access to shared support is much easier to secure and has developed trust between partners;

"With the involvement of social services, you get a picture of the whole family. Support we can offer can fits into a wider programme so is likely to have greater impact." (Practitioner)

- **practitioners have better understanding of the holistic needs of a young person –** some practitioners have reported that the multi-agency meetings quickly develop understanding of the young person's situation, rather than focusing on specific needs;

- **identifying and supporting more young people** – operational managers have reported that they anticipate seeing a significant increase in the volumes of young people they support, which is helpful in achieving targets;

- **better knowledge of range of other services/support in the area –** practitioners already feel that their contacts and understanding of other support services in the local area has extended significantly through involvement in the development process;

- **greater understanding of agreed information sharing processes** – some practitioners indicated that they had previously been unsure what information they could share and when. This is now much clearer;

- **providing support for parents –** some practitioners have emphasised that a key benefit, in terms of sustaining the outcomes, is that they can also provide support for parents due to the range of services involved. This is critical in some cases to move the young people on.

Outcomes for Young People

5.6   To date around thirty children and young people have been directly supported by new multi-agency structures of support introduced in the case study areas. Benefits that practitioners consider are being experienced by young people are:

- **support for young people is more tailored to individual needs** – practitioners have reported that the approach to developing a package of support is much more coordinated and takes into account the full range of needs and issues facing the young person;

- **services are less stigmatised** – services which previously had stigma attached are being delivered in universal settings to address this issue;

- **more support for those below statutory thresholds** – practitioners working with young people who are no longer eligible for statutory support can be referred to other services to manage the transition period;

- **more coordinated support** – young people have a main contact to coordinate the support and address potential issues.

5.7 Over the next academic year (October 2007 to July 2008) we will be undertaking repeat interviews with up to sixty young people being supported by the new multi-agency structures, their lead professionals and families. The aim is to gain an in-depth understanding of the impact of the changed approach, the strengths and weaknesses of the various model and to identify effective practice in interventions.

Priorities for Future Development

5.8 All case study pathfinders have identified priorities for ongoing/further development. Those featuring most significantly include:

- **developing operational protocols;**
- **extending the team;**
- **developing performance measures;**
- **planning for roll out**.

Developing Protocols

5.9 All case study areas have work to do in terms of developing the operational protocols to support multi-agency structures. Most of the co-located teams are in their infancy and whilst the overall model design has been agreed for some time, exactly how the operational structures will be organised has not been worked out in detail.

5.10 This is a key area for development, and one which practitioners are having significant input into. The next few months will provide important learning in terms of understanding the implications for practitioners and the potential impact on young people.

Extending the Team and Rationalising Other Groups

5.11 A number of pathfinders have intimated that they expect to review and extend the core team, to include some of the services which will initially be linked through multi-agency meetings. Most areas have taken an approach which has involved setting up a structure building on existing links, with wider services being brought in as needed. The final membership of the multi-agency teams will be important to understand, as this has implications for the type of young people being that will be referred for support.

5.12 It has also been recognised that the new multi-agency teams are likely to overlap with existing structures which provide multi-agency support. Once operational, some areas have indicated that they intend to rationalise some other teams, risk assessing the impact of this and the new structures.

Developing Performance Measures

5.13 A number of case study areas have highlighted that developing performance measures is a current gap in the delivery process. Some areas have identified high level Performance Indicators they want to address through the new arrangements, however introducing processes to measure impact in the short to medium term has not yet been undertaken.

5.14 York Consulting has been working with pathfinders in order to support this process. Further details are provided in Section 6: Planning, Self Evaluation and Performance Measurement. Pathfinders report that they have found this process useful in terms of reassessing their objectives and reviewing whether their delivery plan will effectively meet these aims.

Planning for Roll Out

5.15 Whilst most of the case study areas do not have fully operational structures in place, plans for the roll out are already being progressed. Learning from the pilot areas will inform the set up of the next phase. Only one area is introducing the new model on an authority wide basis.

5.16 Local authorities are in the process of identifying which areas will be the next in the re-development stage and considering how the arrangements may need to be adapted to fit local circumstances.

6 PLANNING, SELF EVALUATION AND PERFORMANCE MEASUREMENT

6.1 This section and the following sections, 7 and 8, report on progress in designing and developing evaluation tools which will be applied later in the evaluation programme. The content is detailed and technical in places. Readers interested solely in the progress and performance of the pathfinder case studies may wish to skip or skim these sections.

6.2 Our evaluation baseline report identified the lack of explicit performance indicators as a barrier to measuring the impact of TYS in pathfinder areas, sometimes resulting in a lack of clarity. In order to address this deficiency, we have been working closely with the six case study pathfinders to follow through a process of identifying and agreeing measures of performance linked to local objectives to support planning and self evaluation. This has been well received in most of the case study areas and good progress is now being made in identifying and specifying relevant indicators.

6.3 Our development work on self evaluation and performance measurement was conducted with the Gateshead Pathfinder and a guide for pathfinders using Gateshead illustrations has been produced and shared with the other case studies. This information has also been made available to the TDA, who intend to use it to inform and support TYSP roll out.

6.4 Extracts from the guide are shown below to provide a flavour of our approach.

Seven Steps to Measuring Performance

6.5 We have identified seven key steps required for effective Planning, Self Evaluation and Performance Measurement. These are as follows:

- **Step One: agree objectives;**
- **Step Two: identify the inputs, outputs, results and outcomes;**
- **Step Three: map links between inputs, outputs and results to achieve the intended outcomes;**
- **Step Four: knowing where the inputs, outputs, results and outcomes have been achieved;**

- **Step Five: identify tools;**

- **Step Six: design tools;**

- **Step Seven: implement tools and gather data**.

6.6 Our guide provides advice and illustrations in relation to each of these steps. It is also supported by our evaluation toolkit, which provides pathfinders with useful information in relation to evaluation methodologies and approaches. For example, it provides guidance on setting SMART objectives, includes a 'jargon-buster' to explain terms such as efficiency and effectiveness and provides advice on methods of data collection.

Agreeing Objectives

6.7 A critical starting point for all areas wanting to measure the impact of the change is the specification of clear objectives. Examples of key objectives identified by Gateshead include:

- **to improve outcomes for children and young people;**

- **to improve multi-agency working;**

- **to integrate service delivery and reduce the duplication of services;**

- **to enable the connection of young people with appropriate support services to meet their needs, when and where they want them through early intervention and preventative services;**

- **to contribute to the five Every Child Matters outcomes;**

- **to test out an integrated front line delivery plan for the borough**.

6.8 The remainder of the Performance Measurement development process seeks to 'smarten' these objectives to ensure that effective planning takes place.

The Components of Performance

6.9 In the process of trying to identify Performance Indicators, it is common to become confused between inputs, outputs and outcomes (impact). We addressed this by **segmenting a five-component indicator hierarchy**. This includes:

(i) **inputs** – are processes/allocation of resources which provide the necessary foundation, e.g. development of an area panel;

(ii) **outputs** – are the next level added value from inputs and are a measure of progress towards impact, e.g. initiation of CAF;

(iii) **results** – are the transition point between outputs and outcomes. It is not a standard evaluation term and we introduced it because pathfinders were, in many cases, achieving additional value added beyond what appeared to be outputs but fell short of outcomes, e.g. early intervention support is in place;

(iv) **specific outcomes** – are measures of impact, where there is a clear correlation between the pathfinder intervention/activity and the desired outcome, e.g. engagement with positive activities;

(v) **universal outcomes** – are measures of impact, where the interventions will have contributed to the achievement but direct causality cannot be attributed. These tend to be high level impact measures, such as attainment, truancy, exclusion etc.

6.10 Pathfinders are encouraged to think about indicators of performance across this hierarchy. They are also asked to specify them in terms of:

- **effects on users, i.e. young people;**

- **effects on organisational/practitioners – establishing infrastructure**.

6.11 An illustration of how this has been completed for Gateshead is set out in **Table 6.1**.

Table 6.1: Components of Performance - Gateshead				
Inputs	**Outputs**	**Results**	**Specific Outcomes**	**Universal Outcomes**
Effects on Users				
1A) Set up of a MAG 1B) Contribution (time and attendance) of key stakeholders from all relevant agencies at appropriate levels	Initiation of CAF or other appropriate assessments Links and communication with professionals/agencies Collectively, agencies have a better understanding of young people's needs	A coordinated support plan is in place for the relevant young people appropriate interventions/support early interventions/support Young people are connected with the right services, when and where they need them (i.e. individualised responses, bespoke provision) A team exists around the family	Engagement with positive activities e.g. sport Improved attendance Improved behaviour Improved engagement in school Improved self-esteem Parents feel supported Young people's satisfaction with services Parental satisfaction with services	Education • Attainment • NEET • Truancy and exclusion Crime and Anti-Social Behaviour • offending rates • ASBOs issued • coming to notice of police Substance Misuse alcohol and cannabis use Health – self-esteem and emotional wellbeing • access to Tier 3 • access to adult services
2A) Development of an area	Problems are unblocked	Full engagement of all		

Table 6.1: Components of Performance - Gateshead				
Inputs	**Outputs**	**Results**	**Specific Outcomes**	**Universal Outcomes**
panel 2B) Contribution (support/time) of senior officers through the Senior Officer Group (Improved Wellbeing Board) to govern project and secure buy-in	Staff time helps to unblock problems and deal with resource issues Involvement of senior officers in supporting practitioner development and problem-solving	relevant agencies		
Organisational/Practitioner Effects				
3. Provision of a training programme (integrated working – CAF/LP)	Training programme is delivered	Practitioners acting as LP and operating CAF	Training meets needs	Improve multi-agency working Integrated service delivery Reduced duplication
4. Produce and pilot information sharing guide	An information sharing guide to be used by practitioners	Effective information sharing and issues (e.g. around email security) are resolved	Practitioners jointly understand young people's needs and have access to all information they require	
5. Introduce use of a vulnerability matrix	Completed vulnerability audits	Young people who are vulnerable are identified and brought to the attention of the MAG/AP	Practitioners know: which young people need support; and able to work in	

Table 6.1: Components of Performance - Gateshead				
Inputs	**Outputs**	**Results**	**Specific Outcomes**	**Universal Outcomes**
			partnership to deliver intervention	
6. Reconfiguration/ rationalisation of other multi-agency networks within the locality	Reduction in the frequency and duplication of meetings	Practitioners are freed up to engage with young people and their families	Practitioners able to work collaboratively without duplication of effort	
7. Application of the Birtley model (MAG and AP) to other areas of the Borough	Relevant agencies buy-in and attend	A plan for roll-out is implemented and actioned	A functioning model that is replicated across Gateshead	

Evaluation and Ownership

6.12 Once pathfinders have completed the framework, as set out in **Table 6.1**, they can then go on to refine it in terms of how they will measure these indicators and, where appropriate, set targets.

6.13 While we have facilitated this development process, pathfinders largely have chosen their own indicators. This is much more effective in generating buy-in and ownership compared to external imposition.

6.14 Our view is that if pathfinders are unable to complete the evaluation framework, they should seriously question what it is they are trying to achieve.

Next Steps

6.15 As indicated earlier, the Planning, Self Evaluation and Performance Measurement guide is still evolving. By the end of the evaluation a definitive document will be produced. In the meantime, we will continue to circulate our interim document and provide support to the case study areas as appropriate.

7   UNIVERSAL RISK MODELLING

7.1   Universal risk modelling is a term that has been adopted by York Consulting to apply to the application of readily available, or 'universal', data on all young people in an authority to ascertain the likelihood of a specific young person experiencing a specific poor outcome in the future.

7.2   It is similar to the vulnerability matrices adopted in some pathfinder areas but moves beyond these to provide a systematic and consistent method of taking readily available, anonymised data on young people across all authorities.   The focus is on understanding and as far as possible *quantifying* the level of risk faced by individual young people of experiencing specific outcomes.

