



Sefton Community Adolescent Service (CAS) Evaluation Summary

Background

In December 2014, Sefton Council secured funding from the Department for Education to establish a new multi-professional service dedicated to vulnerable adolescents aged 12 to 25 years on the edge of care – the Sefton Community Adolescent Service (CAS). The project received match funding from the council and local partner organisations, with the aim of achieving a step change in support for vulnerable young people.

The model centred on two multi-disciplinary hub teams, working with young people and their families using a relationship-based approach and working to a single integrated family plan, with support provided to younger siblings where appropriate. These teams were supported by a four-bedded residential children's home, commissioned to offer planned respite provision for young people in stressful family situations.

A total of 329 young people had been supported by the CAS teams by November 2016.

Aims and objectives

The main intended outcome measures included a reduction in numbers of young people entering the care system at age 13+, improved placement stability for young people who are already looked after, fewer children missing from home or care, improved engagement in education and training, reduced involvement with the criminal justice system; reduced involvement with guns and gangs, and fewer young people at risk of CSE.

The original CAS model was guided by five core principles:

1. Working with young people, their parents and younger siblings from 12 to 25 years and never closing a case.
2. Creating sustainable professional relationships – a single referral process, key worker and family plan.
3. Seeking an exemption from the requirement that all look after children (Section 20) have a dedicated social worker, through a delegation of authority to ensure continuity in the relationship with the CAS worker.
4. A multi-disciplinary service with a shared vision, evidence-based delivery, policies and procedures, and underpinned by training in social pedagogy and restorative practice methods.
5. The active participation of young people at all stages of design and implementation.

Evaluation

The evaluation was carried out between March 2015 and November 2016 by Ecorys (UK). A mixed methods approach was used, comprising of qualitative interviews with 45 professionals, 20 young people and 5 parents or carers during Phases 1 and 3 (process), and an analysis of CAS administrative data (outcomes), including a Cost-Benefit-Analysis (CBA). The evaluators also observed a cross-section of strategy meetings.

While the qualitative research provided detailed insights to the successes and challenges of the CAS, the CBA was limited by the small number of measures for which data was available (social care, missing episodes and education), and the findings should be treated with some caution. This situation arose as a result of delays with establishing a fit for purpose case-recording system, and limited access to data from partner organisations.

Findings

- Overall, the project achieved mixed success. The original blueprint was overly ambitious, incorporating too many sub-pilots, and the CAS suffered from a lack of strategic oversight in the early stages. Nonetheless, a boost to management capacity in early 2016 and a new joint protocol helped to get the CAS back on track.
- The project was implemented in three distinct phases, with different strengths and drawbacks:

<p>Phase 1 – ‘early development’ (2015) was characterised by intensive work with smaller caseloads of 8 to 12 young people, under the coordination of a single CAS worker. This proved conducive to the social pedagogy approach, by giving practitioners the time and space to build trust and to work with younger siblings.</p>	<p>Phase 2 – ‘scaling up’ (spring 2016) followed concerns over the high proportion of costly open-ended cases. The management increased caseload sizes to 15 to 20, with more active target-setting and review. This was met with some concern by practitioners, but was considered necessary to ensure longer-term viability.</p>	<p>Phase 3 – ‘consolidation’ (autumn 2016) saw closer integration between the CAS and social care, with a significant increase in co-worked cases and supporting the step-down from CIN plans. CAS workers benefited from the risk management expertise of the social worker, but were more dependent on the statutory plan.</p>
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- The residential short-term breaks unit suffered from under-occupancy, as a result of communication difficulties within the CAS, and compatibility issues between residents. In successful examples, however, the short breaks provided valuable respite for vulnerable young people and eased the strain on family relationships.
- The planned social worker exemption was not pursued, owing to the unnecessary risk posed to young people and professionals at a time when case-recording systems were not fully operational.
- The specialist foster carer secondment to the CAS was also halted at an early stage. There was insufficient demand for this dedicated post, and it duplicated the work of the in-house specialist foster care team

Project outcomes

- Approaching two-thirds (65%) of CAS cases were closed because the original aims in the plan were achieved. A smaller proportion of cases were closed, owing to withdrawal of consent (26%) or moving out of area (9%).
- Around 5% of young people who were the subject of a CAS episode went on to become looked after. The main factors identified by CAS teams included case complexity and referrals made to the CAS too late.
- Young people and families consistently self-reported improvements to self-confidence, family relationships, engagement in education, healthier lifestyles and behaviours, and being able to remain at home safely.
- The trust in the relationship with the key worker and participation in setting goals were particularly valued by young people, although they often had high expectations of the accessibility of their key worker.
- There was some evidence of savings arising from service improvements, including reduced numbers of different professionals involved per individual CAS case and streamlining of administrative processes.
- Quantifiable savings also accrued from a reduced incidence of missing episodes, and stepped down cases, based on the sample of 126 young people who were supported in the period January to March 2016.
- These savings were offset by the costs of young people who became looked after.

Recommendations

- Review the eligible age range, and maintain the flexibility to work with younger siblings.
- Consolidate the CAS as a bridge between Children’s Social Care and Early Help, and clarify service pathways.
- Reintroduce flexibility to the residential strand of the service.
- Strengthen the multi-professional composition of the CAS.
- Strengthen the evidence base by improving data-recording systems, to capture and validate outcomes.

The DFE’s Children’s Social Care Innovation Programme funded this project and its independent evaluation. Co-ordination of the evaluation was undertaken by the Rees Centre from the University of Oxford (www.reescentre.education.ox.ac.uk.) A full copy of this report can be found at www.gov.uk/government/publications