Department for Education

# Evaluation of the Care Leavers Social Impact Bond (SIB) programme

## Final evaluation report

## July 2023

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Government Social Research

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# Executive Summary

In December 2018, the Department for Education (DfE) appointed Ecorys UK with ATQ Consultants and Dr Claire Baker to evaluate DfE's Care Leavers Social Impact Bond (SIB) programme. The programme was funded through a SIB mechanism, a form of outcomes-based contracting, and formed part of the government's wider commitment to supporting care leavers to live independent lives. The programme had three main objectives: to improve care leavers' outcomes with a key focus on supporting them into education, employment or training (EET); to test new models and approaches to supporting care leavers; and to develop the capacity of local authorities (LAs) to meet their extended duties to support care leavers. Three projects were involved in the programme: two projects involved multiple LAs, these were Reboot West (which included Bristol City Council, North Somerset, Bath and North East Somerset, and South Gloucestershire LAs in the West of England) and i-Aspire (which included the London Boroughs of Lewisham, Bromley, and Greenwich in South East London). The third project, Apollo, included Sheffield City Council.

The evaluation sought to assess the effectiveness and impact of the care leaver programme focusing on the extent to which the projects supported care leavers into EET. Furthermore, the evaluation explored the value of commissioning the projects through a SIB model and provided an assessment of value for money. The mixed methods evaluation comprised longitudinal qualitative research with project stakeholders and care leavers; monitoring information (MI) data collection and analysis; a quasi-experimental impact assessment; and a value for money assessment. The evaluation took place between December 2018 and April 2023, with qualitative data collected prior to projects' end in March 2022. As projects could collect details of all outcomes achieved by participant care leavers to end of October 2022 (the deadline for when outcomes can be claimed for under the SIB model), the evaluation team completed the outcomes and impact analysis when all data had been collected; this analysis took place in April 2023.

## Key Findings

As intended by DfE, the projects targeted and sought to engage care leavers who would most benefit from dedicated and additional support to get into EET. Despite differences in how projects identified, defined, and referred young people to their project, all projects worked with a cohort of care leavers who had very high levels of need. At the time of referral, the average age profile of the care leavers was 19.5 years old, with little variance by project. The ethnic backgrounds of the care leavers differed between projects which reflected the wider population demographic in these areas. All projects exceeded their referral and engagement targets and targeted care leavers who had highly complex needs.

## Outcomes and Impact Assessment

The overall aim of the programme was to support care leavers into EET during and beyond the three-year period in which they were supported by the projects. Qualitative evaluation findings showed that all stakeholders recognised that, for most, this transition would be gradual and staged. Progress took time and sustained effort; periods of setbacks were commonplace on care leavers' journeys into sustained EET. Based on the evidence collected, it was clear that care leavers journeys into EET were not linear.

Quantitative evaluation findings suggested that, overall, the projects worked with young people most in need of support. Around nine in ten of the cohort were NEET (that is, Not in Education, Employment or Training) at some point during the first 18 months of the programme, indicating that most had struggled to achieve or sustain being in EET.

A greater proportion of care leavers (47 per cent) were in EET by October 2022 compared to 28 per cent who were in EET at the time of referral. This demonstrates that progress had been achieved by many care leavers thus supporting them to acquire relevant skills and support for future stability in EET and their lives.

It was not possible to entirely attribute these changes to the projects. Analysis showed that there were no statistically significant changes in the EET rates of care leavers involved in the programme when compared to care leavers in unsupported comparator areas.[1] Although there were statistically significant positive differences in the lead LAs in each project area (e.g., in Sheffield (Apollo), in Lewisham (i-Aspire) and Bristol (Reboot West).

The data showed that a number and range of individual employment, education and training, and stability and wellbeing outcomes were achieved, these are outlined below.

### Employment and Work Experience Outcomes

- By October 2022, over half of participant care leavers (61 per cent, n=388) achieved at least one employment outcome (that is, they had entered employment at least once during the programme). These tended to be in retail, hospitality, warehousing, construction, childcare, and elderly care sectors. On average, care leavers achieved two employment outcomes, with similar rates being achieved across the projects.

- On average, just over half of participant care leavers (51 per cent) sustained employment for 6.5 weeks; just under half (45 per cent) sustained employment for 13 weeks; just over one third (35 per cent) sustained employment for 26 weeks;

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[1] It is important to note the limitations of the comparative analysis. Namely, published national statistics were available to March 2021 (whereas projects could claim outcomes until October 2022); around 45 per cent of the cohort were not captured in the analysis due to their age; and that it was not possible to ascertain the potentially differing impacts of the COVID-19 pandemic on the intervention and comparator areas. Further details are outlined in the report on page 51.

and 23 per cent of care leavers sustained employment for one year.[2] This showed that although many care leavers were supported to access employment, relatively few were able to sustain this.

- Across the programme, care leavers who did not achieve an employment outcome tended to be under the age of 21, were referred to the projects with no/entry level qualifications or had experienced more than two separate care placements in the past.

- Work experience and volunteering opportunities were included in the rate card,[3] but volunteering outcomes were less commonly achieved across the projects. By October 2022, just under one-tenth of participant care leavers (9 per cent) achieved a work experience or volunteering outcome, with only 4 per cent sustaining this for four weeks or more.

## Education and Training Outcomes

- Supporting care leavers into sustainable education and training opportunities was also a key aim of the programme. By October 2022, half (n=318) of the care leavers across the projects achieved at least one education and training outcome. The nature of training courses varied, ranging from entry level/Level 1 employability programmes up to Level 2 apprenticeships in a range of sectors.

- Many care leavers achieved multiple education/training outcomes, representing an average of 1.6 outcomes per care leaver. Rates of education and training outcomes were broadly similar across all three projects.

- A high proportion of care leavers who had achieved at least one education or training outcome (25 per cent of the cohort) achieved four or more outcomes, suggesting that once the projects had successfully supported care leavers into education or training, often sustained and repeated qualifications were achieved.

- Initially, higher education (HE) outcomes were not included in the rate card, but as more young people progressed into HE, these were added. While a small number of care leavers (4 per cent of the programme cohort, n=23) accessed HE, five (1 per cent) achieved a degree.

## Stability and wellbeing outcomes

- While the ultimate aim of the programme was to support care leavers into EET, the programme design recognised that supporting care leavers' stability and wellbeing was a key foundation for achieving EET outcomes. This was the primary focus for

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[2] Throughout, percentages may not sum 100 as multiple outcomes could be claimed per care leaver/missing data.

[3] The rate card, a feature of SIBs, presented the target outcome and associated payment per care leaver (see Annex 3).

the first year of delivery. Four areas of stability and wellbeing outcomes could be claimed for: when a care leaver agreed education and training was right for them; had at least one consistent relationship; felt safe; and managed their accommodation and costs.

- By October 2022, almost all participant care leavers (97 per cent, n=615) achieved at least one stability and wellbeing outcome, with many achieving multiple outcomes. Over three-quarters (76 per cent) of care leavers achieved four or more outcomes, giving an average of four stability and wellbeing outcomes per care leaver.

- All project stakeholders reported that supporting stability and wellbeing was an ongoing and time intensive aspect of project delivery. With the onset of the COVID-19 pandemic, coaches needed to provide additional support to care leavers, particularly around wellbeing.

## Effectiveness of Project Set-up, Delivery and Governance

The evaluation explored the effectiveness of the projects' delivery models with the evaluation team identifying several key themes:

- A key strength of the projects' models was the flexibility of the outcomes-focused approach inherent to the SIB commissioning model. Stakeholders and care leavers valued the combination of EET support with the wider practical and emotional support. Stakeholders particularly valued this flexibility during the COVID-19 pandemic when projects could quickly reallocate budgets to meet care leavers' emerging needs (see below). While stakeholders found the flexibility of the programme to be advantageous, there were some challenges associated with the different supporting roles for care leavers whereby clarification was needed about the remit of their project coach[4] and their personal advisor (PA).

- The knowledge, skills, dedication, and experience of the project teams and coaches was a key enabler in engaging care leavers (and maintaining their engagement) in the programme. Enabling factors related to staff being skilled and experienced in engaging and working with lesser engaged young people, building trusting relationships with care leavers, and providing strong personalised support. Furthermore, project staff built relationships with local employers and education/training providers, and used the local labour market context, to support young people into appropriate EET opportunities. Some projects employed a dedicated employment and engagement role to facilitate getting young people into EET; this was reported to be highly valuable.

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[4] Each project used a slightly different term for the lead worker. For consistency, we have used the term 'coach' throughout the report.

- Overall, most care leavers were very satisfied with the support they received from the projects. However, some challenges arose particularly when a young person's coach changed. Care leavers valued having time to end the relationship with their coach before developing a relationship with their new coach. The evaluation team found that team stability was also an important facilitator for successful project delivery as it helped to maintain communication and networks.

- Some care leavers had very complex needs so project staff needed to invest large amounts of time in supporting these young people, sometimes with little success in progressing them into EET. A common finding was that the needs of individual care leavers fluctuated throughout the course of the programme, with care leavers often experiencing periods of set-back. This was exacerbated by the COVID-19 pandemic when some care leavers struggled with employers/sectors closing, remote working, or online learning.

- A further strength of the programme was projects' ability to build on existing multiagency relationships with the LA leaving care service. Throughout the programme, despite some blurring of roles for some care leavers, PAs and coaches sought to work together to share up-to-date information about changes to the care leavers' circumstances. This helped to develop a comprehensive understanding of care leavers' engagement levels and potential barriers to progressing into EET. Co-location of services was reported as a key enabling factor in facilitating communication between teams and providing appropriate support to care leavers.

- The impacts of the COVID-19 pandemic on the projects and individual care leavers were significant and multiple. Challenges for care leavers included the closure of education settings and key employment sectors (such as hospitality and retail), digital exclusion (e.g., lack of access to the internet or devices to support online learning or home working) and reduced access to support from services. Projects responded quickly and adapted their provision to meet care leavers' needs, for example by providing electronic devices (e.g., mobile phones) to reduce care leavers' feelings of isolation. Some met care leavers face-to-face when outdoor meetings were possible. Overall, strategic stakeholders were impressed with how the projects adapted and continued to support care leavers during the pandemic.

The evaluation explored the effectiveness of the governance and management of the programme. Overall, stakeholders believed that all three projects were governed and managed well, with only a few challenges being raised. All stakeholders identified the programme management support provided by Mutual Ventures as a key strength of the programme.

Some challenges related to governance and management of the programme are outlined below.

- In the two multi-LA projects, stakeholders believed that, at times, decision-making was overly focused on the lead authorities. Reasons for this, as cited by stakeholders, related to the larger proportion of young people in the wider cohort coming from lead LAs, a lack of commissioner representation from non-lead LAs on strategic and operational boards, and staff awareness of the local EET opportunities and networks in lead LAs.

- Project stakeholders reportedly found it was more difficult to integrate the project with wider care leaver support due to the LA commissioner role being distant from delivery in the SIB model. Instead, the commissioners focused more on verification of outcomes than would be the case in a fixed-fee-service projects (i.e., where they would be more involved in managing and coordinating delivery alongside wider services).

- Stakeholders felt that closer working between DfE's policy and funding teams could have benefited the programme.

## Effect of the SIB Model on Implementation and Outcomes

Each projects' SIB model was designed to suit their needs. Projects built on learning and lessons from other SIB programmes (e.g., by including soft outcomes around stability and wellbeing to the rate card), though some stakeholders thought softer outcome measures could have been further improved. The evaluation found that the differences in approach did not appear to impact on the effectiveness of the projects when compared with each other.

The extent to which stakeholders believed outcomes could be attributed to the SIB approach varied. Some commissioners valued the role of investors for their focus on performance. Whilst others argued that the projects would have been as successful if they were funded through a grant or conventional contract and instead emphasised the longevity of the programme (over three years) and the experience and quality of the providers as contributing to success. Providers mostly observed that the SIB structure did have a positive impact on delivery and outcomes due to the explicit focus on achieving outcomes and a greater scrutiny of performance.

Whilst it was challenging to assess the influence of the SIB mechanism on the programme's implementation and outcomes, stakeholders thought that the SIB model had facilitated wide-ranging support over a longer period of time. They also argued that the programme led to better results than conventional programmes (however, this cannot be proven). Providers found it helpful to focus on outcomes rather than inputs and activities, and, in Reboot West (West of England) were continuing with some elements of the SIB performance management structure into a future project ('Reboot 2'). Although it was initially planned to be funded as a SIB, in the end, this was not possible.

# Value for Money Assessment

Overall, it was difficult to provide a conclusive assessment of the value for money of the programme. There were two challenges. Firstly, the evaluation sought to provide a value for money assessment of the programme, but the programme's objective was to maximise outcomes (rather than minimise costs), particularly outcomes that were intended to create longer-term savings. Secondly, limited data was available to provide a thorough cost effectiveness assessment. That said, the evaluation provided a framework for assessing value for money by exploring economy, (cost) efficiency, (cost) effectiveness and equity. [5]

Stakeholder and care leaver feedback demonstrated encouraging signs across all 4Es. If the employment outcomes were sustained for the care leavers' working lives, and the education outcomes met their estimated values, the estimated value of the programme (cost effectiveness) would reach almost £40 million, or seven times its costs. That said, there is a great deal of uncertainty in predicting long-term outcomes, particularly outcomes for a high-need cohort where we can see that 23 per cent of care leavers sustained employment for one full year. Equity (e.g., the extent to which other value for money objectives were achieved equitably for service users and other key stakeholders) was strong, given that the programme worked with care leavers with high levels of need.

On the strength of the evidence, it would be fair to conclude that the Care Leavers SIB programme contributed towards an improvement in EET outcomes for the care leavers involved. Overall, more care leavers achieved stability and wellbeing outcomes (compared to other outcome areas), which were an essential precursor to achieving EET.

Based on the evidence, the evaluation team's recommendations are outlined below.

Programme and project designers should:

- agree a clear cohort eligibility criterion, referral processes and data sharing agreements to ensure the service is targeted at those most in need, and that flexibility is built into the programme design and delivery to respond to care leavers' changing needs.

- ensure the roles and responsibilities of all strategic SIB and delivery staff are clear, and that expectations are agreed from the outset.

- employ a multi-disciplinary team of staff, who can develop positive and personal relationships with care leavers, and who have youth work experience, knowledge of the local employment market and/or mental health experience.

- ensure strategies are in place to maintain continuity of support to care leavers, and professional networks, when individuals move on.

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[5] These are known as the '4Es Framework'. See: https://www.nao.org.uk/successful-commissioning/general-principles/value-for-money/assessing-value-for-money/

- provide clear information to care leavers and project staff about the eligibility and implications of financial entitlements when care leavers move into different EET opportunities.

DfE, wider government departments and LAs should:

- consider raising employers' and education providers' understanding about the challenges care leavers face, and the proactive support they may need, to access and maintain EET opportunities.

- when commissioning evaluations, engage evaluators during programme design so the opportunity to rigorously measure long term outcomes, impact (and their sustainability), and the SIB-effect can be measured.

# Introduction

In December 2018, the Department for Education (DfE) commissioned Ecorys, in partnership with ATQ Consultants and Dr Claire Baker, to independently evaluate the Care Leavers Social Impact Bond (SIB) programme (2018-2022). The Care Leavers SIB programme was part of a wider suite of DfE support for care leavers which formed part of the government's commitment to supporting care leavers to live independent lives.

The DfE Care Leavers SIB programme had three main objectives:[6]

- to improve outcomes for care leavers, with a central focus on supporting them into education, employment or training (EET)

- to test new models of and approaches to supporting care leavers

- to develop the capacity of local authorities (LAs) to meet their extended duties by taking a different role.

The programme was funded through a social impact bond (SIB) mechanism, a form of outcomes-based commissioning (OBC). Within the UK, the use of SIBs grew steadily since the first SIB was launched in England in 2010, with around 90 SIBs, and similar contracts, having been implemented to date (July 2022). SIBs provide a commissioning approach to enable public, private, and voluntary organisations to collaborate to tackle a range of societal issues. They are based on a social investor providing capital to a service provider (usually a charity or social enterprise) to improve social outcomes for a defined target group; with the social investor seeking financial and social returns. A commissioner (who pays for the outcomes accomplished) outlines the measurable outcomes to be achieved by the service provider, with the investor only getting repaid if the pre-defined outcomes are achieved. As part of the Care Leavers SIB model, in consultation with various stakeholders, DfE developed a 'rate card' which presented the target outcomes and associated payment for projects (see Annex 1).[7] A further element of the Care Leavers SIB programme was that the three projects involved set individual outcomes for their service. These were defined by the projects and reflected specific interests within their intervention. To the best of the evaluation team's knowledge, these project-led outcomes was a first for SIBs. This approach emphasised the role of the beneficiary and projects' ability to influence and personalise support, albeit on a small scale. See Annex 1 for details of the project specific outcomes.

For the Care Leavers SIB programme, DfE funded the outcome payments for each project with the LAs acting as the commissioners for each project. DfE grant funded LAs based on outcomes and invoiced the LAs for validated outcomes once achieved (see

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[6] DfE and Spring Consortium (2016). *Testing the use of social investment to improve outcomes for care leavers: Policy Brief.*
[7] Further information about the Rate Card development is presented below in 'Designing the Rate Card'.

Effect of SIB Model on Implementation and Outcomes for further information about the SIB mechanism of the programme).

# Care Leavers SIB Projects

DfE commissioned three projects to support care experienced young people, aged 16-25 years, into EET opportunities. The projects supported young people who were leaving care, who had left care and who were not in education, employment or training (NEET), or who were at risk of becoming NEET. In statutory guidance, a 'care leaver' is defined as a person who has been in LA care (e.g., residential or foster care) for at least 13 weeks, or periods amounting in total to 13 weeks, since they were aged 14, and ending after age 16.[8] A care leaver is generally aged 18+, although some young people leave care earlier at age 16 or 17 years.

DfE invited the three projects, Apollo (in Sheffield), i-Aspire (in South East London) and Reboot West (in the West of England) to take a multi-faceted approach to supporting a cohort of care leavers into sustained and appropriate EET. DfE encouraged projects to ensure the new service would align with and enhance existing statutory duties and support available to care leavers. Specifically, DfE asked projects to provide holistic support, including assistance for finding suitable accommodation and/or to help build young people's resilience. As such, projects employed dedicated project coaches[9] to support individual care leavers for up to three and a half years, between late 2018 and March 2022.

Each project had a distinct partnership model, comprising commissioners, investors, and service delivery organisations. In their respective areas, the projects were required to work with between 100 and 250 care leavers. A summary of the key stakeholders involved and the target cohort size per project is summarised in Table 1.

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[8] HM Government. Children (Leaving Care) Act. Available at: https://www.legislation.gov.uk/ukpga/2000/35 [accessed 28th April 2023]
[9] Each project uses a slightly different term for the lead worker. For consistency, we have used the term 'coach' throughout this report.

**Table 1: Key stakeholders working in the Care Leavers SIB projects**

| Project name | Area | LA commissioners | Service provider | Social investor | Engage-ment target of care leavers |
|---|---|---|---|---|---|
| **Apollo** | Sheffield | Sheffield City Council | Sheffield Futures[10] | Big Issue Invest (BII)[11] and Sheffield Futures | 100 |
| **i-Aspire** | South East London | London Borough of Lewisham (Lead LA) London Borough of Bromley London Borough of Greenwich | DePaul UK (DePaul)[12] | Bridges Fund Manage-ment[13] (Bridges) | 215 |
| **Reboot West** | West of England | Bristol City Council (Lead LA) North Somerset Council Bath and North East Somerset Council South Gloucestershire Council | 1625[14] Independ-ent People (IP) | Bridges | 250 |

Detailed information about each projects' service provision is available in Annex 2: Projects' service activity descriptions.

# Policy Context

In 2018, the rationale for the Care Leavers SIB programme stemmed from a cross-government strategy focusing on care leavers, *Keep on Caring.*[15] In the strategy, the government committed to using the Children's Social Care Innovation Programme to reform existing systems and trial new services to promote better outcomes for care leavers. Specifically, *Keep on Caring* highlighted five inter-related outcomes that the government wanted for all care leavers:

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[10] Sheffield Futures is a charity which evolved from a former Connexions partnership. The service provides help and guidance to disadvantaged young people. Source: company website, September 2019

[11] Big Issue Invest is a 'social merchant bank,' by social entrepreneurs, for social entrepreneurs. Source: company website, September 2019

[12] Depaul UK is a charity that works to empower young people experiencing homelessness. Source: company website, September 2019

[13] Bridges is a specialist private markets investor. Source: company website, September 2019

[14] 1625 Independent People is a charity that supports young people who are homeless or at risk of homelessness. Source: company website, September 2019

[15] Department for Education (2016) Keep on Caring: supporting young people from care to independence.

- independent living

- access to EET

- stability, feeling safe and secure

- good health and wellbeing

- financial stability.

Underpinning government interest in care leavers' outcomes was increasing evidence that care leavers continued to be over-represented on all indicators of social exclusion and had significantly poorer outcomes compared to their peers in many areas, including gaining EET.[16] Year on year, government statistics reported that young people in care were more likely to leave school with low or no qualifications. In 2021, at age 19 to 21 years, 41 per cent of care leavers were NEET compared to just over 10 per cent of their peers (aged 16 to 24 years).[17] Research identified how the impact of pre-care experiences (i.e., the reasons for coming into care), age of entry into and duration in care, the variable quality of care provision, and the poor preparation and post-care support care leavers received can create a legacy of risk and disadvantage that, without effective intervention, can follow young people into adulthood.[18,19]

The government aimed to support care leavers with a more stable transition from care to adulthood by introducing new policies such as *Staying Put*[20] (in 2014) and by extending the statutory responsibilities of LA personal advisers (PAs)[21] to work with care leavers up to age 25 (up from age 21), in 2017. Challenges with the current system, related to the limited capacity available to effectively support care leavers with more complex needs, continued to be reported.[22] Further, the widening scope of the PA role (both in remit and age range) coupled with high administrative workloads, meant PAs often found it difficult

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[16] This discrepancy of outcomes exists for care leavers in comparison with the general population, as well as in comparison to other individuals in different categories of social care, for example Child in Need and other Plans, Child Protection Plans. For further analysis, see: Ahmed, N., Bush, G., Lewis, K. and Tummon, W. (2022). Post-16 educational and employment outcomes of children in need: Research report.

[17] See: https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2021 and https://explore-education-statistics.service.gov.uk/find-statistics/neet-statistics-annual-brief/2021

[18] Stein, M. (2012) Young People Leaving Care: Supporting pathways to adulthood, Jessica Kingsley, London

[19] Dixon and Baker, 2016, New Belongings: an evaluation, DfE

[20] For those who leave foster care at age 18, they are able to 'stay put' where both they and their carer want to continue living together. 'Staying Put' arrangements provide a gradual transition to adulthood that is often enjoyed by young people in the general population. It provides continuity of a supportive relationship, care and living arrangements.

[21] When a young person leaves care services, they and their Personal Adviser develop a 'pathway plan' to identify the steps they need to take to achieve their goals; and how the local authority will support them to do so.

[22] Fowler, N., Welch, V., and Plunkett, C. (2017). Moving on from care: the needs for, and purpose of, mentoring and coaching relationships and supportive adults

to spend enough time with care leavers to support improved outcomes. [23] In recognition of this, part of the rationale of the Care Leavers SIB programme was to introduce additional, dedicated resource to better support care leavers with higher levels of need to gain opportunities in EET.

Complementing the Care Leavers SIB programme, the government introduced a number of policies over the lifetime of the Care Leavers SIBs programme to support care leavers to gain opportunities in EET. In 2018, the Care Leaver Covenant was launched, allowing employers to sign a pledge to provide work experience, apprenticeships, or goods and services to care leavers.[24] In the following year, the cross-departmental Care Leaver Covenant Ministerial Board was established to encourage joint-working across government to address the key barriers facing care leavers. In parallel, initiatives to support care leavers into EET were developed by voluntary sector organisations, including the Children's Society/Catch-22 and The Esmée Fairbairn Foundation.[25]

As the Care Leavers SIBs projects ended, several promising policies and recommendations for change were developed, to support care leavers into EET. The Independent Care Review committed to double the number of care leavers attending university and increase the number of well-paid jobs and apprenticeships for care leavers by 2026.[26] To track the progress of commitments to improve care leavers' outcomes, in 2021 it was announced that data on care leaver outcomes, including EET outcomes, will be collected by LAs up to the age of 25 (from age 21 previously).

At the time of developing the Care Leavers SIB projects (the first SIBs in care leaver support), the government was interested in testing SIBs as a way of delivering public services and to learn what works from using the model in different contexts. The *Keep on Caring* Strategy (published in 2016) noted that SIBs, as a payment by results mechanism, may help to promote better outcomes from services for this vulnerable group. Evaluations of previous SIBs[27] found that the involvement of a social investor could provide a sharper focus on outcomes than may be the case in more traditional 'fee-for-service'[28] contracts. Furthermore, SIBs have been found to encourage better collaboration and enable commissioners to test new approaches at lower risk than a contract that requires regular and/or upfront payment. These issues were explored by this evaluation.

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[23] Social Finance 2018 www.socialfinance.org.uk/sites/default/files/publications/leaving_care_leaving_well.pdf
[24] See: https://mycovenant.org.uk/
[25] See: Bright Life by The Children's Society and Catch-22 https://www.catch-22.org.uk/services/bright-light/ and The Esmée Fairbairn Foundation's grant programme https://esmeefairbairn.org.uk/our-support/convening-and-connecting/leaving-care-funding-stream-learning-programme/
[26] MacAlister, J. (2022). The independent review of children's social care: Final report.
[27] Ronicle, J. and Smith, K. (2020). Youth Engagement Fund Evaluation.
[28] Fee for service is where payment is based on service levels or outputs delivered, rather than outcomes.

## COVID-19 Pandemic

It is important to note the timing of the programme, project delivery, and the evaluation activity (2018-2022). Of the almost four-year programme, much of its delivery, and therefore the outcomes achieved, was significantly affected by the COVID-19 pandemic which started in March 2020. Evidence from across the UK suggested that the pandemic exacerbated many of the inequalities care leavers already faced in their lives as well as adding additional challenges. This included the disruption to education and training services (e.g., when educational settings were closed or delivered online learning) and employment (e.g., where non-key workers were required to work from home). Research to understand the experiences and impacts of the pandemic on care leavers highlighted some of the additional challenges they faced which related to living arrangements; mental health and wellbeing (e.g., isolation and feelings of loneliness); financial insecurity and difficulties; and digital exclusion (e.g., no or limited access to devices, the internet, or mobile data which were needed for online learning/remote working).

The COVID-19 pandemic led to widespread changes in the way public and voluntary services were delivered, this included support to care leavers. Many services and organisations adapted, and at times, expanded their support to care leavers – a finding which is echoed in this report. Research found that care leavers' experiences of the pandemic were mixed.[29,30,31,32,33,34] Some research reported that care leavers had more positive experiences such as stronger relationships developing through more frequent contact and creative social activities online (such as cooking classes, art competitions, meeting for socially distanced walks etc.). However, for others, they saw their PAs less often and virtual contact did not necessarily work well in meeting their needs. Looking forward, care leavers, like their peers, described concerns and worries about their future especially in relation to their financial, education, and employment opportunities. The impact of the pandemic on the SIB projects is discussed throughout the report and echoes these wider research findings.

[29] Kelly, 2020 https://www.voypic.org/wp-content/uploads/2021/01/Leaving-Care-During-Covid-19-in-NI-FINAL-REPORT.pdf

[30] Cascade, 2020 https://www.exchangewales.org/the-coronavirus-covid-19-pandemic-young-people-leaving-care-and-practitioners-share-their-experiences-and-lessons-for-the-future/

[31] Coram Voice, 2020 https://coramvoice.org.uk/wp-content/uploads/2020/04/Coronavirus-pandemic-Role-of-the-leaving-care-worker-FINAL-14.04.20-PROOFED.pdf

[32] Scottish care leaver covenant alliance, 2020 https://www.celcis.org/knowledge-bank/search-bank/scottish-care-leavers-covenant-alliance-collaborative-voice-briefing/

[33] Esmee 2020 https://esmeefairbairn.org.uk/latest-news/lessons-supporting-young-people-care-experience-during-covid-19/

[34] NYAS 2020 https://www.nyas.net/wp-content/uploads/NYAS-Coronavirus-Survey-Report-Young-Lives-in-Lockdown-May-2020.pdf

# Evaluation Overview

The aim of this mixed-methods evaluation was to assess the effectiveness, impact, and value for money[35] of the three SIB Care Leavers projects. The evaluation sought to examine two key areas:

- the effectiveness and impact of the care leavers projects, focusing on the extent to which they supported care leavers into education, employment and training

- the added value of commissioning the interventions through a SIB model, and the extent to which this is a viable and effective model for commissioning care leavers services.

The evaluation comprised of three main waves of primary research activity across the programme and the three projects.

**Wave 1 (Spring 2019)**

The evaluation team interviewed DfE officials; relevant strategic and delivery stakeholders from projects, including commissioners from the LA and the social investors.

Care leavers (n=21) were also interviewed to understand their early experience of the projects.

**Wave 2 (late 2020/early 2021)**

The evaluation team explored the effectiveness of the projects and the on-going impact of the COVID-19 pandemic on delivery and outcomes.

12 programme level and project level strategic stakeholders; 25 operational staff representing the projects and 16 care leavers were interviewed.

**Wave 3 (late 2021/early 2022)**

7 strategic stakeholders, 12 participants representing the projects, and three care leavers were interviewed.

Due to the timing of the fieldwork (affected by staff absence and difficulty engaging some care leavers due to other commitments), the dataset for the final wave was slightly lower than previous waves.

The evaluation team sought to follow a small number of care leavers through their journey of support by involving them in each of the different data collection waves. The timing of the fieldwork and the individual circumstances of some of these young people meant it was not always possible to speak to the same care leavers across all waves. However, the evaluation team collected a wealth of in-depth data on a range of care leavers' experiences, insights, and suggestions for improvement regardless of whether they were involved in multiple interviews or not. Short vignettes of individual care leavers and their unique journeys on the programme are presented throughout the report.

Each data collection wave also included collecting projects' management information (MI) which included care leavers' characteristics and outcomes achieved. This data was used

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[35] The value for money analysis will be published alongside the analysis of the later stage outcomes that will be submitted up to October 2022.

to explore the outcomes achieved and to inform the value for money assessment. As presented in the Outcomes and Impact Achieved section below, the evaluation team examined the difference the projects made to the EET status of care leavers in the participating LAs compared to other similar LAs. Finally, for the final wave of data collection, the evaluation team also carried out a qualitative comparison with other similar social impact bonds (see Effect of SIB model on implementation and outcomes).

After each wave of fieldwork, an internal report was written and shared with DfE and the projects to help inform their work. This report is the final publication, collating findings from across all stages of the evaluation.

## Report Structure

This report is structured as follows:

- a presentation of the characteristics of the care leaver cohort and their referral routes

- a summary of the outcomes achieved by the care leavers and the impact on EET rates in project areas

- an assessment of the effectiveness of projects' delivery

- a summary of the project set up and governance structures

- a discussion on the effect of the SIB model on implementation and outcomes

- a final overall conclusion with recommendations.

Throughout the report, please note that figures have been rounded to the nearest whole number.

# Care Leavers' Characteristics

**Key findings**

- As was intended by the programme, across all three projects, the cohorts of care leavers involved had very high levels of need; complexity of need was particularly high for care leavers in Apollo (Sheffield) compared to the other project areas. Each project defined their target care leaver cohorts slightly differently.

- By March 2020, projects referred 820 young people for support and successfully engaged 636 care leavers who received support. This exceeded their targets and considering the high levels of need of the cohorts, this should be considered a great accomplishment as it demonstrates the funding and support reached the right group of young people.

- The average age profile of care leavers across the projects, at referral, was 19.5 years. There were some differences in the ethnic backgrounds of the cohorts between projects which reflected their wider population demographic. i-Aspire's (South East London) care leavers had a higher proportion of males than females, compared to the other projects.

At referral, just over a quarter of care leavers (28 per cent) were in EET, compared to a national figure of 52 per cent of care leavers aged 19 to 21 years who were in EET in March 2020.

Before presenting the outcomes care leavers achieved throughout the programme, it is important to understand a little more about the cohort and their characteristics.

## Identification, Referrals, and Cohort Characteristics

From the outset, DfE emphasised that the projects needed to target and seek to engage care leavers who would most benefit from dedicated and additional support to help them into EET. This was based on a premise that having a clearly defined cohort and a robust referral process would help ensure the right young people received support. As discussed below in the section on the effectiveness of the SIB model, this helped reduced the risk of 'gaming' within the SIB model whereby projects could target young people who could more easily achieve the outcomes, thus ensuring greater financial payments.

The three projects defined and identified their cohorts differently:

- In Reboot West (West of England) care leavers needed to be in stable accommodation, have the right to work, and identify as NEET or at risk of becoming NEET at the point of referral.

- In i-Aspire (South East London), the cohort comprised care leavers who identified as NEET or at risk of becoming NEET and who were in stable accommodation but many of whom did not have the right to work (i.e., they were seeking asylum).

- In Apollo (Sheffield), all care leavers identified as NEET or at risk of NEET and were supported irrespective of their accommodation/right to work status, as long as they had the potential, with support, to be in EET.

Despite these differences, i-Aspire (South East London) and Reboot West (West of England) supported care leavers whose living arrangements changed over the course of the project by working with LAs to support care leavers to find stable accommodation. However, in these areas, project coaches' remits did not include providing dedicated support on this specific issue.

The reasons for the differences between the cohorts included:

- Where projects supported young people who did not have the right to work at referral, projects believed that during the programme's timeframe it was likely the young people would be given 'leave to remain' and would therefore benefit from the EET support in the meantime. Furthermore, these young people could have been supported into education placements even if they could not yet gain employment. Stakeholders monitored how many young people were facing these issues.