7.3   This section reviews the progress we have made in this area since our interim report. Specifically it addresses:

   (i)   the potential benefits of universal risk modelling;
   (ii)   application of statistics on risk factors across Pathfinders;
   (iii)   introducing risk modelling to schools;
   (iv)   next steps.

7.4   It should be noted that the work outlined in this section is exploratory in nature. It illustrates how data is being used in some areas and could potentially be used by others. No individual young person has been identified in the process of this research as all data was anonymous.   Departmental policy on the use of data alongside data protection guidelines should be adhered to at all times when considering future developments.

(i) The Potential Benefits of Universal Risk Modelling

7.5   During our initial work with Pathfinders, it became clear that authorities did not use consistent terminology when discussing "at risk" young people. This issue was raised in our baseline report (unpublished), alongside suggested ways of clarifying the terminology.

7.6 Whilst most authorities were struggling to specify exactly what was meant by "at risk", there were a few notable exceptions. Perhaps the best example was in Derby, where a model has been developed for identifying those young people who were in their last year of compulsory education who were most at risk of becoming NEET on leaving school. This model includes a range of indicators, mostly educational, held on all pupils in Derby to calculate a NEET risk "score". The higher the score, the more likely it is presumed that a young person will be NEET when leaving school.

7.7 Derby intends to use this model to identify those young people who are at the highest risk of becoming NEET and who would therefore benefit most from their T16 NEET prevention programme.

7.8 The concept of using data in this way formed the foundation for developing our ideas around universal risk modelling. We could see wider applications for developing data analysis along these lines; ideas that were supported by the DfES/Treasury Joint Policy Review on Children and Young People.

7.9 In addition to the generation of a consistent thinking around the treatment of risk, we see the benefits of using central datasets to try to identify differential risk levels in young people to be:

• **better targeting of resources to the individual**;

• **monitoring of changes in risk over time**;

• **understanding differences in need across client groups**.

Better Targeting of Resources to the Individual

7.10 This approach of objective targeting will hopefully ensure that fewer people who could benefit from the programme 'slip through the net'. It should identify those young people with identifiable characteristics that evidence suggests are most "at risk" or facing an unacceptable level of risk of a specified outcome.

7.11 Universal risk modelling not only offers the potential to identify those young people facing unacceptable levels of risk, but also those young people who are most likely to benefit from a specific intervention targeted at specific risk characteristics or behaviours. Universal risk modelling therefore allows for better targeting of resources.

7.12 Taking Derby as an example, the intention is to use the model they have developed to identify those young people most at risk of becoming NEET. These young people will then be those chosen for the Derby Youth Service "T16" NEET prevention course. This is using the model to ensure that the limited resources of the programme are targeted at those that will benefit most.

Monitoring of Changes in Risk Over Time

7.13 A key recommendation of the recent DfES/Treasury Policy Review was that the identification of movement into and out of 'at risk' status by young people should be able to be monitored over time. In order to do this, different levels of risk need to be explicitly determined such that at a certain predefined point a young person can be said to be 'at risk'. It is then possible to use this information to make informed judgements about what level of risk is considered to be unacceptable.

7.14 Universal risk modelling potentially provides a means of monitoring this change in risk levels, or at a minimum changes in the number of risk factors that are exhibited by young people.

7.15 More than this however, universal risk modelling and especially individualistic risk modelling, discussed in the next chapter, are potentially important tools in evaluating the effectiveness of interventions with children and young people. By monitoring changes in the risk factors, it is possible to extrapolate the impact of a specific intervention, into the likelihood of specific outcomes in the future.

Understanding Differences in need Across Client Groups

7.16 As is discussed in Section 8, work has been undertaken in local authorities to map out the shape of service delivery in each pathfinder. In estimating the shape of service delivery, authorities have reviewed services that are delivered on the ground, which is only a proxy for need. Universal risk modelling allows areas to better understand and to quantify what need in their area really is. It also allows unambiguous comparison of levels of need within and between authorities. This can be done if *need* is considered to be analogous to *risk* of poor outcomes.

7.17 As an illustration, we consider in **Table 7.1** two hypothetical areas, A and B. The table shows the percentage of young people deemed to be a low, medium and high risk of two poor outcomes; being NEET at 16 and being homeless at 18.[14]

Table 7.1: Illustration of 'Need' in Authorities Identified by Universal Risk Modelling				
	NEET		Homelessness	
	Area A	Area B	Area A	Area B
Low Risk	75%	80%	90%	70%
Medium Risk	15%	15%	8%	20%
High Risk	10%	5%	2%	10%

7.18 The manner in which different levels of risk can be assessed is discussed later in this section alongside real examples drawn from data from Pathfinder areas. What Table 7.1 shows is how risk/need in an authority can be discussed in terms of what risk/needs are present. It also shows how inter authority comparisons of need can be made; not based on numbers of events that have happened, but on outcomes that may happen.

7.19 The Table 7.1 illustration shows that Area A has higher levels of risk and therefore need around young people becoming NEET than Area B, whereas Area B has greater levels of need associated with young people at risk of becoming homeless.

(ii) Application of Statistics on Risk Factors Across Pathfinders

7.20 A short review of existing literature was undertaken to identify risk factors associated with poor outcomes. The methodology and findings from the review are detailed in **Annex A**.

7.21 Analysis of the studies that we identified indicates that there appears to be a relative lack of research relating to quantifying the probabilities of poor outcomes. This applies both to the identification of risk factors and the manner in which risk factors link together. For substance misuse and offending, where some studies of this nature could be found, the risk factors considered were those that could only really be picked up through individualised data collection.

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[14] Whilst accepting that these two variables are likely to be correlated, for the purposes of this illustration they are assumed to be independent.

7.22 It is possible that there are relevant studies which we simply did not identify in the review. However, given that our search did highlight several studies that were major Government sponsored literature reviews, it is unlikely that a more thorough search would have generated substantially different findings.

7.23 Taking the findings from the research forward, analysis of risk factors contained in the PLASC and NPD databases shows that there are several factors that are common across most of the outcomes. Details of these are set out in **Table 7.2**.

7.24 Although evidence on some of the risk factors could not be found to directly relate to specific outcomes, the evidence shows that many of the risk factors are indirectly related. For example, although low attainment levels were not identified as a risk factor for substance misuse, it is a risk factor associated with offending, which in turn is a risk factor for substance misuse.

Table 7.2: Outcomes and Identified Risk Factors in the NPD/PLASC Data								
	NEET	**Teen Pregnancy**	**Low Attainment**	**Offending or Anti Social Behaviour**	**Substance Misuse**	**Home less**	**Entry into Care**	**Poor Mental Health**
Gender			X		X			X
Month of birth								
Ethnicity	X	X	X	X	X		X	
In care	X	X	X	X		X		X
English not first language			X		X			
Free school meal eligibility			X					
Special Educational Need status	X		X	X	X			X
Exclusions				X				
Unauthorised absences	X	X	X	X				
Attainment levels	X	X	X	X				
Deprivation	X	X	X	X	X	X		X

7.25 Our aim in conducting the analysis was not only to identify risk factors, but also their relative importance and inter-correlation for each outcome. Without this information, universal risk modelling can still be undertaken but in a much more basic form.

7.26 Given the number of risk factors that are directly and indirectly related to multiple poor outcomes, a simple analysis of the overall risk profile of each of the case study pathfinders was undertaken as an example of the type of results universal risk modelling can generate.

7.27 In order to undertake this analysis, the following assumptions were made:

(i) rather than risk of specific outcomes being assessed, the risk profile is built on young people at risk of *multiple poor outcomes*. It is stated for clarity and future development that it is our belief that universal risk modelling built upon robust quantified probabilities should be for specific risks. The exception to this would be in the exceedingly unlikely event that all risk factors raised the probability of all outcomes by the same value, both individually and jointly;

(ii) free school meal eligibility, exclusions, month of birth and gender were not included in the analysis due to the limited evidence that they impacted on multiple poor outcomes;

(iii) low attainment was taken by analysing the latest available Key Stage data on attainment across all subjects with a valid score. Low attainment, modifying the definitions in the ONS, was defined as follows:
   – KS1: Below Level 2 in either maths, English or science as assessed by the teacher.
   – KS2: Below Level 3 in either maths, English or science.
   – KS3: Below Level 5 in either maths, English or science.
   – No recorded attainment score.

(iv) deprivation is considered to be a risk factor if the home of the young person falls into the bottom 25% of deprived super output areas in the country. This is an arbitrary cut off point and we acknowledge that deprivation is a complicated variable with issues around relative deprivation within an authority perhaps more important than deprivation relative to England. For the purposes of the analysis, a subjective cut off point had to be drawn;

(v) truancy was considered to be five or more sessions of unauthorised absence. Not including exclusions as a risk factor may seem controversial, but as this was an evidence based analysis it could not be justified on the grounds of identified research to include exclusions as a risk factor. However, it is worth highlighting that data on the reasons for exclusion contain information that could add greatly to risk modelling, provided that this information is completed consistently;

(vi)   ethnicity is considered a risk factor if an individual is any BME category. This is a simplification but again is necessary if considering multiple poor outcomes. Similarly being on the SEN register is considered to be a risk factor in itself rather than the specific educational need. Both these areas offer the opportunity for more specific risk identification for individual outcomes should research support this. For example, being on the SEN register due to learning disabilities is likely to change your likelihood for going on to be NEET differently to being on the register for being visually impaired;

(vii)   finally, the analysis is simply a percentage of young people in each authority exhibiting between zero and seven risk factors associated with multiple poor outcomes. It is important to distinguish this from an analysis of children who are high or low risk, which the work to date does not support.

**Case Study Pathfinder Analysis**

7.28 The PLASC and NPD data provided by the DCSF was analysed using SPSS, MS Access and MS Excel. Risk factors were coded as "1" for being present and "0" not present. The sum of risk factors for each individual child was then calculated. The aggregate results for each of the case studies are presented in **Table 7.3** below and graphically in **Figure 7.1**.

Table 7.3 and Figure 7.1: Percentage of young people in each Pathfinder authority displaying 0 to 7 risk factors associated with multiple poor outcomes

Table 7.3: Risk Factors Exhibited								
	0	**1**	**2**	**3**	**4**	**5**	**6**	**7**[*]
Southwark	4.0%	13.4%	22.2%	32.0%	18.9%	8.6%	0.9%	**0.0%**
Wandsworth	12.7%	18.2%	27.7%	24.5%	12.2%	4.4%	0.3%	**0.0%**
Gateshead	36.1%	31.6%	17.2%	11.4%	3.3%	0.4%	0.0%	**0.0%**
Derby	34.2%	25.7%	19.5%	13.5%	5.0%	1.7%	0.3%	**0.0%**
Hampshire	55.8%	22.6%	15.2%	5.2%	1.1%	0.1%	0.0%	**0.0%**
Leicester	11.4%	17.1%	30.5%	24.7%	12.2%	3.8%	0.4%	0.0%

[*]Positive but very small numbers of young people in Southwark and Wandsworth. The four other pathfinders had no young people with seven risk factors

