
Independent evaluation of the Trevone House model

September 2023

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1. Introduction

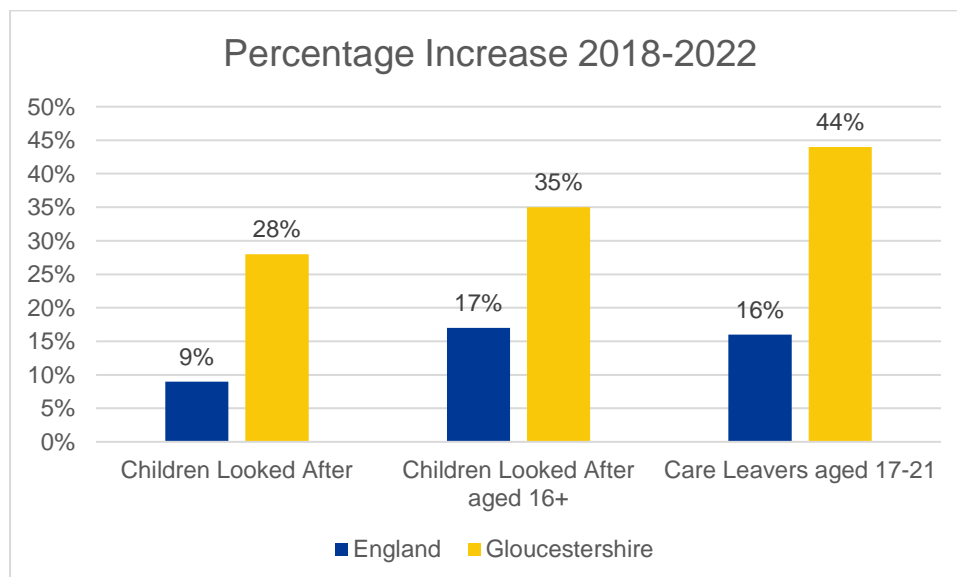
The Institute of Public Care at Oxford Brookes University (IPC) was commissioned by Gloucestershire County Council (GCC) to undertake an independent evaluation of Trevone House, an innovative facility providing care, support and accommodation for young people aged 16 to 25 years who are either currently looked after, are care leavers or have been treated at in-patient child and adolescent mental health units (CAMHs Tier 4). This report sets out the methods used and the findings of the evaluation.

The evaluation focuses on the model: what are its key features? How does it differ from other models of supported accommodation? How effective is it in comparison to more mainstream models of supporting young people? When comparing and contrasting models some implicit comments about relative performance are inevitable but the focus is on the model rather than the providers of care and support.

2. Background

Gloucestershire has seen a significant increase in the number of children looked after in recent years. Although many other areas have seen similar trends the increases in Gloucestershire have been much higher than the national average as shown in Figure 1,

Figure 1: Percentage increase in the number of children looked after and care leavers



Source: *Children Looked After in England including Adoptions, 2022 reporting year, National Statistics, published July 2023*

The increase in numbers has far outstripped the supply of accommodation and placements for young people, leading to placements further away or in less

appropriate settings. There also been an increase in the cost of placements and consequent pressure on budgets¹.

For young people leaving care, demand for supported accommodation has similarly outstripped the supply of good quality accommodation in the right locations. Many young people experience multiple moves and changes of key worker both whilst looked after and when moving to independence. This instability risks retraumatising young people who have already experienced significant childhood adversity.

In addition to these overall sufficiency challenges Gloucestershire has identified some specific shortages or gaps. These include step-down provision for young people who are moving on from secure accommodation or CAMHs Tier 4 in-patient treatment.

Against this background, Gloucestershire established Trevone House to provide a range of accommodation and support for young people aged 16-25 years. The services planned at Trevone house comprised:

1. Supported accommodation for care leavers.
2. Wellbeing suites providing step-down from inpatient mental health treatment ('Tier 4 CAMHs').
3. Edge of care emergency accommodation:
 - to avoid young people being held in police custody unnecessarily; or
 - to assess young people detained under section 136 of the mental health Act
4. A day centre or 'staying close hub' for care experienced young people providing in-reach and outreach.

The first two components have been operational since the opening of Trevone House in 2020. The third is partly operational: emergency accommodation, has been provided for young people in crisis, including those held by the police, although the section 136 suite has not yet been used for its intended purpose. The fourth component, the day centre/staying close hub, has not been opened to date.

Trevone House aims to provide trauma informed care in a high-quality physical environment. It differs from commonly available provision in that it offers a combination of services on a single site and with a high level of support through 24/7 staffing including specialist mental health roles.

Despite some initial implementation challenges and some serious incidents for individuals, early anecdotal evidence suggested that Trevone House had been

¹ These issues have been highlighted in national reports such as the [Independent Review of Children's Social Care](#) and the [Competition and Markets Authority Children's Social Care Study](#). For an analysis of regional market trends and sufficiency challenges, see the South West Market Position Statement for Fostering, Children's Residential Care and Independent Special Schools

successful in providing support to very vulnerable young people and had improved outcomes for some young people, such as reducing the number of missing episodes.