- In Apollo (Sheffield) stakeholders identified that, given the size of the overall cohort of care leavers in the area, there was a potential risk to the project achieving their target of 100 young people by September 2019. Analysis undertaken by the project, in partnership with the leaving care service, identified that a sizeable proportion of the cohort may not have been able to accept support due to the complexity of their physical and mental health needs, living out of area, being older, and/or having prior limited engagement with support services. With some flexibility, Apollo (Sheffield) focussed on 18- to 21-year-olds who had the potential for a positive EET future irrespective of their accommodation status.

## Identifying and Referring Young People

As well as differences in how the projects defined their cohorts, how LAs identified and referred eligible young people also differed. In Apollo (Sheffield), the council was responsible for identifying the cohort, with PAs making the referrals to the provider. The Apollo team coordinator, in consultation with the referring PA, triaged referrals before care leavers were allocated a coach. Stakeholders felt that the co-location of the Apollo team and the LA leaving care service helped PAs making direct referrals and eased the

sharing of information. Initially, coaches and the team coordinator held monthly meetings to discuss potential referrals.

In both Reboot West (West of England) and i-Aspire (South East London), the projects implemented a slightly different approach comprising a two-stage identification process. Firstly, the LA conducted a Red-Amber-Green (RAG) rating of their local care leaver population based on their knowledge of a care leaver's situation and level of need in relation to being NEET. Secondly, LAs shared the list of the 'red' and 'amber' care leavers with Reboot and i-Aspire to commence the referral process.

In Reboot West (West of England), the coaches organised a meeting with the PA or social worker and considered how to best engage the care leaver. Where teams were co-located, stakeholders reported it was easy for teams to set up meetings. In i-Aspire (South East London), LAs referred the care leavers to the local Care Leavers Scrutiny Panel, which was chaired by the service provider manager with representation from the Care Leavers/Looked After Children's Panel of each borough. The panel reviewed and approved all referrals to the project.

Table 2 below shows a summary of the identification and referral processes by project.

**Table 2: Summary of identification and referral processes by project**

| Project | Identification of cohort | Referral process |
|---------|--------------------------|------------------|
| Apollo (Sheffield) | Identification of care leavers by the LA. PAs referred the care leavers to the project. | The project team coordinator, in collaboration with the referring PA, triaged all referrals. |
| Reboot West (West of England) | Two-step identification whereby the LA conducted a RAG rating of their care leaver population based on care leaver status and level of need. RAG ratings were shared with project to commence the referral process. | Coaches met with PAs/social workers to finalise referrals. |
| i-Aspire (South East London) | | LAs referred care leavers to the local Care Leavers Scrutiny Panel to review and approve all referrals to the project. |

## Wider Care Leaver Cohort in Project Areas

During 2019, the evaluation team used the November 2018 Local Authority Interactive Tool (LAIT)[36] to explore the similarities and differences between the wider care leaver cohort in the three project areas:

- i-Aspire (South East London) had the largest care leaver population across their three LAs (n = 634)

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[36] An interactive spreadsheet for comparing data about children and young people across all local authorities in England. See: https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

- Reboot West (West of England) had the second largest population of 590 care leavers across the four LA areas

- Apollo (Sheffield) had the smallest population with 231 care leavers in that LA.[37]

The evaluation explored the differences in the potential complexity of needs faced by the wider care leaver cohorts in the project areas. Care leavers who were not in suitable accommodation were likely to find it harder to prioritise education, employment and training over finding stable accommodation meaning they were more likely to be NEET.[38]

The evaluation team found that Apollo's (Sheffield) wider cohort of care leavers had particularly complex needs compared to the other project areas with 63 per cent of care leavers being NEET and 28 per cent were not in suitable accommodation. This was higher than the national average for each indicator, which in 2018, was 49 and 18 per cent respectively.  Similar levels of need amongst the care leaver cohort were observed in Lewisham and Bromley in South East London (i-Aspire), to that in Sheffield (Apollo). LAs in Reboot West (West of England) had a care leaver cohort with lower than national average rates of NEET and those not in suitable accommodation. Further details about the breakdown of the wider care leaver cohort by project and LA is presented in Annex 3: Characteristics of the care leaver populations in project areas.

## Participant Cohort Characteristics

By March 2020 the projects were expected to have engaged their final cohort of care leavers who would receive support until the end of the programme in March 2022. By March 2020, projects had referred 820 young people for support and successfully engaged 636 care leavers who received support. All projects exceeded their referral targets (as detailed in Table 1), and both i-Aspire (South East London) and Apollo (Sheffield) exceeded their engagement targets, with Reboot West (West of England) narrowly missing their target number of care leavers engaged in support (244 actual / 250 target). Further detail about care leaver engagement and referral is presented in Annex 3.

During the first year of the programme, one-fifth (19 per cent) of care leavers were referred in late 2018; in 2019, just over three-fifths (61 per cent) of care leavers were referred, and one-fifth (20 per cent) were referred in early 2020. This provided the opportunity for an average intervention period of around two and a half years if care leavers continued to engage in and receive support to the end of the programme.

At the time of referral, MI data analysis of the final cohort of care leavers (N = 636) found that:

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[37] It is important to note that this data included young people aged 19 – 21 years, not aged 16 - 25 years (e.g., those eligible for the programme).
[38] Joseph Rowntree Foundation, (2003). Factors that influence young people leaving care

- on average, young people were aged 19.5 years

- just under a quarter of the cohort (24 per cent) were in EET, compared to a national figure of 52 per cent of care leavers aged 19 to 21 years who were in EET in March 2020.[39]

The evaluation team undertook further analysis to establish the extent to which the characteristics of the cohort varied between the projects. The analysis found:

- there were no differences in the average age profile

- there was a higher proportion of males involved in i-Aspire than the other projects; this is broadly consistent with the data on the national profile of children in care (58 per cent males compared to 42 per cent females of care leavers age 19-21)[40]

- there were differences in the ethnic backgrounds of the cohorts which reflected the population characteristics of the areas in which the projects were located

- similar rates of EET status were experienced by care leavers supported by Reboot West (West of England) and i-Aspire (South East London) (25 per cent and 27 per cent respectively). A smaller proportion (18 per cent) of those supported by Apollo (Sheffield) were in EET at the time of referral.

A detailed breakdown of the cohort is presented in Annex 3.

Overall, the analysis showed that the participant care leavers had very high levels of needs and that engaging these young people should be considered an achievement of the projects. Further, this demonstrates that funding was directed at those who were likely to benefit the most.

[39] https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2020#releaseHeadlines-tables
[40] Department for Education (2019). Children looked after in England including adoption: 2018 to 2019.

# Outcomes and Impact Achieved

**Key findings**

- Projects worked with care leavers who were in most need of support. Around nine in 10 of the care leavers were NEET at some point during the first 18 months of the programme.

- By October 2022, progress was achieved by many care leavers. A greater proportion of care leavers were in EET as of October 2022 (47 per cent) than at the time of their referral (28 per cent).

- While positive impacts may not be entirely attributable to the programme, analysis was encouraging. There were no statistically significant changes in the EET rates of care leavers in project areas when compared with comparator areas, but there were statistically significant positive differences for lead LAs.

- A high proportion of care leavers who had achieved at least one education or training outcome had achieved four or more outcomes overall, suggesting that once the projects had successfully supported care leavers into education or training, sustained and repeated qualifications were often achieved.

- By October 2022, over sixty per cent of care leavers had achieved at least one employment outcome; and, on average, care leavers achieved two employment outcomes. While many care leavers were supported to access employment, relatively few were able to sustain it.

- Work experience and volunteering opportunities were included in the rate card, but volunteering outcomes were less commonly achieved across the projects.

- By October 2022, half of the care leavers achieved at least one education and training outcome. Higher education outcomes were added to the rate card during the programme to reflect the small number of care leavers who accessed and completed a HE outcome.

- By October 2022, almost all care leavers (97 per cent, 615 individuals) achieved at least one stability and wellbeing outcome, with over three-quarters (76 per cent) achieving four or more outcomes.

- One of the main benefits of the programme was the long-term and flexible support care leavers received, this supported them through periods of instability to sustain progress and to achieve EET and wider outcomes.

The overall aim of the programme was for care leavers to achieve a sustained transition to education and employment during the three-year period in which they were supported by the projects. All stakeholders recognised that, for most, this transition would be gradual and staged. During the design phase of the programme, each project agreed the outcome targets they aimed to achieve during each financial year based on the rate card (see Annex 1). The profile of these targets varied by project and year. During the first 18 months of delivery (late 2018 to spring 2020), the outcome targets focused on engaging care leavers, supporting their stability and wellbeing, and early progress into accessing training, work experience and employment opportunities.  In subsequent years, the projects agreed targets which supported progress into and sustaining education, employment and training (EET) opportunities, however these targets and the outcomes achieved were affected by the COVID-19 pandemic, as discussed below.

The remainder of this section explores the outcomes achieved by participant care leavers between October 2018 to October 2022. It presents analysis of:

- projects quantitative MI data on care leavers' EET:NEET status and the employment, education/training, work experience and stability/wellbeing outcomes achieved against the rate card by October 2022

- qualitative data collected during interviews with project stakeholders and care leavers between late 2019 and early 2022.

This section is structured to present the outcomes achieved against the key programme aims as reflected in the rate card.


## Change in EET Rates of Care Leavers by Project

The evaluation team explored and compared care leavers' EET status at their time of referral and each year to October 2022 (see Figure 1).  Analysis focused on 478 care leavers where their EET status could be tracked over time.[41]

Across the programme, the proportion of care leavers in EET increased following referral, despite the lockdowns and likely reduced employment opportunities available for young people due to the COVID-19 pandemic. At the point of referral, 28 per cent of care leavers were in EET.  By October 2022, the proportion of care leavers in EET had increased to 47 per cent.

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[41] As such, number differ to those presented in executive summary, which looked at the EET status of the full cohort of care leavers.

**Figure 1: Care leaver EET rates at time of referral to the projects in 2021 and 2022**
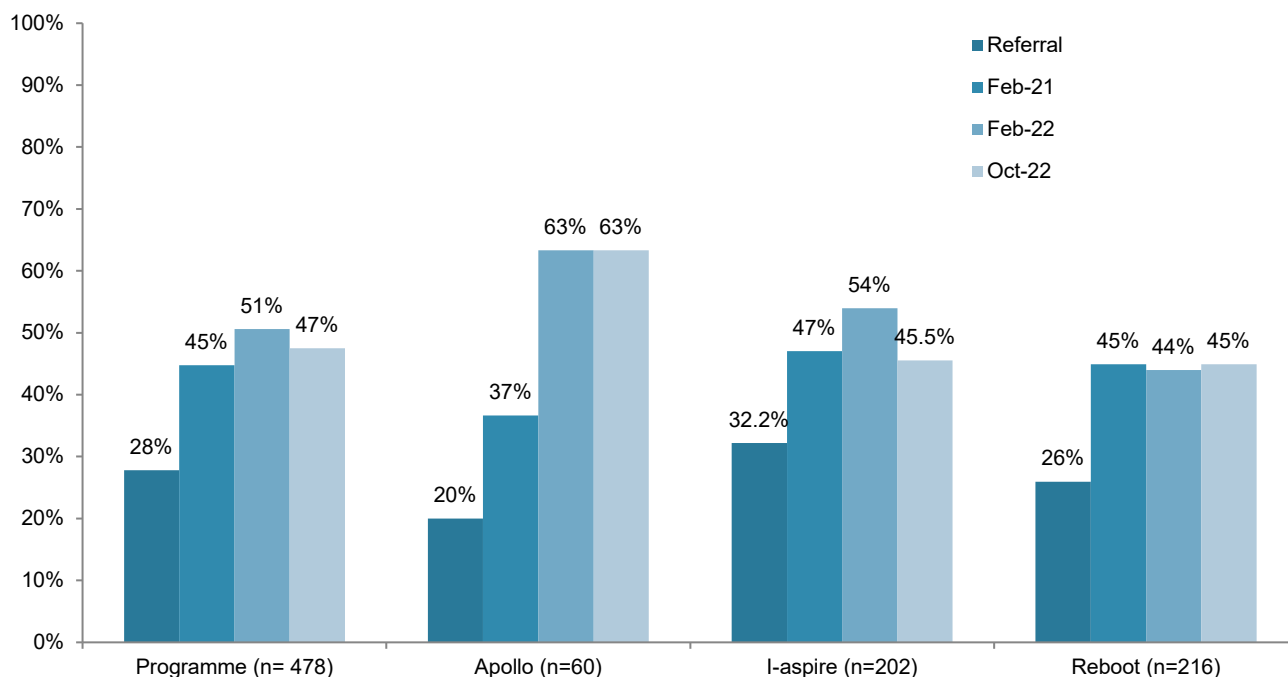


Figure 1 shows that the largest increase (43 percentage points) in EET rates was recorded amongst care leavers supported by Apollo (Sheffield). However, it should be noted that, relative to other projects, the Apollo cohort was smaller (n=60) and had a high proportion of NEET at referral that could be supported into EET. i-Aspire (South East London) and Reboot West (West of England) also saw their EET rates increase, by 13 and 19 percentage points respectively.

By October 2022, the changes in the EET status of some care leavers (Figure 2, n=478) compares favourably against the proportion of care leavers who were in EET at referral but had become NEET by October 2022, particularly when considering that some of these young people may have completed, rather than dropped out of, education. Some care leavers were still in compulsory education at referral because of their age (under age 18) and may have left during the period of support.

**Figure 2: Changes in EET status**
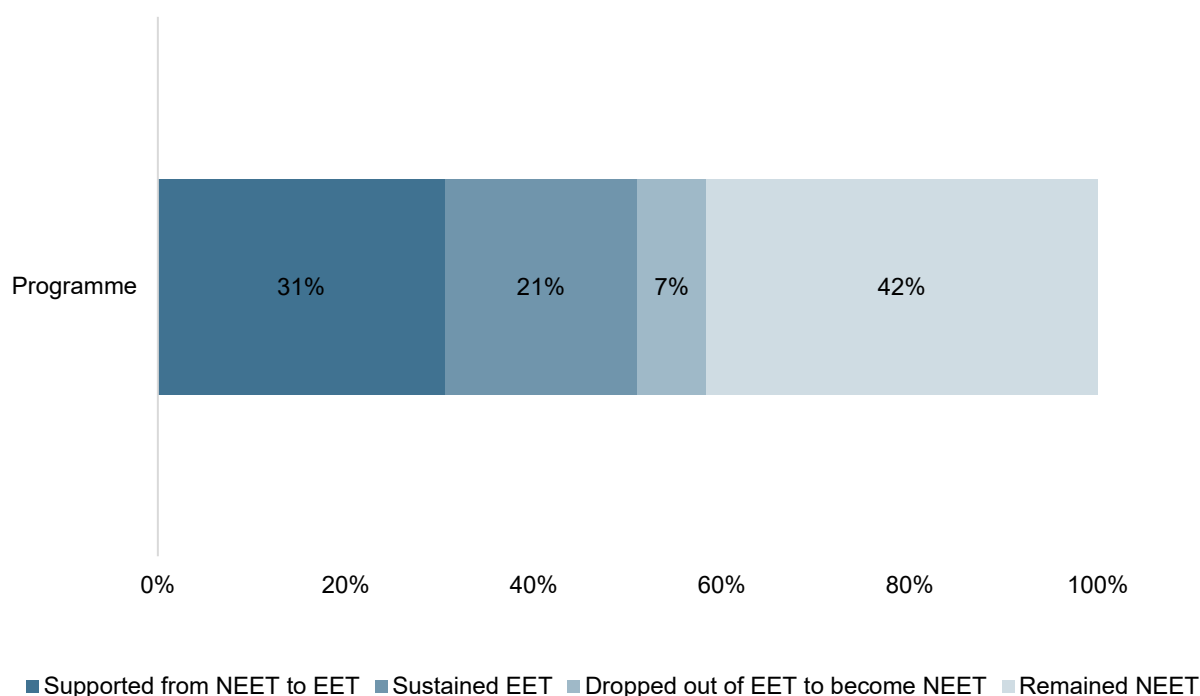


Of the care leavers the evaluation team interviewed, these outcomes represented important and hard-won steps, with each successful outcome serving to develop their skills and boost confidence. That said, when opportunities did not work out, project stakeholders reported that care leavers could become disillusioned and demotivated, and it could take months for them to re-engage in support. Stakeholders acknowledged that, despite their best efforts, they had struggled to make progress with some of the care leavers (see case examples below). It is also important to note that care leavers' journeys were not linear, this is discussed in more detail below and in the next section: 'Effectiveness of Delivery'.

## Individual Level Outcomes Achieved

### Early Engagement Outcomes

Due to the SIB model of the programme, projects were required to complete an in-depth initial assessment with each young person to develop an understanding of their prior achievements and ambitions as well as exploring enablers and barriers to progression. These assessments, which projects could claim outcome payments for when completed, were conducted over a three-month period. These formed the basis of developing a trusted relationship with each young person.

By February 2020, data analysis showed that on average, each care leaver had completed two assessments/reviews (i.e., one initial assessment and one review), with

similar rates being achieved across projects. Project stakeholders reported that the review outcome was harder to achieve than anticipated because of the variability in the care leavers' levels of engagement over time. One project stakeholder commented that at any one time, around half to two-thirds of care leavers were actively engaged in support, which made it difficult to complete on-going assessments and reviews. As one stakeholder explained:

> The young people's engagement levels vary depending on what's going on in the rest of their lives. If they hit a crisis with their accommodation - that becomes the priority. We work with the PA to re-engage them when their situation becomes more stable.  But this can be up to three months. It's not appropriate to complete a review in that period. We have to be guided by what they feel able to commit to.

## Overview of Outcomes Claimed and Associated Payments (to October 2022)

It is important to consider the individual-level outcomes reported by each of the three projects. Each project had different outcomes targets which were determined by the size of the cohort and the financial model agreed by the partnership, including DfE. The progress against overall project-specific outcomes, focusing on four outcome areas, are considered below:

- employment (e.g., entering and sustaining work)

- education and training (e.g., starting, sustaining and completing qualifications at college or university)

- work experience (e.g., entering and sustaining volunteering)

- stability and wellbeing (e.g., feeling safe and supported; and managing accommodation).

Table 3 below summarises the total number of individuals achieving each outcome classed under the four main category headings (employment; education and training; work experience and volunteering; stability and wellbeing). It also shows the total value of the outcome payments claimed by all projects. The payment values are calculated by multiplying the total number of outcomes achieved under each category by the associated payment for that outcome given in the rate card. The resulting values for each outcome are then summed to give a total combined value. As a payment could be claimed for the same individual achieving the same outcome more than once, the total number of claimed outcomes is greater than the number of individuals achieving an outcome (see section: Value for Money of the Care Leavers SIB Programme for more detail).

**Table 3: Outcomes claimed by October 2022**

| Outcome category | Number of unique outcomes claimed | Unique outcomes claimed per care leaver | Outcome payments claimed (total £) | Outcome payments claimed (£ per care leaver) |
|---|---|---|---|---|
| Employment | 1,338 | 2.1 | £2,931,280 | £4,609 |
| Education and training | 988 | 1.6 | £903,430 | £1,420 |
| Work experience and volunteering | 122 | 0.2 | £23,210 | £36 |
| Stability and wellbeing | 2,358 | 3.7 | £1,027,620 | £1,616 |
| **Total** | **4,806** | **7.5** | **£4,885,540** | **£7,682** |

*Numbers may not sum due to rounding.*

A total of 4,806 different EET and wellbeing outcomes were claimed for 636 care leavers, averaging seven and half for each young person supported.[42] Collectively, each care leaver had achieved an average of:

- two (2.1) unique employment outcomes

- one to two (1.6) unique education and training outcome

- less than one (0.2) unique outcome related to work experience and volunteering

- three to four (3.7) unique outcomes related to stability and wellbeing.

These outcomes translated into over £4.88 million in outcomes payments, of which two-thirds (60 per cent, £2,931,280) were claimed for employment outcomes (see Figure 3 below).

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[42] Young people with no claimable outcomes other than being initially referred were excluded from the analysis.

**Figure 3: Outcomes payments claimed by October 2022 by outcome category**
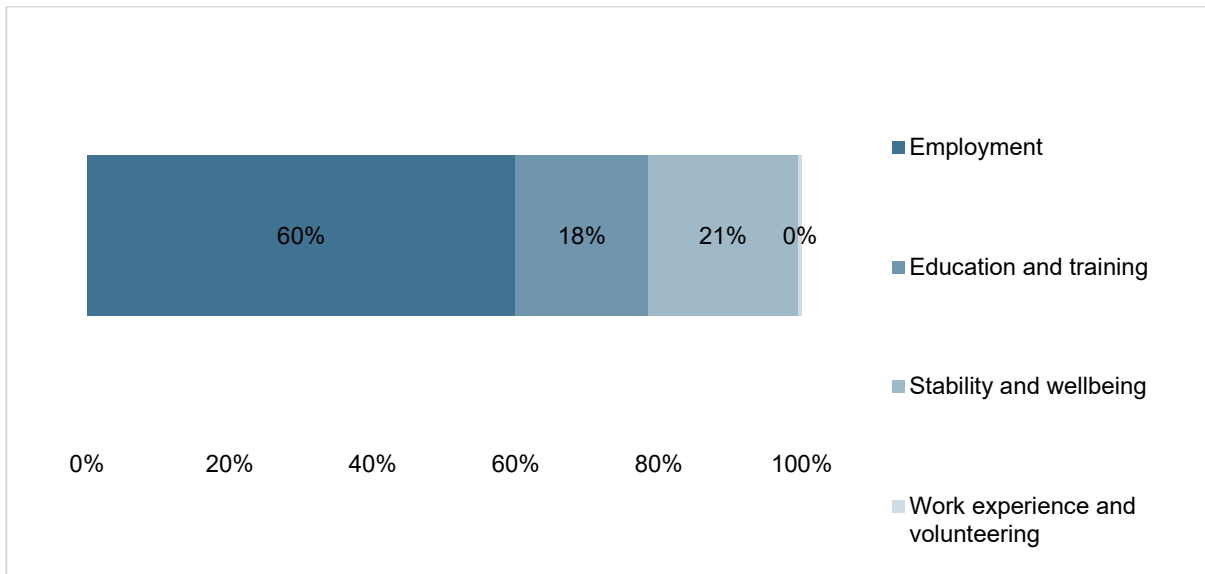


Of the 636 care leavers who were supported by the projects to achieve at least one EET or wellbeing outcome, the projects claimed £7,682 per care leaver, on average.[43] The distribution of outcomes payments claimed by outcome category was consistent across the projects, with Apollo (Sheffield), i-Aspire (South East London) and Reboot West (West of England) all claiming the most for employment outcomes, followed by education and training outcomes, stability and wellbeing outcomes and, finally, work experience and volunteering outcomes (see Figure 4 below).

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[43] Excluding payments claimed for referral and/or review outcomes.

**Figure 4: Outcomes payments claimed by October 2022 by outcome category and by project (£ per care leaver)**
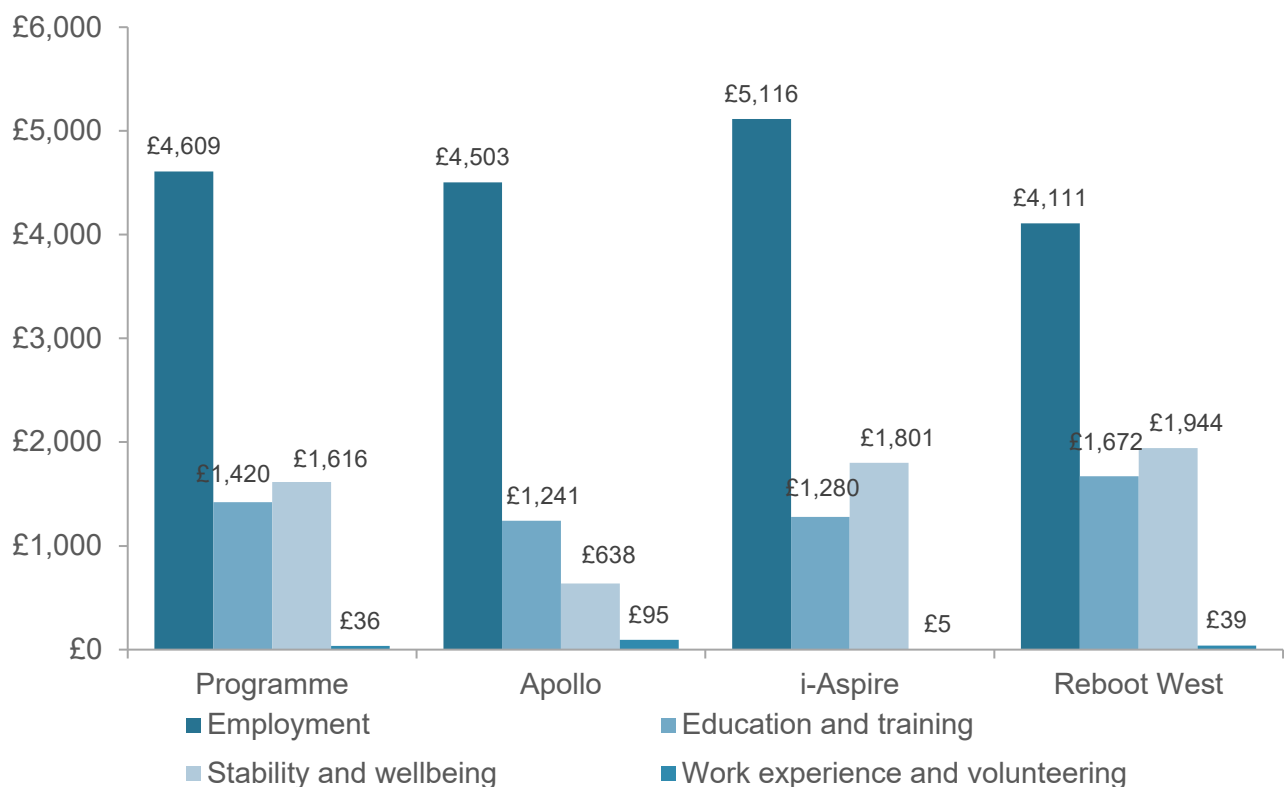


The remainder of this section provides analysis on the outcomes of each category (employment, education/ training, work experience, and stability/wellbeing) claimed for by the projects, drawing on data provided by the projects in October 2022.

## Employment and Work Experience Outcomes

### Employment

A key aim of the programme was to support care leavers into sustained and appropriate employment opportunities which allowed them to develop valuable skills and experience for the future. The rate card was structured to reward sustained employment. Projects could claim outcomes payments when a care leaver first entered employment and could claim additional, higher value payments when a care leaver sustained employment. Specifically, projects could claim additional payments when a care leaver increased their weekly working hours from the equivalent of 6.5 weeks for 16 hours per week at the national living wage (NLW) up to 52 weeks for 24 hours per week at the NLW (see Annex 1: Rate Card).

By October 2022, 61 per cent of care leavers (388) achieved at least one employment outcome (that is, they had entered employment at least once during the programme). The employment opportunities achieved were in sectors including retail, hospitality, warehousing, construction, childcare, and elderly care.  In total, 1,338 unique

employment outcomes were achieved by individual care leavers, averaging two outcomes per care leaver.

Rates of achievement of employment outcomes were similar across the projects, with i-Aspire (South East London) achieving the highest rates of success (65 per cent achieving at least one employment outcome), followed by Apollo (Sheffield) at 56 per cent, and Reboot West (West of England) at 59 per cent. Figure 5 shows the proportion of each project's cohort that achieved at least one outcome against each of the five employment outcome categories, and for the programme overall.

**Figure 5: Individual care leavers achieving at least one employment outcome**
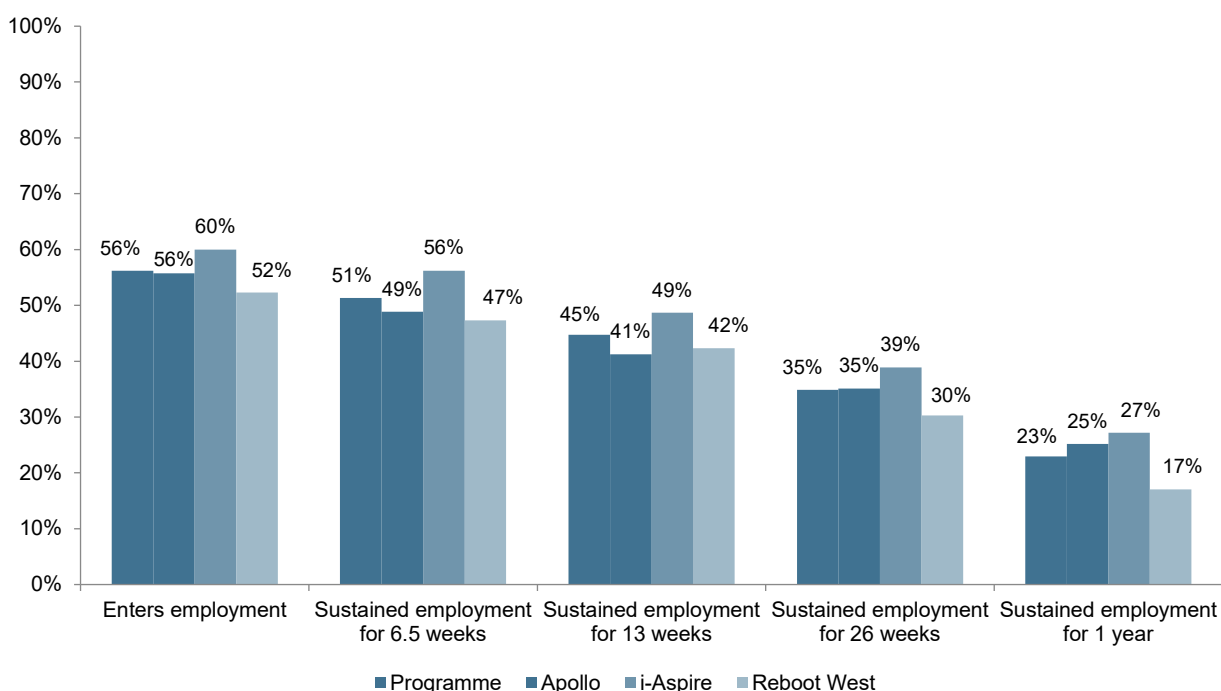


Looking at the average across all of the projects, just over half of care leavers (51 per cent) sustained employment for 6.5 weeks; just under half (45 per cent) sustained employment for 13 weeks; just over one a third (35 per cent) sustained employment for 26 weeks; and 23 per cent of care leavers sustained employment for an entire year.[44] This highlights the fact that although many care leavers were supported by the projects to access employment, fewer were able to sustain this employment (this is further explored later in this section).

The evaluation team undertook additional analysis on the characteristics of the care leavers who, by October 2022, achieved one or more employment outcomes (Subgroup A) compared with those who did not achieve any employment outcomes (Subgroup B). Sufficiently complete data was available for the team to analyse employment outcomes by age, gender, ethnicity, educational qualifications, and placement stability. There were

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[44] Percentages do not sum 100 as more than one outcome, per care leaver, could be claimed.

marginal observable differences by age, educational qualifications, and placement stability,[45] but no observable differences by gender and ethnicity.

**Figure 6: Age of care leavers achieving/not achieving employment outcomes**



Legend: ■ aged 18-21 (October 2022)　■ aged 22 and over (October 2022)

B: 86 | 174
A: 101 | 274
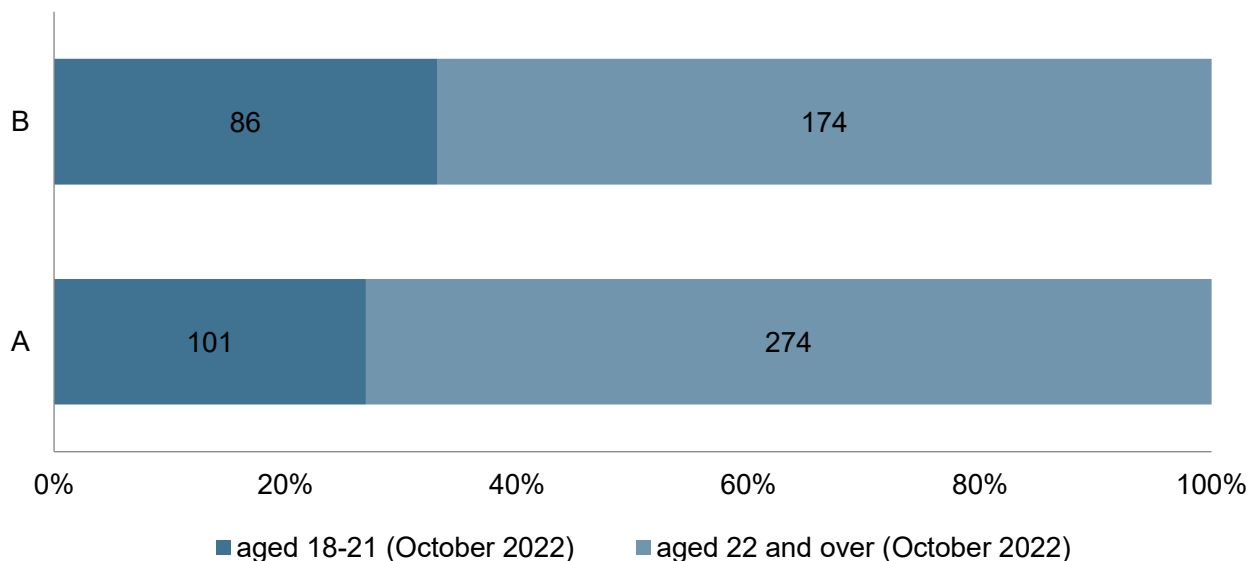
**Figure 7: Referral qualifications of care leavers achieving/not achieving employment outcomes**



Legend: ■ No or entry level qualifications　■ Above entry level qualifications

B: 68 | 144
A: 78 | 225

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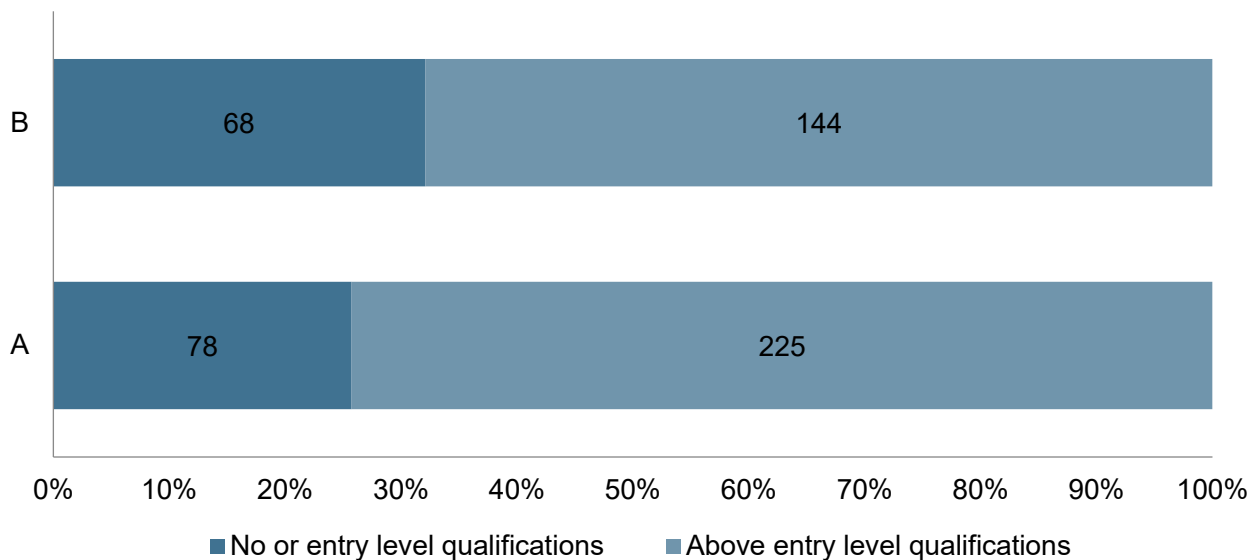
[45] Complete data on characterises was not available for every care leaver – as such base sizes vary by characteristic.