Figure 7.1
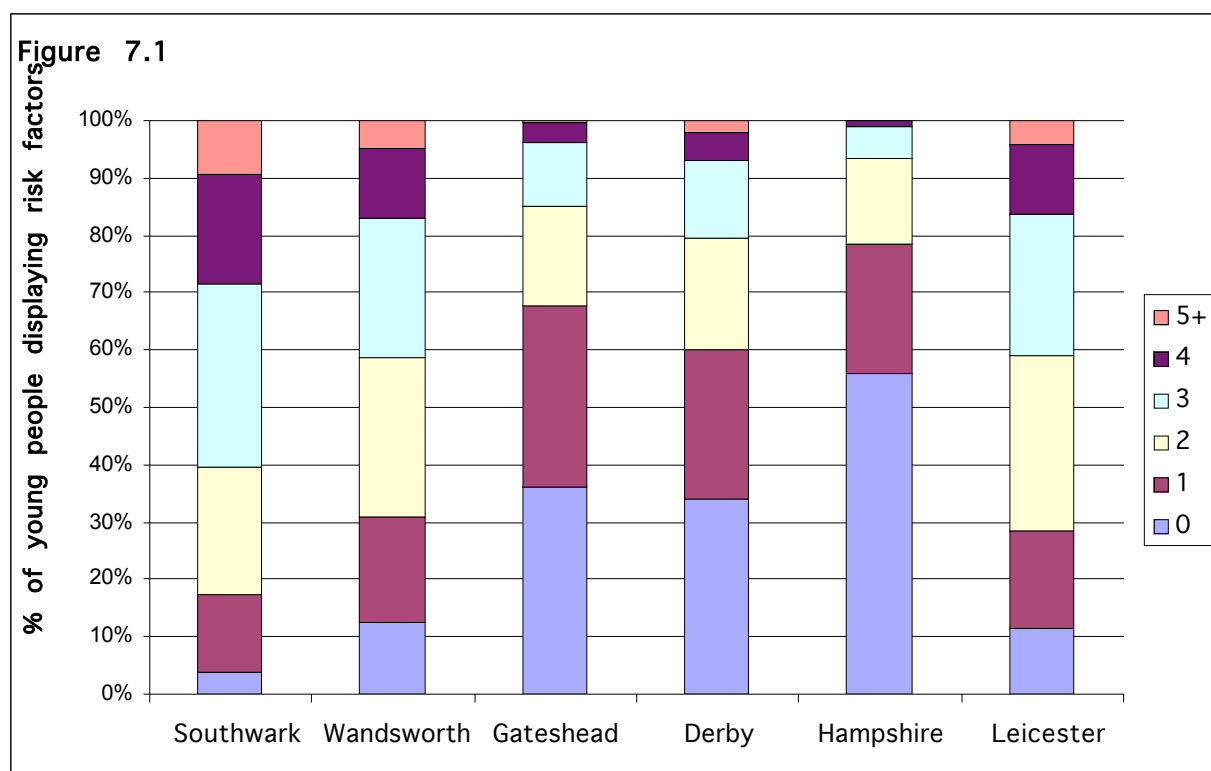
7.29 While this exercise was conducted largely as an illustration to show how universal risk modelling can be used, it does reveal some significant potential differences between authorities. For example, in Hampshire over 50% of young people exhibit no risk factors, whilst in Southwark over 60% of young people exhibit three or more risk factors.

7.30 These results should be treated with caution and care taken over their interpretation. As indicated earlier, both the lack of information on relative importance of different risk factors and the fact that some of the risk factors may be missing is a weakness in the analysis. In addition, aggregating the risk factors in this way implicitly assumes equal weighting of each factor on poor outcomes. We know that this is a poor assumption and indeed was the original rationale for our literature review.

7.31 It is important to note that due to data availability the focus of our analysis has necessarily been on risk rather than resilience or protective factors. Nevertheless, the analysis does give an insight into how the technique could be used in the future to assess overall need in an authority.

7.32 While the analysis presents aggregated data, it will be possible for individual authorities to use the dataset to identify individual young people with the most and specific risk factors. In this sense, it has the potential to be a powerful identification tool. Authorities will need to ensure that appropriate security systems are in place to ensure that vulnerable young people are protected.

(iii) Introducing Universal Risk Modelling to Schools

7.33 During our preliminary work with the Derby Pathfinder, we identified a potential barrier to the implementation of universal risk modelling linked to schools.

7.34 Derby attempted to roll out their universal model in three high schools linked to the work of a Connexions PA. However, this met with some resistance. As each school already has a system in place to identify young people that they consider to be 'at risk', albeit based on a subjective scoring system applied by teachers, they was a reluctance to use an alternative identification approach.

7.35 It will be important to demonstrate to schools the benefits of using a universal modelling approach to identify young people beyond their current techniques and procedures. This could be easier said than done, as the universal risk modelling strategy might be regarded as a threat to their existing professional judgement.

7.36 The progress of Derby in implementing their universal model will be monitored over the coming months and lessons learned recorded in our final report.

(iv) Next Steps

7.37 The literature review did not reveal the required quantitative information that we needed to undertake a detailed risk modelling around specific outcomes. While data in the NPD and PLASC databases contain many recognised risk factors for a range of outcomes, there are additional risk factors that are not included in the database.

7.38 Despite this limitation, our illustrative analysis of the available data shows the potential benefits of the approach, both at a high level in terms of overall need in an area and also in the ability to identify individual young people who at the least may benefit from further assessment to see whether intervention may be necessary.

8   ASSESSMENT OF IMPACT

8.1   This section reviews the tools and methods that are currently being developed to measure pathfinder impact.

8.2   Successful implementation of TYS should impact on the outcomes for young people and on the services for young people delivered in an area.   To identify these impacts, two quantitative workstreams have been undertaken:

   •   **individualistic risk modelling;**

   •   **analysis of the shape of service delivery.**

8.3   For each workstream, the following is discussed below:

   •   **the aims and purpose;**

   •   **methodology;**

   •   **future work plan.**

Individualistic Risk Modelling

Aims and Purpose

8.4   Ultimately, the desired impact of TYS is to improve the long term outcomes of young people.

8.5   Whilst short term changes can be measured, in most cases, due to the time taken for long term outcomes following intervention to be known, it is problematic to identify whether such outcomes have been affected.   Attribution of change is also difficult if not impossible.

8.6   Research shows that there are risk factors known to be associated with poor outcomes.   In effect, the characteristics of a young person today can be used to make an assessment of the likelihood or their level of risk of experiencing specific poor outcomes in the future.

8.7   The purpose of individualistic risk modelling is to identify characteristics of a young person to build a quantifiable risk profile and then isolate changes in this profile following a young person's interaction with TYS or a TYS intervention.   This risk profile describes short term outcomes such as key behaviours and choices made by young people, but allows examination of the short term in terms of the risk of long term outcomes

8.8   It differs from universal modelling in that it focuses on information that can only be gained by undertaking some form of individual assessment on a young person. In doing so, it is designed primarily to allow greater analysis of the risk profiles of individual young people and monitor changes in risk over time, particularly following an intervention. In contrast, universal risk modelling, as described in the previous chapter, allows individuals with potentially different levels of risk to be identified and the aggregate risk levels in an area to be described.

8.9   Beyond the needs of the present evaluation, the aim is to explore how the impact of specific interventions with young people on long term outcomes can be identified and attributed.

Methodology

8.10 Information on individual young people contained on the National Pupil Database, such as attainment levels and exclusions, is a useful source for risk and resilience factors of young people. Such 'universal' information, available for all young people, is only updated annually and for attainment data it is only updated biannually.

8.11 Whilst this information is useful to build a targeting tool, as was discussed in the section on universal risk modelling, it is insufficient to identify short term change in risk and resilience factors following an intervention and to attribute changes to that intervention. This is due not only to the timescale of change in the database but also the scope of the variables collected, which are mostly educational.

8.12 What is required is a method of constructing a risk profile of young people that allows the profile to be built at any moment in time, particularly immediately before and after an intervention occurs, covering a range of known risk and resilience factors.

8.13 To this end, YCL have developed a questionnaire that builds a risk profile of individual young people. The term 'individualistic risk modelling' has been applied to mean risk profiling that requires information that is not routinely collected on young people as apposed to 'universal risk modelling.

8.14 The questionnaire has been designed in two parts. The first is the Strengths and Difficulties Questionnaire (SDQ) which picks up softer risk and resilience factors associated with self esteem. The second is a series of behavioural questions that pick up participation in activities that are both positive and negative in and of themselves as well as being known to affect the likelihood of poor outcomes in the future.

8.15 The second questionnaire was designed in conjunction with feedback from experts at the University of Newcastle who are involved in the evaluation of the Budget Holding Lead Professional. It is essentially a modification of questions from the Youth Lifestyle Survey with additional questions on behaviours and positive activities.

8.16 Administration of the questionnaire is to be at two points in time – immediately before the young person starts receiving TYS interventions or as soon after as is feasibly possible, and as soon as possible after the interventions cease.

8.17 An important feature of the behavioural questionnaire is that it does not ask questions in terms of absolute levels, but rather whether a young person participates in a particular activity. At the second time of completion, the young person is asked not only whether they participate in an activity, but whether participation is more, less or about the same as before.

8.18 This methodology does not allow us to calculate a definite probability of a poor outcome. What it does allow is to state whether the changes in an individual's behaviours have changed the likelihood of outcomes in the future. This is built upon the research identified as part of the work undertaken for the universal risk modelling exercise.

8.19 For example, if we are able to identify that a young person's alcohol misuse has fallen following an intervention and that they are enjoying a more positive relationship with their family, whilst these are positive short term outcomes they will also have positively impacted on the likelihood that a young person will become NEET in the future.

8.20 As the behaviours themselves can be viewed as positive or negative, it also allows the more immediate impacts of an intervention on a young person's wellbeing to be identified.

8.21 It is stated from the outset that without a counterfactual, whilst change will not be difficult to identify attribution of change may still be problematic. For attribution, we will need to assess all the available evidence, particularly from the qualitative depth interviews being undertaken with the ten young people in each area.

8.22 The questionnaire is to be distributed by the lead professional, or their equivalent, on the first 50 young people with TYS interventions seen following the introduction of the questionnaire. Although the questionnaires are anonymous, the UPIN of each young person is put at the top of each questionnaire to tie the results up with the data on the NPD and to ensure the young person can be traced with the second questionnaire.

8.23 The second questionnaire has the young person's answers from the first questionnaire printed on it to remind the young person of their previous answer and to identify change. Given the timescales between questionnaire completion, it is important that this prompt is given, although it is acknowledged that it may also encourage the recording of change where none occurred.

8.24 Full instructions for completion of the questionnaire along with the rationale for its use are provided to lead professionals.

> **Example: How the results may be used**
>
> Of the 50 young people completing the questionnaire in the pathfinder area, between the start of receiving targeted services to their return to universal services 75% saw a decrease in alcohol and substance misuse. 90% of these young people also increased their participation in positive activities in the community. The risk profile for these young people shows that they are now more likely to enjoy healthy lifestyles as adults as well as be less likely to be involved in offending behaviours and make a positive contribution to society.

8.25 In developing the questionnaire, we have worked with pathfinder areas as well as the DCSF to produce a questionnaire that is appropriate to the target group. This involved several iterations of the questionnaire as well as an element of individual tailoring of the instructions on administration. All pathfinder areas have been introduced to the questionnaire and are prepared for its use.

8.26 Implementation of the questionnaire is dependent on there being young people to see who can be identified as receiving a TYS intervention in an area – and are "new" cases rather than carried over from professionals' existing case loads.

8.27 Given the different levels of development in each area in terms of young people receiving a TYS intervention, with several areas not yet or only just beginning to see young people, use of the questionnaire has been limited to Gateshead, which began administering the questionnaire in August 2007.

Future Work Plan

8.28 Over the next few months, we will oversee the rollout of the questionnaire in other areas. The administration of the questionnaire has been designed such that external support is at a minimum.

8.29 Given that the length of time that interventions will be in place is unknown, it is not possible to say when initial analysis of change in risk profiles will be able to be completed. Whilst it is anticipated that the first questionnaires will start being returned in September, these will only provide information on the starting point of the analysis. It is tempting to use this information to analyse the baseline characteristics of young people receiving interventions, but care must be taken as this was not the intended purpose of the questionnaire and was not designed for this purpose.

The Shape of Service Delivery

The Triangle of Need

8.30 The work around the shape of service delivery has grown out of modelling work to assess the stocks and flows of young people "into" and "out" of being "at risk".

8.31 Whilst the work on universal and individualistic risk modelling has addressed this in part, what it does not address is the impact of introducing TYS on the type and nature of services delivered to young people.

