



Specialist Health and Resilient Environment (SHARE) Evaluation Summary

Background

The aim of SHARE (Specialist Health and Resilient Environment) in Wigan, which is an extension or renewal of existing support services provided in routine hours, was to implement a model of supporting young people at risk of becoming engaged with statutory social care services as a result of complex emotional and behavioural problems. SHARE worked with 37 young people aged from 11 to 17 over a period of at least 12 weeks, including support for their family and access to psychiatric and psychological services. SHARE's team includes a registered manager, clinical psychologist, advanced mental health practitioners, social workers, key workers and support workers.

Aims and objectives

The primary outcome of SHARE was a reduction in the number of young people becoming engaged in statutory care services due to parents or carers being unable to manage the presenting risk in relation to complex mental health issues. To achieve the full implementation of SHARE, there were 4 objectives:

- the development of a new specialist multi-professional team
- the implementation of a new integrated duty system with a single assessment of need and single care pathway for this group of young people, enabling capacity for crisis response
- the provision of a residential setting that could work in a flexible way to provide a crisis response to this group of young people, and bridging placements that would support transitions back to family based care
- the training of a cohort of specialist foster carers who could provide a similar model of care as described above, and support their peers in being able to provide permanent placements for this cohort, where appropriate

Evaluation

An explanatory case study design was employed to explore and describe SHARE and also to develop theories of the causal mechanisms of the impact of SHARE on young people's outcomes. A mixed methods design was used with a qualitative component to triangulate the quantitative data. The evaluation comprised routinely collected clinical data for 26 young people, quantitative data at local authority level, data on 8 parents' and 9 young people's experience of the service, interviews with 10 young people and 12 parents, focus groups with 17 professionals involved in SHARE, and SHARE's staff observation tools (14 observations completed by 4 staff members).

Findings

Evidence from the evaluation suggests that the primary outcome was achieved. During SHARE's single assessment, all 37 young people who entered SHARE between October 2015 and the beginning of October 2016 were reported by staff as being at risk of requiring respite or planned short term breaks (defined as a Child in Need – CIN). However, during SHARE only 7 (19%) became Children in Need (CIN). After the single assessment,

an assessment by a social worker and advanced mental health practitioner identified that 19 (out of the 37) were at risk of becoming looked after (LAC) by the local authority if services did not get involved. Out of these 19, only 2 became LAC whilst in SHARE.

The mechanisms by which SHARE reduced the number of young people becoming engaged in statutory social care services included an increase in parental knowledge of their young person's treatment, and the provision of practical skills and strategies that increased self-confidence.

Young people reported that SHARE's support and out-of-hours accessibility prevented the escalation of risk and met their multiple needs. They reported an improved understanding of emotions, increased confidence, feeling able to ask for help, more positive future thinking, working through difficulties (e.g. self-harm, family relationships), and improved social communication. This was supported by the quantitative data: controlling for differing intervals, young people's mental and physical health and social functioning improved between assessment points. In addition, person-centred characteristics of the SHARE team, such as being down to earth, non-judgemental, relaxed, reliable, good listeners, caring, and genuine, allowed young people to feel safe, to feel comfortable and to build strong therapeutic relationships.

According to staff, the multi-disciplinary team was the mechanism by which the service more effectively met the needs of young people because – as reported by them – the right colleagues with the right areas of expertise were able to come together efficiently to address the children's, young people's and families' needs.

SHARE staff also reported high levels of job satisfaction compared to previous roles, which was explained by the ability to make a difference to the lives of children, young people and families, and collaborating with, and learning from, colleagues.

Parents reported high levels of satisfaction with SHARE in all data strands: all 12 parents interviewed reported a positive experience of SHARE. Young people also reported high levels of satisfaction in all data strands: all 10 young people interviewed described a positive experience of using the SHARE service.

Cost benefits

There was a positive cost benefit outcome (assuming all outcomes sustained for 12 months) equating to a saving of £3.3 for every £1 invested in SHARE. The most pessimistic scenario (50% of all outcomes sustained for 12 months) gave a saving of £1.7 for every £1 invested in SHARE.

Recommendations for policy and practice

- Wider dissemination of information about SHARE would help the innovation to be embedded and to reach a greater number of young people and parents. However, dissemination would also mean that more young people and families would access SHARE, and hence more resources would be needed in order to cope with future staffing and demand.
- Funding for the programme would therefore need to be secured so that service users did not become reliant on a service that might then be withdrawn in the future.

This evaluation study was carried out between October 2015 and July 2016 by the Anna Freud National Centre for Children and Families, London, with York Consulting providing the economic evaluation.

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