**Figure 8: Placement stability of care leavers achieving/not achieving employment outcomes**
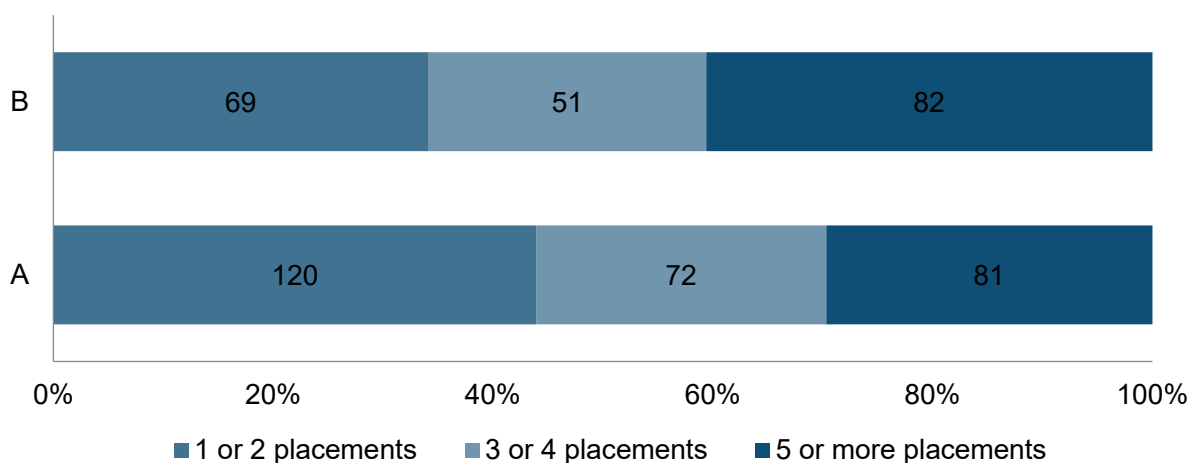


The figures above show that, across the programme, a higher proportion of care leavers who did not achieve an employment outcome were:

- under the age of 21 (see Figure 6)

- referred with no or only entry level qualifications (see Figure 7)

- referred having had more than two separate care placements (see Figure 8).

Project stakeholders suggested several challenges care leavers faced in sustaining employment. For some care leavers, the employment opportunities offered was advanced and therefore challenging for this cohort. In other instances, stakeholders reflected that some care leavers were keen to prioritise generating an income rather than undertaking training that would support them into the jobs they ultimately aspired to do. Instead, these young people settled for work they did not necessarily enjoy. Stakeholders also explained that due to childhood trauma, some care leavers preferred to be busy and occupied for most of the day. This led, for example, to one care leaver choosing to work in a café rather than attending university, which is where they ultimately wanted to be. Stakeholders felt that some of these issues were compounded during the COVID-19 pandemic because many low skilled jobs were available for young people who had few qualifications, including vacancies in hospitality, retail, and construction. For some care leavers, this presented a positive opportunity to enter employment which, for some, has been sustained. For others, the type of work was not well-suited to them for the reasons discussed above. As one project stakeholder explained 'They're far more likely to stick with something if they like it.'

Ongoing instability and lack of support was also cited as a barrier to young people sustaining employment. When care leavers experienced instability in other areas of their lives, particularly housing and/or physical and mental health, maintaining employment

was often deprioritised, resulting in some care leavers not turning up to their place of work. This, in combination with some employers lacking an of understanding of care leavers' needs, sometimes resulted in employment or apprenticeship being terminated. Stakeholders believed that some employers were unsupportive of care leavers experiencing instability at home, or of those that required extra support and supervision in the workplace due to learning disabilities. Project stakeholders noted that where employment was sustained, this was often facilitated by stability in the care leaver's life.[46]

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## Case study: 'Frankie'

During the initial stages of the project, Frankie was living in unsuitable accommodation and struggling to retain part-time work following a series of issues with both employers and colleagues. They also suffered from a period of low mental health after a family bereavement and were prone to anger issues. Despite several setbacks, the coach worked with Frankie to identify possible employment placements. However, the personal issues exacerbated resulting in Frankie being unable to see certain family members. Consequently, their mental health further deteriorated. The coach continued to work with Frankie during this difficult time, focusing on stability, consistency and connecting them with mental health services. However, it was challenging for Frankie to access this wider support due to high demand for services and long waiting lists. Frankie received a suspended prison sentence and took this opportunity to make positive changes in their life. At this point, the coach resumed the focus of their sessions on EET and helped Frankie to find suitable training opportunities. Within a month, Frankie had secured an apprenticeship. Not only was this a positive EET outcome, but it also helped improve their mental health. After Frankie completed their traineeship, another department within the organisation recognised their work and offered them a job. By the end of the project, Frankie still faced some challenges in getting along with colleagues at work, which their coach has been advising them about. However, Frankie has achieved a great deal, they are now stable, living with their partner, and working full time in paid employment.

</div>

During the final wave of data collection, project stakeholders also highlighted that some care leavers had started their own families. Consequently, care leavers were focused on looking after their children rather than seeking to gain employment. This resulted in employment or apprenticeships not being sustained. For some this was a temporary change but for others the change was a longer-term plan.

### Work Experience and Volunteering Opportunities

To reflect the value of voluntary work experience for developing care leavers' skills, projects could claim outcomes payments when a care leaver entered unpaid work experience or volunteering (for at least 6 hours per week). Work experience and

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[46] Throughout the report, the evaluation team has anonymised the case studies, and allocated gender-neutral names, to ensure no identifiable information is available.

volunteering opportunities were included in the rate card to provide care leavers with practical experience to reference in their CVs and to help them assess the suitability of potential paid employment routes. As with paid employment and education/training outcomes, projects could claim additional higher value outcomes payments for sustainment; in this case additional outcomes could be claimed after one and four weeks respectively.

Volunteering outcomes were less commonly achieved across the projects. By October 2022, just under one-tenth of care leavers (9 per cent) achieved a work experience or volunteering outcome, with only 4 per cent sustaining this for four weeks or more. Overall, 120 unique work experience and volunteering outcomes were claimed by the projects. Examples of unpaid work experience undertaken by care leavers included working in charity shops, supporting football coaching programmes, and experience within the automotive, cycling or conservation industries.

One project was particularly keen to support access to work experience to build care leavers' skills and experience.  More outcomes were achieved by Apollo's (Sheffield) care leavers (n=60), compared to 54 for Reboot West (West of England) and six for i-Aspire (South East London), despite the smaller size and geographic spread of Apollo's cohort. In part, this was attributed to Apollo's employer engagement lead (see section: Effectiveness of Delivery for more information). However, stakeholders from all projects highlighted the potential challenges of encouraging care leavers to undertake unpaid work experience when they were interested in, and could benefit greatly from, generating income. As one project stakeholder noted:

> It's difficult because care leavers struggle with their finances. It almost seems unfair asking them to work for free. They'd rather get a job.

Coaches continued to creatively support their care leavers into employment, education or training opportunities in the final year of delivery. Coaches remained realistic about finding suitable EET opportunities for the individual person as they recognised the difficulties some young people may face in certain environments. For instance, for one young person their English language skills would prevent them from succeeding in a telephone interview without a translator, so the coach had to take another approach:

> It's quite an old-fashioned way of doing it, and I know with COVID as well. It's not very COVID friendly, but with this young person in particular, there was no other way to do it really. Applying online was not going to work so we just went into a couple of restaurants. I think in the 5th or 6th one, I explained to the manager the situation with his language and the guy was just really nice and gave him a job on the spot.

For others, over the past year, the COVID-19 pandemic brought new opportunities. Some young people gained their first employment during the pandemic as additional care work, retail and construction opportunities became available when industries started opening after lockdowns. One coach said: 'for some of them it was quite a good opportunity, and they took it'. Further detail on how the projects initially adapted to and continued to work throughout the COVID-19 pandemic are detailed below.

## Education and Training

Supporting care leavers into sustainable education and training opportunities was also a key aim of the programme. As outlined in the rate card, projects could claim for care leavers' outcomes in relation to entering and partially completing a course (by completing 25 per cent and 50 per cent of the course), with outcome payments also awarded for care leavers achieving Level 1, 2, or 3 qualifications. Reflecting the levels of progress and outcomes achieved by some young people, project stakeholders worked with DfE to add higher education outcomes into the rate card.

Analysis of projects' MI data showed that, by October 2022, half (n=318, 50%) of the care leavers across the projects achieved at least one education and training outcome (Table 4). The nature of training courses varied, ranging from entry level/Level 1 employability programmes up to Level 2 apprenticeships in sectors such as customer service, childcare, business administration, and health and social care.

**Table 4: Proportion of care leavers achieving unique education and training outcomes**

| Proportion of care leavers achieving education and training outcomes | Programme | | Apollo | | i-Aspire | | Reboot West | |
|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % |
| At least one outcome achieved | 318 | 50% | 61 | 47% | 117 | 44% | 140 | 58% |
| One outcome achieved | 65 | 10% | 15 | 11% | 19 | 7% | 31 | 13% |
| Two outcomes achieved | 27 | 4% | 7 | 5% | 7 | 3% | 13 | 5% |
| Three outcomes achieved | 70 | 11% | 18 | 14% | 27 | 10% | 25 | 10% |
| Four + outcomes achieved | 156 | 24% | 21 | 16% | 64 | 24% | 71 | 29% |
| **No outcomes achieved** | 319 | 50% | 70 | 53% | 147 | 56% | 102 | 42% |

*Percentages show the number of individual care leavers achieving a specific outcome and do not sum 100 as, per care leaver, more than one outcome could be claimed.*

Many care leavers achieved multiple outcomes, with projects claiming for 988 unique education and training outcomes in total, representing an average of 1.6 outcomes per care leaver. Rates of education and training outcomes were broadly similar across all three projects, with the following proportions achieving at least one education or training outcome:

- approximately half (47 per cent) of care leavers supported by Apollo (Sheffield)

- over two-fifths (44 per cent) of care leavers supported by i-Aspire (South East London)

- approximately three-fifths (58 per cent) of care leavers supported by Reboot West (West of England).

On average, Reboot West (West of England) claimed for the highest number of education and training outcomes per care leaver supported at 1.8, compared to 1.4 for i-Aspire and 1.3 for Apollo. i-Aspire (South East London) and Reboot West (West of England) had a small but important group of care leavers (n=23) who were supported to enter higher education.

A high proportion of those who had achieved at least one education or training outcome (25 per cent of the cohort) had achieved four or more outcomes, suggesting that once the projects had successfully supported care leavers into education or training, sustained and repeated qualifications were achieved.

Table 5 shows the number of education and training outcomes achieved by all care leavers in total. For example, 284 care leavers began a course and 45% of all education and training outcomes achieved were for a care leaver beginning a course.

**Table 5: Total Number of unique education and training outcomes achieved**

| Number of education and training outcomes achieved | Programme | | Apollo | | i-Aspire | | Reboot West | |
|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % |
| Begins course | 284 | 45% | 53 | 40% | 99 | 37% | 132 | 55% |
| Completes 25% of course | 244 | 38% | 45 | 34% | 90 | 34% | 109 | 45% |
| Completes 50% of course | 214 | 34% | 32 | 24% | 88 | 33% | 94 | 39% |
| Obtains Level 1 qualification | 106 | 17% | 17 | 13% | 48 | 18% | 41 | 17% |
| Obtains Level 2 qualification | 73 | 11% | 19 | 15% | 21 | 8% | 33 | 14% |
| Obtains Level 3 qualification | 19 | 3% | 3 | 2% | 6 | 2% | 10 | 4% |
| Begins higher education (HE) | 23 | 4% | 0 | 0% | 13 | 5% | 10 | 4% |
| Completes one year of HE | 13 | 2% | 0 | 0% | 9 | 3% | 4 | 2% |
| Completes two years of HE | 7 | 1% | 0 | 0% | 5 | 2% | 2 | 1% |
| Completes HE | 5 | 1% | 0 | 0% | 2 | 1% | 3 | 1% |
| **Total** | **988** | | **169** | | **381** | | **438** | |

Table 5 shows that most outcomes were claimed for a care leaver beginning an education/training course and completing 25 or 50 per cent of a course. Fewer outcomes were claimed for completing qualifications. A small number of care leavers (4 per cent of the full cohort, n=23) also achieved access to higher education (HE) programmes, with some (0.8 per cent, n=5) completing and gaining a degree.

> ## Case study: 'Jo'
>
> In 2019, Jo engaged with the SIB project because they wanted help to manage their college placement. Jo had a supportive partner and stable home but experienced high levels of anxiety and depression which caused challenges for them when completing college work. Initially, the coach focused on Jo's welfare, talking to them about ways to manage their anxiety, as well as offering practical support with the college work.
>
> > A huge part was managing anxiety and depression alongside doing assignments and keeping up with that. I am almost 100% certain that I would not have got through that year without them [the coach].
>
> On successfully completing college, the coach helped Jo to apply for university and continued to provide support during their first 2 years. During this time, Jo would contact the coach when they needed support around particular issues (e.g., unforeseen administrative errors with their student loan). Furthermore, when Jo started a new job and found the experience to be different than expected, the coach supported Jo to focus on the positive learning experience rather than perceiving any difficulties as a set-back. Over the course of the project, Jo had become increasingly independent. They were achieving well in their third year of university and focusing on long-term aspirations for their personal life and career. They were in a position of stability when they exited from the programme in 2021.

During the initial stages of the programme, one project stakeholder highlighted the challenges they faced in finding appropriate training opportunities for care leavers. They reported that they had found it difficult to find courses that care leavers were interested in and could access given their qualification levels. These challenges were compounded by limited transport options, particularly for care leavers living in rural areas. Entry requirements for most qualifications were also prohibitive for the care leavers and often required maths and English at Level 2.

When they had been able to find potential courses, some care leavers were reluctant to engage. This was often due to anxiety of being in a classroom or learning environment; and/or because they had taken part in similar courses in the past (e.g., employability courses) and were not interested in repeating them again (particularly when they had dropped out prior to completion).

One project stakeholder explained:

> They are predominantly aged 20 now and have been through the training mill several times. They are disillusioned with it. It hasn't given them what they want. They are reluctant…. They've had a hard time in education usually. Care leavers struggle to be in groups, to interact with others, to manage their behaviour. The suggestion

that they should go to college or a training environment and be in a classroom situation doesn't work.  What we hear day after day is, "I can't be in a group, I can only do things one-to-one... and that isn't available.

Project stakeholders also found that some of the care leavers, particularly those who were younger, were more interested in employment and generating income than training, even when it was explained that the qualifications were necessary for the employment the young person sought. For example, one young person had dropped out of a training course in favour of a paid employment opportunity at a fast-food outlet. For this care leaver, the immediate financial reward was more favourable than undertaking a training opportunity that did not offer any guarantees of employment. The project lead reflected that this was not considered to be a successful outcome, as such opportunities often ended up being temporary, low-skilled and lacking in progression opportunities. However, the coaches continued to offer support to the care leaver. Another project lead commented that they had advocated with employers on behalf of a few care leavers when absence issues became a problem, and they were faced with being dismissed.

Project stakeholders also highlighted challenges in accessing funding as barriers to education and training. Even when dedicated funding had been available to support care leavers in education, including in university, there had been a lack of clarity around how to access the funding and care leavers' eligibility. On one occasion, care leavers had been told they were eligible for their rent to be paid by the local council whilst they studied at university, but this offer was later revoked after care leavers had signed up for their courses. A lack of clarity about the exact amount of bursary funding that would be made available to care leavers applying to university also presented a barrier, as care leavers required confirmation of stability before committing.

Prior to the COVID-19 pandemic, project stakeholders reported a lack of understanding of care leavers' needs and situations, both across colleges and training providers, citing a need for a more, 'nurturing environment':

> It's a real challenge; the care leavers just don't want to go round the cycle of another training provider. They struggle with the classroom environment and are often intimidated by others that are there.  It's easy to see why they can't maintain the course and drop out, despite our best efforts.

Project stakeholders also explained that the pandemic had exacerbated some of these issues, negatively impacting care leavers' engagement with education and training. The transition to remote learning had been a barrier for some care leavers who often lacked digital access to engage with remote learning opportunities. Other consequences of the pandemic included postponed assessments, breaks in learning, lengthening course timelines, and changes to learning schedules (e.g., increased focus on theoretical rather

than practical elements). These changes had been demotivating for some care leavers, and for some, led to them falling behind. While stakeholders supported care leavers to get back on track and tried to work with education providers to support care leavers struggling to engage, this was sometimes met with a lack of understanding of care leavers' situations and needs.

## Stability and Wellbeing

While the ultimate aim of the programme was to support care leavers into EET, the programme recognised that supporting care leavers' stability and wellbeing was a key foundation for achieving EET outcomes.  It was anticipated that, during the first year of delivery, projects would predominantly focus on achieving stability and wellbeing outcomes, with the aim that increased success in EET would follow in the second and third years of delivery. There were four stability and wellbeing outcomes that all projects could claim for, where the care leaver:

- agrees education and training is right for them

- has at least one consistent relationship

- feels safe

- is managing accommodation and costs.

In Reboot West (West of England), outcomes could also be claimed when a care leaver achieved a self-determined outcome. In Apollo (Sheffield), outcomes could be claimed when a care leaver completed a Speech and Language Need (SLN) screening. In i-Aspire (South East London), projects could claim when a care leaver demonstrated improved money management ability (see Annex 1: Rate card).

Table 6 below shows the proportion of individual care leavers who achieved stability and wellbeing outcomes.

**Table 6: Proportion of care leavers achieving stability and wellbeing outcomes**

| Proportion of care leavers achieving stability and wellbeing outcomes | Programme | | Apollo | | i-Aspire | | Reboot West | |
|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % |
| At least one outcome achieved | 615 | 97% | 127 | 97% | 253 | 96% | 235 | 98% |
| One outcome achieved | 20 | 3% | 8 | 6% | 11 | 4% | 1 | <1% |
| Two outcomes achieved | 61 | 10% | 42 | 32% | 18 | 7% | 1 | <1% |
| Three outcomes achieved | 50 | 8% | 20 | 15% | 18 | 7% | 12 | 5% |
| Four + outcomes achieved | 484 | 76% | 57 | 44% | 206 | 78% | 221 | 92% |
| **No outcomes achieved** | 21 | 3% | 4 | 3% | 11 | 4% | 6 | 3% |

By October 2022, almost all care leavers (97 per cent, 615) achieved at least one outcome related to stability and wellbeing. Many care leavers achieved multiple stability and wellbeing outcomes, with just over three-quarters (76 per cent, 484) achieving four or more. On average, each care leaver achieved 3.7 stability and wellbeing outcomes.

Table 7 below shows the total number of stability and wellbeing outcomes achieved overall, by outcome category.

**Table 7: Number of stability and wellbeing outcomes achieved**

| Number of stability and wellbeing outcomes achieved | Programme | | Apollo | | i-Aspire | | Reboot West | |
|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % |
| Agrees education/training is right for them | 574 | 90% | 103 | 79% | 240 | 91% | 231 | 96% |
| At least one consistent relationship | 460 | 72% | 0 | 0% | 235 | 89% | 225 | 93% |
| Feels safe | 548 | 86% | 91 | 69% | 227 | 86% | 230 | 95% |
| Managing accommoda-tion and costs | 451 | 71% | 87 | 66% | 137 | 52% | 227 | 94% |
| Self-determining out-come/SLN/Money management | 325 | 51% | 99 | 76% | 90 | 34% | 136 | 56% |
| Total | 2358 | | 380 | | 929 | | 1049 | |

In total, by October 2022, the projects claimed for 2,358 stability and wellbeing outcomes. All project stakeholders reported that supporting stability and wellbeing was an ongoing and time intensive aspect of delivery. With the onset of the COVID-19 pandemic, coaches needed to provide additional support to care leavers, particularly around wellbeing. Some reflected that the efforts projects dedicated to supporting care leavers' stability and wellbeing was not adequately reflected in the rate card. One stakeholder explained:

> A huge part of our work is helping care leavers to feel motivated to look for opportunities, to set themselves goals, and then to pick up the pieces when things don't go to plan. Those outcomes, just of keeping their heads above water, aren't really reflected in terms of the effort and value of the work.

It was typical for care leavers to have low self-confidence and social anxiety; these were cited as common barriers to achieving EET outcomes. Coaches were able to provide support for these issues by, for example, building young people's confidence through regular catch ups; getting to know the young person's situation and their concerns; and supporting them to develop their understanding and skills related to education, training or finding work. As a young person's confidence grew over time, they were often able to

make take greater ownership and felt empowered by their new-found skills. They also took comfort and confidence from knowing someone was there to support them as needed.

> **Case study: 'Charlie'**
>
> When Charlie started the project, they had a supportive foster family and stable living arrangements. However, Charlie explained that they lacked confidence and experience in finding work. The coach set-up weekly meetings with Charlie and focused on different strategies to develop their skills, including online research, visiting potential employers, and completing application forms. Charlie responded well to these structured arrangements and the coach observed a quick change in their confidence to try new tasks:
>
>> At first, [Charlie] was really reluctant to do that, obviously lacking in confidence a little bit, but once [they] got there in the end, [they] was able then to actually have a conversation with the supervisor or the manager and take a CV in.
>
> Charlie successfully applied to several jobs using these new skills. However, the COVID-19 pandemic resulted in the roles being cancelled. Longer-term, Charlie would like to complete their college course and start a career in nursing. Charlie and the coach agreed that Charlie would have likely found employment without the project. However, Charlie was also clear that the support had 'always been brilliant' and had specifically helped to improve their communication and skills to find a job:
>
>> I think I'd be fine [without the project], but [coach] has helped me a lot with skills, writing CVs and interview tips. [Coach has] helped me with a lot of those things that I wouldn't have known otherwise; mostly employment, but [coach has] also helped my communication.

For some care leavers, their journeys towards EET were complicated. These care leavers often faced a range of challenges, for example difficulties finding childcare, transport issues making it more difficult to sustain employment, or more serious issues related to their living arrangements or mental health issues. Depending on the nature of each individual's challenge, coaches provided bespoke support to meet their needs. For more practical issues, the coach worked with the young person to find a solution, first seeking to understand the issue and then considering alternative opportunities that may better suit the young person. Once resolved, the young people were then often able to make progress with EET. However, a key challenge, particularly in rural areas, was the limit to what the coach could do to resolve wider issues, such as transport, beyond providing practical support. That said, the long-term nature of the projects' support meant that the coaches were a consistent professional figure to help young people at time of crises. When a crisis had passed, coaches were still available to adapt EET plans to support young people to move forwards.

> ### Case study: 'Jamie'
>
> Jamie was a refugee who had lived in the UK for 10 years. Upon joining the programme, Jamie was living in temporary emergency accommodation whilst waiting for the Home Office's decision on their immigration status. Until then, Jamie had no recourse to public funding and was ineligible to work, so it was difficult for them to make any long-term plans. The coach helped Jamie access support from the GP, school, food banks, and other services for advice. While unable to focus on EET specifically, the coach had a key role supporting Jamie during this period, Jamie explained:
>
> > I feel like I don't have no one, it's part of [their] job but in case something happens to me, I have someone to call at least […] she came at the right time for me. I treat her like a mum, sister, friend. The way she talks to me, its extra, she listens so much.
>
> In the longer term, Jamie's ambition was to work in childcare. They had completed a health and social care course specialising in childcare and also achieved another unrelated NVQ. Jamie and their coach continued to discuss potential options for the future, should the Home Office decision be positive, however no decision had been made by the final stages of the project, and so Jamie could still not access work or suitable courses.
>
> In the future, Jamie hoped to access more stable accommodation, courses, and eventually enter employment, once their immigration status was granted.

Unstable or temporary living arrangements and/or mental health issues were considerable barriers that prevented young people from making progress with EET. In these instances, the young person's living arrangements or mental health issues took precedence over trying to progress their involvement in EET. Some of these issues related to care leavers moving to a new area or were linked to wider issues such as needing to move into temporary accommodation as a result of domestic abuse or due to their immigration status (e.g., young people living in temporary accommodation whilst they waited for a decision by the Home Office related to their leave to remain). For care leavers in these particularly complex situations, coaches typically provided supplementary support to the statutory provision, as well as maintaining regular contact with and support to the young person. When any wider issue had improved or were resolved, where possible, the coach was then able to resume the focus on EET.

Whilst care leavers' stability and wellbeing support needs would be ongoing beyond the end of the programme, stakeholders reflected that the projects had supported care leavers to make meaningful progress in this area. More recently, coaches reported receiving fewer 'crisis calls' from care leavers than they had in previous years of delivery. In fact, stakeholders emphasised the significant mental health challenges that care

leavers had overcome during the project lifetime. They reported care leavers overcoming anxiety and depression, which were considered important outcomes in themselves, as well as being key in facilitating the achievement of EET outcomes. Stakeholders highlighted improved care leaver confidence in everyday activities such as answering the phone and taking public transport. Some care leavers had also developed positive social networks, by meeting new people through employment, maintaining existing healthy relationships, and improving previously strained relationships. Stakeholders in Reboot West (West of England) attributed this, in part, to their ACT work with young people (see Annex 2 for further information).

Stakeholders also reported successes in equipping care leavers with the skills to live independently. However, they also noted that care leavers' living situations were often challenging and presented ongoing issues, these included social isolation, issues with neighbours, and/or instability. When this was the case, care leavers' priorities would understandably shift to their living situation and away from engaging in EET.

## Impact on EET Rates in Project Areas

The above analysis of programme data provided promising evidence that all projects had successfully supported some care leavers into EET opportunities. However, it was possible that EET rates of care leavers changed due to factors outside of the programme's control, particularly during the COVID-19 pandemic when job opportunities in some sectors (e.g., hospitality and the care sector) changed considerably. To strengthen the evaluation's findings around the specific impact of the projects, the evaluation team undertook comparative analysis of the programme's cohort of care leavers EET progress against the wider care leaver population in other LA areas. The methodology and findings are presented below.

### Approach to Measuring Impact

During 2019, early project analysis found that the projects had sufficient capacity to support around 40 per cent of their care leaver population (aged 19-21 years) who were in the care of the participating LAs. It was therefore reasonable to assume that if the projects were successful in supporting these care leavers into sustainable EET, the impact may be observed in national statistics by LA area. The analysis below presents data to March 2021 (when the last official statistics were released), when projects had been operational for 30 months.[47] It is important to note, therefore, that the analysis presented here does not cover the full timeline of the programme.

To examine the difference the projects made to the EET status of care leavers in participating LAs, the evaluation team accessed the Local Authority Interactive Tool

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[47] Note that in 2021, the evaluation team undertook analysis of care leaver EET data and found no change in the overall EET rate amongst the project cohort between referral and March 2020.

(LAIT) data. Using this tool, the evaluation team explored year-on-year care leaver EET statistics, specifically the percentage of the care leaver population in each LA in England and Wales who were EET. Two quasi-experimental evaluation designs (QEDs) were developed. The QEDs allow for outcomes between a comparison group (i.e., LAs without a Care Leavers SIB project) and an intervention group (LAs with a Care Leavers SIB project). For this evaluation, the team adopted two approaches:

- synthetic control method (SCM)

- a cluster analysis method.

Both methods are explained in further detail in Annex 4. By assessing and comparing the results between both analytical approaches, additional confidence can be placed on our evaluation findings. The evaluation team assessed impact at programme level (i.e., all eight LA areas: the London Boroughs of Bromley, Lewisham and Greenwich in i-Aspire; Bristol, Bath and North East Somerset (BANES), North Somerset and South Gloucestershire in Reboot West; and Sheffield in Apollo) and at the area level (i.e., the individual LAs in which the projects operated). At programme level, the results of all LAs are combined, whereas, at area level, the results are for each LA.

## Programme Level Impact

At the programme-level, the analysis showed that there were no statistically significant changes[48] in EET rates of care leavers between the LAs that were participating in the programme and the non-participating LAs. Our analysis found that:

- **for the synthetic control method:** the difference in care leavers' EET rates between the participating LAs and the non-participating LAs between 2018 and 2021 was not statistically significant. Whilst not statistically significant, the analysis indicated a small increase (0.7%) in the EET rate in participating LAs in 2019, relative to the synthetic control group. However, in 2020 and 2021 the analysis showed a decrease in the EET rate in participating LAs (potentially owing to COVID-19), relative to the synthetic control group.

- **for the cluster analysis method:** the average EET rate for care leavers across all eight participating LA areas decreased slightly, from 52.1 per cent in 2018 to 50.3 per cent in 2021, having risen initially to 54 per cent in 2019. The average EET rate for care leavers across the LAs in seven[49] non-participating areas increased slightly, from 49.8 per cent in 2018 to 51.7 per cent in 2021, although these differences were not statistically significant.

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[48] Results are considered statistically significant if within a confidence interval of 95% or above (p=<0.05).
[49] Greenwich and Bath and North East Somerset were grouped into the same cluster (15).

These findings align with earlier rounds of comparative analysis carried out by the evaluation team during the research project, where no statistically significant differences between care leavers' EET rates in participating and non-participating were found. However, these results possibly reflect three key limitations in the data:

- Firstly, at the time of writing, published statistics were only available for the period to March 2021, and therefore do not consider all months of the programme delivery (to March 2022).

- Secondly, both the synthetic control and clustering approaches to constructing appropriate comparators only control for pre-intervention trends that are considered likely to affect care leaver EET rates. Area-level outcomes during the period covered by the latest analysis (2020-21) are likely to have been influenced by the impacts of the COVID-19 pandemic, which may have affected LAs (and care leavers within) differently.

- Finally, an increasing proportion of care leavers supported by the programme were no longer captured by published national statistics, which only collected data on care leavers aged 21 and under. In 2021, the average age of each projects' care leaver cohort was 21, suggesting that a significant proportion of the young people being supported were over the age of 21 at the time the national statistics were collected. The evaluation team estimated that around 45 per cent of care leavers supported by the projects were not captured in the data, due either to being too old (38 per cent) or too young (7 per cent).[50] These young people and their relative progress in terms of securing EET opportunities were therefore not reflected in the analysis.

## Area Level Impact

At the area-level, both analyses showed increases in care leavers' EET rates between some of the participating LAs and their comparators. For the synthetic control method, Figure 9 shows the average treatment effect of the programme in the eight individual LAs areas in which the projects operated.

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[50] LAIT Care Leaver EET (%) for 2021 considers all young people whose 19th, 20th or 21st birthdays fell between 1 April 2020 and 31 March 2021.

**Figure 9: Supported LA average treatment effects (care leaver EET rate, 2018-21)**
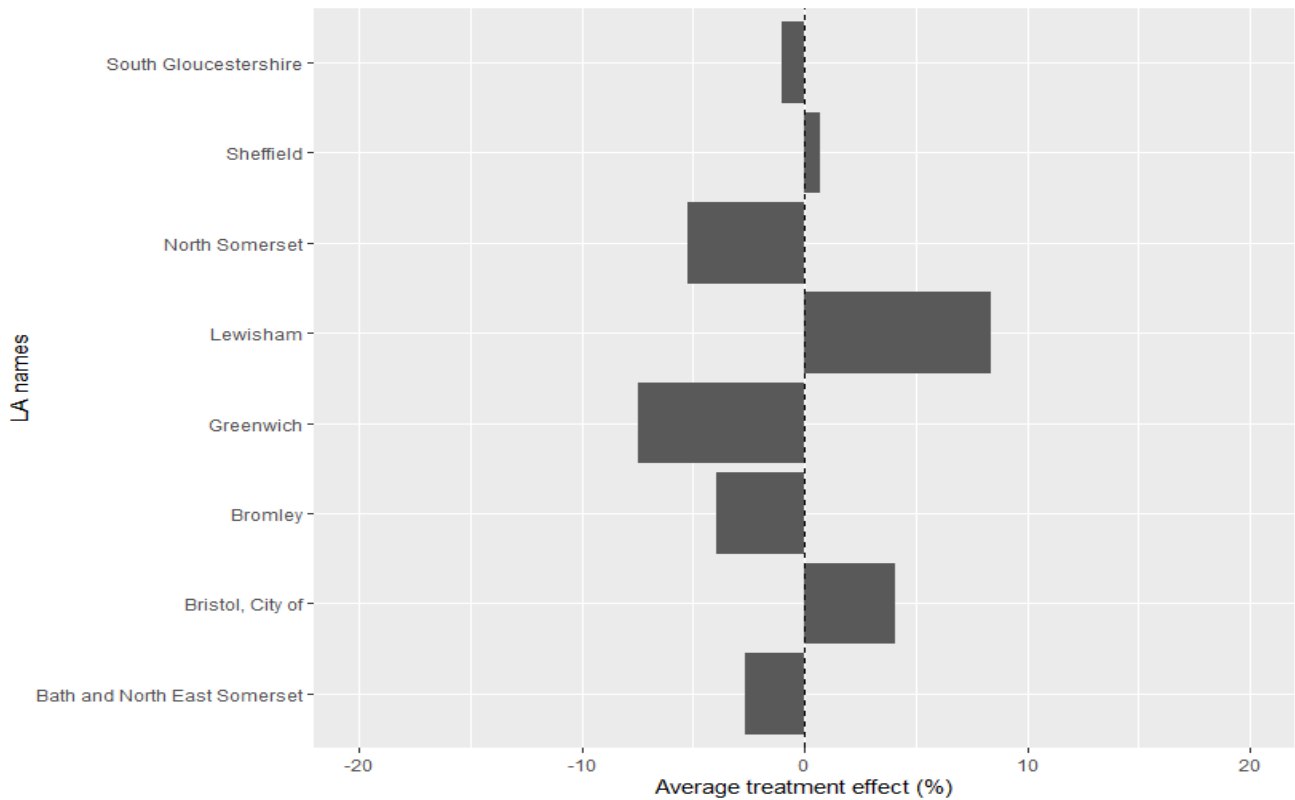


At the area-level, there were increases in EET rates of care leavers within three participating LAs, compared to non-participating LAs. Positive impact estimates for individual supported areas (compared to their individual synthetic controls) were observed in Lewisham (+ 8 per cent); Bristol (+4 per cent), and Sheffield (+1 per cent) – each of the lead LAs. To establish the significance of these treatment effects, a second model was specified containing only the three LAs as 'treated' areas. Figure 10 below presents the results.