8.32 A simple shape of delivery calculated in several pathfinders was the 'Triangle of Need', where young people can be described according to one of four levels or tiers of service delivery, classified as follows:

- Tier 1 – generic needs/universal services;
- Tier 2 – identified needs/at risk/early preventative services;
- Tier 3 – at risk/serious concerns/targeted services;
- Tier 4 – severe and complex problems/specialist and intensive services.

8.33 Movement away from higher tier services and into universal service provision is an explicit aim for some Pathfinders and implicit to all.

8.34 A successful outcome of TYS would be a reduction in the number and proportion of young people at the higher tiers.

8.35 Technically speaking, "Triangle of Need" is a bit of a misnomer, as it shows services young people are receiving, rather than what they need, and because of resource constraints and problems with identification these are unlikely to be the same. Universal risk modelling provides a much better avenue to describe need in a population. It also is a static picture that is as much dependent on the description of services as it is on genuine delivery. Whilst it provides an interesting snapshot of demands on services, it is insufficient to really show the impact of TYS on service delivery.

Aims and Purpose

8.36 Building on the Triangle of Need, we have introduced the term the "shape of service delivery" to mean:

- **the number of young people receiving services;**
- **the duration, intensity and nature of services they receive; and**
- **movement into and out of more intensive and specialist services and towards and away from universal provision.**

8.37 Due to the change in ways of working brought about through TYS, particularly in terms of multi agency teams and panels, it is expected that the shape of delivery is likely to change.

8.38 In the long term, with better identification, earlier intervention and a more integrated approach the change may be that more young people are receiving interventions but these are shorter in duration, delivered in a more holistic way with greater movement back into universal services rather than into increasingly specialist services.

8.39 In the short term, the same changes in service delivery may result in a substantial increase in demand for targeted and specialist services as a significant cohort of young people are identified but not at a stage where intervention could really be classed as 'early'.

8.40 Identification of this change in the shape of delivery is important not simply for the pathfinders to assess the impact of the new ways of working, but also for national roll out to provide evidence on the impact on resources of services following implementation of TYS models.

8.41 Developing techniques to describe the shape of the delivery also provides benefits to local authorities in terms of understanding the demands upon and availability of services both for general management information and also before the roll out of TYS.

Methodology

8.42 The approach adopted to map the shape of delivery has been to work with each case study area, identify what they have or are doing in terms of collection of data around services accessed and then offer support to build upon this to provide data useful for the evaluation and for the authority.

8.43 Most areas are familiar with the Triangle of Need, which is a very simple example of mapping out the shape of delivery in an area. We have therefore used this as a starting point for discussions to describe the kind of information required.

8.44 When contact point is introduced, getting information on the shape of service delivery will be far more straightforward. With this in mind, care was taken to ensure that pathfinders were not burdened with a data collection exercise that would be routine with Contact Point.

8.45 Given the ongoing development of Contact Point and issues around information sharing, it was not envisaged that we would get individualised data to produce a detailed map. It was hoped that aggregated data would still prove useful to the evaluation and the authority.

8.46 Ideally for the evaluation, the mapping should, at least in part, be isolated for those areas where TYS is being implemented. Rather than being easier to map, it was anticipated that focusing on one area within an authority would require data on location of each young person which is not necessarily required if mapping for the whole authority. Additional data requirements would necessarily make the mapping requirements more complex.

8.47 If pathfinders were struggling to engage with this part of the evaluation or mobilise the necessary people, the mapping of the services delivered for young people in the case loads of lead professionals was to be explored as an alternative.

8.48 Whilst this seemed like a 'second best solution' at the time, on reflection monitoring the change in case loads of lead professionals is not necessarily meaningful. Depending on the occupation of the professional, case load can mean different things if anything at all. For example, teachers and Connexions PAs do not have caseloads as such, whilst social workers and family support workers will tend to have well defined case loads.

8.49 What we have therefore examined with several pathfinders, as will be discussed below, is the *development* of case loads over time of either multi agency teams or lead professionals starting with the introduction of TYS.

Future Work Plan

8.50 Now that there is clarity around the assistance and development required in each area, decisions can be made around where the efforts of the evaluation are best directed. Activity will be undertaken up to the end of January 2008.

9   CONCLUSIONS AND RECOMMENDATIONS

9.1   In this section we present our interim conclusions emerging from the research undertaken in the six case study areas.   We also highlight a number of recommendations, particularly relevant to the national roll out of TYS.

Conclusions

9.2   At this interim stage in the evaluation, we are not in a position to present significant evidence regarding the impact of pathfinder activity on outcomes for young people. This is due to the slower than anticipated progress in implementing planned change on the ground, with only two pathfinders recently commencing delivery.   In these areas, however, there are signs that support is more tailored to individual need, services are more co-ordinated and less stigmatised and there is additional support for those below statutory thresholds.

9.3   The focus of the benefits reported so far have been at the strategic and operational level, rather than on young people and families. At the strategic level, the key benefit reported is in relation to the growing consensus between service areas to work collaboratively to improve services.   At an operational level, practitioners reported having improved their profile amongst other service areas, in particular with schools. In terms of delivery, practitioners have reported that the key benefit for them will have developing a sense of collective and shared ownership to address problems, moving away from the baton passing approach which was characterised in previous referral processes.

9.4   An extensive programme of work has taken place to develop the methodological tools to measure impact on young people.   We have designed, and successfully trialled, a young person questionnaire which will shortly be implemented to measure and model changes in the risk profile of young people following service intervention. We are also working closely with each of the six case study pathfinders to monitor and measure changes in the shape of their service delivery portfolio.   Progress with each authority is variable and is influenced by the robustness of their existing monitoring and management information systems.

9.5 Pioneering work has been undertaken to develop a top-down universal model of risk assessment. Using largely education and demographic information from the National Pupil Database and the Annual School Census, we have identified the proportions of young people to be at risk of specified single and multiple poor outcomes in each of the six case study areas. This can be used to contrast the risk profile of each of the areas and by the practitioners in each area to identify individual young people potentially at risk.

9.6 Further work is required to refine and test the universal model. The results generated so far are designed to illustrate the power and application potential of the technique.

9.7 Progress has been made on developing performance indicators in each of the pathfinder areas. We have designed a framework which can be used by pathfinders to specify performance indicators and are supporting them in the specification process. A draft guide to develop performance indicators has been produced which has the potential for wider circulation.

9.8 It is clear from the above that, from an impact perspective, much of the progress has been largely developmental. This should not belittle the achievement. Much of it is new and innovative and is establishing a platform to measure future impact, both in the case study pathfinders and more widely. Additional consideration needs to be given to how some of these elements can be advanced outside the scope of this particular evaluation.

9.9 Over the last two years, all of the six case study areas have developed their approach to providing support to vulnerable young people. In some of the case study areas, involvement as a pathfinder was a direct catalyst for action. In others, the developments were part of a wider programme of change, which cannot easily be disentangled from other developments. The fact that TYS cannot be viewed as a discreet initiative is not important. Our focus has been on understanding **what** has changed.

9.10 The relative progress in terms of reaching 'delivery' of a redesigned model of support for vulnerable young people varies across the case study areas. The key factor which has affected progress is the complexity of the changes to be introduced. 'Change' varies from the introduction of a multi-agency panel, to the establishment of a co-located team, to the realignment of authority wide structures of services for children and young people. All have been developed to fit local requirements informed by consultation with local communities and service providers.

9.11 A range of local factors has affected the stage of development. These include the amount of resource committed to managing the process, the skills, profile and experience of the project manager and the extent of strategic buy-in. Other operational issues which have affected progress include the time taken to recruit a multi-agency team manager, secure appropriate premises and develop IT infrastructure.

9.12 There are clear commonalties in the models of delivery introduced across the case study areas, all having an explicit focus on providing more evidenced, based and coordinated support. However, there are also a number of important differences with regards to how the teams will operate, which services will be involved and how they will go about intervening early which will impact on both the type of support available and which young people will be targeted.

9.13 The approach to intervention and the range and level of services involved is likely to have the most significant impact on the extent to which the balance of support in each area is more focused on early intervention or on providing support to young people whose needs have already escalated.

9.14 The operational arrangements to support the process from identification of young people to the point at which their needs have been addressed vary in each of the case study areas. Analysis across the areas highlight a range of factors which is likely to influence the effectiveness of the model. Whilst case study areas are still in the early stages of developing and testing their operational protocols a number of potential success factors have emerged.

9.15 In all case study areas, the main approach to identification of vulnerable young people will be through practitioners making others aware of young people requiring a multi-agency response. The key difference is that once identified, the practitioners will have a more effective approach to coordinating appropriate support. Whilst practitioner identification is a valuable tool, the 'way of working' introduced in each area will have an impact on the type of young people to be identified, and therefore the definition of 'early intervention'.

9.16 Some areas are in the process of developing and introducing vulnerability matrices to support the identification process. Whilst such tools can only support this, they do provide a more objective approach to considering the risk factors facing young people, and prompt discussions about whether the focus of activity will be on intervening early with those at risk, or on providing better support for those whose needs have already escalated. Further use of such tools should be considered in order to provide greater clarity of the focus of activity.

9.17 It is anticipated that the CAF will be a central tool used in assessing needs in four of the case study areas. In the other two, existing structures for assessing needs will continue to be used. In some areas, not all staff have yet been trained to use the CAF. Some practitioners, whilst supportive of the concept, have raised a number of concerns about the feasibility of the use of the CAF, in particular with regards to requirement of securing parental consent.

9.18 Early investigation has highlighted that there is a lack of clarity in relation to the lead professional role in a number of the case study areas. Some practitioners reported that they were unsure whether they would be required to be a lead professional and what this would mean in practice. In all areas, some of the core practitioners involved in the team have not previously acted in a 'case holding' capacity. Greater clarity of the responsibilities and skill requirements of the role is required to be developed in some of the case study areas.

9.19 In all case study areas, there is an implicit assumption that the developments being introduced will support 'prevention'. However, understanding of what prevention means varies across practitioners, depending on the service area they are from. Some consider prevention to be a **universal** approach to promoting resilience, whereas others understand it to be about prevention of the needs escalating of those **individuals** already regarded to be at risk. Consistency in understanding of the definition of prevention is required before any conclusions about progress to develop strategies in this area are made.

9.20 The next few months will provide a detailed understanding of the issues and factors affecting effectiveness in delivery. All of the issues identified here will be explored further to provide a greater understanding of issues and good practice in delivery.

Recommendations

9.21 In order to support the roll out we have developed a number of recommendations for other local authorities/development teams to consider in developing their models of support.

9.22 **Local authorities need to provide strong strategic support, backed by sufficient resources to deliver the changes.** The changes being introduced in the pathfinder areas represent a significant change in the provision of support for vulnerable young people. The skills and resource of the team managing the process is a key factor influencing success. This must be backed by the support of the Director of Children's Services.

9.23 **Developing a shared and common vision early on in the process is important.** This needs to be reinforced throughout the development stage. Teams should establish clear goals and performance measures in order to support the planning process. This is not meant to be restrict areas from tailoring their approach, but upfront commitment to shared goals will help in achieving long term goals.

9.24 **Development teams need to recognise and address differences in understanding in terminology,** for example prevention and early intervention. Differences in interpretation can have significant implications for what the multi-agency structures will look like and the type of services to be involved. This should be revisited before the model is committed to.

9.25 **Development teams should divide their focus between the theoretical model and the practical implications from an early stage.** Once outline plans are in place, service areas need to recognise the potential implications of the proposals and start planning for this. Pathfinders have taken almost two years from the start of the developments to the point at which delivery has commenced. Upfront scenario planning can help to speed this along. This should be focused on both practical issues (e.g. recruitment/IT) and intervention approaches (CAF / identification processes).

9.26 **Development teams should consider use of vulnerability matrices** to help develop their understand of the size of the at risk population and focus their priorities. This is particularly helpful where it is know that the at risk population is greater than the team can feasibly support. Areas need to be clear on the type of support they expect to provide and therefore the services areas which need to be involved.

