



Step Change Evaluation Summary

Background

Step Change was a partnership between three Local Authorities (LAs; Harrow, Hounslow and Barnet) and Action for Children (AfC). It intended to improve outcomes for young people (aged 11 -17 years) on the edge of care or custody by introducing evidence based programmes (EBPs). The project initially intended to deliver 3 EBPs; however, a decision was taken early on to remove Treatment Foster Care Oregon (TFCO) due to concerns about the costs and resources required and the availability of evidence of its effectiveness in the UK. Step Change therefore comprised Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST). The project secured DfE Innovation Programme funding to run the first year of the project, with the expectation that the LAs would invest in the continuation of the model as it was rolled out to other LAs.

Step Change aimed to support 170 young people within 2 years of operating. A single referral pathway (SRP) was established and panel meetings were introduced to manage referral and allocations of young people from the LAs. New posts were to include 6 Step Change Advisors (SCAs, 2 in each LA) to work with social care staff to identify families eligible for the EBPs and a Sustainability Worker to provide follow-up support to the young people post-intervention. However, changes to the model led to a reduction in the number of SCAs and the removal of the latter post completely.

Aims and objectives

Step Change aimed to improve long term outcomes for young people by decreasing risk taking behaviours including offending, increasing engagement in education, employment and training (EET) and improving relationships between young people and their families to avoid family breakdown and reduce the need for care or custody.

In addition, Step Change aimed to bring about a cultural shift and improve service delivery and efficiencies across the partner organisations by: developing standardised best practice in delivering the EBPs; delivering more efficient management of resources across the LAs by using a single delivery model for both EBPs; and reducing the number of adolescents entering care or custody and the associated costs.

Evaluation

The evaluation comprised 3 work packages: an outcome evaluation, an implementation evaluation and an economic evaluation. Methods included quantitative, qualitative and participatory approaches. Data extraction from LA and project data systems, outcome measures, surveys and interviews were undertaken at baseline and at follow-up (which ranged between 5 and 7 months). A sample of 67 families was included at baseline. Data was available for 57 cases at follow-up, 15 of whom were also interviewed. For the implementation evaluation, 30 surveys and 16 interviews were carried out with key staff across the partner agencies at baseline and repeated at follow-up. Limitations of the study included high levels of missing and unreliable data for some variables and the lack of a control group. Additionally, compressed follow-up timescales and lower than expected sample sizes restricted the extent to which the planned outcome and economic components could be fully achieved. The findings should be interpreted with caution.

Findings

- Families using Step Change presented with significant needs and difficulties at referral to the project. There was evidence of multiple referrals to agencies dating back several years for many young people, with 39% having been involved with children's services for 5 years or more
- Difficulties experienced by primary caregivers included domestic violence (51%) and mental health problems (39%). The majority (61%) of young people were reported to be experiencing multiple difficulties (i.e. 5 or more risk factors present at referral) including aggressive, anti-social and offending behaviour
- Young people in the sample were experiencing much greater levels of emotional and behavioural difficulties (as measured by the SDQ) than other young people of a similar age living in the UK
- Follow-up measures presented a mixed picture, with some progress evident over time for some families. Perspectives gathered at interview revealed that most of the 15 families felt Step Change had been a positive intervention that had improved their quality of life
- Factors that appeared to make a difference included the consistency, frequency and accessibility of the therapy, the meaningful relationship formed with therapists and their perceived impartiality. Parents also described a sense of empowerment and confidence that came from developing new parenting skills and strategies
- Findings from the implementation study highlighted barriers and facilitators involved in implementing, operating and sustaining Step Change. Facilitators included a willingness to work together and problem-solve; an effective referral and allocation system; and the effective contributions made by SCAs
- Among the main challenges were unrealistic timescales for negotiating the logistics and the intricacies of introducing two new approaches across multiple organisations. The bid itself was also considered to be overly ambitious in its longer term projections, particularly in terms of its financial sustainability
- Consequently, the original model was scaled back and despite operating with a degree of success for almost one year, the organisations reached a decision to close the project
- The evaluation was not designed to examine cost-effectiveness. Instead, we were able to capture service use, as reported by a sub-sample of parents using a brief checklist. This data enabled a modest and descriptive analysis of service use over the preceding 3 months and associated costs. The findings suggested that families were in contact with a range of services during their Step Change intervention, though the contact time spent with different professionals appeared to be minimal and associated costs low

Recommendations

The study sheds light on the conditions required to embed innovative and complex services for young people at the edge of care and custody. In the case of Step Change, key conditions included strategic buy-in from all partners at the outset and a willingness to allow the project time to identify if improved outcomes and financial savings can be achieved. Due to the complex nature of the project and the difficulties of the young people and families it is designed to serve, this is likely to require a commitment of a period of years rather than months. If an opportunity arises to replicate Step Change elsewhere, the study identified learning that could be applied:

- Scoping exercises could be undertaken to determine whether LAs share existing infrastructure that would facilitate efficient set-up of the project
- Involvement of operational staff in the development of bids and implementation plans will help to smooth the process of setting-up
- Designation of major areas of implementation to project leads or 'champions'
- Potential for the setting-up of joint commissioning arrangements (between health and social care) to maximise the chances of sustainable implementation

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