**Figure 10: Lead LA and synthetic control averages (care leaver EET rate, 2013-21)[51]**
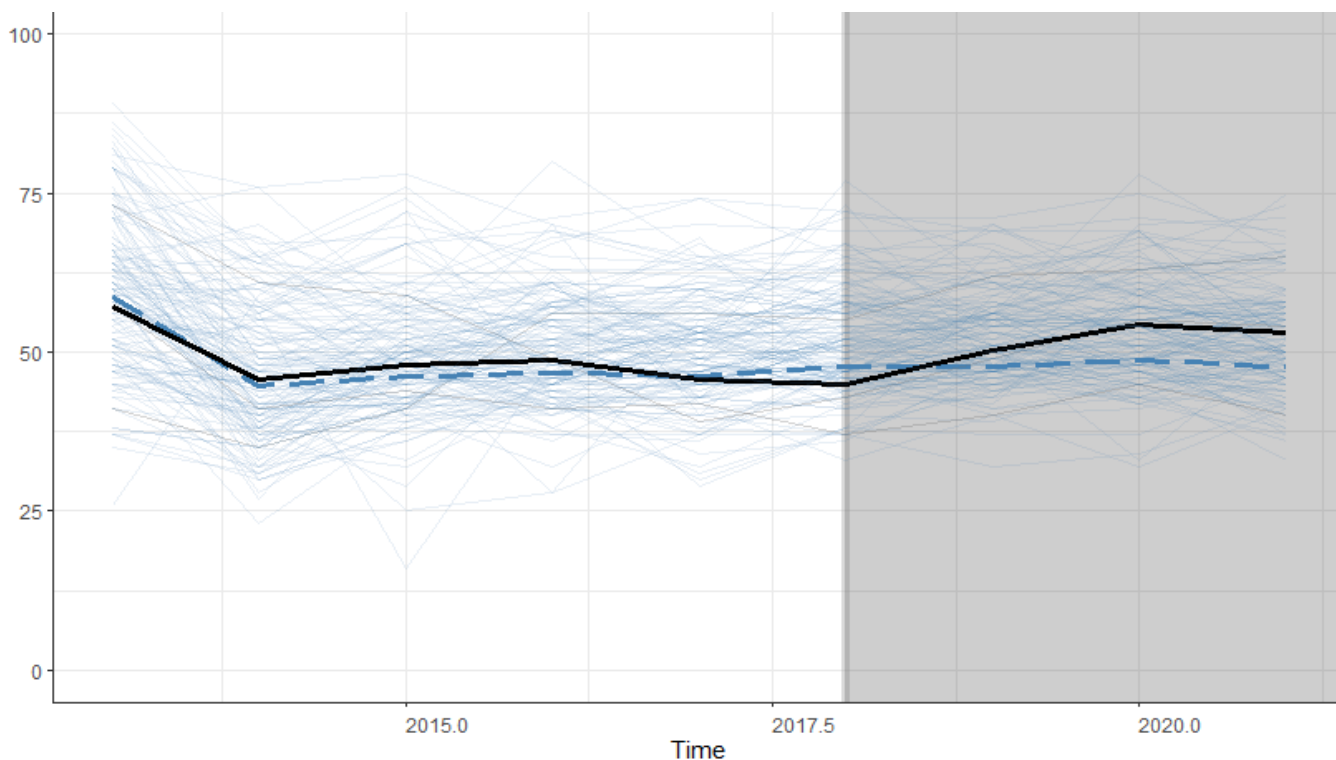


The key observations from Figure 10 include:

- There was a close match between the non-participating group of LAs (the dashed blue lines) and the lead LAs (the dark blue lines) in the pre-programme period (2013-2018), as was the case for the wider group of LAs.

- The positive difference observed between the group of lead LAs and the non-participating group of LAs in the post-intervention period (2019-21) **was** statistically significant.

- The difference between the group of lead LAs and the non-participating group of LAs was greater in 2020 (5.6 per cent) and 2021 (5.4 per cent) than in 2019 (2.5 per cent).

Given the data limitations outlined above, these positive and statistically significant differences suggest that the projects had a positive impact on care leaver EET rates in lead LA areas (note: in 2019 projects had only been operational for six months and that, in 2021, EET opportunities for young people were limited by repeat national lockdowns due the COVID-19 pandemic).

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[51] The dark blue line (Treated Average) tracks the average annual EET rate across the 3 lead authorities. The dashed light blue line (Estimated Y0 Average) tracks the average annual EET rate, as a percentage, across the 3 synthetic controls generated by the analysis. Each of the lighter faded blue lines (Treated Raw Data) track the average annual EET rates of all individual local authorities included in the analysis.

For the clustering method, Table 8 shows the percentage difference in the EET rates for the eight individual LA areas in which the SIB projects operated. Table 8 plots the average EET rate across the eight supported areas against the average EET rate of the non-participating LAs.

**Table 8: Care leaver EET rate in supported areas and non-participating area averages (2018-21)**

| Project | LA | Care leaver EET rate (per cent) | | | | 2018-21 difference (percentage point) | 2018-21 difference in differences (percentage point) |
|---|---|---|---|---|---|---|---|
| | | **2018** | **2019** | **2020** | **2021** | | |
| **Apollo** | Sheffield | 37 | 40 | 45 | 40 | +3 | - |
| | Group 24 | 41 | 43 | 50 | 44 | +3 | |
| **i-Aspire** | Lewisham | 43 | 49 | 55 | 54 | +11 | +7 |
| | Group 18 | 43 | 44 | 43 | 46 | +3 | |
| | Greenwich | 59 | 58 | 54 | 48 | -11 | -10 |
| | Group 15 | 57 | 58 | 60 | 56 | -1 | |
| | Bromley | 46 | 45 | 47 | 42 | -4 | -8 |
| | Group 13 | 48 | 52 | 52 | 52 | +4 | |
| **Reboot West** | City of Bristol | 55 | 62 | 63 | 65 | +10 | +9 |
| | Group 25 | 53 | 53 | 55 | 54 | +1 | |
| | Bath and NES | 65 | 70 | 57 | 58 | -7 | -6 |
| | Group 15 | 57 | 58 | 60 | 56 | -1 | |
| | N. Somerset | 48 | 49 | 47 | 40 | -8 | -19 |
| | Group 21 | 46 | 50 | 54 | 57 | +11 | |
| | S. Gloucestershire | 64 | 60 | 61 | 55 | -9 | -3 |
| | Group 6 | 60 | 60 | 62 | 54 | -6 | |

The key observations from Table 8 include:

- Positive differences in EET trends were observed between two of the three lead LAs and their comparator averages (with Sheffield's EET rate increasing in line with that of its comparator group). However, negative differences were observed between the five non-lead LAs and their comparator group averages.

- The observed differences, though descriptive, largely align with the differences observed between participating (supported) LAs and non-participating LAs identified through the synthetic control method.

Taken together, the evidence from both quasi-experimental approaches which showed positive signs, coupled with the qualitative data may suggest when support was delivered effectively and embedded within an LA, the programme contributed to improved EET outcomes for care leavers. However, as Figure 11 below shows, early EET progress was reversed across both supported and comparator LAs between 2020 and 2021. This was

likely due to the impact of the COVID-19 pandemic on the availability of EET opportunities and on the overall wellbeing of young people for care leavers.

**Figure 11: Average care leaver EET rate in supported areas and comparators**
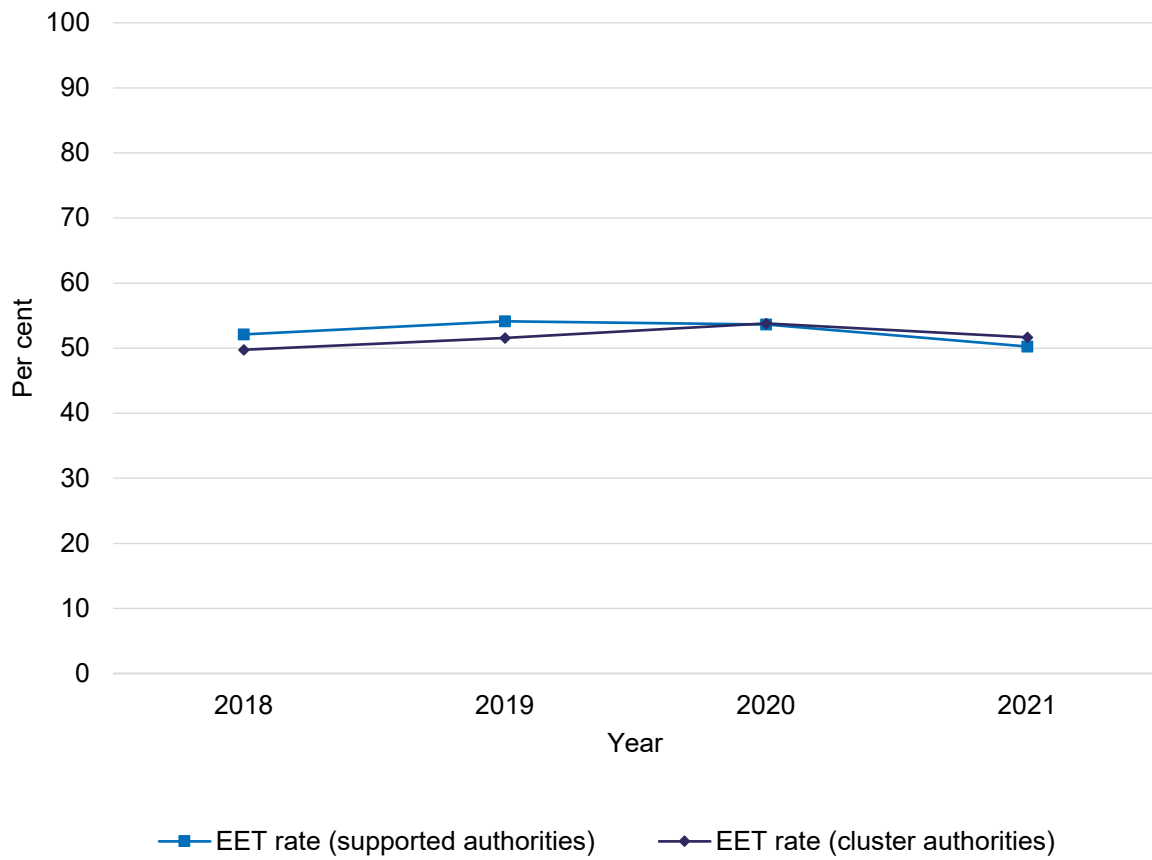
# Effectiveness of Delivery

**Key findings**

- One of the strengths of the programme was projects' building on existing relationships with the LA leaving care and wider services. This particularly facilitated project set-up and delivery. Throughout the programme, despite some confusion about roles for some care leavers, PAs and coaches sought to work together to share up-to-date information about care leavers' circumstance. Co-located services was seen as a key enabling factor in facilitating communication between teams and providing appropriate support to care leavers.

- Another strength of the projects was the flexibility of the outcomes-focused approach inherent to the SIB model. Stakeholders and care leavers valued the combination of EET support with the wider practical and emotional support.

- The knowledge, skills, dedication, and experience of the project teams and coaches was a key enabler in engaging care leavers (and maintaining their engagement) in the programme. In addition, project staff built relationships with local employers and education/training providers to support young people into appropriate EET opportunities. Some projects employed a dedicated employment and engagement role to facilitate getting young people into EET; this was reported to be highly valuable.

- Overall, most care leavers were very satisfied with the support they received from the projects. However, some challenges arose particularly when a young person's coach changed. Team stability was also an important facilitator for successful project delivery as it helped to maintain communication and networks.

- Many care leavers had highly complex needs and project staff needed to invest large amounts of time in supporting these young people. It was common for the needs of individual care leavers, and their journey into EET, to fluctuate. This was exacerbated by the COVID-19 pandemic.

- The impacts of the COVID-19 pandemic on the projects and individual care leavers were significant and multiple and projects responded quickly and adapted their provision to meet care leavers' needs. Stakeholders had mixed views on the value of remote/hybrid working during this time for project teams.

This section provides further insights into how the projects were delivered and their effectiveness. Starting with data collected in early 2019, the section summaries findings from the programme's initial phase before exploring overall programme effectiveness to early 2022.

# Effectiveness of Early Engagement Activities

As outlined above in the section on Care leaver characteristics, care leavers were referred into the projects in different ways, as determined by projects' eligibility criteria. Evaluation data collected in early 2019 found that most care leavers had heard about the project through their PA but others had been referred by different professionals that they were working with, such as a youth worker or the youth offending team. When introducing the project to the young people, professionals explained how the project could support them with their education and employment needs. If the young person was interested, a project coach would then meet the young person to explain more about their role and the project. Where young people were particularly nervous or anxious, the PA or referrer might also attend this initial meeting. The young people appreciated the time taken by the coach to get to know them and felt this approach seemed to work well in supporting them to engage.

Of the care leavers interviewed in 2019, overall, the majority welcomed the support on offer. However, a small number explained that they were not yet in the 'right place' to accept education/employment support mostly due to mental readiness and/or qualification requirements. In these instances, care leavers were offered support a few months later when they felt they were in a more stable situation. Some care leavers reflected that they initially thought that they already had enough support workers and were sceptical about the potential usefulness of the project. One young person explained:

> Initially when [PA] suggested it, I thought "Another support worker? Please! I have enough people as it is." But then I found out [coach] is not like the rest, [they are] more of a friend than a worker and that's how I prefer that workers are.

During the initial phase of the programme, as discussed above, projects were required to complete an in-depth initial assessment. These tended to be carried out over a few months. During this time, the extent to which care leavers engaged varied and was related to wider issues going on in their lives and their readiness to engage.  As discussed in the section above on Outcomes and Impact Achieved, the extent to which care leavers engaged in programme varied for these reasons.

As noted above, most of the care leavers interviewed in early 2019 were very satisfied with the support they had received.  They particularly appreciated the supportive, flexible and responsive nature of the support and the informal, motivational nature of the relationship with their coach.  Reflections from the latest wave of interviews (in late 2021/early 2022) echoed these early reflections, with care leavers consistently noting their appreciation of their coach's skills and conscientiousness. The enabling skillset of coaches is discussed in further detail later in this section.

## Enabling Factors to Early Delivery

### Building on Previous Relationships

In all three projects, stakeholders commented that the project design phase and subsequent delivery had benefited significantly from building on existing relationships between the LAs and service providers. This enabled stakeholders to apply learning and build on best practice based on previous collaborations. For example, in Apollo (Sheffield), the Care Leavers SIB project arrangements reflected the long-standing, positive working relationship between Sheffield Futures (provider) and Sheffield County Council (commissioner). This included being able to quickly build on and embed processes to enable them to work together on the referrals and share information about care leavers promptly. In Reboot West (West of England) and i-Aspire (South East London), LAs were also familiar with working with each other on respective regional projects. They built on existing processes to enable streamlined ways of working across services. One stakeholder explained the benefit of shared learning:

> We're very different in terms of our geography, in needs and population, but actually we're all working in the same framework. We've got the same laws and regulation and deliver the same services. And we always do it in a very different way by and large… there are pockets of good practice around…that you wouldn't be exposed to unless you do some more kind of collaborative work like this. So, there's more learning that comes from working together than you would think.

Stakeholders reflected that the care leavers SIBs projects provided a further opportunity to embed the collaborative links between the different agencies.

### Co-locating Projects within the Local Authority

In two projects, Apollo (Sheffield) and Reboot West (West of England), project teams were co-located with LA services. Where services were co-located, stakeholders explained the benefits of these arrangements as helping to facilitate service set-up, referral processes, and on-going support to care leavers. Close working had particularly helped stakeholders to overcome any early implementation teething issues. In Reboot West (West of England), for example, several stakeholders explained that co-located services had created some initial challenges related to data sharing agreements and allowing access to data systems. However, when the necessary processes were in place, there were considerable mutual benefits to having an integrated team. LA staff and the coaches learned from each other and regularly shared expertise, as one stakeholder explained:

> What's been really useful is sharing those expertise across the team *(sic)*. We have got two part-time workers covering the post we have

in the team. When I see them in, it feels to me like they are very
integrated in the team…so I would imagine that there is a lot of
sharing of expertise both ways.

In i-Aspire (South East London), the teams were not co-located with their LAs. Instead, the coaches worked across the three LAs and shared a commitment to meet with the care leavers at least once a month with time set aside to also meet with the LA teams. Early in the evaluation (in 2019), it was too early for stakeholders to determine how well this approach was working for i-Aspire and by late 2021/early 2022, all project teams had been working virtually for much of the programme due to the COVID-19 pandemic. During this time, new challenges had arisen, as discussed below.

## Challenges Associated with Early Delivery

There were some challenges associated with the programme and projects' delivery. Some initial challenges, that arose in 2019, related to the capacity of commissioners to engage with the SIB development process and some specific issues associated with contracting the different parties. These are discussed in more detail in the section below: Effect of the SIB model on Implementation and Outcomes.

During the first year of project delivery (2019), wider challenges also emerged related to actively engaging enough care leavers following the referrals. As a result, initially some projects engaged fewer care leavers than intended and some experienced issues with sustaining engagement with the care leavers (see above). An additional challenge related to project staff sometimes struggling with developing a new service as there had been no blueprint for the service. This offered both advantages and some initial challenges. Project staff said they valued the freedom of designing the intervention from the bottom-up, but noted challenges associated with not having examples of best practice or successful projects to learn from.

During the early implementation phase, care leavers noted very few areas for improvement. In some cases, however, where a young person's coach had changed, young people were slightly less positive about their experiences.  From the projects' inception, participants felt that more consideration should have been given to how a transition to a new coach should happen. Stakeholders and care leavers highlighted how long it can take to build a new relationship and that time was needed to enable care leavers and coaches to say goodbye.  Evaluation participants also suggested that as the projects progressed, young people and their coaches should consider taking time to reflect on their relationship. As the projects developed, and more consideration was given to care leavers transitioning between professionals, staff turnover continued during the COVID-19 pandemic which proved difficult for both coaches and care leavers to navigate. Staff turnover was a recurring theme throughout the evaluation.

Projects continued to experience facilitators and barriers to implementation, primarily due to the changing circumstances around the COVID-19 pandemic (see below for further details). Continuous challenges included staff absences and/or turnover. However, while this was challenging project staff highlighted that it did offer opportunities for the continued development and integration of new staff which led to stronger and more diverse skillsets across the affected teams. For instance, team members transferring from other services mentioned that they often had strong networks and additional knowledge to draw from and could signpost young people to wider support as needed.

# Effectiveness of the Delivery Model Overall

Throughout programme delivery, the evaluation explored the effectiveness of the projects' delivery models. Similar issues emerged during the various waves of data collection and related to internal factors (e.g., project design and team capabilities) and external factors (e.g., EET opportunities in the local areas).

Prior to the COVID-19 pandemic in late March 2020, there was a consensus amongst external project stakeholders (DfE, commissioners and investors) that the projects were performing largely as intended, adding value to statutory provision, and contributing to improving EET rates amongst care leavers. With the onset of the pandemic, projects had to adapt delivery in response to the changing COVID-19 restrictions. During 2020/2021, all three projects adapted in a fairly similar way by moving to remote working and limiting the face-to-face contact-time with young people and wider stakeholders. Stakeholders in Apollo (Sheffield) felt that the risks faced by their care leavers meant it was important to continue some face-to-face engagement with those most in need (including during the period of national restrictions). Reboot West (West of England) and i-Aspire (South East London) resumed face-to-face work only when outdoor meetings were possible. During 2020/21, DfE stakeholders reported that they were impressed with how the projects had adapted and continued to operate during the pandemic.

## Internal Factors

### Knowledge, Skills, and Experience of Project Teams

Stakeholders reported that having multidisciplinary project teams was a particularly important factor in their ability to provide effective support to care leavers. The projects required coaches to have knowledge, skills, and experience to sensitively identify suitable education and employment opportunities for the young people, to develop their confidence and self-esteem and provide practical support to tackle any daily challenges that emerged. However, coaches were often required to deal with issues that went beyond EET/youth engagement. For this reason, they felt that working with a wider range of professionals who had experience in a variety of young people's and/or adults support services was helpful for sharing knowledge and solving problems. One stakeholder explained:

The coaches need a particular set of skills and resilience to be able to support these care leavers through this project. They must be patient and compassionate, yet able to nudge the care leavers to challenge themselves. It's very easy to get the balance wrong, and there are so many things out of their control.

Across the projects, the coaches employed by each of the projects had a range of professional backgrounds including youth engagement work, mental health support, careers advice for care leavers and/or social care experience. Prior experience and skills in engaging young people in these areas were noted as being particularly important during the early engagement phase, when coaches were building relationships with the care leavers. The importance of having expertise in employer engagement became more of a priority as the projects progressed. Project leads and commissioners noted the importance of the team having strong knowledge of the local employment opportunities and the capacity to build relationships with employers to encourage them to provide *supported* opportunities to care leavers. As noted above, Apollo (Sheffield) built an employer engagement officer in their initial design, whilst, mid -delivery, others hired an employment advisor to boost their capacity in this area.

## The Role of the Coach

Overall, stakeholders thought that coaches had the right skills and experience to support the care leavers, with many stakeholders praising their commitment, tenacity, compassion, and self-motivation which was required to deliver the role effectively. In addition to supporting young people into EET, through their regular visits/calls, coaches felt well-placed to monitor and flag any safeguarding issues and wider support needs for the care leavers.

Care leavers also valued these qualities and the wider support coaches provided. Where young people had made positive progress into EET, the young people highlighted the impact of their trusted and established relationship with their coach in facilitating their progress. Young people explained that coaches offered important support for their wellbeing, helped to reduce their anxiety around applying for jobs and approaching employers, and improved their self-confidence. Coaches felt that, particularly in the final year of delivery, the strong relationships they had built with young people had enabled them to encourage young people out of their comfort zones and to develop a greater sense of independence.

> ## Case study: 'Kerry'
>
> In 2019, Kerry was unsure how engaging in the project would help them and considered it a low priority; they already lived in a stable home environment, were motivated to apply to university and felt they had sufficient support from their existing network. Initially, they cancelled a lot of appointments. Kerry's coach explained that the Kerry lacked confidence in some areas of their life. They were anxious about meeting outside of their home environment so, initially, all meetings took place at home. Over time, the coach suggested they meet for coffee and walks, where they would discuss Kerry's ambitions, as well as other areas of their life. The coach explained:
>
> > What I've kind of found after about a year of working with somebody in general, you feel like you've got that trust established enough that you're able to almost challenge or just push people out of their comfort zone a little bit.
>
> By 2021, Kerry had a very different view about the project, and the role and value of their coach. They had developed a positive relationship with their coach and now had a strong bond; the coach had advised and supported them to feel more confident. They particularly valued the welfare support and meeting the coach face-to-face, which they missed during the pandemic. After two years of support, Kerry was in a strong EET position; they were part way through a university course, with which their partner also helped and supported, and successfully gained a part-time job. Kerry continued this stable trajectory to the final stages of the SIB; they maintained their employment, built their own social circles and increased in confidence, whilst continuing to enjoy their university course. Their coach was optimistic Kerry will sustain their EET position, owing to the 'open doors' they have to other support, including access to their PA until they finish their higher education studies.

Young people who also had wider support networks, such as a supportive foster family, partners, and/or group of close friends appeared to make greater progress, than those without these wider support groups, according to stakeholders. Regardless of their wider support networks, young people noted the benefits of having the same coach. Care leavers said they valued having someone who knew them well and who was able to act meaningfully on their behalf. For young people who were less interested in the project to begin with, over time, they also often valued the consistent support provided by their coach.

While there were benefits of this strong personalised support, the focus on the individual created some pressure on the delivery team. Some coaches reported feeling unable to take annual leave or sickness as the young person would have a gap in their support. Coaches said this feeling of pressure increased during the COVID-19 pandemic and were exacerbated when coaches faced additional issues with their young people, such as when dealing with a higher number of safeguarding issues. This was less of an issue

for projects that had implemented a 'peer support' approach to case management and were able to regularly share issues and challenges with the wider team.

A further challenge for the coaches related to the complexity and composition of their caseloads. Some coaches had several young people with very complex needs who required a large time investment furthermore, due to the complexity of the care leavers' needs, they made limited progress into EET. Other coaches were supporting young people who were very challenging to engage and therefore coaches spent a lot of time attempting different engagement strategies and/or working with the LA to keep abreast of the young people's situations. Stakeholders reported that there was little recognition of either situation in how the projects were monitored, which for some coaches was demotivating a times. More generally, a common theme throughout the evaluation related to the needs of young people fluctuating a great deal. This meant that the initial profile of the cohort that was used to inform the modelling for the project was only relevant as a snapshot in time and quickly changed for each young person over time.

Indeed, it was typical for some care leavers to experience periods of set-back. This meant they had to reconsider their goals, revise their expectations, and/or explore other ideas as they learned more about different areas of work and gained new experiences. Where young people had a specific ambition, the coach often helped them work towards this. However, coaches also promoted the value of care leavers gaining a range of experiences, whilst also working towards what the young person would like to do longer term. Coaches felt that by gaining these wider experiences, young people would continue to gain confidence and a broader view for their EET goals.

## Case study: 'Chris'

Chris's long-term goal was to work in a role that involved driving, but they had experienced challenges passing the theory test. Chris also suffered with anxiety that affected their willingness to explore new opportunities or visit places:

> I have a fear of initially walking into places. I'm alright once I'm in there, it's just walking in.

Alongside helping with Chris's anxiety, the coach worked with Chris to re-sit the theory test, without success. Between resitting tests, the coach encouraged Chris to complete a short-term placement as a mechanic and to obtain a customer service qualification. These experiences helped build Chris's confidence and interest in pursuing wider opportunities beyond their original career ambition. Building on this, the coach connected Chris with a job agency and Chris successfully applied to 2 part-time jobs. Chris was proud of the progress they had made in sitting the interviews and getting the jobs, and reflected on the support they had received from the project:

> Without [the project] I wouldn't have been able to go for interviews. I remember a year ago I wouldn't have been able to ring up a single person...I didn't have any confidence whatsoever.

Chris valued the opportunity of new experiences through the project, which they thought had improved their confidence. In addition to the part-time work, Chris successfully passed their theory driving test and their long-term goal was still to have a driving job. Chris credited the project in helping them towards this long-term goal.

> **Case study: 'Alex'**
>
> Alex had existing qualifications in English and Maths upon joining the project. During the initial stage of support, they hoped to secure stable and independent accommodation and aimed to go to university. Alex's coach changed numerous times, which they found unsettling, but once they had a stable coach in place, they developed a good relationship with them and have engaged consistently. The coach supported Alex to consider their options for further education. Together with their coach and taking into account challenges in accessing education courses due to a lack of childcare available, Alex decided that they would be better suited to an apprenticeship rather than university. The coach helped them to write a CV and apply for apprenticeships and part-time jobs. Not long after this, Alex was successful in getting a part-time role. During the COVID-19 pandemic, the coach supported Alex with wellbeing, which became a priority over EET at that time. In the final stages of the project, Alex was in a strong EET position. They were in stable and independent accommodation, were employed, had completed a functional skills course, and had enrolled on a business administration course. They were ambitious for their future, and believed the programme had enhanced their aspiration:
>
> > I don't think I'd have many aspirations [without the programme].

In addition to the positive relationships coaches had with the care leavers, coaches also networked with local organisations. However, coaches stated that the benefits of these networks tended to remain at the individual level, on a case-by-case basis dependent on the additional support needed.

## Team Stability

Team stability was considered an important factor for successful project delivery. In Apollo (Sheffield) and Reboot West (West of England), on the whole, projects experienced strong, positive team dynamics, and, more importantly, consistent support for the care leavers. In Apollo (Sheffield), coaches reflected on the benefit of their small team and how they had managed to maintain the same staff throughout the two-year delivery period. In Reboot West (West of England), one stakeholder thought that there was a bit of pressure for staff to stay as consistency of support had become something of which the project was proud. However, during the final year of the programme, in Reboot West (West of England), after two years of stability there was a management restructure and wider movement in the team. While this afforded opportunities for some staff to progress into more senior roles, others moved into different teams or roles in other organisations. Some stakeholders accepted this was inevitable during a multi-year programme but for others this caused frustration and disruption, particularly for care leavers (as discussed above). For the care leavers whose coaches moved or left the project after the restructure, the time without a coach was unsettling and, coaches believed may have led to some care leavers disengaging.

In i-Aspire (South East London), staff turnover had been an issue from the outset. Project staff felt this issue was, in part, due to the multiple demands of the role including the SIB requirement to focus on achieving the rate card outcomes. Across the three projects, stakeholders noted that team members who were unfamiliar with the SIB funding mechanism had initially struggled with the commissioning model and the need to evidence specific outcomes. Some staff saw this as a distraction from their core role of supporting young people (further information about the programme's SIB mechanism is discussed below).

Staff turnover and team stability remained a key challenge during the final year of project (2021/22). For i-Aspire (South East London), some of the coaches employed on a part-time basis had left the project, meaning caseloads were absorbed by the remaining coaches. Despite the increase in case load, this was reported to be manageable and fairly distributed across the team.

For the care leavers who transitioned between coaches, there were mixed views. Some young people reflected that the process was simple but required a phase for relationships to build, others felt that their progress halted and that transitions between coaches was too lengthy (six to eight weeks). One care leaver explained: 'after the switch was made, that's when I got back on track'. This young person felt there should have been another coach available during this period to provide them with on-going support. This is a key learning point for the programme.

During 2020/21, all three projects promoted some coaches to more senior positions. This helped to increase the level of supervision available to the team, which was welcomed by the other coaches. Furthermore, teams reflected that this also reduced the demands on the overall project manager.

## Support Framework: Acceptance Commitment Therapy

Reboot West (West of England) adopted the Acceptance Commitment Therapy (ACT) practice framework as a core part of their offer.[52] Coaches considered the values-driven approach as helpful in structuring conversations with young people and in supporting them to think constructively through different career pathways (e.g., considering the appropriateness of these pathways given personal experiences and circumstances). Stakeholders reflected on the success of this practice, as one coach said:

> It's much deeper than just being with a young person and using a particular exercise you know, or a particular technique. It really is ingrained in how we operate with each other and it's almost like we practice first and foremost on ourselves and then that naturally is

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[52] ACT is a psychological intervention that adopts acceptance and mindfulness strategies to support people to manage their emotions and behaviour. Further information is available at: https://www.1625ip.co.uk/reboot-west-using-acceptance-and-commitment-therapy-act-to-help-care-leavers-progress-in-education-training-and-employment-eet/ [Accessed 24th June 2022]

going to kind of like spread through the team and through the support with the young people and it feels really strong. It feels like it is really part of our identity.

While many stakeholders were positive about the approach, some reflected that using the model may have limited the project's scope to some extent. They felt that effective ways of helping care leavers to find EET opportunities may have been less evident due to the focus on the ACT model. That said, stakeholders from other projects liked the principles of ACT and discussed adopting it but project teams expressed some nervousness about using it without having sufficient training, particularly due to the complexity of some of the care leavers' needs. There was also concern from some project stakeholders that care leavers had entrenched traumatic experiences and discussions using the ACT framework may have triggered conversations that the coaches were unable to appropriately support:

> It's really, really useful, but we're not therapists… You know that you could actually trigger something that you are not equipped to deal with.

Further information about each project's design is presented in Annex 2.

## Flexible Delivery

One of the key strengths of the projects' models, as identified by project stakeholders, was the inherent flexibility that allowed delivery to be adapted and new approaches to be trialled. Stakeholders explained that flexibility was essential in allowing coaches to combine appropriate EET support with the practical and emotional support care leavers needed to make positive progress in their complex lives. More broadly, during the COVID-19 pandemic, flexibility became even more important as projects shifted their emphasis from EET to wellbeing in response to care leavers' needs. The reasons were two-fold: during the 2020 'stay-at-home period' opportunities for EET were limited. Furthermore, stakeholders reported that the cohort of young people were potentially at high risk of experiencing isolation and mental health issues at this time due to a high proportion of young people living alone and/or without a wider support network, as well as some having pre-existing mental health conditions. In Reboot West (West of England), for example, coaches volunteered to hold the role of lead professional[53] for the young people with whom they were working. This meant that during any crises, they would coordinate other services for the care leaver to help meet their needs. A similar role was adopted by Apollo (Sheffield) in agreement with the Leaving Care service where coaches held strong relationships with for care leavers:

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[53] Who holds the Lead Professional role can vary between young people depending on their specific needs. For care leavers, it may be the PA or another professional from whom they get support.

