Gloucestershire County Council (GCC) and partner organisations aimed to develop an authority-wide systems transformation programme for young people on the edge of care and their families, incorporating two strands:

- A single unified authority-wide service – targeted at vulnerable young people aged 10 to 25 years and their families, and pooling expertise from youth support, children’s social care, and some functions of CAMHS.

Aims and objectives
The intended outcome measures included fewer re-referrals to children’s social care, more families accessing appropriate high quality interventions, fewer families in crisis situations, and a net reduction in reactive public expenditure arising from high cost short-term care. The main elements, as set out in the original bid, included:

- A completely redesigned and reshaped safeguarding ‘front door’, with multi-professional assessment, formulation service planning and interventions.
- A new model of service delivery, with multi-professional teams providing a mix of specialists, and replacing functions that are covered between children’s social care, targeted youth support, and CAMHS.
- A unified theoretical approach and model of practice, based on the principles of attachment theory, resilience theory and restorative practice, and informed by local testing.
- A commitment to adopting alternative delivery arrangements, including delegated statutory social care functions for adolescents, building on similar arrangements for youth offending, and for care leavers aged 16+.

By the final quarter of 2016, GCC and partners had set in place the building blocks for the new practice model, following a tightly controlled pilot phase within a multi-agency team, and the wider roll-out had commenced across Gloucestershire. At the time of writing, over 150 practitioners and managers had completed the training and were being supported to adopt the new BASE practice model with a selection of their current cases.

Evaluation
The evaluation was carried out between September 2015 and November 2016 by Ecorys (UK). A mixed methods approach was used, incorporating qualitative and quantitative data collection and analysis, to provide an assessment of the effectiveness, outcomes and value for money of the project. A baseline survey was administered online with 156 professionals, to gather data on working environment, professional effectiveness, and satisfaction with services for vulnerable adolescents and their families.

The evaluators worked with a group of 10 service-experienced young people aged between 15 and 21 years, who formed an advisory panel, and who were supported to interview practitioners and analyse the results.
Findings
The pilot project was ambitious in scale, and progress was slower than anticipated during 2015-16. Activities focussed on joint working between children’ social care and targeted youth support. The direct engagement of health partners was less visible during this phase, and was identified as an essential next step to create the unified service for vulnerable young people. The BASE practice model was piloted intensively on a small scale, and a final summative assessment of effectiveness and outcomes will take place post-rollout in 2017.

Piloting and implementing the new practice model
• The 14 practitioners involved in the qualitative research generally valued the BASE assessment model and ‘formulation meetings’, which facilitated a deeper understanding of young people’s presenting behaviours.
• Having a common and clear definition of the practice model meant that practitioners were able to involve other agencies and to communicate progress using common reference points and language. There was some qualitative evidence that this had reduced the propensity for social workers to hand-off cases unnecessarily.
• Initial feedback from the 18 young people involved in the initial piloting of the BASE model found that they generally compared the approach favourably to traditional social work practices.
• Service satisfaction was associated with the extended initial engagement and observation process, and the emphasis on young people’s participation in setting and reviewing their goals.

Areas for further development
• There was variation in how BASE was implemented by individual practitioners during the pilot. Some had skipped stages of the model, and case recording practices were of varying quality and completeness. There was an acknowledged need to step-up supervisory feedback, to help preserve the fidelity of the model.
• A tendency was observed for practitioners to revert back to more familiar methods and professional boundaries, when they were presented with cases involving a higher level of risk, and while under scrutiny.
• Practitioners reported greater challenges in implementing the BASE model where there was a statutory order of some kind. Examples included Youth Offending Team (YOT) cases involving court decisions, and in relation to the statutory elements of Children in Need (CIN) and Child Protection (CP) plans.

Outcomes and cost-effectiveness
• A small-scale comparison of 10 cases revealed potential cost savings, arising from fewer escalations from CIN to CP, more rapid step-down from CIN plans, and fewer hand-offs between agencies under the new arrangements, compared with business as usual. There was insufficient data to monetise these benefits in full.
• The delays to establishing a new case management system meant that there was limited centralised outcomes data available to the evaluators, despite early evidence of positive self-reported outcomes by families. A more comprehensive analysis of administrative data is planned post-rollout in summer 2017.

Further work
• At the time of writing, the council and partners were preparing to roll-out the BASE model county-wide during 2017, with the aim of covering approximately 300 professionals, and over 2,500 young people.
• The service was also set to extend to include additional target groups, including young people with unstable placements, significant mental health issues, and those remanded to the care of the local authority.
• Ecorys UK were retained to complete a final summative evaluation, reporting in November 2017, to include administrative data analysis, qualitative fieldwork with young people and practitioners, follow-up to the baseline practitioner survey (+30 months), and a final ‘top-down’ project level Cost-Benefit Analysis.

The DFE’s Children’s Social Care Innovation Programme funded this project and its independent evaluation. Coordination 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