9.27 **Practitioners should be engaged throughout the process.** It is critical that practitioners who may have been undertaking informal multi-agency work for some time, are engaged in the design and development model throughout. They can have an important insight into the potential issues which may affect the effectiveness of delivery on the ground.

ANNEX A:
Universal Risk Modelling: Approach and Literature Search

Existing Research Literature

The Methodology

1. The development of an analytical tool, which can assist early identification and prevention has significant operational potential and will be of direct benefit for the national roll out. With this in mind, the DCSF invited YCL to investigate the opportunity of accessing the largest universal dataset held on young people to construct a universal risk model. This involved analysis of the National Pupil Database (NPD) and Pupil Level Annual School Census (PLASC) and focused on the following areas of outcome:

    *   NEET;
    *   teen pregnancy;
    *   offending;
    *   substance misuse;
    *   homelessness;
    *   low attainment;
    *   entry into care;
    *   poor mental health.

2. The NEET identification model in Derby built a risk scoring system around data contained in the NPD and PLASC. Whilst this system is praiseworthy in many ways, improvements could be made on its lack of *evidence based* scoring and the linear nature of its risk calculation. The presence of more than one factor results in a score that is a sum of those factors, when in reality risk may increase non linearly as the number of factors increases.

3. In order to construct a universal risk model for the outcomes identified, we conducted a literature review to explore the interplay between the characteristics and environment of young people who subsequently went on to experience the specified outcomes as adults. The purpose of the review was to identify all known risk factors and *quantify* their contribution to risk in isolation and in combination.

4. The literature review was undertaken using the IDOX system and Google Scholar. It was not designed to be definitive, but rather a preliminary review to identify major existing literature assessments and large studies that could provide detailed quantitative analysis of the relative importance of different risk factors and the way in which they interrelate. The primary aim was to assess how feasible and robust universal risk modelling would be both in terms of the available evidence on risk factors and the available data on young people.

Categorising Risk Factors

5.   Modifying the definition introduced by Clayton[15] for risk factors and drug use, we have defined risk factors as being:

    'an individual attribute or characteristic, situational condition or environmental context that increases the likelihood of experiencing a poor outcome in the future.'

6.   It was anticipated that risk factors would fall into one of three categories:

    (a)   risk factors that could be identified or approximated by NPD and PLASC data;
    (b)   risk factors that could potentially be picked up by data collected on the individual and so influence the individualised risk modelling (discussed in Section Eight);
    (c)   risk factors that could not be easily quantified.

    (a) PLASC and NPD Data

7.   PLASC and NPD data was made available to York Consulting at the beginning of August 2007. In addition, we were able to access data on levels of deprivation as measured by Department of Communities and Local Government Indices of Deprivation. The latter was based on the home location of pupils.

8.   The variables available were reviewed and those that were potential risk factors identified. This was done both to help with filtering the results of the literature review and also to acknowledge that risk factors may be present in universal data that have not yet been identified through research.

9.   It should be noted that the majority of potential risk factors contained in the data are largely educational or demographic.

10.   The primary indicators selected for analysis are as follows:

    •   gender;
    •   month of birth;
    •   in care;
    •   English not first language;
    •   free school meal eligibility;
    •   Special Educational Need status;
    •   number and reason for exclusions;
    •   unauthorised absences;
    •   attainment levels (absolute and trend);
    •   deprivation.

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[15] Clayton, R. (1992). Transitions in drug use: risk and protective factors. In *Vulnerability to Drug Abuse* (eds M. D. Glanz and R. W. Pickens) pp 15-52. Washington DC: American Psychological Association.

11.   As well as the PLASC and NPD data, other central databases also contain information that could potentially be utilised for universal risk modelling. The most notable of these is the Connexions database. We have not yet attempted to identify the variables that could be included from these databases due to significant issues we have encountered in matching the datasets together. Further investigation is likely to be beyond the scope of this project.

(b) Individualised Data

12.   As well as seeking risk factors that could be used in universal risk modelling, the literature review was designed to identify both risk factors and their quantified risk parameters that could be used on our additional work on individualised risk modelling. These findings were subsequently used to feed into the development of the individualised modelling questionnaire and its analysis. This is discussed in detail in Section 8.

Risk Factors that Could not be Quantified

13.   It was anticipated from the outset that there would be risk factors identified that could not be easily quantified, such as family emotional support. For the robustness and accuracy of any modelling, it is important that their contribution to overall risk is acknowledged.

Identified Risk Factors

14.   The literature review identified relevant studies on risk factors for all the identified outcomes of interest. Prior to exploring each of these in turn, it is worth summarising the headline findings of our research assessment:

- whilst large studies and literature assessments were found for some outcomes, on the whole information on risk factors was surprisingly limited to summary pieces in journals;

- very few studies could be identified that quantified the impact of each factor on the risk of the future outcome. In turn there was only one study that discussed the non-linear nature of the impact on overall risk from the existence of multiple risk factors;

- finally, whilst factors such as 'low attainment' or 'deprivation' were often highlighted as risk factors for a range of outcomes, interpretation of these risk factors against NPD and PLASC data needs to be considered. For example, whilst there is ample data on attainment from the NPD, at what levels should attainment be considered low?

15.   The risk factors identified in the literature are summarised for each outcome below. A full bibliography of identified studies against each outcome is given at the end of the Annex.
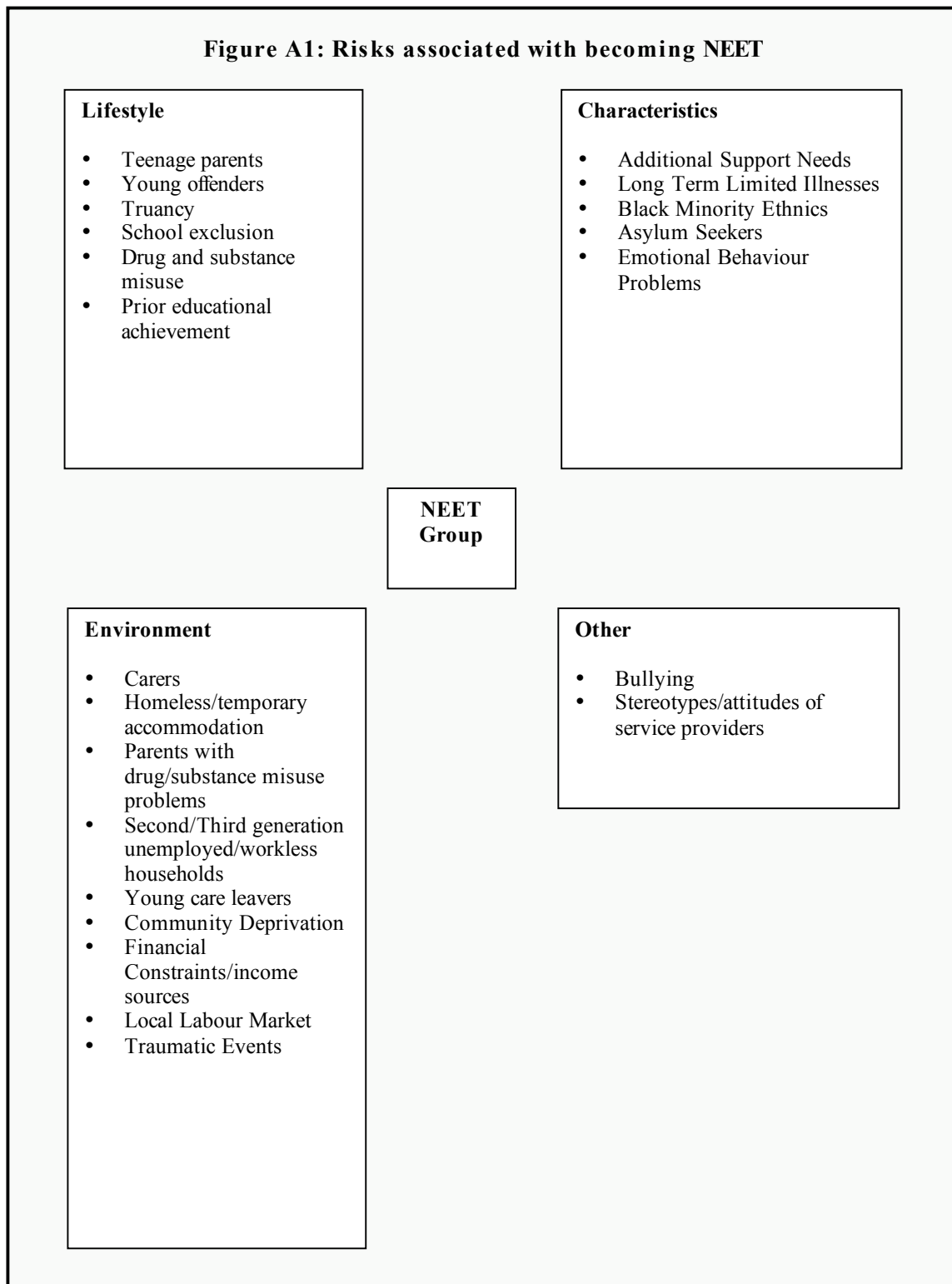
Findings Relative to Each Outcome

<u>NEET</u>

<div style="background-color:purple;color:white;padding:1em;">

Number of papers reviewed: 2

Risk factors potentially identified in NPD/PLASC**: In care, low attainment, learning problems, regular truants, deprivation, BME.**

Other risk factors identified**: Weak family support networks, offending, drug and alcohol misuse, caring responsibilities, limiting long term illness, homelessness, asylum seeker.**

</div>

16.   York Consulting undertook a major literature review of the NEET group for the Scottish Executive in 2005. This review found that the majority of research into the NEET group up to 2005 was almost entirely qualitative. Whilst many risk factors were identified, the relative impact of each factor on overall risk could not be quantified.

17.   The literature review placed factors into four different categories: personal characteristics, lifestyle, environment and other. This is summarised in **Figure A1** below.

Figure A1: Risks associated with becoming NEET

Lifestyle

- Teenage parents
- Young offenders
- Truancy
- School exclusion
- Drug and substance misuse
- Prior educational achievement

Characteristics

- Additional Support Needs
- Long Term Limited Illnesses
- Black Minority Ethnics
- Asylum Seekers
- Emotional Behaviour Problems

NEET Group

Environment

- Carers
- Homeless/temporary accommodation
- Parents with drug/substance misuse problems
- Second/Third generation unemployed/workless households
- Young care leavers
- Community Deprivation
- Financial Constraints/income sources
- Local Labour Market
- Traumatic Events

Other

- Bullying
- Stereotypes/attitudes of service providers

Teen Pregnancy

Number of papers reviewed: 2

Risk factors potentially identified in NPD/PLASC**: In care, low attainment, regular truants, deprivation, Black or mixed ethnicity background.**

Other risk factors identified**: Early sexual activity, poor mental health, alcohol and substance misuse, previous children, fathers' social class, daughter of a teen mother, parental aspirations.**

18. Detailed information was found in the DfES publication "Teenage Pregnancy: Accelerating the Strategy to 2010" on the risk factors known to be associated with teen pregnancy, with some risk factors presented as percentages of the teen parent population displaying certain characteristics. However, percentages within a population are not the same as probabilities and, in the way the data was presented, it would not make good proxies.

19. In a similar way to how the NEET risk factors were categorised, the factors associated with teen pregnancy were described as being educational, related to family background or associated with risky behaviours.

20. The publication also cited an earlier study that had found that the likelihood of becoming a mother before the age of 16 was a function of five factors:

• being the daughter of a teen mum;

• father's social class;

• social housing at 10;

• poor reading at 10;

• displaying a conduct disorder.

21. This earlier study had found that risk of teen pregnancy increased in a non-linear fashion as the number of factors increased. This is important corroboration of our opinion that linear addition of risk factors is a limitation of the Derby model as it stands, but unfortunately the five risk factors identified, with the exception of reading ability, are not part of the PLASC or NPD databases.