> We acted as a safety net for the [Leaving Care] service during the
> crisis when they were hit with staff absences.

Project teams highlighted that the opportunity for projects to reallocate their ensured planned resources and activities could be amended to better meet care leavers' emerging needs.[54] Since March 2020, this involved providing digital devices and data bundles to help minimise young people's digital exclusion. Access to digital devices was also essential for helping young people to pursue EET opportunities during national lockdowns, particularly for those undertaking online learning:

> We've been trying to push on-line learning as a good option and
> some of the more capable/academically minded have taken to that.

Despite some of the advantages of this flexibility, some drawbacks were also noted by stakeholders and project staff. One challenge related to the potential for overlap or duplication between coaches and the PAs, which became more of an issue during the periods of remote working. A second challenge was that young people were sometimes unclear about the roles and responsibilities of their PA and their coach and how these related. Some care leavers thought it would be helpful to understand more about the who to go to for what support so that when issues emerged, they knew who would be best to contact. In the final year of delivery (late 2021/early 2022), coaches reflected that it was 'fantastic' that they had the flexibility to support care leavers as needed.

## External Factors

### Multi-agency Working - Leaving Care Services

Throughout the evaluation, stakeholders from all three projects stressed the importance of developing a close relationship with the LA leaving care service. As required in legislation all the care leavers had a PA from the leaving care service, who was familiar with their personal circumstance and specific needs. Stakeholders noted that by building on this relationship (and with the necessary consent in place), they were able to secure the trust of the care leavers and develop a comprehensive understanding of their strengths and potential barriers to progress. Throughout the programme, PAs and coaches sought to work together to share up-to-date information on changes to the care leavers' circumstances (e.g., housing, finances, personal circumstances), which may have affected their engagement with support.  As one stakeholder explained:

> Many of the care leavers we support have very chaotic lives and their
> engagement with us goes up and down. Having that relationship with
> the PA means we're more likely to know what's going on if they

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[54] These findings are discussed further in 'Effect of SIB model on implementation and outcomes'.

> suddenly disengage with us. It can also work both ways, if we have a
> closer relationship at the time, we can keep the PA informed.

As noted above, stakeholders reported that a strong relationship between the PA and the coach was facilitated through co-location of services as it allowed relevant information to be shared quickly and opportunities or challenges to be addressed in partnership. However, coaches also highlighted the complexities of liaising with PAs, sometimes encountering friction between responsibilities or struggling to get in contact at certain points in time, particularly during the COVID-19 pandemic when people worked remotely, or staff absences were high.

Whilst strong partnership working was noted as important, stakeholders also reported a challenge related to the 'blurring of the lines' between the PA and the coach, echoing the views of some care leavers (see above). Stakeholders noted that care leavers were starting to see PAs and coaches as one and the same, broadening the scope of the coach beyond what was originally intended. As one stakeholder described:

> Now we've secured that strong relationship we've got to the point
> where there is a massive blurring of the lines between coaches and
> PAs. Coaches are often more physically accessible than PAs
> because they don't have to travel the country like PAs do. …. What
> started as building relationships, has become difficult in some
> instances. For example, one coach has supported two care leavers
> who were suicidal, taking them to A&E, supporting the assessment,
> sitting with them long into the evening. You can't walk away from
> that. That isn't our role, but you can't draw a line in a crisis.

This issue highlights the complex needs of many of the care leavers supported by the projects, and the gap in support that the projects were filling:

> They [the coaches] have built trusting relationship [with care leavers]
> which is a real strength of the project and care leavers are getting a
> level of support they couldn't access before.

However, it does raise the question regarding the parameters of support and ensuring that coaches are effectively supported to deal with such challenges and manage risk and longer-term support appropriately, as was noted by one project stakeholder.

### EET and Wider Support Services

All three projects had also built networks with a range of wider local services, including employers, job centres, colleges, and universities. As the projects moved past the engagement phase of delivery, building relationships with these local organisations became an increasing priority in helping young people to find, secure and sustain EET.

To build these networks, the Reboot West (West of England) project team set up an employment workgroup and an education workgroup. These groups sought to prioritise specific sectors and organisations to share opportunities for care leavers. Apollo (Sheffield) and i-Aspire (South East London) both employed an Employer Engagement Lead (EEL) to operate in a similar way, building networks and identifying relevant opportunities with local employers. The value of these partnerships, as well as access to placements, was to help employers better understand the needs of care leavers and ways to support them once in employment. Coaches felt this was an important aspect of project delivery as care leavers who were seemingly ready to start work placements, often faced challenges with sustaining employment, due to issues related to attendance, punctuality, relationships with workplace or training colleagues, inappropriate behaviour, and meeting employer's expectations. Increasingly, coaches across the projects worked with the employers or education/training providers to support the employer/provider and care leaver to settle into the placement (see below).

A few successful project examples are given below:

- The Employer Engagement Leads (EELs) worked with employers to design and deliver structured employment taster sessions, which provided care leavers with opportunities to observe jobs in action and understand the expectations of the work environment. Stakeholders explained that this helped the care leavers to direct their energies towards opportunities that suited them and saved the potential frustration of unsuccessful appointments. EELs were also worked with employers to build tailored processes for induction and provided feedback to care leavers about job, work experience, and/or interview performance. Sometimes care leavers were allocated a mentor who would support them through the first few months of a new job or work experience placement.

- A successful relationship between Project Apollo and Sheffield City Council was established. As part of the council's commitment to their corporate parenting responsibilities, a number of care leavers were engaged in a traineeship programme for three months. Most of these young people progressed into apprenticeships. Stakeholders acknowledged that they had faced several challenges associated with acceptable work behaviours and that, in different circumstances, many of the placements would not have continued. The ambition was that the council would provide care leavers with a mentor who would gradually take over the role of the Apollo coach.

During the pandemic, many of these network developments unfortunately stalled. In part, this was because education/training providers or employers were less available, or had closed, so the projects were unable to work with them in the same way. Some stakeholders explained it was more difficult to form new connections during this period, which stagnated some of the progress made in embedding the project with local employers and networks. Coaches found that without providing the young people with ongoing project support, it was more difficult to properly engage them in the opportunities

and they were at greater risk of placement breakdown. In the final year of delivery (up to March 2022), as COVID-19 restrictions were eased, coaches and care leavers both identified more opportunities as industries and education providers reopened. Both care leavers and coaches highlighted that this had improved morale and reinvigorated supporting young people into EET which had inevitably stalled during the pandemic.

Relationships with employers worked particularly well when employers were signed up to the Care Leavers Covenant[55], where employers committed to providing opportunities for care leavers. Building these and broader connections also gave the coaches additional information to help the care leavers with their applications and other stages of recruitment processes. For example, through their work with local universities who had dedicated support in place for care leavers, Reboot West (West of England) were able to tailor the application process for the care leavers. As a result, some of their care leavers were successfully achieving higher education outcomes.

Reflections from the final year of project delivery (late 2021/early 2022), however, demonstrated mixed responses on the overall or and success of working and aligning with the Care Leavers Covenant. Some coaches found the regular employment opportunity bulletins and the ability to recommend the young people download the MyCovenant app for job alerts useful. There were differences in experiences within and between areas though, with every coach valuing the Care Leavers Covenant in different ways. Other coaches highlighted that the opportunities were often not well-suited to the needs of the cohort as the opportunities were not well suited to those with high levels of need.

The projects also worked with wider services, including mental health, youth services, and/or drug addiction services, to support with young people's additional needs. Projects stated that the purpose of these connections was to embed the project within a local system of support and to signpost young people to services related to their wider needs. Unfortunately, challenges were identified when trying to engage with some of the services. In particular, project stakeholders explained that mental health provision was difficult to access due to high demand and long waiting lists. This affected the ability of the multi-agency work to support the care leavers. One project also had difficulties establishing a good working arrangement with the local job centre and struggled to support care leavers remotely with their applications from the centre, despite several meetings to explore different options.

## EET Opportunities in Project Areas

The availability of *suitable* education and employment opportunities was a key influencing factor on the success of the projects. For this particular cohort of care leavers, on the

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[55] The Care Leaver Covenant is a national inclusion programme supporting care leavers aged 16-25 to live independently, providing additional support for those leaving care, making available a different type of support and expertise from that statutorily provided by local authorities. More information is available at: https://mycovenant.org.uk/

whole, opportunities needed to have appropriate entry level requirements, be accessible on public transport, and be delivered in a setting which considered and supported the learning, emotional and behavioural needs of some care leavers. For example, some care leavers were unable to cope with the demands of desk based EET opportunities, including work experience, apprenticeships, education and jobs. Instead, some care leavers were much better suited to practical and physical opportunities, including facilities management, construction, and warehousing. Such EET opportunities also needed to be delivered by supportive providers and employers who were willing to be flexible and accommodating of care leavers' needs (e.g., understanding that attendance and punctuality could be an initial challenge or that tasks may need to be explained in more detail or could take longer to learn).

In Apollo (Sheffield), project stakeholders had a particularly strong knowledge of local EET provision having provided support to NEET care leavers for several years prior to the Care Leavers SIB programme. This was further facilitated by the fact that the geographical area was relatively small and they employed an 'employment specialist' to provide dedicated resource to help source appropriate EET opportunities (see above). Local stakeholders described a range of successes in developing links with training opportunities including an apprenticeship programme developed with the council within estates and administration teams. The project had also made strong links with a construction provider that offered work experience and a Level 1 qualification, with additional support provided to care leavers to enable them to maintain the placement. This included an extended induction period, a nominated mentor, regular reviews, and greater tolerance of absence or punctuality issues.  Despite these successes, project Apollo (Sheffield) highlighted some important challenges in relation to the opportunities available to their care leavers. One key challenge related to the availability and breadth of options which they could access, which were often limited in scope. As one stakeholder reflected:

> What we have locally - all the training providers duplicate the same offer - is warehousing, forklift truck driving. There is also call centre training and security guard, but both these are inappropriate, and that tends to be it.  What we do get asked for [by care leavers] is hairdressing, beauty, nail technician, retail. Retail is difficult because of zero hours [contracts], part-time work… they can't come off their benefits. We do get asked for health and social care, we have some links for work experience and with employers.  Again, it is more difficult if these are in the private sector.

Some stakeholders suggested that security guard training was not appropriate for some due to their levels of anxiety, self-esteem, and anger management issues. Call centre opportunities were not considered appropriate due to a preference of many care leavers for practical employment. Furthermore, some employment opportunities were not viable

for some care leavers who received on benefits, as they could be financially worse off on part-time or zero-hours contract work.

In contrast, i-Aspire (South East London) reported that their links with EET opportunities were less well developed than they hoped. This was attributed to the project covering a large geographical area and having experienced relatively high staff turnover.

## Adapting Delivery During the COVID-19 Pandemic

### Supporting Young People

As is discussed in more detail below (see Effect of SIB Model on implementation and outcomes), due to the COVID-19 pandemic and its impact on the EET market, DfE committed to fund the projects based on *projected* outcomes rather than *achieved* outcomes. Initially this was agreed between April and September 2020 but was extended to June 2021 to ensure the sustainability of the projects.  During this time projects developed a new approach to working with their cohorts, such as adapting to LAs needs, changing ways of working to maintain contact with care leavers and providing support to care leavers.

A summary of key activities undertaken by coaches during this time included:

- ensuring assessment and planning work was on-going

- maintaining contact and engagement with care leavers to support them to stay safe, live physically and emotionally healthy lives, develop social interactions with family/friends, and support EET outcomes by preparing for future interviews, sustaining employment, engaging with online training opportunities, or undertaking volunteering opportunities

- providing information, help and advice to care leavers by sending out links to videos and websites with activities or motivational/inspirational messages - these were not necessarily to elicit a response but to let young people know their coaches were thinking about them

- supporting care leaver to understand their responsibilities within lockdown, recognising and validating when young people were being socially responsible and challenging behaviour when necessary

- providing praise, reassurance and celebrating small or large achievements

- supporting care leavers to look to the future by considering what life would be after lockdown, and how the experience had changed them while exploring their hopes and dreams for the future.

Stakeholders reported that the changing restrictions experienced during the pandemic further hindered the EET journey for some care leavers. For these young people, establishing trusting relationships while working virtually was more difficult than face-to-

face contact. Some young people progresively became less willing to leave their home as the COVID-19 situation worsened. Coaches reported that their main role was providing an important motivational figure to young people during this time. One coach explained:

> My role was really to be by their side while they're going through that. At any time. And you know, just really encouraging them, motivating them. All of those things.

During the final year of delivery, all three project teams moved to a hybrid model of face-to-face and virtual support. While some coaches met young people face-to-face more often, some young people preferred to meet online as appropriate to their individual needs. Stakeholders' views on remote working arrangements varied with a few noting the benefits of the increased flexibility of contact for the young person (e.g., video calls). Furthermore, some argued this period had supported some care leavers with their transition to greater independence. However, most project staff, commissioners and investors thought that the quality and impact of remote support was less effective than in-person support. Coaches also noted that the support available to the young person was more limited than pre-pandemic. For example, coaches were no longer able to attend interviews with care leavers or sit next to them to complete application forms. They also felt that their capacity to motivate, encourage, and build young people's confidence was more constrained. When discussions took place remotely or outside while taking a walk, coaches reported that these meetings less likely to lead to an action or a positive outcome. Care leavers also had mixed views on remote versus face-to-face contact. Some felt the level of contact was just right and that phone calls provided greater flexibility, whereas others missed the face-to-face contact and often felt unsupported as they could not necessarily get hold of their coach when desired, particularly during periods of coaches' absence (e.g., due to illness).

Coaches explained that they adapted support plans to meet the young person's needs and situation at any given time, even if it meant making slower progress towards a specific outcome on the rate card. Coaches stressed that in some cases, smaller developments outside of EET represented significant positive steps for individual young people, such as securing stable housing or long-term childcare which would support getting in EET in the future. Positively, the long-term nature of the SIB project meant that coaches had time to be flexible with the intensity of their EET and wider support. Their priority was to support the young person at a pace that was suitable and sustainable for them and to support them to access other services when needed. A limitation, however, was that the smaller developments, particularly around wellbeing were hard to track or reflect in the project paid outcomes. This made it difficult for coaches to demonstrate the holistic progress of a young person, particularly if there was limited progress related to EET specifically.

## Working Arrangements

Stakeholders and project teams explained that, prior to March 2020, partnership working between the projects and the LA leaving care team had been a key strength of the programme, particularly in Apollo (Sheffield) and Reboot West (West of England). In these areas, coaches were co-located with the LA team which created benefits on both sides (as discussed above). The COVID-19 pandemic and requirement to work remotely affected this aspect of project team delivery and work. Despite the positive start, remote working appeared to have a negative effect on the partnerships between the leaving care teams and the projects, for instance stakeholders explained that it took more time to communicate via email compared to informal conversations that took place in the office. Previously, information was shared quickly, however, during the pandemic, it could take a few days to share information about a young person.

As well as affecting professional relationships, coaches and LA stakeholders were concerned that the changes caused by the COVID-19 pandemic had also affected the quality of the support for young people. They were concerned that they did not have timely information to keep up to date about a young person's situation. Stakeholders felt there was less accountability for recording data and greater confusion between the role and responsibilities of the PAs and coaches. In part, these challenges came about due to staff absence, due to shielding or sickness, as well as staff turnover. There was a sense, from both the LA and coaches, that more could have been done to share and record timely and effective information about young people.

Despite these challenges, stakeholders put measures in place to improve the remote working arrangements and observed positive changes in the latter months of programme delivery. These included members of the leaving care team attending the project meetings (and vice versa) and having greater access to the PA managers for support. In i-Aspire (South East London), there had been some issues related to the staff turnover amongst the coaches. Stakeholders explained that when the new coaches were in place, the relationship between the teams improved as the project and LA staff re-established a communication, trust and an effective working relationship. However, across all three of the projects, there was a feeling that more could be done to improve partnership working to pre-pandemic levels.

The COVID-19 pandemic also brought about challenges for some care leavers. This was particularly evident during national lockdowns when school, colleges, the hospitality industry, and non-essential shops were closed. Furthermore, some key services supporting the young people, stakeholders reported, were affected by staff losing their jobs, being furloughed or long-term staff absences. During this time, stakeholder reported that some young people adapted quickly after a set-back of losing a job and were able to find alternative employment. For others, however, the pandemic situation affected their motivation, and some suffered with increased anxiety related to the virus, particularly for young people with existing health conditions.

It was common for young people who were attending college to struggle with the transition to online learning with some, as reflected by both coaches and young people, disengaging for a period. The knock-on effects of falling behind with college work could exacerbate their waning engagement, and coaches reported a lack of understanding from colleges in supporting care leavers to re-engage. Coaches reported that care leavers often disengaged when college courses or apprenticeships were extended in duration which was a consequence of the sector needing to adapt to the pandemic. That said, one care leavers who was in higher education, said they preferred remote learning.

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**Case study: 'Sam'**

Sam had been in a positive position prior to the pandemic. They consistently engaged in education, completing English Level 1 at college, and were seeking to move into new accommodation at some point in the future. However, with the national lockdown in March 2020, colleges closed, and Sam dropped out of their course. They were interested in online learning but lacked the confidence to engage in this new approach and experienced heightened anxiety due to risks associated with the virus. Sam had learning disabilities and was less motivated to engage with formal employment at that time. Instead, with support from DWP, they explored the option of self-employment and potentially selling goods at local markets. Around the time the national restrictions started, Sam's contact person at DWP left their role making it more difficult for Sam to progress with their self-employment goal. They experienced low mental health due to a combination of the EET barriers and the limited opportunities for social contact during the pandemic. Their coach explained:

> Obviously [they] had some anxieties before as well... that has increased now because of the pandemic and [resulted in them] dropping from college and just not being so active in group activities as well.

Sam explained that talking to the coach helped with their low mood and got involved in online groups to socialise during this period. However, there was little EET progress that could be made while the pandemic restrictions were still in place.

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In summary, the impact of pandemic was multiple for many care leavers – they experienced higher levels of anxiety, their EET progress was limited, and they lacked consistent support from services. This level of disruption resulted in some young people experiencing low mood and confidence to try new things to make progress towards EET.

In late 2021, the reopening of the labour market presented labour shortages which enabled some young people to achieve employment, particularly in sectors such as hospitality, construction, and health and social care. Coaches highlighted that the sustainability of those roles was yet to be seen, as they may not be suitable as a long-term employment option for all care leavers who entered those sectors during this time.

# Effectiveness of Project Set up and Governance

**Key findings**

- Overall, stakeholders believed that all 3 projects were governed and managed well with only a few challenges being raised.

- Key successes related to governance included the programme management and professional coaching support provided by Mutual Ventures and the successful project delivery adaptations made due to the COVID-19 pandemic.

- Key governance challenges related to multi-authority partnership-working; understanding of the roles and responsibilities of different stakeholders, and the management of the SIB model, and the programme funding structure within DfE.

This section provides a summary of the projects' set up and governance arrangements. It also discusses the associated perceived successes and challenges.

## Project Management and Governance

In all three areas, a programme board was established during the programme's development phase to facilitate a new partnership arrangement specifically for the projects. Stakeholders argued that setting up clear governance structures was important for two reasons:

- firstly, to ensure both strategic and operational stakeholders from the LAs and the service providers were adequately engaged in implementation.

- secondly, so the social investors had oversight of the SIB requirements for the project.

Compared to the other projects, Apollo (Sheffield) had a simpler governance structure as it involved only one LA by default. All three projects had a separate board and Special Purpose Vehicle (SPV) for investors to oversee the SIB requirements. A SPV is a legal entity, often a limited company, created solely for a financial transaction or to fulfil a specific contractual objective. Project finances were processed via a SPV.

Table 9 summarises the governance structures.

**Table 9: Governance structures**

| Project | Project governance |
|---|---|
| Apollo<br>*Sheffield* | The **Programme Board** was established as a specific group to oversee day-to-day delivery on the project. The board, which met monthly, including the Service Manager for Care Leavers, the Head of Employment and Employability for Sheffield Futures and the Project Coordinator, as well as partners from the council including the Director of Business Services and the Assistant Director – Provider Services, Children and Families.  The Programme Board also linked to Sheffield Council's Care Leavers' Steering Group, the Corporate Parenting Board, and the Improvement Board.<br><br>An **Investor Board** (including representatives from Big Issue Invest (BII) and Sheffield Futures) was set-up to monitor performance, progress and outcomes. Sheffield Futures owned the SPV for the project; however, there was a 'step in' clause, which entitled the investor to a performance improvement plan and to employ an external performance manager in the event of underperformance. |
| i-Aspire<br>*South East London* | The **Programme Board** comprised Heads of Service and Assistant Directors from the three LAs (Lewisham, Greenwich and Bromley), Bridges and DePaul. This group met monthly during development and then quarterly from 2019. The group aimed to review overall project performance against outcomes, risks, challenges and identify areas of good practice in the delivery that could be replicated in the boroughs.<br><br>The **Operations Board** comprised the DePaul Service Manager, Data and Monitoring Officer and nominated Service Leads from each area. There were monthly meetings to review detailed activities, progress to outcomes, local challenges to delivery, identify new partnerships and maintain records of best practice. LB Lewisham was the lead commissioner for the project and held responsibility for project communication with the DfE and between the Operations Board and Programme Board.<br><br>An **SPV** led by Outcomes for Care Leavers LLP managed the SIB. The SPV governance meetings included representation from Bridges, DePaul and an independent chair. The SPV then sub-contracted DePaul as the delivery partner. |

| | |
|---|---|
| Reboot West<br>*West of England* | The **Steering Group** (similar to the Programme Board in the other two areas) comprised strategic representation from each of the LAs (Bristol, South Gloucestershire, North Somerset, Bath and North East Somerset), Bridges and 1625 IP. The group met quarterly and were responsible for managing any issues escalated from the Project Group as well as ensuring that there was good join up between the different areas and limited duplication from the SIB governance.<br><br>The **Project Group** comprised representation from each of the LAs to oversee the operational delivery of the project, including the strategy for identifying the cohort, activity and financial progress, and auditing the claims made by the provider for payment. A representative from Reboot West (West of England) attended part of each meeting to provide feedback on day-to-day management. Any issues that were not resolved at this meeting were escalated to the Steering Group. Bristol City Council was the lead commissioner for the project and is responsible for project communication with the DfE and between the Project Group and Steering Group.<br><br>An **SPV** managed the SIB contract, with representatives from Bridges, 1625 IP and an independent chair. The SPV then sub-contracted 1625 IP as the delivery partner. |

The evaluation explored the ongoing effectiveness of the governance arrangements during project implementation, consulting with stakeholders to determine how well or less well the governance structures worked in practice. Stakeholders from the LAs, projects and investors thought that, overall, all three projects were governed and managed well with only a few challenges being raised. Successes and challenges are outlined below.

## Governance: Successes and Challenges

### Successes

#### Programme Management Support

Commissioners, investors, service providers, and DfE stakeholders highlighted the programme management support provided by Mutual Ventures coaches was another strength of the programme. The Mutual Ventures coaches supported the projects with implementation issues, liaised with DfE on progress, and navigated areas for development or change. This role helped ensured that projects remained focused, that there were open lines of communication, as well as facilitating opportunities for sharing between the different projects – something the project stakeholders valued highly. Mutual Ventures also arranged learning and reflection events for the projects which stakeholder reflected has provided useful opportunities for stakeholder input, cross-project learning and reflection and for evaluation findings to be shared throughout the study.

#### Adaptations due to the COVID-19 Pandemic

Overall, despite some of the challenges associated with delivery (see section above: Effectiveness of delivery), the move to remote working and virtual delivery introduced

during the pandemic were well suited to the governance arrangements. Stakeholders felt able to engage more easily and efficiently, without the additional travel time. Prior to the pandemic, stakeholders noted this had been a particular challenge for those working outside of the lead LA areas and for monthly reporting meetings with the investor which were held in London rather than in project locations. Stakeholders thought that the discussions at virtual meetings were largely constructive and that there was good accountability through the range of members attending the meetings. Stakeholders also reflected that during the pandemic, it was easier to arrange ad hoc meetings to resolve any emerging issues, as needed.

## Challenges

### Multi-authority Partnership Working

One of the main challenges associated with management and governance arrangements related to the complexity of the multi-LA projects in Reboot West (West of England) and i-Aspire (South East London). Stakeholders from the different LAs felt that, at times, decisions were overly focused on the lead authority (e.g., Bristol for Reboot West and Lewisham for i-Aspire) with less attention to the needs of the other areas. Perceptions from stakeholders were that in part, this was due to the proportion of young people in the cohort from the lead LAs and the emphasis this placed on the composition of services within the networks. For example, in Bristol most of the young people came from that area, furthermore the coaches had developed extensive links with local employers and colleges to support them. However, this meant that there were fewer resources or connections for the young people from the other LA areas.

Stakeholders highlighted that the focus on the lead authority was also compounded by a couple of factors:

- Firstly, only the lead LAs had a commissioning representative on the strategic and operational boards, whereas in the other LA areas, representation also included frontline team members. This resulted in LAs having different perspectives on the presenting issues. As a result, it could be challenging for the commissioners to be holistic in their decision making meaning decisions tended to focus mainly on their own area. That said, there was variability in attendance at meetings, with a couple of LAs engaging very little with the project.

- Secondly, the size of the projects meant that in the non-lead LAs, some stakeholders reported that the project appeared to be less of a priority within a broader remit of services working with care leavers.

These issues did not affect Apollo (Sheffield) as one LA was involved. Furthermore, stakeholders in Apollo (Sheffield) stated that their strong existing relationships with the commissioner helped embed effective governance arrangements quickly.

In the final year of delivery, stakeholders from across the projects reflected on the importance of setting expectations, having clear structures and arrangements for partnership working and information sharing between LAs from the outset. They also stressed that the commissioner and investor should have agreement on the direction of the project. These issues may explain the differences between the outcomes achieved in the lead-LAs, compared to the non-lead LAs (see section above: Outcomes and impact achieved).

## SIB Model

For stakeholders who were new to SIBs, there was inevitably a learning curve while they familiarised themselves and adapted to this new way of working. Another challenge related to understanding roles and responsibilities within the SIB model. Being involved in a SIB involved a new way of working for some LAs in i-Aspire (South East London) and Reboot West (West of England).[56] Specifically, the commissioners found their role in the governance arrangements challenging. They reflected that, on fee-for-service projects, they were more involved in managing the delivery and therefore were able to ensure that provision aligned with other commissions. For the SIB project, however, the investors led the performance management and DfE paid for the service, therefore the commissioners' main role was to support with verifying the achieved outcomes. While this worked well, project stakeholders felt it was harder to integrate the project with the wider portfolio of support for care leavers as they were less aware of or responsible for the detail of the delivery. At times, project stakeholders found the arrangements challenging because they were required to provide numerous updates for different stakeholder groups, without necessarily having a space to openly discuss some of the challenges and experiences they were having. Once the processes were more embedded, project stakeholders found them easier, but initially, the level of reporting was a burden on the project manager.

Stakeholders highlighted the importance of involving all parties (e.g., commissioner, investors, and project stakeholders) in key decisions. Leading up to project close in March 2022, stakeholders reflected on the overall impact of the SIB mechanism, concluding that although there were complexities and at times it felt cumbersome, overall, the SIB model did not create additional layers of management, in fact it led to stronger management processes across authorities. The effect of the SIB model is discussed further below in the section on the Effect of SIB model on implementation and outcomes.

## Programme Funding Structure

Finally, how the programme was funded within DfE (e.g., by the Children's Social Care Innovation Team) caused some issues for projects. This was because the DfE funding team was separate to the policy team who were involved in wider DfE care leavers initiatives, such as the Care Leavers Covenant. There was a sense amongst some DfE

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[56] Although, North Somerset Council had successfully commissioned and delivered an edge of care SIB.

stakeholders that this process could have been improved by closer working between those financing the project and the policy team to ensure prompt and informed decisions and mutual learning.

# Effect of the SIB model on Implementation and Outcomes

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**Key findings**

- The projects designed SIB structures to suit their needs, any differences in approach suited projects' preferences, and did not appear to considerably effect on the effectiveness of the projects compared to each other.

- Commissioners had divergent views about whether outcomes success should be attributed to the SIB approach or to the experience and quality of the providers, with some valuing the role of investors in improving performance and others arguing that the projects would have been as successful if funded through a grant or conventional contract. Provider stakeholders mostly observed that the SIB structure had a positive impact, due to the focus on outcomes and a greater scrutiny of performance.

- The design of the projects took lessons from other programmes, particularly by including soft outcomes in the rate card, though some stakeholders thought the design of softer measures could have been further improved.

- Compared to other programmes, stakeholders greatly valued that the SIB model enabled wide-ranging support over a long period of time. As such, some argued the Care Leavers SIB programme led to better results compared to other programmes.

- Providers found it helpful to focus on outcomes rather than inputs and activities, and, in Reboot West (West of England) wanted to continue some elements of the SIB performance management structure into future projects.

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This section focuses on the impact of the SIB model and funding structure, and its benefits, and disadvantages. It describes the set up and structure of the three SIB contracts including the rate card; how the SIB structure and rate card was adapted during the COVID-19 pandemic; and stakeholders' views on the effect of the SIB funding mechanism on delivery before, during and after the pandemic. It also compares the SIB model and its benefits and drawbacks with other types of contracts.

## SIB Set-up

For the programme, the design and set-up of the SIB was informed by learning from other SIB programmes funded by government and the projects' prior experience of SIBs in participating LAs, service providers and social investors. The rate card for the programme (see Annex 1) was based on and developed from those used for other

programmes including the Fair Chance Fund[57] (FCF), Innovation Fund[58] and Youth Engagement Fund (YEF)[59]. However, the rate card also reflected the likelihood that projects' care leavers would require more support than YEF (a preventative programme supporting young people aged 14 and over to engage in EET) and less than FCF (a homeless cohort with complex issues requiring significant levels of support).

The three projects' proposals were also shaped by learning from frontline delivery of SIB contracts. All the service providers had prior experience of SIBs:

- in Apollo (Sheffield), Sheffield Futures had experience through YEF, where their positive experience encouraged them to pursue this opportunity and be a co-investor in the project.

- In i-Aspire (South East London) and Reboot West (West of England), DePaul and 1625 IP respectively had more limited but relevant experience. DePaul delivered within an FCF project, and 1625 IP developed a SIB project intended to be funded by FCF but that was not launched.

LA stakeholders had varying levels of experience, with some being involved in previous SIBs. However, others had limited experience and knowledge which led to some initial nervousness about a new way of working, according to provider stakeholders.

## Designing the Rate Card

DfE led the design of the rate card. This was based on outcomes from the *Keep on Caring* strategy[60], the consultations with care leavers that informed it, and wider sector engagement and learning from previous SIB programmes (as outlined above). In developing the rate card, DfE consulted social investors and local commissioners, which influenced two key aspects of its development. Firstly, DfE wanted the employment outcomes to incentivise work progression and increased earnings rather than a care leaver simply moving from NEET into EET. Secondly, social investors wanted the rate card to incentivise a range of EET pathways, such as progress into volunteering and work experience placements, rather than solely focus on achieving levels of qualification in education and measuring traditional progression to further education colleges and beyond.

The rate card took learning from and built on previous SIB rates cards in three main ways: The rate card:

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[57] Ministry of Housing Communities and Local Government (2019). Evaluation of the Fair Chances Fund.
[58] Department for Work and Pensions (2016) Qualitative evaluation of the DWP Innovation Fund: Final report
[59] Ronicle et al, (2012). Youth Engagement Fund Evaluation
[60] HM Government (2016) *Keep on Caring.*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/535899/Care-Leaver-Strategy.pdf [Accessed 28th April 2023]

- blended payments for 'outputs'[61] with payments for 'outcomes'[62]. This followed the precedent set by the FCF rate card which similarly included payment for outputs such as initial assessment.

- included a high number of potential payments (21 in total), including some with low financial value. This was similar to FCF but contrasted with the Innovation Fund rate card which had only 11 payment triggers.

- included payments for soft, self-reported outcomes related to wellbeing (such as feeling safe and having a stable relationship) whereas all payments on previous rate cards were for hard outcomes.

Although it was initially considered, the rate card did not include payment for accommodation outcomes, in part because LAs were already receiving funding to support care leavers into accommodation, and partly because DfE stakeholders wanted to keep the rate card structure simple. According to stakeholders interviewed early on in the evaluation (in 2019) this decision was made based on learning from other projects that found SIBs function best when they are well defined and lacked complexity. The rate card influenced the way providers designed their interventions and referral criteria. It also led to some concern among some LA stakeholders that excluding accommodation outcomes could result in a slightly disjointed service that did not provide holistic support to care leavers.  It is worth noting that wider stakeholders interviewed for this evaluation, saw no evidence that the lack of accommodation outcomes and support was an issue .

The final rate card (see Annex 1) comprised a 'menu of options' for LAs to choose that reflected their specific cohort and local context. While service providers could claim for outcomes across the rate card, payments were capped at £17,600 per care leaver. This aimed to minimise any incentive for projects to work only with beneficiaries who could potentially achieve a high number of outcomes and aimed to maximise incentives to work equally with the whole cohort.

A further interesting element of the rate card for the Care Leavers SIB programme was that projects could set individual stability and wellbeing outcomes for their project. These self-defined outcomes are shown in Annex 1. As discussed later in this section, these 'soft' outcomes were welcomed by projects, but some stakeholders thought that they could have been better designed or could have addressed a wider range of issues.

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[61] The tangible products, goods, and services that are produced (supplied) directly by a programme's activities. The use of outputs by beneficiaries contributes to changes in outcomes. Definition accessed at: https://golab.bsg.ox.ac.uk/knowledge/glossary/
[62] The outcome is what changes for an individual as the result of a service or intervention. Definition accessed at: https://golab.bsg.ox.ac.uk/knowledge/glossary/

# SIB Structures and Governance

The operational and contractual structures that supported the three projects differed and reflected the preferences and previous experience of the parties involved. The most important differences between the projects' SIB structures related to:

- who owned and managed the Special Purpose Vehicle (SPV) that managed the contract relationships and was accountable for contract delivery.

- the role of the social investor and how financial risk was shared between the service provider and investor in each case.

In summary, in both i-Aspire (South East London) and Reboot West (West of England), all capital came from an independent social investment organisation, Bridges Fund Management (BFM). The SPV in both projects was independent and governed by representatives from BFM, the respective service provider and an independent Chair. The SPVs used the capital from BFM to cover the costs of service delivery which were paid to the respective providers as incurred, and recovered these costs, plus returns to the investors, from outcome payments. Since its capital was at risk if the projects did not achieve enough outcomes, BFM actively managed both projects, working closely with the providers to ensure performance was on track.

In Apollo (Sheffield), the SPV was owned by Sheffield Futures (the service provider) with representation from the social investor, Big Issue Invest (BII). Sheffield Futures was a co-investor in the project, along with BII. Furthermore, as part owner of the SPV, Sheffield Futures directly shared the risk if the outcomes achieved were below expectations. Unlike in the other Care Leavers SIBs projects, BII's investment was in the form of a simple loan to the SPV, which Sheffield Futures used as working capital until they could cover delivery costs from outcome payments and generate sufficient revenue to repay the loan. Since BII was not directly dependent on outcomes to recover its investment, according to both BII and provider stakeholders, and its capital was only at risk if Sheffield Futures was unable to repay the loan, it took a less active role in the management of performance compared to BFM, although it still offered advice and challenge through its representation on the SPV Board.

Figure 12: Care Leavers Programme SIB Structures shows the SIB structures for the three care leavers projects.

The two models were typical of many SIBs, and both had benefits and drawbacks. As highlighted in other research,[63] the model deployed in i-Aspire (South East London) and Reboot West (West of England) – sometimes termed the 'intermediated model' – works better for relatively small providers who do not have the financial capacity to bear

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[63] See Understanding Social Impact Bonds, OECD 2016 pages 6-8 for an explanation of the different models and for further analysis of the benefits and drawbacks of different models see Commissioning Better Outcomes Fund Evaluation 3rd Update Report, Ronicle et al May 2022, Section 2.2 available at https://www.tnlcommunityfund.org.uk/media/research-documents/social-investment/CBO-3rd-update-report.pdf?mtime=20220616134448&focal=none

outcomes risk, but it has the potential drawback that providers cede a degree of operational control to the investment fund manager. The model used in Apollo (Sheffield) – sometimes termed the 'direct model' – allows the provider to control delivery and manage performance itself, but it only works if the provider has the financial and operational capacity to do that effectively. Throughout this evaluation, service provider stakeholders reported that the different models suited their circumstances and preferences, as is discussed in further detail below.

**Figure 12: Care Leavers Programme SIB Structures**
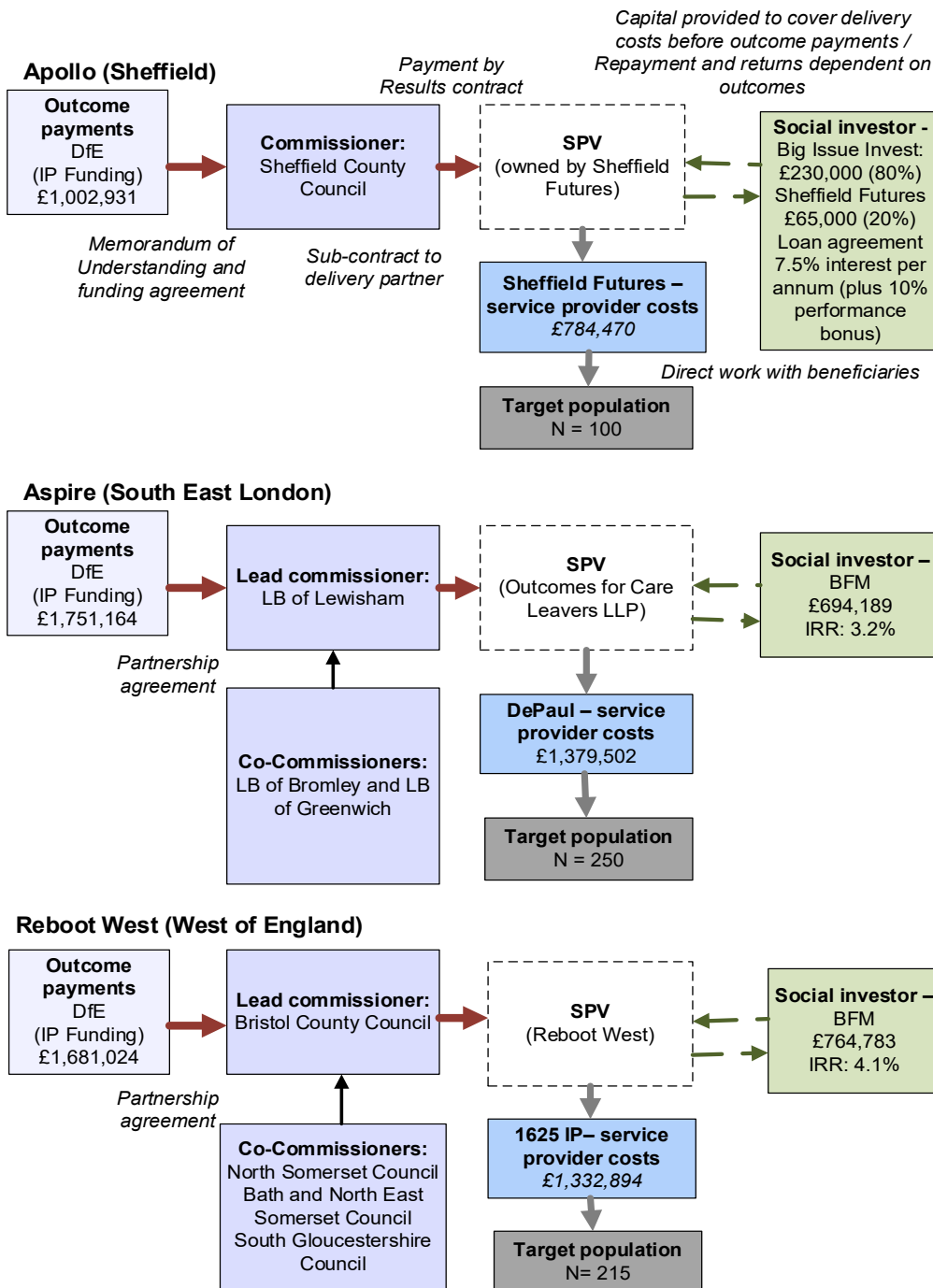
# The Impact of the SIB Model on Delivery

This section considers how the SIB model affected delivery before, during and after the COVID-19 pandemic.

## Delivery Prior to the COVID-19 Pandemic

In 2019, early evaluation findings, suggested that the use of a SIB model and funding structure had two considerable impacts on the initial implementation of the three projects. Firstly, stakeholders (particularly providers) were required to undertake the additional performance management expectations of a SIB contract; these differed depending on the SIB structure and sharing of risk between provider and investor (as discussed above).  In Apollo (Sheffield), Sheffield Futures was responsible for managing its own performance and strategic stakeholders within Sheffield Futures made clear that the organisation was comfortable with this level of responsibility due to its positive experience of a previous SIB and its understanding of what was needed to drive performance. Stakeholders also thought that this approach removed some of the layers of management in the SIB. Conversely, stakeholders from Reboot West (West of England) and i-Aspire (South East London) thought that BFM's added focus on performance management was a benefit. Although there was more monitoring infrastructure than would be implemented in another type of contract, the data obtained was used to create a 'learning environment' for the service. This helped stakeholders to think differently about their operations, as one explained:

> There is a strong emphasis on performance management, but it doesn't stop there for me. It's about taking the data that we gather on a whole range of outcomes and what sits behind the cohort and using that to help us keep on track but also identify any further changes needed in how we're delivering.

Secondly, there was a shared view amongst the stakeholders that setting up the SIB projects had been complex and time consuming, involving multiple partners and changes to the usual commissioning process. During the early stages of the project, this resulted in frustration and LAs and projects investing a significant amount of time.  Partners felt that the legacy of this was some lack of clarity in the relationship between the investors and the LAs, each of which had different motivations and expectations of project delivery.

As the projects moved into delivery, a number of themes emerged which then persisted throughout the programme and evaluation. Stakeholders had diverging views about the extent to which the SIB funding mechanism had influenced effective delivery. Stakeholders consulted in late 2020 did not think the funding mechanism had made a significant difference: they observed that projects had delivered support effectively but commonly expressed a view that this was because they were being delivered by high-

quality and trusted providers rather than being related to the funding model. As one stakeholder reflected:

> The provider is well established in the area, has great relationships with the local authorities and communication on the ground is good. There has been lots of investment from the provider in making this work and bringing an innovative delivery approach, which we hope will lend itself to long-lasting change.

Conversely, commissioners reflected that the demands of the SIB model required providers to be comfortable with a level of risk associated with delivery, to have strong leadership, and to understand the performance management demands of the programme.  In addition, while there was frustration with the level of time spent on partnership coordination, management/data analysis and administration, most stakeholders consulted recognised that this had value in being able to assess progress and tackle challenges as they emerged. This, they argued, led to better outcomes. Stakeholders observed that the SIB mechanism and payment by results structure meant they were more responsive than might otherwise have been the case. In late 2020, a stakeholder observed:

> It is a completely different culture.  As you enter the programme it's all quite different… The fact that it is high profile [because of the SIB aspect… lots of people are interested in seeing it do well], it does help to sharpen everyone's focus. It does make you more creative, take risks and think outside the box.  You know sooner if it isn't working, and you think of doing something differently. It's a combination of having an investor and the risk that brings.

Provider stakeholders also thought that they benefited from the flexible way in which funding was provided as it enabled a greater level of flexibility in how they used the funding than they were typically used to.  This afforded a greater level of autonomy over project spending. For example, in one project, the team delivered a Level 2 customer service course in-house with staff undertaking the qualification alongside the care leavers.  This was considered not possible in projects that had a more prescribed approach.

Finally, and despite the efforts that the rate card developers had made to reflect soft outcomes and progress more than previous programmes, there was an emerging view among stakeholders that the outcomes' structure was still too focused on hard EET outcomes. Stakeholders felt this did not fully reflect the intensive work required to build young people's confidence and self-esteem before they could consider moving into EET, and the fact that some young people required more support than others over a longer period, because of their needs and level of disengagement.  As one stakeholder explained:

With the benefit of hindsight, we could have structured the outcomes differently. What's not being reflected are the very small but very important positive outcomes because the soft outcomes are only assessment and action planning.  We have made incredible changes to people's lives. For example, one young person hasn't done anything for four years. Literally nothing, and he's now on a second training course. We're shifting people to believe that they can do something, even if it might not reach employment.  It's setting them on the journey.  There could have been more softer outcomes to reflect what we're achieving. It would be nice to see that recognised.

## Delivery during the COVID-19 Pandemic (March 2020 to June 2021)

As discussed above, with the start of the COVID-19 pandemic during 2020 and into 2021, the DfE and projects agreed how projects would be funded and what they would deliver during the pandemic.  The DfE committed to fund the projects based on *projected* outcomes rather than *actual* outcomes to ensure their sustainability. Initially, this was agreed for the period April to September 2020 and was subsequently extended in three month increments until June 2021 in response to the pandemic and its impact.

The nature of the projects (e.g., a payment by result structure and the social investment support) affected the way in which they responded and adapted to the pandemic. In all three projects, investors were the key stakeholders involved in the process of moving to projected outcomes, reflecting the fact that they were, in two of the three projects, bearing all the risk of reduced outcome payments. In Apollo (Sheffield), the investor shared the risk with the provider and therefore both were equally concerned to ensure that appropriate adjustments were made during this time. Investor stakeholders reported that, partly due to their risk exposure, they had initiated discussions with the DfE about options, though DfE stakeholders explained that they had mainly been led by what was happening across government and guided by colleagues with policy responsibility for SIBs within the Department for Culture, Media and Sport (DCMS). DfE stakeholders also explained that they had been keen to consult investors as they understood the SIB model and could draw on their experience of other projects facing similar challenges. The latest round of interviews (in late 2021/early 2022) highlighted that local commissioners had limited involvement in informing and agreeing the transition to projected outcomes.

Project stakeholders also observed that investors played a positive role in enabling the projects to adapt their delivery focus towards the wellbeing of care leavers and away from EET outcomes during the pandemic. Project stakeholders were generally of the view that the SIB model had supported this shift in emphasis because of the advice, support and wider perspective that investors were able to provide. In particular, investors had experience of other SIBs and outcomes contracts that had needed to adapt to COVID-19 restrictions and drew on their experiences from those projects. Stakeholders also strongly welcomed the flexibility that the SIB structure offered at this time.  They

reported that the SIB models supported adaptations by allowing providers considerable freedom both to amend their delivery approach and to spend freely and flexibly on activities and items that supported adaptations to take place.  As one investor observed:

> We were encouraging delivery partners to buy laptops, pay for heating if a meeting had to be in someone's flat, pay for separate taxis so a coach and young person can both attend a medical appointment. We wanted the providers to understand that they could do whatever was needed [to support young people] through this period.

Adopting fixed payments during the pandemic, and therefore effectively turning the contracts temporarily into fee-for-service arrangements, also heighted the debate about whether payment-by-outcome made a real difference to the effectiveness of contract delivery. On the one hand there was a strong view that the delivery teams were highly motivated to deliver a quality service regardless of the commissioning model.  One commissioner explained that:

> You'd think as a commissioner I'd really like payments by results because it's quite ruthless [but] in terms of has it made a difference, I think, no, probably not, to the quality of the service and the service that the young people receive.  I think that the staff working in the provider, I have faith that even if they weren't getting paid on outcomes that they would be doing the exact same job and they would do a really good job because that's not why they're doing it.

On the other hand, investors and some provider stakeholders argued that the culture of a SIB had not changed as they continued to deliver as if they were payment by outcomes contracts. Stakeholders observed that in two of the three projects, the outcomes payment mechanism was invisible to the providers who were paid to deliver the service irrespective of performance. While, in the other contract, the provider and investor had continued to monitor outcome performance throughout.

Finally, in 2021, the shift in focus to wellbeing and the expectation of a shift back to payment by outcome led to some debate about whether the rate card should be adapted to reflect some stakeholders' concerns about the adequacy of soft outcomes and progress measures. Some argued that the rate card should have been adapted to reflect this.

## Delivery in late 2021/22

The move to fixed payments ended by July 2021, though in the final wave of data collection for the evaluation, some stakeholders noted that there had not been a complete return to pre-pandemic working arrangements. On the whole, stakeholders did

not think that the SIB model had a significant impact on the transition back to outcomes-based working. This tended to support the view of some stakeholders who noted that they had largely continued to operate in the same way throughout the pandemic except for changing how they interacted with care leavers.  That said, there continued to be divergent views about the impact of the SIB approach, and sometimes its appropriateness for care leavers, as is explored below.

## Overall Reflections on the Impact of the SIB Model

In the final wave of interviews (late 2021/early 2022), stakeholders were asked to reflect on the project as a whole and the impact of the SIB model, focusing on the impact of the payment-by-results structure and/or the role of the social investors and the capital they provided.

Throughout the evaluation, views differed about whether outcomes success should be attributed to the SIB approach or to the experience and quality of the providers. Some commissioner stakeholders argued that the project would have been as successful if it had been funded through a grant or conventional contract structure.  However, another commissioner stakeholder, who was initially sceptical, expressed a strong view that they had become a 'convert' to the approach. In particular, they thought that the role of the investor had been valuable, describing their contribution as 'fantastic'.

Provider stakeholders argued that the SIB structure had made a positive impact. One stakeholder thought that both the focus on outcomes and constant scrutiny of performance, had made 'a huge difference':

> The constant reporting and interrogation of the data is the thing that probably jumps out the most for me…I think having the data analysis at my fingertips has been so important to drive performance on this project.

Another said:

> I think that has been a really important part of the project from both a challenge and an interest in innovation perspective, as the monthly board meetings with [the investor] are very important and have made a huge difference.

Another strategic provider stakeholder commented similarly on the value of regular scrutiny:

> We used to say, "can we stop meeting monthly?" and now it doesn't occur to us and I'm wondering why we used to find it onerous, but we don't know.

That said, providers and some commissioners noted that the rate card did not fully reflect the value or importance of the intensive work needed to support this particularly vulnerable cohort get closer to being able to consider EET opportunities. One provider observed that the soft outcome payments were better than nothing, but they did not give a true picture of the progress young people had made. They explained:

> They are self-assessed and too binary with "yes/no" answers, they don't show distance travelled and don't explain why progress has changed over time.

Providers also valued the flexibility of funding and the ability to spend freely on what was needed to make the difference for young people. In the words of another providers:

> We bill what we spend up to a contract limit and, for a big project, it's great to not have to be reporting against all sorts of little bits and lots and lots of rows of expenditure worrying that we're over here or under here when it feels like it makes absolutely no difference to anyone.

Finally, several stakeholders argued that the key contributor to the success of the projects had been its longevity, and the ability to work with challenging young people over a long enough period to really make a difference to their lives.  Several stakeholders attributed this to the SIB funding, but the consistency and length of funding is not unique to SIBs, however, SIBs are sometimes deployed to overcome short-term funding cycles. The longevity of the projects was due to DfE committing a four-year funding model regardless of the funding or contractual model used.

## Comparisons with other SIB Programmes

To get a better understanding of the potential benefits and limitations of the programme's SIB model, the evaluation team undertook a qualitative comparison of the Care Leavers SIB programme and other similar projects. The evaluation sought to answer three questions about the effectiveness of the SIB models and the structures deployed across the three projects:

- How do the SIB models compare to each other?

- How does the programme compare to other SIB projects and programmes with similar characteristics?

- How does the programme compare to other non-SIB projects?

## How do the SIB models compare to each other?

As noted above, the SIB structures used across the projects created different incentives and dynamics, with the most important difference being between the two projects backed by BFM, and the project backed by BII and by the provider. In i-Aspire (South East London) and Reboot West (West of England), the providers were free to operate as in a conventional contract but with more freedom to spend without excessive scrutiny; however, they had greater oversight, data scrutiny, and performance management from the investment fund manager compared to conventional contracts. For Apollo (Sheffield), the provider had previous experience and its own investment so had less scrutiny from the investor (BII). However, it had a risk of financial loss if outcomes did not achieve the outcome forecasts.

While the evaluation explored these differences in approaches, the evaluation team concluded that they did not appear to significantly impact on the effectiveness of the projects compared to each other. Rather, the evaluation confirmed that any differences of approach and structure worked well for the relevant parties.  Across all projects, strategic provider stakeholders reported that they were happy with the relationship with their investor and indicated that they would not have been comfortable if the structures had been reversed. For stakeholders in i-Aspire (South East London) and Reboot West (West of England) this was because they did not want nor could risk liability for outcome performance being linked to remuneration. For stakeholders in Apollo (Sheffield), they had previously worked successfully with BII on a similar risk share basis and wanted to be in control of performance management and data analysis. As one strategic stakeholder in Apollo (Sheffield) commented:

> We are aware this is different to the other two projects, where the investor has been executive level hands-on... We had discussions with them…. but we preferred to work with the investor with whom we had a previous relationship.

Setting up the SIB structures with agreement from all parties appeared to be the most important aspect for the projects as this suited their need and risk appetite.

## How does this programme compare to other SIB programmes?

One of the aims of the evaluation was to explore the impact of the SIB funding mechanism for the Care Leavers SIB programme compared to other SIB and non-SIB programmes. DfE and the evaluation team agreed to explore the Care Leavers SIB programme against other similar programmes to explore what insights could be learned and taken forward to other programmes in the future.

Undertaking a comparative analysis was challenging. This is due to the inherent difficulties of comparing projects with different objectives, cohorts, interventions, and delivery structures; coupled with the additional difficulties of isolating the effect of the SIB

mechanism and the intervention. These differences made it impossible to make a quantitative comparison of EET outcomes achieved by different programmes.

It was however possible to make broad conclusions about the effectiveness of the programme and the extent to which its impact may have been influenced by the SIB mechanism, based on the views of stakeholders who have had previous experience of SIBs and/or other similar programmes, and an objective comparison with other independently evaluated programmes.

With regard to other SIB programmes, as of June 2022, there have been around 90 projects in the UK (mostly in England) which fit the broad definition of Social Impact Bonds.[64] Those offering partial comparators to the Care Leavers SIB programme were well known to DfE and stakeholders in the projects and were in some cases precursors to the programme (see above: SIB Setup above). The SIB programmes that enabled the evaluation team to compare *some elements* of the Care Leavers programme's effectiveness included the following projects, all referenced under SIB Setup above:

- The Youth Engagement Fund (YEF) which sought to enable young people to participate and succeed in education and training, to improve their employability, reduce their likelihood of future offending and improve health and wellbeing. One of the YEF projects was delivered by Sheffield Futures working with BII, therefore it offered a degree of like for like comparison from stakeholders.[65]

- The Fair Chance Fund (FCF), which was designed to improve accommodation, education and employment outcomes for homeless young people aged 18 to 24.[66]

- The DWP Innovation Fund, which funded SIBs by a Payment by Results (PbR) model to support projects targeted on young people aged 14 and over who were disadvantaged or at risk of disadvantage.[67]

While the evaluation team did not attempt a detailed analysis, we concluded that the YEF and FCF were the most useful programmes to compare to the Care Leavers SIBs programme. While considering the limitations of these comparator projects, the evaluation team came to the following tentative conclusions about the design and delivery of the Care Leavers SIB programme, compared to these programmes.

Firstly, the Care Leavers SIB programme was relatively successful in achieving EET outcomes.  While both FCF and YEF were viewed as successful, providers reported finding it challenging to achieve EET, especially for the employment outcomes. This was because:

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[64] The GO Lab INDIGO dataset lists 89 SIBs in the UK – see https://golab.bsg.ox.ac.uk/knowledge-bank/indigo/impact-bond-dataset-v2/?query=&countries=United+Kingdom&maptype=markers
[65] Ibid
[66] Ibid
[67] Ibid

- the focus of FCF was on finding and sustaining accommodation rather than employment outcomes, whereas the Care Leavers SIB programme was directly focused on EET outcomes.

- the YEF programme's design limited providers' ability to support young people into training (particularly employment outcomes) and the outcome metrics were considered too binary. The Care Leavers SIB programme was designed to avoid this challenge; it adopted a more flexible approach and included progression measures (in line with a recommendation from the YEF evaluation).

Secondly, the Care Leavers SIB projects were deliberately designed to work with extremely challenging cohorts of young people who were hard to reach and engage. In particular, there were restrictions on cohort recruitment such that providers could not recruit additional care leavers to the programme once the initial period of recruitment had ended, and projects had to keep trying to engage and work with the original cohort identified. Conversely, the YEF evaluation found that providers sometimes deliberately chose to work with young people with different degrees of disadvantage, or risk of becoming NEET, to ensure that they could achieve the outcome targets for at least some of the cohort. Stakeholders told us that the tighter restrictions on the Care Leavers SIB programme had a positive effect on those hardest to reach.  Notably, in the final year of delivery of the Care Leavers SIBs programme, stakeholders explained that the eligibility criteria meant projects were able to find EET opportunities for those who had taken longer to engage and/or who had overcome initial barriers. If the eligibility criteria had been less well defined and not targeted at those most in need, those young people may never have received such intensive and sustained support.

A third point of comparison related to the inclusion of soft progress measures within the rate card. The evaluations of FCF and YEF noted the need for such measures. While stakeholders involved in the Care Leavers SIBs programme sometimes felt that the soft outcomes did not go far enough, it seemed clear that the programme had benefited from the inclusion of these wider progression measures.

Finally, the Care Leavers SIB programme appeared to benefit from flexibility in the way it was designed and managed by DfE compared to the other programmes. A criticism of the YEF was that the funding and contract monitoring department lacked such flexibility. A stakeholder from Apollo (Sheffield), who was able to compare YEF and the Care Leavers SIB programme, commented that the programme had been a very different experience:

> DfE has had different approach to it, they've been really open to communication, really willing to listen and they've been willing to accept our learning and recommendations as the project has evolved…Another thing that goes back to it being DfE is that we have real flexibility to make changes as we've gone along and to try new things.

## How does the programme compare to other non-SIB projects?

While comparison with projects that were not SIBs was equally challenging for the evaluation team, there was some limited evidence from other DfE-funded care leavers' programmes, that provided some evidence of the impact on EET outcomes, namely Southwark Catch 22 Care Leavers Partnership (CLP)[68] and the North East Lincolnshire Staying Close pilot.[69] The evaluation of the Southwark Catch 22 CLP sought to measure the impact of the project on EET outcomes noting that EET outcomes appeared to improve. However, the differences were small and could not be attributed directly to the CLP. For the Staying Close evaluation, there was a very small increase in the proportion of young people being in EET within a very small sample. The evaluation also noted that existing literature showed weak evidence that the Staying Close approach had an impact on EET outcomes. As noted in the 'Outcomes and impact achieved' section above, the Care Leavers SIB projects do appear to have had a positive effect on getting care leavers into EET.

Care Leavers SIB stakeholders who were interviewed in the final wave of the evaluation (late 2021/early 2022) spoke favourably about this programme compared to traditional employment programmes within which they had been involved. One provider commented that the focus on outcomes and the SIB model, despite some drawbacks, was preferable to traditional activity-based programmes. The benefits of the SIB were reported to be the programme duration (over three years) and how this timeframe was conducive to helping overcoming barriers to becoming EET. Stakeholders observed that traditional employability contracts also tended to be over-prescriptive (e.g., the delivery of a fixed number of sessions), which, in their view was restrictive. The SIB, by comparison:

> has given staff and management the freedom to address all those barriers. There isn't the pressure of "sort the CV", "arrange an interview", "get them into the job".

A final observation related to a development in the Reboot West (West of England) project, whereby, in July 2021, 'Reboot 2' commenced. This extension project, which covered the same LA areas and commissioners as Reboot West, was being delivered by the same provider. It offered similar support for care leavers for an additional but similar cohort of 170 young people. The project was being conventionally grant funded by the West of England Combined Authority (WECA) and the Youth Futures Foundation (YFF). This new project was interesting because it was originally conceived as a SIB, with WECA's funding topped up by the Life Chances Fund (LCF) but became a grant funded

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[68] Mollidor, C., Bierman, R. and Akhurst, E. (2020) Evaluation of the Care Leavers Partnership: Southwark Council and Catch22: Evaluation Report. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931984/Catch22_Southwark_-_Ipsos_MORI_final_report.pdf [Accessed 30th March 2022]
[69] O'Leary, C. *et al*, (2020) North East Lincolnshire Staying Close Pilot: Evaluation Report Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932000/Staying_Close_NE_Lincolnshire.pdf [Accessed 30th March 2022]

project. Reboot West (West of England) stakeholders were keen for Reboot 2 to retain certain features of a SIB, including the monthly performance reporting and the same governance structure as was in place for Reboot West. When interviewed during late 2021/early 2022, stakeholders reported that providing detailed reports on inputs and expenditure for the new 'Reboot 2' project was time-consuming in contrast to the spending freedom they were used to from the Care Leavers SIB project.

It was hard for the evaluation team to draw conclusions from this limited evidence base, however, to summarise, the evidence suggested that:

- the SIB model enabled wide-ranging support over a longer period of time compared to conventional programmes, consequently, it could be argued the Care Leavers SIB programme led to better results, at least according to stakeholders with experience of conventional programmes

- providers found it helpful to focus on outcomes rather than inputs and activities, and, in Reboot West (West of England) wanted to continue some elements of the SIB performance management structure into other projects.

# Value for Money of the Care Leavers SIB Programme

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## Key findings

- The evaluation team provided a framework for assessing value for money: Economy, Efficiency (or Cost Efficiency), Effectiveness (or Cost Effectiveness), and Equity (4Es).

- Stakeholder and care leaver feedback demonstrated encouraging signs across all 4Es. If the employment outcomes were sustained for the care leavers' working lives, and the education outcomes met their estimated values, the estimated value of the programme (cost effectiveness) would reach almost £40 million, or seven times its costs. That said, there is uncertainty in predicting long-term outcomes, particularly for outcomes for a high-need cohort.

- Equity (e.g., the extent to which other value for money objectives were achieved equitably for service users and other key stakeholders) was also strong, given that the programme worked with care leavers with high levels of need.

- Value for money assessments of SIBs and outcomes-based contracts are challenging as it is difficult for evaluators to identify and separate out SIB-specific costs and the extent to which the SIB funding mechanism influenced effective delivery. For future SIBs or outcomes-based contracts, it would be helpful if projects could measure all costs of the programme – particularly identifying which costs are SIB-specific and which are not – and measuring further progression outcomes beyond the lifetime of the SIB.

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This section outlines the costs of the Care Leavers SIB programme, then provides a framework for assessing the value for money of the programme. This is based on data analysis, stakeholder interviews and a general understanding of research into other SIBs and outcomes-based contracting. The section concludes with an overall assessment of value for money including a discussion of the challenges of the approach in relation to this study.

Value for money has been assessed against the National Audit Office's '4 Es' framework for value for money. The 4Es provide a systematic framework to evaluate value for money, specifically costs and benefits, from four angles. As discussed below, the 4Es are Economy, Efficiency (or Cost Efficiency), Effectiveness (or Cost Effectiveness), and Equity. Value for money is primarily considered from the viewpoint of the DfE or the 'public purse'. Projects, investors, or commissioners may view value differently (e.g., the ability to generate a profitable return on their investment).

Overall, it is difficult to provide a conclusive assessment of the value for money of the Care Leavers SIB programme because of the limited evidence available beyond the costs to the DfE, including the outcomes payments of the SIB. Therefore, there is limited

scope to unpick the costs and benefits, and to estimate the 'SIB effect' (i.e., the influence of the SIB contracting model on outcomes or value for money).

It was clear from early in the evaluation that the programme achieving value for money would be challenging. For example, there were several challenges to supporting care leavers into EET, not least the COVID-19 pandemic. Furthermore, achieving outcomes was ongoing and time intensive, particularly the stability and wellbeing outcomes, which logically could be seen as a precursor to achieving the more lucrative employment outcomes (as discussed above).

## The Costs of the Care Leavers SIB Programme

The total costs of the Care Leavers SIB programme to the DfE was £5,620,217 (Table 10). This comprised a 'Funding Amount' for each of the three projects, which represented the funding the projects received to pay for the outcomes achieved, plus a 'Development Grant', which covered set-up costs.

**Table 10: Costs of the Care Leavers SIB Programme to the Department for Education**

|  | Costs to DfE |
| --- | --- |
| Apollo | £ 1,183,550 |
| i-Aspire | £ 2,180,994 |
| Reboot West | £ 2,255,673 |
| **Total** | **£ 5,620,217** |

An indicative average cost per unique outcome was £1,169, (i.e., £5,620,217 ÷ 4,806 outcomes). Please note reported costs only covered costs to DfE, so there may be further programme costs, which could not be measured in the remit of this study. This may mean that total costs are under-reported. Equally, if social investors delivered below budget, then the true cost of the programme (i.e., the minimum cost for which the programme may run) may be less than £5,620,217. This may mean that total costs are over-reported. For the purpose of this analysis, these effects were not measurable so effectively it is assumed that they cancel each other out.

Table 10 shows the number of individual care leavers achieving each outcome. To calculate the outcome payments made, which form part of the programme's costs, the evaluation team multiplied the total number of times each of the claimable outcomes were achieved with its corresponding value on rate card. As the projects were able to claim the same outcome up to three times for each care leaver (up to the value of the cap) the total number of outcomes claimed is greater than the total number of individuals

care leavers achieving an outcome. Table 12 shows the value paid[70] for all achieved outcomes by category based on multiplying the number of outcomes achieved by value (from the rate card – see Annex 1).

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[70] Table 11 shows the number of outcomes that projects received a payment for. Projects did report achieving a higher number of outcomes for some categories, but due to the cap on the number of times the same outcome could be claimed for the same individual, projects did not receive a payment for all outcomes achieved.