<u>In Care</u>

> Number of papers reviewed: 2
>
> Risk factors potentially identified in NPD/PLASC**: Mixed ethnicity background.**
>
> Other risk factors identified**: Broken families, young mothers, large families.**

22.   Very limited information could be found on the risk factors associated with entry into care. The most detailed information was found in a study on the factors that affected expenditure by social services; however, identification was purely qualitative.

<u>Mental Health</u>

> Number of papers reviewed: 2
>
> Risk factors potentially identified in NPD/PLASC**: In care, learning disability, male, deprivation.**
>
> Other risk factors identified**: poor relationships, feelings of isolation, experience of disharmony, physical disability, poor physical environment, abuse, living with one natural parent, family size, asylum seeker**

23.   Information was found in studies by the Audit Commission and Glasgow University. Both of these were largely qualitative in nature. Whilst the Glasgow study looked at the percentage of people with mental health problems displaying certain characteristics, the majority of these were factors that are not present in the NPD/PLASC data. In addition, in the same fashion for teen pregnancy, univariate analysis of percentages is not an effective means of calculating risk.

<u>Low Attainment</u>

> Number of papers reviewed: 3
>
> Risk factors potentially identified in NPD/PLASC**: previous poor attainment, African or Caribbean origin, males, SEN status, free school meal eligibility, deprivation, in care, poor attendance, English not the first language.**
>
> Other risk factors identified**: teen pregnancy, caring responsibilities, families under stress, disruptive behaviour**

24.   Low attainment was one of the outcomes where more robust evidence on risk factors could be found. Information was largely taken from a 2005 bulletin on low attainment published by the ONS.

25.   Low attainment was defined as being in the bottom quartile of performance or at or below Level 2c at Key Stage 1, Level 3 at Key Stage 2 or Level 5 at Key Stage 3. Many of the risk factors identified are readily available as data items in the NPD/PLASC database. Univariate analysis of percentages of characteristics of low performers is again performed, which begins to rank the factors that are most important. This suggests the most important risk factors as being SEN status and previous educational attainment. Multivariate analysis is undertaken, but only as an example.

26.   Given the analysis is essentially driven by NPD and PLASC data, it is by design that factors in these databases are identified as risk factors. The lack of detailed multivariate analysis and limited analysis of odds ratios and probabilities limits the extent to which the report can contribute to the modelling, but it does introduce a different avenue to model building which is discussed at the end of this chapter about suggested ways forward.

Homelessness

> Number of papers reviewed: 4
>
> Risk factors potentially identified in NPD/PLASC**: in care, deprivation.**
>
> Other risk factors identified**: lack of family support, asylum seekers, transition from care, social exclusion, unemployment, drug use, poor mental and physical health, family conflict, abuse, behaviour.**

27.   Whilst four detailed studies on the causes of homelessness could be found, these papers were qualitative in nature and the majority of risk factors identified are not present in NPD or PLASC data.

Offending

> Number of papers reviewed: 9
>
> Risk factors potentially identified in NPD/PLASC**: low attainment, deprivation, in care, truancy, exclusion, SEN status, ethnicity.**
>
> Other risk factors identified**: family breakdown, experience of abuse, substance misuse, victim and perpetrator of bullying, lack of support services, deviant peer group, previous anti-social behaviour**

28. Risk factors associated with criminality was a particularly well evidenced area. One Home Office paper in particular examining findings from the Crime Justice Survey looked at the odds ratios of offending based upon specific characteristics. Unfortunately, with the exception of truancy, the factors considered were not those present in the NPD/PLASC datasets.

29. Several tools have already been developed to assess young people that have offended, such as ASSET. Such tools were criticised in some of the papers reviewed. One study in particular provided evidence to suggest that the ability to identify youngsters 'at risk' of offending was limited, due to complex neighbourhood capital effects – implying that it is an unidentifiable combination of measurable and unquantifiable effects that influence offending behaviour. Such findings need to be considered in any future development of outcomes targeted through universal risk modelling.

Substance Misuse

> Number of papers reviewed: 4
>
> Risk factors potentially identified in NPD/PLASC: **gender, age, ethnicity, SEN status, deprivation, English as a second language.**
>
> Other risk factors identified: **life events, family breakdown, self esteem, depression, poor mental health, genetic predisposition to addiction, other substance misuse, perceptions of substance misuse, family interaction, peer behaviour, drug availability.**

30. Of the studies reviewed, a Home Office review of over 60 quantitative papers on factors associated with substance misuse stands out as being both comprehensive and focussed on quantifiable risk. Unfortunately, whilst the paper details the risk factors identified, it does not provide detail on the quantification of risk within each of the papers.

Homelessness	
Firth, Lisa (ed) Homelessness (Issues vol 130) Independence, PO Box 295, Cambridge CB1 3XP Published: 2007 Pages: 44 ISBN: 9781861683762	"Factor which increase risk of homelessness" (form Routes into Homelessness, Centre for the Analysis of Social Exclusion, 2000): • institutionalisation: time in LA care, contact with the criminal justice system, previous service in the Armed Forces • health: alcohol and drug misuse, mental health problems, a combination of the two, experience of physical or sexual abuse • relationship breakdown: disputes with parents or step-parents, marital or relationship breakdown, domestic violence, bereavement, lack of social support networks • education and work: learning difficulties and literacy problems, exclusion from school, lack of qualifications, unemployment • housing: housing shortage in some areas, imbalance in supply and demand of housing • others: previous experience of homelessness, debt (especially rent or mortgage arrears), benefit problems. "The average time between the triggers that lead to homelessness and when homelessness finally occurs is nine years" (from doc above).
Smith, Joan; Ravenhill, Megan What is homelessness? A report on the attitudes of young people and parents on risks of running away and homelessness in London Centrepoint, Central House, 25 Camperdown Street, London E1 8DZ Published: 2007 Pages: 164	"Taking risks" research: index of risk for individual YP + index of risk for areas (London) "The odds of being homeless were higher if the young person did not get on with their mother, had moved house more than twice, had a younger mother, was badly off as a child, was not living with either one or two birth parents at age twelve, had been hit frequently during the course of an argument, had shared a bedroom, had lived in rented accommodation, had no car in household, or had been school excluded." "Included within the 'risk' factors identified for Safe in the City were three that were proxy variables for poor backgrounds – living in rented accommodation, no car in household, shared room at age 12. The areas of origin of young homeless people were identified based on post-code of last family address or last address living with a family member (foster parents' addresses were excluded), and were mapped on to the ward index of deprivation; 9 out of 10 homeless young Londoners

	living in London hostels were identified as coming from deprived areas." For quantitative estimates see p.151-152
Shelter Street homelessness Shelter, 88 Old Street, London EC1V 9HU Published: 2006 Pages: 15	Risk factors: • family conflict and/or relationship breakdown between partners • leaving institutions • mental health problems • substance misuse • dual diagnosis (mental health problem/s combined with substance misuse) • financial problems • having 'no recourse to public funds' (eg no social security) • refugees or people seeking asylum Report elaborates on these risk factors but no modelling, based on previous literature.
Homeless Link Ending homelessness: from vision to action Homeless Link, 10-13 Rushworth Street, London SE1 0RB Published: 2006 Pages: 62	But you are more likely to become homeless if you: • were in care as a child or had a disturbed childhood • have a mental illness or addiction • have been in the armed forces • have spent time in prison • are black or from another minority ethnic community • have migrated to this country from Eastern or Central Europe or arrived as an asylum seeker. "On top of 'personal' factors there are 'structural' factors, wider problems in society, that increase the risk of homelessness: • shortage of affordable accommodation • unemployment • low incomes • debt

Homelessness	
	• the welfare benefits system
	• trends in residential care and community care
	• migration – e.g. economic migrants from accession states, refugees"
Joseph Rowntree Foundation Research on single homelessness in Britain, IN Findings No 410, No Apr 200, pp1-4 Journal article. Published: 2000 Pages: 4	Individual risk factors more researched than social and economic factors. The impact of the "macro" structural factors at the local level are little understood. Structural factors: adverse housing and labour market trends, rising levels of poverty, family restructuring. Individual factors: poverty, unemployment, physical/sexual abuse, family disputes and breakdown, background of LA care, experience of prison/armed forces, drug/alcohol misuse, school exclusion, poor mental/physical health.

Poor Mental Health	
Edwards, Lynne Promoting young people's wellbeing: a review of research on emotional health (SCRE research report 115) SCRE Centre, 61 Dublin Street, Edinburgh EH3 6NL Published: 2003 Pages: 43 ISBN: 1860030807	http://www.scre.ac.uk/resreport/pdf/115.pdf • Living with only one natural parent, either in a step-family or with a lone parent • Living in families where the main breadwinner was unemployed • Experiencing some form of learning disability • Looked after by the local authority. (Audit Commission, 1999) Similarly, Meltzer et al (2001) found that the prevalence for self-harm among 11–15 year olds is greater in children in: • Lone parent- compared with two parent families (3.1% and 1.8%) • Families with step-children compared to those without (3.7% and 1.9%) • Families with five or more children compared to those with less (6.2% and 2%) • Families who were social sector tenants (3.7%) private renters or (3.2%) compared with owner-occupiers (1.5%) • Wales (2.8%), England (2.2%) rather than Scotland (1%). And young people who have: • Learning difficulties of any kind • Enduring physical ill health • Experienced physical or sexual abuse • Witnessed domestic violence • A parent with mental health problems. (Public Health Institute of Scotland, 2003) There is also evidence that being an asylum seeker can increase the risk of mental health problems.

Youth Offending/ASB	
Baker, Rachel Youth crime and mental health: an exploration into the nature, incidence and social work responses to the mental health needs of offenders aged 10 to 17 (Social care papers for practice) SCA (Education), Thornton House, Hook Road, Surbiton, Surrey KT6 5AN Published: 2005 Pages: 50 ISBN: 0901244902	Mental health problems and youth offending are affected by very similar factors. This means that there are social and environmental influences on both rather than a causal relationship between offending and mental health. However, the link cannot be ignored because "the incidence of mental health needs in young offenders surpasses that of young people in the general population by up to three times"
Ref No: A7076 Valios, Natalie The danger signs (young people and violent crime), IN Community Care, No 1657 25-31 Jan 2007, pp24-25 Journal article. Published: 2007 Pages: 2	Discussion of risk factors for the **most violent crimes committed by children**. Includes neglect, emotional abuse, domestic violence, school failure, poor parenting, and an antisocial and deprived lifestyle. Note: main focus on children, not young people.
Wilson, Debbie; Sharp, Clare; Patterson, Alison Young people and crime: findings from the 2005 Offending, Crime and Justice	http://www.homeoffice.gov.uk/rds/pdfs06/hosb1706.pdf Risk factors vary for any offence, frequent and serious. Multivariate analysis used and a forward stepwise technique was used. – tables attached

Youth Offending/ASB	
Survey (Home Office Statistical Bulletin 17/06) Home Office, Research Development and Statistics Directorate Published: 2006 Pages: 108	"The factors showing the strongest associations with committing **any offence**, for **10- to 15-year-olds** were: committing anti-social behaviour in the last 12 months; being a victim of personal crime; being drunk once a month or more in the last 12 months; having friends/siblings who were in trouble with the police; and taking any drug." "A similar set of results was found for both **frequent and serious offending** among **10- to 15-year-olds**, with the strongest associations being: committing anti-social behaviour; being a victim of personal crime; and taking any drug. Having parents in trouble with the police was also strongly associated with serious offending. For frequent offending how well 10- to 15-year-olds got on with their parents/guardians, having friends/siblings who were in trouble with the police, being more likely to agree criminal acts are OK and being drunk once a month or more in the last 12 months were also strongly associated." "For **16- to 25-year-olds** the factors showing the strongest associations were: being a victim of personal crime in the last 12 months; committing anti-social behaviour in the last 12 months; taking any drug in the last 12 months; having friends/siblings who were in trouble with the police; and being more likely to agree criminal acts are OK." "The strongly associated factors that were the same for **serious and frequent offending** among **16- to 25-year-olds** were: being a victim of personal crime in last 12 months; committing anti-social behaviour in last 12 months; and taking any drugs in the last 12 months." "However there were factors that were separately associated with either **serious or frequent offending**. For serious offending, ever been expelled or suspended, being highly impulsive and getting on badly with at least one parent were also strongly associated. Whereas for frequent offending, being more likely to agree criminal acts are OK, having friends/siblings who were in trouble with police and being male were strongly associated."
Cullen, Sue Back on track: a good practice guide to addressing antisocial behaviour	**"Family risk factors** include poor parental supervision and discipline, family conflict and low income, and poor housing. **School risk factors** include low achievement, beginning in primary schools, and truancy. **Community risk factors** include living in a disadvantaged neighbourhood, community neglect, and a lack of