**Table 11: Number of care leavers achieving claimable outcomes and rate card values**

| Type | Number of care leavers achieving a claimable outcomes | Rate card £ | Programme | | Apollo | | i-Aspire | | Reboot West | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Outcomes | % of total (N=637) | Outcomes | % of total (N=131) | Outcomes | % of total (N=264) | Outcomes | % of total (N=241) |
| Stability and wellbeing | Agrees education/training is right for them | 220 | 574 | 90% | 103 | 79% | 240 | 91% | 231 | 96% |
| | At least 1 consistent relationship | 220 | 460 | 72% | 0 | 0% | 235 | 89% | 225 | 93% |
| | Feels safe | 220 | 548 | 86% | 91 | 69% | 227 | 86% | 230 | 95% |
| | Managing accommodation and costs | 220 | 451 | 71% | 87 | 66% | 137 | 52% | 227 | 94% |
| | Self-determined outcome / SLN screening / Money management | 220 | 325 | 51% | 99 | 76% | 90 | 34% | 136 | 56% |
| Education and training | Begins education/training course | 220 | 284 | 45% | 53 | 40% | 99 | 38% | 132 | 55% |
| | Completes 25% of course | 220 | 244 | 38% | 45 | 34% | 90 | 34% | 109 | 45% |
| | Completes 50% of course | 220 | 214 | 34% | 32 | 24% | 88 | 33% | 94 | 39% |
| | Obtains level 1 qualification | 1760 | 106 | 17% | 17 | 13% | 48 | 18% | 41 | 17% |
| | Obtains level 2 qualification | 4730 | 73 | 11% | 19 | 15% | 21 | 8% | 33 | 14% |
| | Obtains level 3 qualification | 4730 | 19 | 3% | 3 | 2% | 6 | 2% | 10 | 4% |
| | Begins higher education | 660 | 23 | 4% | 0 | 0% | 13 | 5% | 10 | 4% |
| | Completes 1 year of higher education | 2750 | 13 | 2% | 0 | 0% | 9 | 3% | 4 | 2% |
| | Completes 2 years of higher education | 2750 | 7 | 1% | 0 | 0% | 5 | 2% | 2 | 1% |
| | Completes higher education course | 4730 | 3 | 0% | 0 | 0% | 2 | 1% | 3 | 1% |
| Work experience | Enters work experience / volunteering | 110 | 55 | 9% | 22 | 17% | 4 | 2% | 29 | 12% |
| | Completes 1 week of work Experience / volunteering | 220 | 43 | 7% | 21 | 16% | 3 | 1% | 19 | 8% |
| | Completes 4 weeks of work experience / volunteering | 330 | 24 | 4% | 17 | 13% | 1 | 0% | 6 | 2% |

| Type | Number of care leavers achieving a claimable outcomes | Rate card £ | Programme | | Apollo | | i-Aspire | | Reboot West | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Outcomes | % of total (N=637) | Outcomes | % of total (N=131) | Outcomes | % of total (N=264) | Outcomes | % of total (N=241) |
| Employment | Enters employment | 660 | 358 | 56% | 73 | 56% | 159 | 60% | 126 | 52% |
| | Earns £768 | 2750 | 327 | 51% | 64 | 49% | 149 | 56% | 114 | 47% |
| | Earns £1631 | 2750 | 285 | 45% | 54 | 41% | 129 | 49% | 102 | 42% |
| | Earns £3350 | 2750 | 222 | 35% | 46 | 35% | 103 | 39% | 73 | 30% |
| | Earns £8155 | 2750 | 146 | 23% | 33 | 25% | 72 | 27% | 41 | 17% |
| | **Total** | | *4806* | *100%* | *879* | *19%* | *1930* | *40%* | *1997* | *42%* |

**Table 12: Value paid for all outcomes claimed by category**

| Type | Outcome | Rate card £ | Number of claimable outcomes achieved | | | | Value paid for outcomes claimed by category | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Programme | Apollo | i-Aspire | Reboot West | Programme | Apollo | i-Aspire | Reboot West |
| Stability and wellbeing | Agrees education/training is right for them | 220 | 1336 | 103 | 706 | 527 | £293,920 | £22,660 | £155,320 | £115,940 |
| | At least 1 consistent relationship | 220 | 974 | 0 | 521 | 453 | £214,280 | £0 | £114,620 | £99,660 |
| | Feels safe | 220 | 1166 | 91 | 593 | 482 | £256,520 | £20,020 | £130,460 | £106,040 |
| | Managing accommodation and costs | 220 | 774 | 87 | 221 | 466 | £170,280 | £19,140 | £48,620 | £102,520 |
| | Self-determined outcome / SLN screening / Money management | 220 | 421 | 99 | 120 | 202 | £92,620 | £21,780 | £26,400 | £44,440 |
| Education and training | Begins education/training course | 220 | 297 | 53 | 99 | 145 | £65,340 | £11,660 | £21,780 | £31,900 |
| | Completes 25% of course | 220 | 256 | 45 | 90 | 121 | £56,320 | £9,900 | £19,800 | £26,620 |
| | Completes 50% of course | 220 | 226 | 32 | 88 | 106 | £49,720 | £7,040 | £19,360 | £23,320 |

| Type | Outcome | Rate card £ | Number of claimable outcomes achieved | | | | Value paid for outcomes claimed by category | | | |
|------|---------|-------------|-----------|--------|---------|--------------|-----------|--------|---------|------------|
| | | | Programme | Apollo | i-Aspire | Reboot West | Programme | Apollo | i-Aspire | Reboot West |
| | Obtains level 1 qualification | 1760 | 110 | 17 | 50 | 43 | £193,600 | £29,920 | £88,000 | £75,680 |
| | Obtains level 2 qualification | 4730 | 74 | 19 | 22 | 33 | £350,020 | £89,870 | £104,060 | £156,090 |
| | Obtains level 3 qualification | 4730 | 20 | 3 | 6 | 11 | £94,600 | £14,190 | £28,380 | £52,030 |
| | Begins higher education | 660 | 23 | 0 | 13 | 10 | £15,180 | £0 | £8,580 | £6,600 |
| | Completes 1 year of higher education | 2750 | 13 | 0 | 9 | 4 | £35,750 | £0 | £24,750 | £11,000 |
| | Completes 2 years of higher education | 2750 | 7 | 0 | 5 | 2 | £19,250 | £0 | £13,750 | £5,500 |
| | Completes higher education course | 4730 | 5 | 0 | 2 | 3 | £23,650 | £0 | £9,460 | £14,190 |
| Work experience | Enters work experience/volunteering | 110 | 55 | 22 | 4 | 29 | £6,050 | £2,420 | £440 | £3,190 |
| | Completes 1 week of work experience/volunteering | 220 | 42 | 20 | 3 | 19 | £9,240 | £4,400 | £660 | £4,180 |
| | Completes 4 weeks of work experience/volunteering | 330 | 24 | 17 | 1 | 6 | £7,920 | £5,610 | £330 | £1,980 |
| Employment | Enters employment | 660 | 358 | 73 | 159 | 126 | £236,280 | £48,180 | £104,940 | £83,160 |
| | Earns £768 | 2750 | 327 | 64 | 149 | 114 | £899,250 | £176,000 | £409,750 | £313,500 |
| | Earns £1631 | 2750 | 285 | 54 | 129 | 102 | £783,750 | £148,500 | £354,750 | £280,500 |
| | Earns £3350 | 2750 | 222 | 46 | 103 | 73 | £610,500 | £126,500 | £283,250 | £200,750 |
| | Earns £8155 | 2750 | 146 | 33 | 72 | 41 | £401,500 | £90,750 | £198,000 | £112,750 |
| | *Total* | | *7161* | *878* | *3165* | *3118* | *£4,885,540* | *£848,540* | *£2,165,460* | *£1,871,540* |

Multiplying the outcomes in Table 12 with the corresponding figures in the rate card gives the data presented in Table 13 - the value paid for all claimed outcomes by category. Table 12 shows that the total value paid for the outcomes payments was £4,885,540. This represents 87 per cent of the £5,620,217 total costs of the programme, i.e., 13 per cent of costs were administration or set-up costs.

**Table 13: Value paid for all outcomes claimed by category**

| Claimable outcomes achieved by category | Value paid for outcomes claimed by category | | | |
|---|---|---|---|---|
| | **Programme** | **Apollo** | **i-Aspire** | **Reboot West** |
| Stability and wellbeing | £1,027,620 | £83,600 | £475,420 | £468,600 |
| Education and training | £903,430 | £162,580 | £337,920 | £402,930 |
| Work experience and volunteering | £22,880 | £12,430 | £1,430 | £9,350 |
| Employment | £2,931,280 | £589,930 | £1,350,690 | £990,660 |
| **Total** | *£4,885,540* | *£848,540* | *£2,165,460* | *£1,871,540* |

# Economy

**Short definition: *Spending the right amount to achieve the required inputs.***

Logically, economy could be seen to be counter to the overarching objective of SIBs (or outcomes-based contracts) where the main aim is often to maximise the outcomes achieved rather than minimise costs. This is particularly the case when outcomes are intended to create savings or otherwise justify the spending on an intervention. That said, there is an argument for keeping costs as low as possible while continuing to maximise outcomes. In this instance, the Care Leavers SIB programme could be said to demonstrate some degree of economy as payments were capped at £17,600 per care leaver.

# Efficiency

**Short definition: *Ensuring sufficiency and optimisation of agreed resources to deliver expected activities and outputs as well as possible.***

Much like economy, the principles of efficiency could be seen as counter to the aims of most SIBs which seek to maximise outcomes. However, it could be argued that the Care Leavers SIB programme demonstrated efficiency in its referrals and engagement of care leavers. By October 2022, projects had referred 820 young people for support and successfully engaged 636 care leavers who received support. Achieving these outputs are important in contributing to outcomes at a later stage.

# Effectiveness

**Short definition:** *Achievement of desired effect of the intervention as measured by achievement of outcomes and other objectives.*

Effectiveness is the most important of the 4Es measures for a SIB and other outcomes-based contracts, due to its focus on outcomes. As discussed above, the Care Leavers SIB programme contributed towards a range of outcomes for care leavers including employment, education and training, stability and wellbeing, work experience and volunteering. This included care leavers who were NEET moving into EET, and statistically significant differences at the project level for lead LAs in relation to EET rates. Almost all care leavers achieved at least one stability and wellbeing outcome, which put them in a more positive position to achieve future EET outcomes.

Outcomes payments only reflect the financial and short-term picture of the benefits of the programme. The value of education and employment can pay off over many years. That said, the longer the time period assessed, greater uncertainty emerges particularly when predicting long-term outcomes for a cohort with high levels of need who are likely to face multiple challenges in sustaining outcomes in the long term. For employment outcomes, there were 146 care leavers that moved from NEET into EET over the course of the Care Leavers SIB programme (see Table 14). More generally, as the programme progressed, a greater proportion of care leavers moved into EET, having been NEET. By the end of October 2022, of those whose EET status was known, almost one-third (31 per cent) of those who were NEET at the start of the programme moved into EET. On the other hand, 35 care leavers were in EET but became NEET. Therefore, the net gain in EET status was 111 care leavers (146 - 35).[71]

**Table 14: Change in EET status from referral**

| | Programme | | Apollo | | i-Aspire | | Reboot West | |
|---|---|---|---|---|---|---|---|---|
| Change in EET status from referral | Total | % (N=478) | Total | % of sub-total | Total | % of sub-total | Total | % of sub-total |
| Was NEET now in EET | 146 | 31% | 27 | 45% | 62 | 31% | 57 | 26% |
| Was in EET now NEET | 35 | 7% | 1 | 2% | 18 | 9% | 16 | 7% |
| Was in EET still in EET | 98 | 21% | 11 | 18% | 47 | 23% | 40 | 19% |
| Was NEET still NEET | 199 | 42% | 21 | 35% | 75 | 37% | 103 | 48% |
| **Total** | **478** | | **60** | | **202** | | **216** | |

The Greater Manchester Combined Authority Unit Cost Database is one of the leading sources of information on valuations that estimate the fiscal, economic and social value of

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[71] There were 358 claims for entering employment (Table 11), meaning that there were 114 claims additional to those becoming (n=146) or remaining (n=98) EET in Table 14. These 114 individuals are assumed to have not sustained their employment.

interventions.[72] From a cost benefit analysis perspective, it estimates the average benefit of moving an 18-24 year-old who is NEET into EET is £15,418 per year. This figure of the average benefit may underestimate the true benefit and projects worked with high need care leavers. The figure of £15,418 comprises £4,952 in fiscal costs to the exchequer, and £10,466 of economic costs to the individual concerned. Therefore, around two-thirds of the forecast 'savings' from avoiding NEET status are economic benefits, in terms of loss of earnings to the young person as a result of being NEET, and so are not fiscal benefits or necessarily 'cashable' (i.e., realised in financial terms by the exchequer). The fiscal value comprises benefit payments (e.g., worklessness and housing benefits) falling to the Department of Work and Pensions, and foregone tax and national insurance receipts falling to HM Revenue and Customs, netted off against payment of Working Tax Credit or Universal Credit resulting from people who are NEET moving into low salaried work, and payment of Child Tax Credit or Universal Credit. The economic value represents the loss of earnings to the individual young person whilst NEET. Applying this unit cost (£15,418) to the net gain in EET status (111 care leavers) provided an estimated benefit figure of £1,711,398.[73]

For the Care Leavers SIBs programme, as noted in sections above, some care leavers achieved education outcomes. Part of the value of education outcomes relates to using the knowledge or qualification(s) gained to secure employment. As this has already been accounted for in the employment calculations above, to avoid double-counting it was necessary to look at the added value that education brings to employment outcomes. That is, in securing a better job than otherwise would have been possible without the knowledge or qualification gained.

The Unit Cost Database again provides estimations of the value of education, at different qualification levels, above the "low salaried work" accounted for in the employment calculations above. These were:

- Obtaining a Level 2 qualification: £670 per year[74]

- Obtaining a Level 3 qualification: £1,828 per year

- Higher education (graduate Level 4+ qualification): £3,399 per year.[75]

The Level 2 and Level 3 qualification values includes a fiscal benefit (calculated using the costs of supporting qualification attainment and subsequent increase in income tax, national insurance contributions and VAT payments) and economic benefit (the additional annual earnings gain per employee as a result of achieving the qualification, and reflecting an adjustment that only 50 per cent of the benefit to future employment is attributed to the qualification and not to other factors), then applied to calculate an annual figure based on an

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[72] https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis
[73] I.e., [146 x £15,418] - [35 x £15,418] = £2,251,028 - £539,630.
[74] This is the annual fiscal and economic benefits of an NVQ Level 2 qualification. BTEC and City and Guilds qualifications offered higher estimations. To be conservative we have monetised the lower figure.
[75] Unit cost (value) for females (lower figure than males, to be conservative).

average working lifetime of 40 years, though it should be recognised that benefits will be distributed variably across the lifetime.

The higher education benefit represents the increase in productivity that an individual would expect to generate over a lifetime. The economic value is the mean gross graduate premium (i.e., additional annual earnings gain per employee as a result of achieving the qualification, net of tax, National Insurance, and loan repayments).  This is driven by greater gross earnings and greater employment returns. The fiscal value represents the increases in lifetime exchequer receipts (i.e., enhanced income tax and National Insurance receipts). The analysis has then calculated an annual figure based on an average working lifetime of 40 years.

Table 15 re-states the education outcomes from Table 12 and calculates their percentage against total beneficiaries. Fewer than 4 per cent of beneficiaries obtained a Level 3 qualification or completed a higher education course.[76]

**Table 15: Number of care leavers achieving education outcomes**

| Education outcomes | Programme | Apollo | i-Aspire | Reboot West |
|---|---|---|---|---|
|  | Total outcomes | Total outcomes | Total outcomes | Total outcomes |
| Level 2 qualification | 73 | 19 | 21 | 33 |
| Level 3 qualification | 19 | 3 | 6 | 10 |
| Completes higher education course | 5 | 0 | 2 | 3 |

Applying the unit costs above to the outcomes in Table 15 estimates the benefits of the education outcomes to be £100,638 over the course of one year.

Combining the annual benefits of the employment and education outcomes presented in this report gives a benefit of £1,812,036 per year. This is the expected benefit if the net employment outcomes (from NEET to EET) are sustained for one year. Education outcomes do not need to be sustained in such a way, but in practice their value will differ depending on the actual impact of the qualifications on wage uplifts to the individuals concerned. Also, because employment outcomes are net outcomes, any of the 35 individuals classified in Table 14 as moving from EET to NEET, if they subsequently found employment within the next year, they would also count as a benefit of the programme, because this group has been subtracted from the gross benefits of the 146 individuals in the NEET to EET group.

As previously mentioned, the value of employment and education can pay off over many years, though is subject to some uncertainty. The Unit Cost Database estimates an individual's working life to be approximately 40 years. The benefits from the observed

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[76] 23 care leavers began a higher education course, of which 13 completed one year and seven completed two years. To reflect the true benefits of higher education, and to be conservative, we have monetised only those that completed the course.

outcomes if applied over 40 years – and applying the HM Treasury recommended discount rate of 3.5% per year to account for preference for value now rather than later, and expected growth in individuals' consumption over time[77] – are £37,137,947 for employment and £2,038,047 for education. This gives a combined working life benefit of £39,175,994. This is approximately seven times the £5,620,217 costs of the programme. Alternatively, another way of looking at this finding is that the costs of the programme will be recouped within four years if the net employment outcomes are sustained for that period. That said, the longer the time period assessed, greater uncertainty emerges particularly when predicting long-term outcomes for a cohort with high levels of need who are likely to face multiple challenges in sustaining outcomes in the longer-term future.

Referral and review (e.g., being referred onto the project and/or attending a session), stability and wellbeing, and work experience have not been included in the value for money analysis. Although these generated an outcome payment where successfully achieved, in a theory of change these would be considered as 'outputs' rather than 'outcomes' that facilitate the realisation of the later education and employment outcomes rather than intrinsic economic value themselves.

## Equity

**Short definition: *Extent to which other value for money objectives are achieved equitably for service users and other key stakeholders.***

The Care Leavers SIB programme displayed equity because the cohort of service users (i.e., care leavers) involved in the projects had high levels of need. Part of the rationale of the programme was to introduce additional, dedicated resource to better support care leavers with higher levels of need to gain opportunities into EET. On this basis, the programme could be assessed as being successful. Given the high levels of need reported amongst care leavers, there was unlikely to be significant 'deadweight' (i.e., care leavers who improved their situation to such an extent without the support of the programme). For example, evidence shows that, after leaving secondary school, children in need (i.e., children on child in need plans, those with a child protection and other plan, and children looked-after) were around five times more likely not have education or employment recorded as their main activity in eight years after education compared to their peers.[78] However, it is difficult to be conclusive about this in the absence of a control group.

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[77] HM Treasury (2022). *The Green Book: Central Government Guidance on Appraisal and Evaluation*. London: Crown Copyright. gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent
[78] Ahmed, N. *et al* (2022) *Post-16 educational and employment outcomes of children in need. Research Report.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1076705/Post-16_educational_and_employment_outcomes_of_children_in_need.pdf [Accessed 28th April 2023].

Equity considerations also affected the outcomes achieved, and thus the other dimensions of value for money. In particular, equity affected the cost effectiveness of the programme, as this was the most important dimension of value for money for a SIB because it relates to outcomes. For example, care leavers who were not in suitable accommodation were likely to find it harder to prioritise EET over finding stable accommodation, meaning they were more likely to be NEET.

During the qualitative interviews, stakeholders argued that the more of coaches' time that was given to working with care leavers, the more outcomes could be achieved. Moreover, outcomes could be achieved with care leavers with the highest level of need, though this generally required significant time and support from coaches. This reflects the converse of findings from evaluations of other outcomes-based contracts of 'perverse incentives' or 'cherry-picking' (i.e., it is easier to achieve outcomes working with those with the lowest levels of need). Therefore, it is encouraging that the Care Leavers SIB projects worked with young people with high levels of need where, although costs of engagement and support would be high, the 'value added' of working with them would be the greatest. This is a positive finding for the value for money assessment of the programme.

Another equity consideration is whether the providers were treated fairly, either in terms of exposure to risk or other pressures. We have found no evidence of such issues in this programme and note that relationships between the parties involved had been good.

## Overall Assessment of Value for Money

Stakeholder and care leaver feedback on value for money was positive, and there are encouraging signs across all four aspects of the 4Es value for money framework. If the employment outcomes were sustained for the individuals' working lives, and the education outcomes met their estimated values, the estimated value of the programme (cost effectiveness) would reach almost £40 million, or seven times its costs. That said, there is uncertainty in predicting long-term outcomes, in particular for outcomes for a high-need cohort. This does however mean that equity of the programme was also strong, given that the programme worked with care leavers with high levels of need.

There are inherent challenges in value for money assessments of SIBs and outcomes-based contracts. It is generally difficult for evaluators to identify and indeed separate out SIB-specific costs that would not exist in other commissioning approaches, or whether the SIB funding mechanism influenced effective delivery. It would be helpful if, for future SIBs or outcomes-based contracts, further attention could be given to projects measuring all costs of the programme – particularly identifying which costs are SIB-specific and which are not – and measuring further progression outcomes beyond the lifetime of the SIB. While the latter is necessarily challenging and could be seen as out of the scope of the SIB, it would provide evidence of further outcomes that would be enhance the value for money of the SIB. More

generally, there is a need to further understand and highlight the challenges of assessing value for money of SIBs and outcomes-based contracts, so such challenges can better be understood, and where possible addressed, to undertake robust value for money calculations at the outset of project evaluations.

# Conclusions and Recommendations

This final section draws together and concludes the evidence presented within the report. It starts by reflecting on the evaluation findings before concluding on the overall effectiveness and impact of the Care Leavers SIB programme. Finally, it presents a set of recommendations for DfE, LAs and other key stakeholders involved in care leaver and/or SIB programmes.

On the strength of the evidence from the evaluation, it would be fair to conclude that the Care Leavers SIB programme contributed towards an improvement in EET outcomes for the care leavers involved. Overall, more care leavers achieved stability and wellbeing outcomes (compared to other outcome areas), which were an essential precursor to achieving EET; and employment outcomes compared to education and training outcomes or work experience and volunteering. The evidence suggests that achieving work experience and volunteering outcomes were not a priority for projects or care leavers compared with other outcome areas.

As the programme progressed, a greater proportion of care leavers moved into EET, having been NEET. By the end of October 2022, of those whose EET status was known, almost half of those who were NEET at the start of the programme moved into EET. This was no small feat as the data collected shows that the cohort of care leavers involved in the projects had high levels of need.

While there was not a statistically significant impact of the programme on EET rates between the LAs participating in the three projects compared to synthetic control or clustered comparator LAs, the evaluation did find statistically significant differences at the project level for lead LAs. There were limitations to the programme-level impact analysis namely that the latest national data was unavailable and did not include the full cohort of participants as they became too old to be captured by the national statistics. Furthermore, it was not possible to control for the impact of the COVID-19 pandemic. Despite these limitations, these positive and statistically significant differences suggest success in at least the lead LAs.

Not only did the projects support some care leavers into EET, the holistic nature and longevity of the support provided helped care leavers with a range of wider outcomes. Almost all care leavers achieved at least one stability and wellbeing outcome which would put them in a more positive position to achieve future EET outcomes. As the programme progressed, the evidence suggests that care leavers were in a more stable position than they had been during the initial years, and while these needs would likely be on-going, the evaluation found the projects had supported young people to make meaningful progress in their lives. The stability and wellbeing outcomes were an ongoing and time intensive part of the projects' offer which was further exacerbated with the onset of the COVID-19 pandemic. The evaluation also highlighted the contribution of the SIB model in flexibly supporting care leavers during the pandemic when their needs changed, and the support offered needed to respond accordingly.

There were several challenges to supporting the care leavers into EET. This was due to the complexity of and changing nature of the cohort's needs and priorities. For example, at times some care leavers needed to prioritise their emotional wellbeing and/or accommodation stability over getting into EET, while others had wider challenges related to family responsibilities, leaving domestic abuse relationships or awaiting the decision for their immigration status which had prevented them gaining employment.

Ongoing instability was identified as a key barrier to sustaining employment, with those in more stable situations being more able to sustain employment. The COVID-19 pandemic had exacerbated some of these challenges, particularly for those suffering from feelings of isolation, or struggling with the transition to on-line learning or digital exclusion, for example. The movement of staff within some projects was particularly challenging for some care leavers and may have stifled progress in some cases. The pressure on staff to support care leavers during times of absence was something that needed addressing to ensure staff could take the breaks they were entitled to but also for ensuring care leavers received consistent support when their coach was unavailable. Further work was also needed to support care leavers to understand the boundaries of the coach role, particularly when they were working with multiple services.

Key enabling factors in supporting the care leavers achieve great stability and EET outcomes related to the relationship they had with their coaches. To engage care leavers in the projects, approaching them in a slow and gentle way utilising established relationships with their PAs or other key workers appeared to greatly support initial engagement. During this time, there needed to be recognition that some care leavers were not able or capable of accessing support when it was initially raised, but over time and with support, some care leavers got involved. Care leavers particularly appreciated the supportive, flexible, informal and responsive nature of the coaches' role; they also valued the motivational nature of the relationship.  Importantly, although to varying degrees, projects were able to access wider support services, such as care leavers' PAs, the LAs' leaving care services and local employers/educational providers. This helped provide up to date and holistic support for the participating young people thus supporting their improved outcomes.

Overall, stakeholders reflected positively on the governance and management structures of the programme and three projects. There were some initial challenges regarding clarity of roles and a learning curve for some who had not previously been involved in a SIB. That said, the evidence showed the value of the regular management meetings, representation from all key stakeholders in steering groups and clear structures between authorities, commissioners and project teams. The evaluation suggested that the SIB projects provided a further opportunity to embed the collaborative links between the different agencies.

The setup of the SIB Care Leavers SIB programme benefited from learning from previous government funded SIBs and payment by results programmes. The rate card was specifically designed to demonstrate progression, and this was welcomed. However, some argued that,

due to the complex needs of the cohort, that further progression outcomes could have been included. The evidence highlights that the operational and governance structures of the SIBs worked well. The SIB mechanism did not seem to create additional layers of management and projects benefitted from the performance management processes. However, overall, the evaluation did not provide clear evidence about the extent to which the SIB funding mechanism influenced effective delivery. There were key benefits, however, such as the shift in focus during the COVID-19 pandemic which better met care leavers' needs. This inherent flexibility of the design was a success of the programme. It is not clear if this would have happened regardless of the SIB funding mechanism.

Overall, it is fair to conclude that the programme was directed at care leavers who were most in need of support. Furthermore, the projects brought about successful EET outcomes for care leavers despite several personal and wider challenges, including the impact of the COVID-19 pandemic on education and employment sectors.

## Recommendations

In drawing the key findings from the evaluation together, it is possible to identify a core set of recommendations. These relate to care leavers programmes and also SIB programmes, and are outlined below.

## Recommendations

- Programme and project designers should ensure delivery is flexible in responding to care leavers' changing needs and levels of stability related to EET and wider, softer outcomes. They should also consider employing a multi-disciplinary team of staff with a youth work experience, knowledge of the local employment market and mental health experience to be able to best support care leavers into EET. Having a dedicated EET role is important for building relationships with local employment and education providers. Strategies should be put in place to maintain wider networks when individuals move into wider jobs, so these relationships sit within the wider team and not with individuals.

- Staff need to be able to develop a personal relationship with the care leavers and offer informal, responsive, and motivational support. Staff and care leavers should be provided with clear information about the eligibility and implications of financial entitlements for moving into different EET opportunities.

- It is important for projects to set clear expectations, have structures and arrangements for partnership working and information sharing between different stakeholders/services from the outset. Consideration should be given to remote vs. face-to-face working arrangements to ensure timely face-to-face contact is available between teams and with care leavers. Clarity of roles, clearly defined cohort eligibility and referral processes are also essential. Specifically related to the SIB mechanism, it is important for both the commissioners and investors to have agreement on the direction of the project and for monitoring arrangements to be in place from the outset and to be proportionate to the needs of SIB and wider stakeholders (including evaluators).

- When projects work across a range of services, during the design phase, they should seek to agree data sharing agreements and data access issues to ensure a smooth start for project commencement. This would help reduce frustrations and speed up delivery as different services could promptly share information about care leavers to better meet their needs.

- When offering a new into EET support service to care leavers, professionals need to review and acknowledge the changing situation of the care leaver as it may not be the right time to provide support into EET. Over time, however, care leavers may be more receptive to receiving support, particularly those with complex needs and high levels of vulnerability.

- PAs and project staff should develop close working relationships and agree roles and responsibilities so there is a clear demarcation in roles that is clear to the care leavers and all staff supporting the young person.

- When professionals supporting care leavers move roles or leave the service, time needs to be built in to ensure there is sufficient time for care leavers to transition between staff. This could take several weeks and should provide care leavers with the opportunity to get to know the new professional in a supportive environment and give them time to say goodbye to their previous support worker. Programme and delivery teams should consider co-locating services and adopting a peer support approach to ensure care leavers receive consistent and timely support throughout staff changes and absences.

- DfE, wider government departments and LAs should consider raising employers' and education providers' understanding about the challenges facing care leavers to access education, training, and employment so they can proactively support care leavers particularly during the early stages when care leavers first gain employment or access educational provision. Furthermore, to support care leavers in their employment or education, and to mitigate any wider support worker transitions, mentors should be available for care leavers to readily seek support within the setting.

- When setting up a SIB, projects should have input into defining outcomes and outcomes payments. Furthermore, professional management and support should be available to projects to provide the opportunity for peer learning and access to direct support.

- Evaluation commissioners should engage evaluators during project design so the opportunity to build in robust monitoring and evaluation approaches can be maximised. Furthermore, evaluations should extend beyond the programme to measure enable longer term, and the sustainability, of outcomes and impact to be measured.

# Annex 1: Rate card

| Care Leavers SIB Programme – Rate Card | | |
|---|---|---|
| **Group** | **Outcome** | **Rate (£)** |
| **Assessment** | Care leaver enters programme and receives initial assessment (claimable for outcomes achieved up to 30/9/21 with expectation most payments to be claimed by 30/9/19 with claims after that on an exception basis) | **330** |
| | Care leaver receives assessment and review every 3 months (claimable for outcomes achieved up to 31/3/22) | **110** |
| **Education** | Begins education/training course (claimable for outcomes achieved up to 31/3/22) | **220** |
| | Completes 25% of course (claimable for outcomes achieved up to 23/8/22 by no later than 9/9/22) | **220** |
| | Completes 50% of course (claimable for outcomes achieved up to 23/8/22 by no later than 9/9/22) | **220** |
| | Obtains Level 1 qualification (claimable for outcomes achieved up to 23/8/22 by no later than 9/9/22) | **1,760** |
| | Obtains Level 2 qualification (claimable for outcomes achieved up to 23/8/22 by no later than 9/9/22) | **4,730** |
| | Obtains Level 3 qualification (claimable for outcomes achieved up to 23/8/22 by no later than 9/9/22) | **4,730** |
| | Begins University / Higher Education (claimable for outcomes achieved up to 23/8/22 by no later than 9/9/22) | **660** |
| | Completes the 1st year of University / Higher Education (claimable for outcomes achieved up to 23/8/22 by no later than 9/9/22) | **2750** |
| | Completes the 2nd year of University / Higher Education (claimable for outcomes achieved up to 23/8/22 by no later than 9/9/22) | **2750** |
| | Obtains a Level 4, Level 5 or Level 6 qualification including University Degree (claimable for outcomes achieved up to 23/8/22 by no later than 9/9/22) | **4730** |
| **Employment** | Care leaver enters work experience/volunteering (claimable for outcomes achieved up to 31/3/22) | **110** |
| | Care leaver completes 1 week of work experience/volunteering (claimable for outcomes achieved up to 23/8/22 by no later than 9/9/22) | **220** |
| | Care leaver completes 4 weeks of work experience/volunteering (claimable for outcomes achieved up to 23/8/22 by no later than 9/9/22) | **330** |

| Care Leavers SIB Programme – Rate Card | | |
|---|---|---|
| **Group** | **Outcome** | **Rate (£)** |
| | Care leaver enters employment (claimable for outcomes achieved up to 31/3/22) | **660** |
| | Care leaver earns the equivalent of 6.5 weeks x NLW x 16hrs (e.g., total cumulative earnings of £768 for a 21-24 year old) (claimable for outcomes achieved up to 23/8/22 by no later than 9/9/22) | **2,750** |
| | Care leaver earns an additional amount equivalent of 6.5 weeks x NLW x 18hrs (e.g., total cumulative earnings of £1,631 for a 21-24 year old) (claimable for outcomes achieved up to 23/8/22 by no later than 9/9/22) | **2,750** |
| | Care leaver earns an additional amount equivalent of 13 weeks x NLW x 20hrs (e.g., total cumulative earnings of £3,550 for a 21-24 year old) (claimable for outcomes achieved up to 23/8/22 by no later than 9/9/22) | **2,750** |
| | Care leaver earns an additional amount equivalent of 26 weeks x NLW x 24hrs (e.g., total cumulative earnings of £8,155 for a 21-24 year old) (claimable for outcomes achieved up to 23/8/22 by no later than 9/9/22) | **2,750** |
| **Stability and wellbeing** | Care leaver agrees education/employment/training is right for them (claimable for outcomes achieved up to 31/3/22) | **220** |
| | Care leaver is managing accommodation and related costs effectively (claimable for outcomes achieved up to 31/3/22) | **220** |
| | Care leaver feels safe (claimable for outcomes achieved up to 31/3/22) | **220** |
| | Care leaver has at least 1 person providing a consistent relationship (claimable for outcomes achieved up to 31/3/22) | **220** |
| | Project specific outcomes | **220** |
| | *(Stability and wellbeing payments maximum per individual per year)* | *1,100* |

In addition to the rate card above, the project-led outcomes are presented below.

**Annex Table 1: Project specific outcomes in the Care Leavers SIB rate card**

| Project | Outcome | Definition |
|---|---|---|
| Apollo (Sheffield) | Care leaver's undiagnosed speech, language or communication needs are identified | Care leavers can ensure those offering potential education or employment opportunities are aware of their speech, language and communication needs and that they can receive tailored support for interviews and accessing these opportunities. |
| i-Aspire (South East London) | Care Leaver demonstrates improved money management ability | Care Leaver can demonstrate an improved personal capacity to manage their money responsibly. |
| Reboot West (West of England) | Self-determining outcome | An objective is set by the Care Leaver themselves as a result of value and goal setting in a framework of Acceptance and Commitment Therapy. |

*Source: DfE documentation on the Care Leavers SIB programme*

# Annex 2: Projects' service activity descriptions

| Project | Service activity description |
|---|---|
| **Apollo (Sheffield)** | Apollo's Transition Coaches were based in the same building as the Leaving Care team. This arrangement reflected the long-standing partnership arrangement between Sheffield City Council and Sheffield Futures. |
| | Following a young person's referral, the Transition Coach met the young person, introduced the service, undertook an assessment based on APIR[79], secured consent and identified aspirations and development needs. Strengths-based support plans with short, medium and long-term goals were developed in subsequent meetings. Regular contact included meetings at least fortnightly, text messages, phone calls and engagement with providers and employers. The three key strands to th e support from the Transition Coaches were: |
| | <ul><li>Education and Employment Readiness – this involved a Speech and Language needs assessment; resilience, confidence and motivation building programme; ongoing support from Transition Coach; and peer support from a Care Leaver advisor.</li><li>Employability – this included support with functional skills (e.g., literacy, numeracy and ICT); employability skills (e.g., training to develop and enhance skills in the workplace, including soft skills such as time-keeping, behaviour in the workplace, practical world of work skills, and CV writing/interview skills); and identification of appropriate and aspirational work experience placements.</li><li>Sustaining Employment – this involved an Employment Engagement Officer working closely with local employers to understand workforce needs. Care leavers were issued with a 'Skills Passport' to record achievements to demonstrate they are ready to progress to work or further learning.</li></ul> |
| | The transition coach worked in partnership with other supporting agencies, to address barriers to EET and promote sustained engagement. |
| | Including a Speech and Language support as part of Apollo's intervention reflected part of Sheffield's Leaving Care wider service offer. The service sought to support care leavers who experienced disruptions to early childhood development and the subsequent negative impact on speech and language acquisition. As part of the SIB project development, Apollo stakeholders identified, that no universal speech and language provision was available for adults (except for people with certain health conditions). To overcome this, Apollo engaged with researchers working with the Care Leavers service and the Youth Justice team. The research team worked with Apollo to design a Speech and Language tool and provide training to the Transition Coaches on the best ways to work with young people with a range of speech and language needs. |
| **i-Aspire (South East London)** | The Progress Coaches worked peripatetically across the LA areas, aiming to meet with all project young people at least once a month as well as having some set time to meet with the LA teams. |
| | The intervention started with a one-to-one meeting between the care leaver and a Progress Coach with the aim of developing a series of goals led by the young person. Two goals were |

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[79] Connexions Framework for Assessment, Planning, Implementation and. Review (*APIR*).

| Project | Service activity description |
|---|---|
| | agreed for the short term, two for the medium term and two for the long term. The Progress Coach also discussed the need for referrals to other services. |
| | Progress coaches were trained in DePaul's Endeavour model. The model is rooted in Social Pedagogy, psychologically informed practice, conflict resolution/relationships. It also utilises the Young Minds Resilience Framework (a tool that outlines evidence-based practice to promote resilience). The service used a person centred and strength-based approach to offer one-to-one support, group workshops and other events to provide support with CV building, interview preparation and other EET based skills for young people to engage in. |
| **Reboot West (West of England)** | In Reboot West, the Reboot Coaches were co-located in the same team as the individual LA Care Leaver teams. This decision was made as part of the project development to support sharing of expertise and information sharing between the project and statutory teams. |
| | Each care leaver completed an initial assessment with the Reboot Coach within a month of engaging with the service. The initial phase focused primarily on relationships building between the care leaver and the service and the assessment was completed overall several sessions. Reboot Coaches then applied specific tools and strategies from the DNA-V (Discoverer Noticer Values – Advisors) model, whilst still having natural conversations and community-based meetings with the young person. |
| | DNA-V is the youth version of the ACT model. ACT is an evidence-based psychological model, similar to Cognitive Behavioural Therapy. It aims to help people explore what their values are and to relate mindfully to difficult thoughts and feelings to help them achieve personal goals aligned to their values. DNA-V incorporates the principles of ACT but in a developmentally appropriate way that recognises that young people may not yet be able to articulate their values but can still work within a framework of practising psychological flexibility. |
| | All Reboot Coaches received training in ACT and DNA-V. They received ongoing supervision to develop their understanding and to help them integrate the approach within their one-to-one work. Reboot West monitoring also reflected the principles of DNA-V, including a session rating scale and a self-reported skill tracker. The purpose of the tools was to monitor the extent to which the coach integrates DNA-V strategies as part of their support with care leavers. The data was reviewed as part of supervision to analyse how the model was being applied in practice. |
| | While there is a strong evidence base supporting the effectiveness of ACT in a clinical setting, currently, there is less evidence to support its application in a community setting. As a result, there is likely to be important learning about the application of the model in this project. |

# Annex 3: Characteristics of the care leaver populations in project areas

To understand the similarities and differences of the cohorts in the three project areas, the evaluation team undertook analysis of data drawn from the Local Authority Interactive Tool (LAIT) **from November 2018**. The data provided an overview of the population of care leavers (by area), the proportion of care leavers who were in suitable accommodation and the proportion who were EET. Understanding the wider context of care leavers' lives, in particular accommodation status/stability, is important. Wider research has concluded that positive career outcomes were associated with having had a relatively stable care career, fewer moves after leaving care, and having a good housing outcome.[80] It is important to note that the statistics reported below are for care leavers aged 19 – 21 years, and not those aged 16 to 25 which is the age range of the young people supported by the projects. Nevertheless, this information provides useful contextual information about the wider care leaver cohort in the project areas.

Annex Figure 1 below showed the **number of care leavers (aged 19 - 21) in each of the project areas**. i-Aspire (South East London) had the largest care leaver population across three LA areas (N = 634). Reboot West (West of England) had the second largest population of care leavers across four LA areas (N = 590). Apollo (Sheffield) had the smallest population by some margin (N = 231) covering one LA area.

**Annex Figure 1: Care leaver population (aged 19 – 21) in the LA areas involved in the three projects, November 2018**
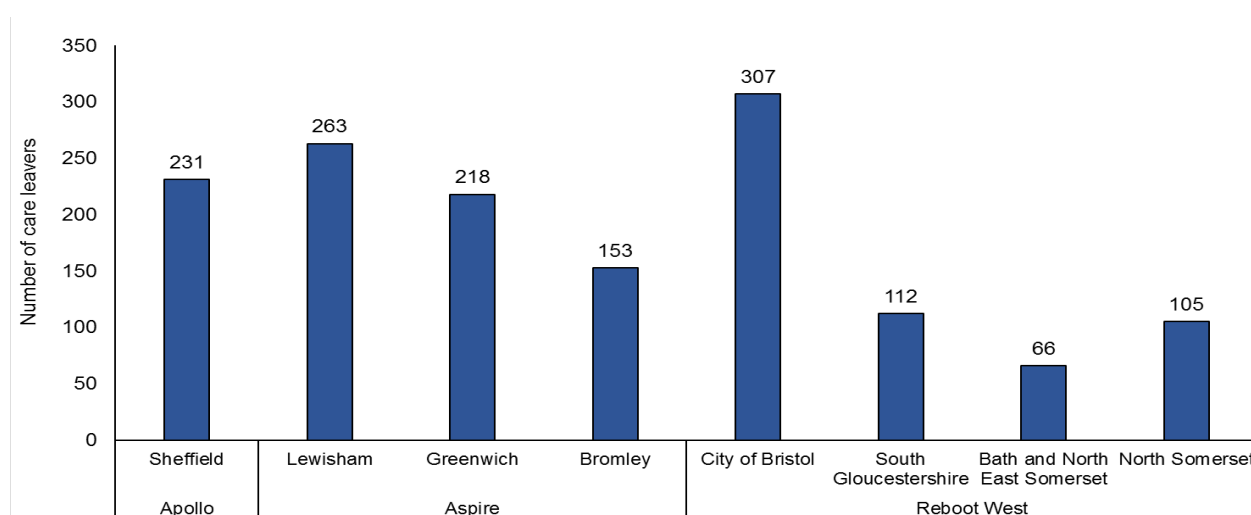


*Source: Local Authority Interactive Tool (2018).*

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[80] Wade, J. and Dixon, J. (2006), Making a home, finding a job: investigating early housing and employment outcomes for young people leaving care. Child & Family Social Work, 11: 199-208. doi:10.1111/j.1365-2206.2006.00428.x

Annex Figure 2 below compared the percentage of **care leavers who were NEET or not in suitable accommodation** from each of the project areas compared to the national average. This contextual information was useful for understanding differences in the potential complexity of needs faced by the care leaver cohorts in the project LA areas.

The LAIT data indicated that Sheffield (Apollo) had a cohort of care leavers with particularly complex needs when compared to the other areas. In Sheffield, 63 per cent of care leavers were NEET and 28 per cent were not in suitable accommodation. This was higher than the national average, which in 2018 was 49 and 18 per cent respectively. Similar levels of need were observed in Lewisham and Bromley in South East London (i-Aspire). LAs within the West of England SIB (Reboot West) appeared to have a cohort with a lower than national average rate of care leavers who were NEET and not in suitable accommodation.

**Annex Figure 2: Percentage of care leavers (aged 19 – 21) NEET and not in suitable accommodation for project LA areas compared to national statistics**
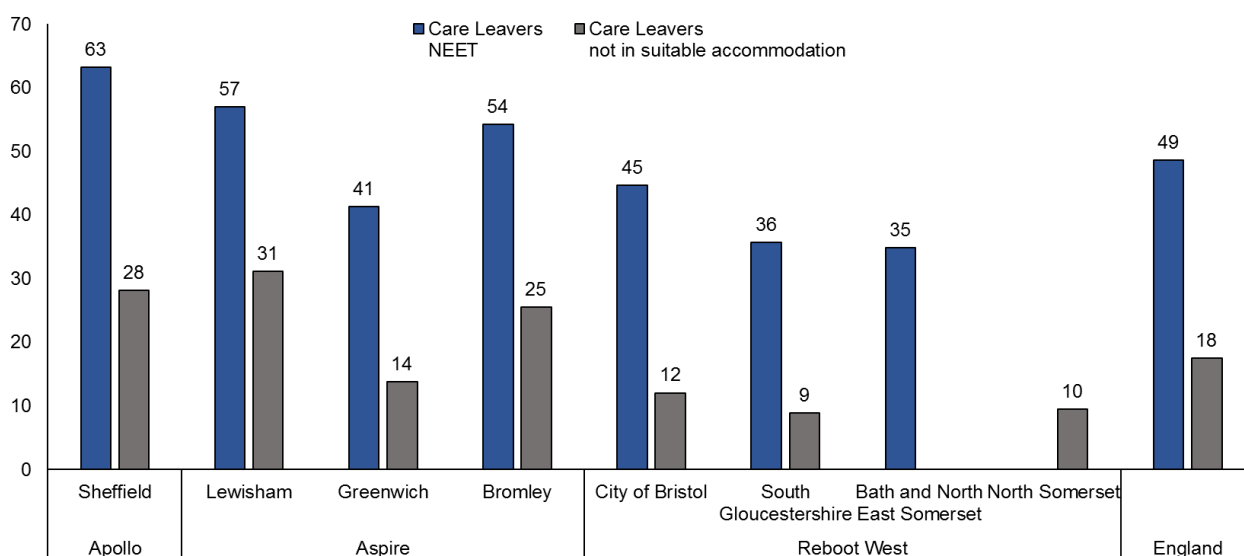


*Source: Local Authority Interactive Tool (2018).*

## Characteristics of the programme cohort of care leavers

By 31st March 2020, 820 care leavers had been referred to the programme with a final cohort of 637 engaged across the three projects.[81] All projects had successfully engaged their agreed number of care leavers (see Annex Table 2).

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[81] Data was provided by Reboot West on 167 care leavers who referred for support but were on a waiting list. The project design had a fixed cohort meaning that unless care leavers specifically declined further support, they were entitled to support for the duration of the programme.

**Annex Table 2: Number of care leavers referred and year of referral**

| Number of care leavers referred and year of referral | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Programme | | Apollo (Sheffield) | | i-Aspire (South East London) | | Reboot West (West of England) | |
| | No. | % | No. | % | No. | % | No. | % |
| **Cohort size** | | | | | | | | |
| Referred for support | 820 | 100% | 133 | 16% | 276 | 34% | 411 | 50% |
| Included in final cohort[82] | 636 | 100% | 131 | 21% | 264 | 42% | 241 | 38% |
| | | | | | | | | |
| **Year of Referral** | 820 | 100% | 133 | 100% | 276 | 100% | 411 | 100% |
| 2018 (October to December) | 155 | 19% | 40 | 30% | 55 | 20% | 60 | 15% |
| 2019 | 502 | 61% | 82 | 62% | 188 | 68% | 232 | 56% |
| 2020 (January to March) | 163 | 20% | 11 | 8% | 33 | 12% | 119 | 29% |

Annex Table 2 showed that, of those included in the final cohort:

- the largest cohort was supported by i-Aspire (South East London) (42 per cent, 264)

- Reboot West (West of England) supported four-fifths of the cohort (38 per cent, 241)

- the smallest cohort was supported by Apollo (Sheffield) (21 per cent, 131).

The evaluation team analysed the characteristics of the care leavers to understand the similarities and differences of those supported by the three projects, and where data was available, compared this to national data. Areas of focus included age, gender, ethnic background, prior educational attainment, and EET status. The evaluation team also analysed information on in-care experiences,[83] as wider research has found stability in care to be associated with improved outcomes.

Analysis of the data on care leavers referred for support (n=820) indicated that:

- Almost all (90 per cent, n=734) were aged between 16 and 21 years at the time of referral, although the projects engaged individuals up to age 25. At the time of referral, the average age of care leavers was 19.5 years.

- More males than females were referred for support (53 per cent, n=432 and 40 per cent, n=331 respectively). This is broadly consistent with data on the profile of children

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[82] To qualify for inclusion in the programme evaluation, care leavers were receiving support (e.g., an open case in March 2020) and had achieved at least one outcome.
[83] Stein, M. (2012). Young People Leaving Care: Supporting pathways to adulthood, Jessica Kingsley, London.

in care (58 per cent males compared to 42 per cent females of care leavers age 19-21).[84]

- Just over half (54 per cent, n=445) of the care leavers referred were from a White ethnic background, just under one in five (17 per cent) identified as from a Black ethnic background, just under one in ten (9 per cent) were from a Mixed ethnic background. Fewer than one in 20 care leavers were from an Asian background or another ethnic background (3 per cent and 4 per cent respectively). Ethnic background was unknown for just over one in ten (12 per cent) of those referred for support. In 2019, 77 per cent children in care were White and 23 per cent were from a Minority Ethnic background.[85] The relatively high prevalence of care leavers from a Black and Mixed ethnic background reflects the local population in South East London. Nonetheless, the care leavers supported by the projects were twice as likely to be from Minority Ethnic backgrounds when compared to the cohort of children in care nationally.

- Overall, the cohort's attainment levels were relatively low. Just over one quarter of the care leavers (28 per cent) held either no or entry level qualifications at referral, just over one-third (34 per cent) held Level 1 qualifications, just over one quarter (28 per cent) held Level 2 qualifications whilst one in five (6 per cent) held a qualification at Level 3 or above. This would preclude more than two thirds (34 per cent) of care leavers from being able to access most further or higher education courses, including apprenticeships which typically require a Level 2 or equivalent for entry (e.g., up to five GCSEs at grade 9 to 4 including English and maths[86]). By comparison, 84 per cent of non-care experienced young people have achieved a Level 2 qualification by the age of 19.[87]

- Seventy-one per cent of care leavers (n=439) were NEET at referral, compared to 39 per cent of care leavers in England.[88] The cohort was more than six times more likely to be NEET compared to all young people in England and Wales which was 11.5 per cent in Feb 2019.[89]

The relevant data tables are presented below.

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[84] Department for Education (2019). Children looked after in England including adoption: 2018 to 2019.
[85] Department for Education (2019). Children looked after in England including adoption: 2018 to 2019.
[86] https://www.gov.uk/apprenticeships-guide.
[87] Department for Education (2019). The attainment of young people aged 19 in the 2017 to 2018 academic year.
[88] 25 per cent (n= 153) were EET and the status of 4 per cent (n=22) was unknown. Note EET status was based on the cohort of 614 who were achieved at least 1 outcome by March 2020.
[89] ONS, Apr-Jun 2019. Young people not in education, employment or training, UK: Feb 2019.

**Annex Table 3: Number of Care leavers referred and year of referral**

| Number of Care leavers referred and year of referral | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Programme | | Apollo (Sheffield) | | i-Aspire (South East London) | | Reboot West (West of England) | |
| | No. | % | No. | % | No. | % | No. | % |
| **Cohort size** | | | | | | | | |
| Referred for support | 820 | 100% | 133 | 16% | 276 | 34% | 411 | 50% |
| Included in final cohort[90] | 637 | 100% | 131 | 17% | 264 | 42% | 241 | 40% |
| | | | | | | | | |
| **Year of Referral** | 820 | 100% | 133 | 100% | 276 | 100% | 411 | 100% |
| 2018 (October to December) | 155 | 19% | 40 | 30% | 55 | 20% | 60 | 15% |
| 2019 | 502 | 61% | 82 | 62% | 188 | 68% | 232 | 56% |
| 2020 (January to March) | 163 | 20% | 11 | 8% | 33 | 12% | 119 | 29% |

**Annex Table 4: Care Leavers' EET status and age**

| Care Leavers' EET status and age | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Programme | | Apollo | | i-Aspire | | Reboot West | |
| | No. | % | No. | % | No. | % | No. | % |
| **EET Status** | **637** | **100%** | **131** | **100%** | **264** | **100%** | **241** | **100%** |
| EET | 133 | 21% | 12 | 9% | 65 | 25% | 56 | 23% |
| NEET | 345 | 54% | 48 | 37% | 137 | 52% | 160 | 66% |
| Unknown | 159 | 25% | 71 | 54% | 42 | 16% | 25 | 10% |
| | | | | | | | | |
| **Age** | **820** | **100%** | **133** | **100%** | **276** | **100%** | **411** | **100%** |
| 16-18 | 293 | 36% | 57 | 43% | 81 | 29% | 155 | 38% |
| 19-21 | 441 | 54% | 63 | 47% | 159 | 58% | 219 | 53% |
| 21-25 | 86 | 10% | 13 | 10% | 36 | 13% | 37 | 9% |
| Average age | 19.5 | | 19.5 | | 19.6 | | 19.2 | |

**Annex Table 5: Gender and ethnic background**

| Gender and ethnic background | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Programme | | Apollo | | i-Aspire | | Reboot West | |
| | No. | % | No. | % | No. | % | No. | % |
| **Gender** | **820** | **100%** | **133** | **100%** | **276** | **100%** | **411** | **100%** |
| Female | 331 | 40% | 65 | 49% | 111 | 40% | 155 | 38% |
| Male | 432 | 53% | 67 | 50% | 163 | 59% | 202 | 49% |

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[90] To qualify for inclusion in the programme and evaluation, care leavers were receiving support (e.g., an open case) and had achieved at least 1 outcome.

| Gender and ethnic background | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Programme No. | % | Apollo No. | % | i-Aspire No. | % | Reboot West No. | % |
| Binary/other | 2 | 0% | 0 | 0% | 2 | 1% | 0 | 0% |
| Unknown/declined to answer | 55 | 7% | 1 | 1% | 0 | 0% | 54 | 13% |
| | | | | | | | | |
| **Ethnicity** | **820** | **100%** | **133** | **100%** | **276** | **100%** | **411** | **100%** |
| A - White ethnic background | 445 | 54% | 99 | 74% | 99 | 36% | 247 | 60% |
| B - Mixed ethnic background | 77 | 9% | 15 | 11% | 43 | 16% | 19 | 5% |
| C - Asian ethnic background | 26 | 3% | 6 | 5% | 8 | 3% | 12 | 3% |
| D - Black ethnic background | 142 | 17% | 10 | 8% | 93 | 34% | 39 | 9% |
| Other ethnic background | 32 | 4% | 3 | 2% | 4 | 1% | 25 | 6% |
| Unknown/declined to answer | 98 | 12% | 0 | 0% | 29 | 11% | 69 | 17% |

**Annex Table 6: Qualification level at referral: project and programme level**

| Qualification level at referral: project and programme level | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Programme No. | % | Apollo No. | % | i-Aspire No. | % | Reboot West No. | % |
| **Qualification level at referral** | **545** | **100%** | **133** | **100%** | **193** | **100%** | **219** | **100%** |
| No qualifications | 74 | 14% | 12 | 9% | 34 | 18% | 28 | 13% |
| Entry Level | 79 | 14% | 21 | 16% | 14 | 7% | 44 | 20% |
| Level 1 | 186 | 34% | 88 | 66% | 41 | 21% | 57 | 26% |
| Level 2 | 145 | 27% | 11 | 8% | 60 | 31% | 74 | 34% |
| Level 3 | 34 | 6% | 1 | 1% | 22 | 11% | 11 | 5% |
| Above Level 3 | 27 | 5% | 0 | 0% | 22 | 11% | 5 | 2% |
| Unknown/declined to answer | 275 | | 0 | | 83 | | 192 | |

**Annex Table 7: Age when entered care**

| Age when entered care | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Programme No. | % | Apollo No. | % | i-Aspire No. | % | Reboot West No. | % |
| **Age when entered care** | **623** | **100%** | **131** | **100%** | **118** | **100%** | **374** | **100%** |
| Before age 5 | 32 | 5% | 9 | 7% | 10 | 8% | 13 | 3% |
| Between age 5 and 10 | 85 | 14% | 15 | 11% | 23 | 19% | 47 | 13% |
| Between age 10 and 15 | 210 | 34% | 45 | 34% | 39 | 33% | 126 | 34% |
| Age 15 and above | 285 | 46% | 57 | 44% | 43 | 36% | 185 | 49% |
| Age recorded as 0 | 11 | 2% | 5 | 4% | 3 | 3% | 3 | 1% |
| Unknown | 197 | | 2 | | 158 | | 37 | |

**Annex Table 8: Time spent in care**

| Time spent in care | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Programme No. | % | Apollo No. | % | i-Aspire No. | % | Reboot West No. | % |
| Time spent in care | 621 | 100% | 132 | 100% | 118 | 100% | 371 | 100% |
| Less than 1 year | 121 | 19% | 22 | 17% | 19 | 16% | 80 | 22% |
| Between 1 and 3 years | 196 | 32% | 42 | 32% | 36 | 31% | 118 | 32% |
| Between 4 and 6 years | 144 | 23% | 32 | 24% | 27 | 23% | 85 | 23% |
| Between 7 and 9 years | 70 | 11% | 17 | 13% | 13 | 11% | 40 | 11% |
| over 10 years | 90 | 14% | 19 | 14% | 23 | 19% | 48 | 13% |
| Unknown | 199 | | 1 | | 158 | | 40 | |

**Annex Table 9: Time spent in care**

| Time spent in care | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Programme No. | % | Apollo No. | % | i-Aspire No. | % | Reboot West No. | % |
| Number of different placements in care | 621 | 100% | 132 | 100% | 118 | 100% | 371 | 100% |
| 1 or 2 | 262 | 42% | 47 | 36% | 41 | 35% | 174 | 47% |
| 3 or 4 | 159 | 26% | 36 | 27% | 27 | 23% | 96 | 26% |
| Between 5 and 9 | 148 | 24% | 36 | 27% | 34 | 29% | 78 | 21% |
| 10 or more | 52 | 8% | 13 | 10% | 16 | 14% | 23 | 6% |
| Unknown | 199 | | 1 | | 158 | | 40 | |

## Cohort comparability: characteristics

We undertook further analysis to establish the extent to which the characteristics of the cohort varied between the projects. The data is presented in Annex Table 10.

**Annex Table 10: Cohort breakdown by basic characteristic**

| | Apollo | i-Aspire | Reboot West |
|---|---|---|---|
| | (n =133) | (n=276) | (n=411) |

| | | | |
|---|---|---|---|
| Average age at referral (years) | 19.5 | 19.6 | 19.2 |
| Gender split (M = male, F = female, DK = Unknown) | M - 50% | M - 59% | M - 49% |
| | F - 49% | F- 40% | F- 38% |
| | DK - 1% | DK - 1% | DK - 13% |
| Proportion of individuals from minority ethnic backgrounds | 26% | 54% | 23% |
| Proportion of individuals in EET at referral | 9% | 24% | 14% |
| Proportion of care leavers with L2 attainment or above at referral | 9% | 54% | 41% |

Source: Care Leavers SIBs: project level management information (MI)

## Cohort comparability:  attainment levels

Annex Figure 3 shows that at the programme level, at referral, 38 per cent of the cohort had achieved a Level 2 qualification or above. However, this rate varied by project, with just 9 per cent of care leavers in Apollo (Sheffield) having attained a Level 2 or above qualification compared to 54 per cent of care leavers supported by i-Aspire (South East London) and 41 per cent of care leavers supported by Reboot West (West of England). The data indicates that the Reboot West (West of England) and i-Aspire (South East London) cohorts had a higher proportion of care leavers who might be considered 'closer' to accessing sustainable training or employment at least from an attainment perspective.

**Annex Figure 3: Attainment levels of care leavers**
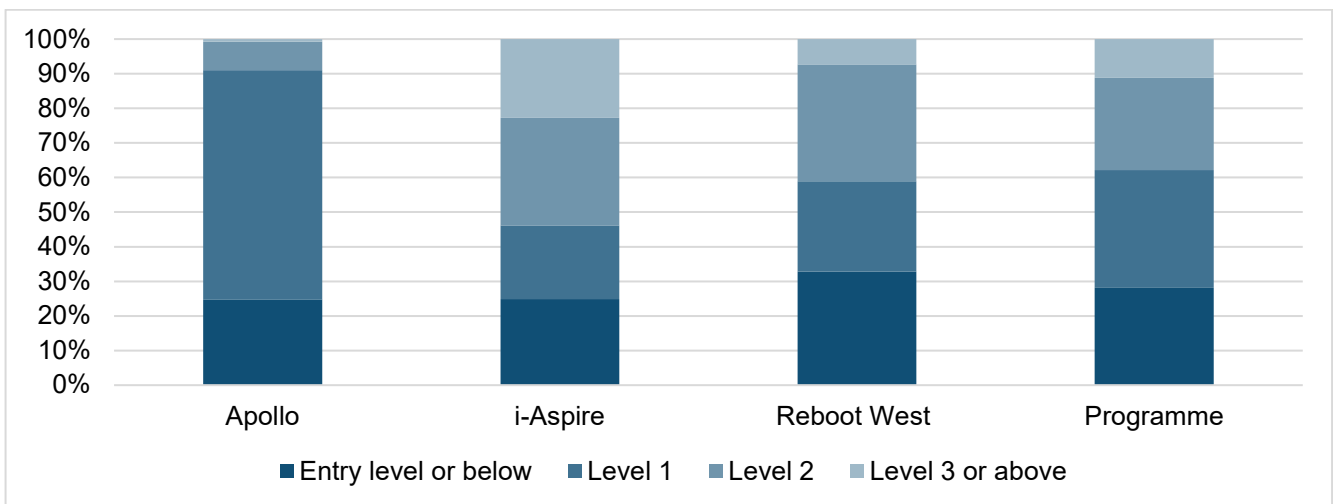


Source: Care Leavers SIBs: project level management information (MI), (n=545)

## In-care experiences

Wider research showed that positive care outcomes are associated with relatively stable care experiences, fewer moves after leaving care and having a stable housing outcome.[91]  Those who make progress and tend to do well, including in EET, were more likely to have had stability and continuity whilst in care, a gradual transition from care with good preparation and on-going support.[92] To understand whether there were differences in the in-care experiences of the cohorts, we requested 'in-care experiences' of the care leavers from the eight LAs (see Tables above). In each project, LAs provided data on the care leavers.[93]  Data requested included the age the young person when entered care, total length of time in care[94] (across multiple episodes) and the total number of placements.

Analysis of the data indicated that the care leavers supported by the projects had spent long durations of their childhoods in care and had experienced frequent moves between placements. Due to issues with how the national data on LAC is reported, it is not possible to directly compare duration of care and number of placements to England-wide trends. However, national statistics reported that most Looked After Children (68 per cent) had one placement in the year; nearly one third (32 per cent) have more than one placement in a year.[95]

- **Age when young person entered care**: 8 in 10 (79 per cent, n=495) care leavers entered care at the aged of 10 or over.  Care leavers supported by i-Aspire were most likely to enter care under the age of 10 (i-Aspire = 28 per cent, Apollo = 18 per cent, Reboot West = 16 per cent).

- **Time spent in care:** just over half (51 per cent, n=317) of care leavers spent less than three years in care. In line with the lower age when they entered care, care leavers supported by i-Aspire were more likely to spend over ten years in care (i-Aspire = 19 per cent, Apollo = 14 per cent, Reboot West = 13 per cent).

- **Care stability:** almost two thirds (68 per cent, n=426) of care leavers had four or fewer placements during their time in care.  Stability of placement was highest amongst the care leavers supported by Reboot West (73 per cent had four or fewer placements), followed by Apollo (63 per cent had four or fewer placements).  Just over half of those supported by i-Aspire (58 per cent) had four or fewer placements, likely influenced by the average higher number of years spent in care when compared to the other cohorts.

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[91] Wade, J. & Dixon, J. (2006). Making a home, finding a job: investigating early housing and employment outcomes for young people leaving care. Child and Family Social work. 11 (3), 199-208.
[92] Dixon and Baker (2016). New Belongings: an evaluation, DfE.
[93] In care data was not provided by Bromley or Greenwich Council
[94] Time 'in care' or 'looked after' ends at 18.
[95] Department for Education (2019). Children looked after in England including adoption: 2018 to 2019.

# Annex 4: Approach to measuring impact

In this section, we set out our approach to measuring the impact of the programme on EET rates for care leavers in supported LAs compared to other authorities. This analysis aims to establish, to a statistically significant degree, causality of the employment, education and training outcomes reported by the SIB projects.

Analysis of data presented in the early findings report[96] found that the SIB projects have sufficient capacity to support around 40 per cent of the care leaver population (aged 19-21) who come under the care of the participating local authorities. Based on this data, it is reasonable to assume that if the projects are successful at supporting care leavers into sustainable EET, the impact may be observable in local authority statistics reported by the government on children and young people.

Randomised Controlled Trials (RCTs) are considered the gold standard for establishing causality. However, this type of approach relies on random allocation of treatment. The Care Leavers SIB projects were established in 2018 in eight local authority areas (Bath and North East Somerset, Bristol, Bromley, Greenwich, Lewisham, North Somerset, Sheffield and South Gloucestershire) and several factors influenced the selection of these eight local authorities. These primarily related to the existing social investment infrastructure and the capabilities of existing service providers within these authorities. As such, the allocation of the programme (i.e., treatment) to different LAs was not random and an RCT was not feasible.

Where the same units of analysis are repeatedly measured before and after the introduction of an intervention, it is also possible to estimate causal effects without randomisation through comparison of differences over time (before and after the Care Leavers SIB) and between areas (with SIB projects and without SIB projects). This estimation strategy is often referred to as difference-in-differences. The key assumption of difference-in-differences based designs is parallel trends. This assumes that in the absence of intervention, the treated areas would have followed the same trend as the comparator areas. Whilst this assumption cannot be proved (it is impossible to observe the treated areas without intervention), it can be justified through the examination of pre-intervention trends to generate similar groups of LAs to compare.

The evaluation team developed and implemented two quasi-experimental designs (QEDs), which, using different methods, construct convincingly similar groups of LAs and compare outcomes to the group of LAs participating in the programme.

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[96] DfE (2020). Care Leavers SIB Evaluation. Early Findings Report.

## Synthetic control methods

Generalised synthetic control methods relax the parallel trends assumption[97] by creating a synthetic control group for each treated area through weighting and averaging comparator areas based on pre-intervention trends. Comparator areas that are more similar to the treated areas receive a higher weighting than those that are less similar. An additional advantage of this approach is that impact estimates for each treated area (compared to its synthetic control) can be extracted and assessed.

## Cluster analysis

Clustering is a statistical process of grouping observations by calculating the overall distance between each cluster based on multiple factors (i.e., variables). Observations which are similar across multiple factors are more likely to be grouped (clustered) together. The process therefore generates groups of observations that are statistically the most comparable according to the set of variables that are selected to perform the clustering. As part of the previous wave of this evaluation, we created a shortlist of LAIT variables for the cluster analysis ran a cluster analysis using a k-means algorithm, then selected a 28-cluster solution. The cluster plot and accompanying table below illustrates the solution and demonstrates that the project LAs compare well to the other LAs within their clusters according to each of the selected variables.

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[97] https://onlinelibrary.wiley.com/doi/10.1111/1475-6773.13274

**Annex Figure 4: Evaluation clustering approach**

**How did we cluster LAs?**

Statistical neighbours are widely used for area-level comparisons and provide a readily-available cluster for each of the LAs supported by the programme. However, the variables used to generate statistical neighbours do not include care leaver or looked after children measures that are associated with the outcomes of interest for this evaluation. For example, in the case of Sheffield, analysis of LAIT revealed that 37 per cent of care leavers were in EET in 2018, whereas the average across statistical neighbours was 46 per cent. To improve on the design, we developed a bespoke cluster analysis to generate groups of statistical neighbours which are relevant to care leavers and other relevant project indicators, including variability in socioeconomic and environmental conditions. A review of the existing evidence base highlighted 3 key factors that influence care leaver EET outcomes, and 3 variables were selected as the best available proxies for each of these key factors:

Stability of care received by looked after children (2015 % of LAC with 3 or more placements)[1]

Stability of education received by looked after children (2016 total % of school sessions missed by LAC due to absences)

Availability of economic opportunities for young people overall (2018 % of 16/17-year-olds in education, employment or training)

The pre-intervention care leaver EET rate was included in the cluster analysis as a fourth variable.

**Annex Table 11: Summary of LA cluster by project**

| Project | Supported LA | Group | Average stability of care (weighted) | Average stability of education (weighted) | Average economic opportunities (weighted) | Average care leaver EET % |
|---|---|---|---|---|---|---|
| Apollo | Sheffield | Sheffield | 9.00 | 4.80 | 3.60 | 37.00 |
| | Cluster 24 | Sheffield comparator LAs | 10.00 | 5.13 | 3.43 | 41.33 |
| i-Aspire | Lewisham | Lewisham | 7.00 | 3.50 | 1.80 | 43.00 |
| | Cluster 18 | Lewisham comparator LAs | 8.25 | 3.75 | 2.53 | 42.75 |
| | Greenwich | Greenwich | 10.00 | 3.10 | 2.00 | 59.00 |
| | Cluster 15 | Greenwich comparator LAs | 11.63 | 3.31 | 2.54 | 56.38 |
| | Bromley | Bromley | 11.00 | 3.00 | 1.60 | 46.00 |
| | Cluster 13 | Bromley comparator LAs | 9.86 | 3.34 | 1.84 | 47.71 |
| Reboot West | Bristol, city of | Bristol | 8.00 | 6.30 | 2.90 | 55.00 |
| | Cluster 25 | Bristol comparator LAs | 9.00 | 5.83 | 3.28 | 55.00 |
| | South Gloucestershire | South Gloucestershire | 6.00 | 5.00 | 1.60 | 64.00 |
| | Cluster 6 | South Gloucestershire comparator LAs | 7.67 | 5.13 | 1.17 | 59.33 |
| | Bath and North East Somerset | Bath and North East Somerset | 10.00 | 3.20 | 2.50 | 65.00 |
| | Cluster 15 | Bath and North East Somerset comparator LAs | 11.63 | 3.31 | 2.54 | 56.38 |
| | North Somerset | North Somerset | 15.00 | 4.50 | 2.40 | 46.00 |
| | Cluster 21 | North Somerset comparator LAs | 13.40 | 4.80 | 2.44 | 48.00 |

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