Shelter, 88 Old Street, London EC1V 9HU Published: 2006 Pages: 24 ISBN: 1903595541	social investment. **Risk factors relating to individuals/ peers** include alienation and friends being involved in problem behaviour."
Webster, Colin; MacDonald, Robert; Simpson, Mark Predicting criminality? Risk factors, neighbourhood influence and desistance, IN Youth Justice, Vol 6 No 1 Apr 2006, pp7-22 Journal article. Published: 2006 Pages: 16	"Using qualitative biographical data from a longitudinal study of youth transitions, criminal careers and desistance, this paper casts doubt on the veracity and predictive power of risk assessment devices such as Asset and OASys. These devices, and the research on which they are based, suggest that earlier and current childhood and teenage influences trigger and sustain later re-offending. In contrast, we argue that focus must be shifted to contingent risk factors that accrue in late teenage and young adulthood. Secondly, risk assessment and criminal career research has ignored the influence that unforeseen and unforeseeable processes of neighbourhood destabilization and life events have in criminal careers and their cessation" The authors criticise the view that criminality is a result of previous life experiences. "There was little relationship between family types […] and whether an individual had frequently offended or never offended, used drugs or never used drugs. […] This perhaps surprising prevalence of risk factors among those who had never offended seemed to us to be a feature of living in some of the poorest places in Britain" "As this discussion attempts to show, it is not parental supervision or frequent truancy as such that is the issue here. It is rather the nature and quality of the social relationships formed during truancy, and crucially, whether certain criminogenic forms of these relationships are continued or sustained into later teenage and young adulthood." "This debate is mirrored in the assumptions and design of risk assessment devices, which mostly ignore neighbourhood context and change. Such devices primarily serve to individualize risk factors, presumably because these individualized factors are more amenable to early micro interventions than the more intractable influences of social exclusion and neighbourhood destabilization resulting from social and economic change"
Arnull, Elaine et al	http://www.yjb.gov.uk/Publications/Resources/Downloads

Youth Offending/ASB	
Persistent young offenders: a retrospective study Youth Justice Board for England and Wales Published: 2005 Pages: 186	/Persistent%20Young%20Offenders%20rs%20fullfv.pdf "All risk factors were exhibited, but we found that there was a strong association with: • a history of family disruption, which was particularly significant for the Yot sample – just 28% of the young people lived with a parent • higher than average levels of loss, bereavement, abuse and violence experienced within a family setting across the whole sample (for example, almost half of the entire sample of young people had suffered some form of abuse which was recorded) • having family members or friends who offended across the whole sample (of the 29 young people interviewed, 45% said they offended with family or friends) • low educational attachment, attendance and attainment across the whole sample and markedly so for the Yot sample (45% of the total sample was known to be regularly truanting. Also significant were: • much higher levels of being "looked after" than for the general population (38% of the total sample had been accommodated at some time by the local authority, compared with 0.5% for the general population) • higher levels of drug and alcohol use than for the general population (this was, however, rarely linked to offending behaviour, but appeared as a lifestyle choice. Of the 29 young people interviewed, 48% referred to their own "heavy cannabis use") • higher than average mental health needs (there is the possibility that some of the drug and alcohol use might constitute self-medication or the potential for this)."
Smart, Diana et al Patterns and precursors of adolescent antisocial behaviour: outcomes and connections	http://www.aifs.gov.au/atp/pubs/cpv/report3.pdf AUSTRALIAN REPORT One chapter looks at the links between multi-substance misuse at 13-14 and antisocial behaviour at 15-16 and 17-18.

Youth Offending/ASB	
Australian Institute of Family Studies, 300 Queen Street, Melbourne 3000 Australia Published: 2005 Pages: 137 ISBN: 0642395292	However, most involved in substance misuse at 13-14 were also involved in antisocial behaviour at this stage. The research finds that high proportions of those involved in substance misuse then go into antisocial behaviour, suggesting that substance misuse is a strong risk factor for antisocial behaviours. Those who were involved early in antisocial behaviour also get involved in substance misuse later, suggesting a development of ASB with substance misuse. Groups of YP who were not involved in either, have a strong tendency to remain out of both in the future. For graphs/risk percentages see figs.27 and 28
Wong, Kevin Rethinking prevention: a child-focused approach to using protective and youth factors in youth crime prevention (Community safety practice briefing) NACRO, Crime and Social Policy Section, 237 Queenstown Road London SW8 3NP Published: 2003 Pages: 4	http://www.nacro.org.uk/data/resources/nacro-2004120292.pdf Report lists risk and protective factors for children, families, schools, life events, cultural/community. Based on Pathways to Prevention Model (Australia). Author also emphasises the importance of taking into account present and past factors, cumulative impact, and carrier mechanisms. **Child risk factors:** Premature birth and/or low birth weight Disability Prenatal brain damage Birth injury Low intelligence Difficult temperament Chronic illness Insecure attachment Poor problem solving Beliefs about aggression Poor social skills

Youth Offending/ASB
Low self-esteem Lack of empathy Alienation Hyperactivity/disruptive behaviour Impulsivity **Family risk factors:** *Parental characteristics:* Teenage mothers Single parents Psychiatric disorder, especially depression Substance abuse Criminality Anti-social models *Family environment:* Family violence and disharmony Marital discord Disorganised Negative interaction/social isolation Large family size Father absence Long-term parental unemployment *Parenting style:* Poor supervision and monitoring of child Discipline style (harsh or inconsistent) Rejection of child Abuse

Youth Offending/ASB
Lack of warmth and affection Low involvement in child's activities **School context risk factors:** School failure Normative beliefs about aggression Deviant peer group Bullying Peer rejection Poor attachment to school Inadequate behaviour management   **Life events:** Divorce and family break-up War or natural disasters Death of a family member **Community and cultural risk factors:** Socio-economic disadvantage High population density and poor housing conditions Urban area Neighbourhood violence and crime Cultural norms Concerning violence as acceptable response to frustration Media portrayal of violence Lack of support services

Youth Offending/ASB	
	Social or cultural discrimination
Liddle, Mark; Solanki, Aikta-Reena Persistent young offenders: research on individual backgrounds and life experiences (research briefing 1) Nacro, Crime and Social Policy Section, 237 Queenstown Road, London SW8 3NP Published: 2002 Pages: 8	http://www.nacro.org.uk/data/resources/nacro-2004120103.pdf Offenders in the study had six risk factors on average: • bad relationship with at least one parent, not living with biological parents • bereavement, family breakdown/divorce, loss of contact with significant people • neglect or physical/sexual/emotional abuse or witnessing violence against other relatives • being looked after by Social Services • truanted from school on a regular basis or been excluded/suspended • problems with drug/alcohol use "Risks factors tended to be clustered and reinforced each other" – this has implications for multi-agency working.
Farrington, David P Understanding and preventing youth crime Joseph Rowntree Foundation, York Publishing Services Ltd, 64 Hallfield Road, Layerthorpe, York YO3 7XQ Published: 1996 Pages: 43 ISBN: 1899987134	Author quotes literature on risks, some of it very outdated, some UUK and some US. Modifiable risk factors for youth crime: • prenatal and perinatal factors (including teenage pregnancy, low birth weight, etc) • hyperactivity and impulsivity • intelligence and attainment • parental supervision, discipline and attitude • broken homes and separations • socio-economic deprivation • peer influences • school influences

Youth Offending/ASB	
	• community influences • situational influences
Haines, Kevin; Case, Stephen Promoting prevention: targeting family-based risk and protective factors for drug use and youth offending in Swansea, IN British Journal of Social Work, Vol 35 No 2 Mar 2005, pp169-187 Journal article. Published: 2005 Pages: 19	Stepwise logistic regression used. "Data analysis identified statistically significant differences between offenders and non-offenders in their perceptions of family issues, in addition to several significant correlations between risk factors and offending" See table 1 including parental criminality, marital discord, harsh/erratic discipline, poor communication, poor supervision, unclear rules for behaviour, lack of consultation, poor child-parent relationship, parents drink, parental drug use, siblings drink, sibling criminality, sibling drug use. - attached "Stepwise logistic regression identified parental criminality as the only factor capable of predicting youth offending in Swansea (p<0.001), having controlled for the effects of all other family variables. Although this does not imply that parental criminality causes offending, it indicates that the two factors have an extremely strong relationship, which is assumed to be causal (Field, 2000)" The article then discussed the link between offending and parental criminality, including references to previous research.

NEET	
Burgess, Liz Employability and not in employment, education or training (NEET) (SPICe briefing 06/104) Scottish Parliament Information Centre, Holyrood, Edinburgh EH99 1SP Published: 2006 Pages: 31	http://www.scottish.parliament.uk/business/research/briefings-06/SB06-104.pdf p.11 "risk factors of becoming NEET" (Scotland, Dec 2006) Risk factors: educational underachievement and disaffection, family disadvantage and poverty (from Cabinet Office, 1999). "This research also found that the risk of non-participation was higher for young people whose parents were poor or unemployed, or member of certain ethnic minority groups (Pakistani and Bangladeshi origin). The groups of young people more at risk of becoming NEET were identified as: carers, teenage parents, homeless people, people in care or care leavers, people with learning difficulty, disability or mental illness, people who misused drugs or alcohol, people involved in offending" "Young people with an extensive experience of NEET are more likely to: have no passed Standard Grades above grades 1-2, have been regular truants, be lone parents, have a strong external locus of control (the belief that external factors influence events." (Scottish Executive, 2005a) "In a literature review of the NEET group the following risk factors were also identified: deprivation, financial exclusion, low attainment, weak family and other support networks, stigma and attitudes of others, debt aversion" (Scottish Executive, 2005b) See Appendix A table for summary of influences on the NEET group (over 20 risk factors under 4 headings: lifestyle, characteristics, environment, other) - attached
Social Exclusion Unit Bridging the gap: new opportunities for 16-18 year olds not in education,	Based on previous research, risk higher for young people if: • their parents are poor or unemployed; • they are members of certain minority ethnic groups; (GCF note: this is also linked to experience of school and access

NEET	
employment or training (Cm4405) The Stationery Office, London Published: 1999 Pages: 122 ISBN: 0101440529	to work and training) • they are in particular circumstances which create barriers to participation: • they are carers • they are teenage parents • they are homeless • they are or have been in care • they have a learning difficulty • they have a disability • they have a mental illness • they misuse drugs or alcohol • they are involved in offending
York Consulting Literature review of the NEET group Scottish Executive, available from Blackwell's Bookshop, 53 South Bridge, Edinburgh EH1 1YS Published: 2005 Pages: 96 ISBN: 0755927664	http://www.scotland.gov.uk/Resource/Doc/77843/0018812.pdf "Themes or risk factors across the NEET group which appear to be most prevalent are deprivation, financial exclusion, low attainment, weak family and other support networks (such as peers), stigma and attitudes of others, debt-aversity." "The literature did not identify which risks and barriers are the most prevalent for either the NEET group as a whole or for the sub-groups. It has, therefore, not been possible to prioritise the risks and barriers." "More specifically, for NEET sub-groups, the following risk factors appear to be most prevalent: Additional Support Needs – ineffective inter-agency support; low educational attainment; access to information and support (especially for those with disabilities at the transition from school to FE Educational disaffection – truanting and reproduction of educational

NEET	
	disadvantage across generations. However, it should be noted that the literature points to disaffection as an effect of a range of barriers working together, rather than a cause of NEET-ness
	Family disadvantage and poverty – unskilled manual backgrounds and deprived communities
	Limiting Long-Term Illness (LLTI) – workplace pay and conditions; stigma and low levels of skills
	Substance abuse – personal attitudes; stigma and the benefits trap;
	Young Care Leavers – behavioural problems; stigma and poor attainment;
	Young offenders – truancy and social exclusion."

Generic/More Than One Outcome	
Beinart, Sarah et al Youth at risk? A national survey of risk factors, protective factors and problem behaviour among young people in England, Scotland and Wales Communities that Care, 25 Kings Exchange, Tileyard Road, London N7 9AH Published: 2002 Pages: 56 ISBN: 0953753018	Survey of English, Scottish and Welsh school students including risk factors. Quotes below supported by graphs on document. Quotes below are only a selection, related to TYSP (especially links between risk factors and outcomes). "there was a clear relationship between lower reported levels of parental supervision and discipline and young people's self-reports of anti-social behaviour" "serious conflict between parents, or between parents and their children was strongly correlated with young people's reported problems at school, drug and alcohol misuse, and law breaking" "very strong relationship between students reporting family behaviour problems and their own involvement in truancy, exclusion, substance abuse and anti-social behaviour" "The survey results accord with the findings of other research studies showing that drug abuse and youth crime are more common in neighbourhoods marked by high levels of vandalism, low surveillance and general disrepair" "Young people who said they liked their neighbours were significantly less likely than those who said they wanted to move elsewhere to report involvement in problem behaviour" "the survey data reinforced the findings of previous studies that the easier access to alcohol, cigarettes or drugs is perceived to be by young people, the more likely they are to be involved in problem behaviour, including bullying, exclusion and theft"
Wincup, Emma; Buckland, Gemma; Bayliss, Rhianon Youth homelessness and	http://www.homeoffice.gov.uk/rds/pdfs2/hors258.pdf GCF note: Two outcomes (homelessness + substance misuse), one can also be a risk factor for the other.

Generic/More Than One Outcome
substance use: report to the Drugs and Alcohol Research Unit (Home Office research study 258) Home Office, Room 275, 50 Queen Anne's Gate, London SW1H 9AT Published: 2003 Pages: 88 ISBN: 1840829656	Complex relation between substance use and homelessness, and connection of both to offending.

Drug/Alcohol Abuse	
Frisher, Martin et al Predictive factors for illicit drug use among young people: a literature review (Home Office online report 05/07) Home Office, Research Development and Statistics Directorate Published: 2007 Pages: 49 ISBN: 9781847261809	Risk factors grouped into personal (biological, psychological, demographic), personal (behavioural/attitudinal), interpersonal relations, and structural (environmental and economic). Risk factors defined as "an individual attribute, individual characteristic, situational condition, or environmental context that increases the probability of drug use or abuse or a transition in level of involvement in drugs" (Clayton,1992)." Note for below: no quantitative estimates given; risk factors presented based on literature review. Personal (biological, psychological, demographic): gender, age, ethnicity/language/ place of birth, life events, self-esteem, hedonism, depression/anxiety, ADHD/stimulant therapy/learning disability/conduct disorders, genetic. Personal (behavioural/attitudinal): early onset of substance abuse, other substance use, perceptions of substance use, religion, sport. Interpersonal relations: family structure, family interaction, family substance abuse/psychiatric conditions, peer behaviour and use. Structural: socio-economic factors, education/school performance/school management, drug availability, effect of interventions. "The strongest and most consistent evidence links family interaction to drug use. The key elements of family interaction are parental discipline, family cohesion and parental monitoring. Modification of parental monitoring may be effective in reducing adolescent drug use."
Sutherland Ian Adolescent substance misuse:	Biological risk factors, psychological and sociological risk factors presented mainly from a theoretical viewpoint.

Drug/Alcohol Abuse
why one young person may be more at risk than another, and what you can do to help Russell House Publishing, 4 St George's House, The Business Park, Uplyme Road, Lyme Regis, DORSET, DT7 3LS Published: 2004 Pages: 127 ISBN: 190385539X,	Psychological risk factors: low self esteem, depression, anxiety, sensation seeking, lack of self-concern. Sociological risk factors: early initiation of substance use, religiosity, peer influence, delinquency, academic standing, family substance use.

Teenage Parenthood

Teenage Parenthood	
Wiggins, Meg et al Teenage parenthood and social exclusion: a multi-method study - summary report of findings Social Science Research Unit, Institute of Education, University of London, 18 Woburn Square, London WC1H 0NR Published: 2005 Pages: 95 ISBN: 0955048737	http://www.ioe.ac.uk/ssru/reports/teenagepregnancyandsocialexclusion.pdf Methodology includes focus groups, questionnaire and interviews with teenage mothers. Also interviews with teenage fathers and children of teenage parents. "In both the qualitative and quantitative data in this study, teenage parenthood was strongly associated with: leaving school by 16 years of age, leaving school with no or few qualifications and disliking school. Boredom, bullying and **educational failure** were the main reasons given for school being a negative experience." "Failure to use **contraception** was the most common reason given for becoming pregnant as a teenager, often as a result of lack of knowledge and access to services. In contrast, these women said that they could now speak openly about sex and contraception with their own children. The children's interviews confirmed this." "**Violence** featured in the teenage mothers' childhoods both in the home where they were victims or witnesses of violence, and in school where many were bullied." "The key factors that characterised the lives of those previous teenage mothers **who had done well** were: support from family; having a positive partner relationship; developing a career or having employment they liked; and the passage of time since the birth."
Department for Education and Skills Teenage pregnancy: accelerating the strategy to 2010 Department for Education and	Risk factors for teenage pregnancy are well-known, concentrated in certain geographical areas and vulnerable groups. "Variations in teenage pregnancy rates are highly correlated with levels of deprivation across England: - Half of all conceptions under-18 in England occur in the 20% most deprived wards. - Teenage pregnancy rates among the most deprived 10% of wards are four times higher than in the 10% least deprived wards

Teenage Parenthood	
Skills Publications, PO Box 5050, Sherwood Park, Annesley, Nottingham NG15 0DJ Published: 2006 Pages: 35	- Teenage pregnancy 'hotspots', where more than 6% of girls aged 15-17 become pregnant, are found in virtually every local authority in England." Risk factors are grouped into risky behaviour, education-related factors, and family and social circumstances. Risky behaviours: • Early onset of sexual activity: this is associated with particular ethnic groups and lack of qualifications • Poor contraceptive use: also associated with ethnicity and qualifications • Mental health/conduct disorders/involvement in crime • Alcohol and substance misuse • Previous teenage motherhood (20% of u-18 births are second or subsequent) • Repeat abortions: abortions are likely to follow previous abortions Education-related factors: • low educational attainment • disengagement from school • leaving school at 16 with no qualifications Family/background factors • living in care • daughter of a teenage mother (strongest predictor) • ethnicity • parental aspirations

Teenage Parenthood
Experiencing a combination of factors increases the risk of teenage pregnancy. The study shows that 5 single risk factors pose a 1% risk, while the 5 combined pose a 31% risk (both for men and women).

Entry into Care

Entry into Care	
Ford, Rob Fostering underachievement? (Attainment of children in care), IN T Mag, Oct 2006, pp30-31 Journal article. Published: 2006 Pages: 2 .	Not a study into risk factors as such but a brief overview of the reasons why children in care tend to have low attainment at school. In 2005, 11% of students in care obtained 5 A* to C GCSEs, compared to 56% of the rest. The author believes that this is shared with other underprivileged young people and it is associated with parenting issues rather than a system that fails them. He mentions: lack of self-confidence, lack of commitment, inability to sustain effort, poor support mechanisms, growing up with negative attitudes, nobody caring, and the point of entry into care. He argues, from his experience, that those entering care before school have a greater chance of succeeding than those entering care later (who have to live with uncaring families until then).
Carr-Hill, Roy A. et. al. A model of the determinants of expenditure on children's personal social services. Study commissioned by the DoH to the University of York, MORI and the National Children's Bureau. December 1997	http://www.york.ac.uk/inst/che/pdf/op30.pdf Entry into care more associated with family deprivation in 1987 than in 1962. The factor most highly correlated with entry into care in 1962 was unemployment; in 1987 was broken families. Risk factors: broken (single parent) families, income support, not owner-occupied home, crowded household, mixed ethnic origin (but possibly more through the deprivation link, complex issue, limited research).

Low Attainment	
Department for Education and Skills	http://www.dfes.gov.uk/rsgateway/DB/SBU/b000588/b02-2005.pdf
Statistics of education: the characteristics of low attaining pupils (Bulletin 02/05) The Stationery Office, PO Box 29, Norwich NR3 1GN Published: 2005 Pages: 53 ISBN: 0112711782	Key Stage and GCSE results. **Gender:** "The proportion of the bottom quartile who are boys increases from 55% at Key Stage 2 to 60% at Key Stage 4." **ESOL:** "At Key Stage 2, 13% of low attaining pupils had a first language other than English, compared to 9% of other pupils." **SEN/FSM/deprivation:** "At Key Stage 2, 80% of the low attainers were pupils with SEN, FSM recipients or living in a 'hard pressed area', compared to 33% of pupils above the lowest quartile. The equivalent figures for Key Stage 4 were 66% and 29%." **Previous attainment:** "Low attainers are likely to have been low attaining at the previous Key Stage." **Age:** "… pupils born in the autumn months are less likely to be low attainers at Key Stage 2 than pupils born in the summer months" and "At Key Stage 4 there is still an age effect but it is less pronounced." **Month of birth**: "Month of birth is also related to the probability of remaining in the low attaining group between Key Stages." **Ethnicity**: "Pakistani, Black Caribbean, Black African and other pupils with black backgrounds are over-represented in the low attaining group, both at Key Stage 2 and Key Stage 4." **Care**: "…broad indications suggest that pupils in care are over-represented among low attainers" **Combinations of factors:** "Chart 5.1 shows the overlaps between FSM pupils, pupils with SEN and pupils from 'hard pressed' areas according to the ACORN classification at Key Stage 2. Compared to the other pupils (see Chart 5.2), these low attainers were more likely to have the three characteristics, both individually and in combination." Page 44 onwards attempts to model the chances of being a low attaining pupil in **logistic regression model.** See chart on p.47 for summary of the impact of certain characteristics on the level of attainment at KS2 and KS4 (2004).

Low Attainment
Raising attainment in education Department for Communities and Local Government (2006?)	http://www.communities.gov.uk/index.asp?id=1135765 On a group basis: "The groups which come to attention in this way and the way in which groups are categorised tend to vary over time. Cox , for instance, lists five groups: • Ethnic minorities • Boys • Poor primary school attenders • Looked-after children • Children behaving in disruptive ways DfEE circular 10/99 on Social Inclusion: Pupil Support lists seven: • Those with special educational needs • Children in the care of local authorities • Minority ethnic children • Travellers • Young carers • Those from families under stress • Pregnant schoolgirls and teenage mothers" On an area basis: deprived areas.

Low Attainment	
Minority Ethnic Attainment and Participation in Education and Training: the Evidence DfES, 2003	The link between attainment and ethnicity is complex, because other factors such as English as an additional language, deprivation and disability also play a part. The relationship between attainment and ethnicity varies at different schooling stages. In general, Indian and Chinese students overachieve and Black, Bangladeshi and Pakistani students underachieve. Some ethnic groups are also proportionately more entitled to free school meals, as a proxy to deprivation, signalling the interaction of different factors in low attainment. There is also a higher proportion of Black, Bangladeshi and Pakistani students who are registered SEN compared to White, Chinese and Indian students.