Gloucestershire County Council is considering commissioning other similar accommodation and support for care leavers and, before proceeding, decided to seek an independent evaluation of the Trevone House model, including the comparison of outcomes to those offered by more standard models of floating support in flats and shared houses.

3. Evaluation methods

The evaluation employed mixed methods to answer the following key questions:

- What are the key elements of the Trevone model and comparator models?
- What are the differences between Trevone and more traditional arrangements for care leavers and young people, including differences between cohorts of young people typically placed in each model?
- What are the outcomes associated with the models in the following areas: wellbeing, education and employment, missing episodes, placement stability, etc.?
- For whom, why, how, and in what contexts do these models of provision work? That is, how the models deliver the outcomes and any underlying differences and mechanisms.
- To what extent do the different models deliver any potential quantifiable cost savings (as opposed to traditional post-16 services)?

The evaluation used both primary and secondary data, and quantitative and qualitative methods. The main elements comprised:

- Reviewing policies and existing research evidence about the different models.
- Documenting the Trevone House theory of change through multi-agency workshops
- Collating and analysing data routinely collected by the local authority, other statutory services and agencies, and providers related to an agreed set of outcome indicators across the models (e.g. missing episodes)
- Reviewing and analysing case histories/trajectories of young people in each type of accommodation to explore the models from a longitudinal perspective.
- Exploring the perceptions of key stakeholders about the effectiveness and outcomes of the models via semi-structured interviews.
- Exploring the lived experiences and perceptions of young people associated with the various models of provision using one-to-one and small-group semi-structured interviews.
- Interviewing the young people's social workers or personal advisors.
- Undertaking individual interviews with core staff members at each provider to explore their perceptions about the strength and weaknesses of each model.
- Identifying potential cost savings delivered by the different models associated with positive outcomes / avoided negative outcomes

Various challenges were encountered during the evaluation which required adaptation of the methodology originally proposed. These included difficulty in obtaining the data requested, lower take up of interviews than hoped, especially by young people, and one of the three providers deciding that, due to other pressures, they would not be able to participate fully in the evaluation. The following steps were taken to adapt to these issues:

- Recruiting a fourth provider to supplement the comparator group; however we were only able to interview staff from one of the comparator providers alongside Trevone House;
- Increasing the number of case files analysed;
- Making more use of local authority held data;
- Supplementing interviews with young people with interviews with their social workers or personal advisors.

For analysis purposes, comparing the Trevone model primarily with the comparator group as a whole, rather than making a three-way comparison, partly to ensure the anonymity and business confidentiality of comparators (but noting where significant differences between the comparator providers were evident).

The evaluation received ethical approval from the Health and Social Care Research Ethics Sub-Committee of Oxford Brookes University (UREC Registration No: 231674).

4. Language and terminology

There are some important points about terminology and language to note. The age range 16 to 24 spans the transition from being a child to being an adult. The term 'young people' is used as a shorthand for the entire age range but it should be emphasised that all those under 18 are children.

Research and engagement has consistently found that care experienced young people do not like the term 'placement' and much prefer 'home'. This is understandable and everyone should have somewhere they can call home. However, in documents such as this, where a wide variety of arrangements are being described, ranging from a foster family to a hotel, it is helpful to have a broad term that can cover all options. This also avoids confusion between 'children's homes' and other settings. In this report we use the term placement for any accommodation which the local authority arranges on a child or young person's behalf. It should be noted that in the electronic case recording system used by Gloucestershire County Council the term placement is only used for children under 18 who are looked after. In this report accommodation arranged for young people post 18, other than permanent independent housing is also referred to as a placement.

The term ‘care leaver’ means young people who are no longer looked after but are entitled to support under legislation². ‘Care experienced’ is a broader term and refers to anyone who is or has been in care at any stage in their childhood.

‘Providers’ are the organisations who offer the young people accommodation and support. Settings are the places in which accommodation and support is offered. None of the providers is identified by name in this report and Trevone House is the only setting identified.

Trevone House was designed to provide a trauma informed approach. The government Office for Health Improvement and Disparities has produced a working definition of trauma informed practice to help clarify what this means. The guidance describes trauma informed practice as “an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual’s neurological, biological, psychological and social development” and it identifies six key principles of trauma informed practice:

- The physical, psychological and emotional safety of service users and staff is prioritised
- Transparency exists in an organisation’s policies and procedures, with the objective of building trust among staff, service users and the wider community
- Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward
- The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole
- Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level
- Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity³

5. Description of the Trevone model

The model at Trevone House has been documented as a Theory of Change via two multi-agency workshops held in January and March 2023. The resulting Theory of Change is available in Annexe 1.

The Trevone model comprises several related elements, not all of which, as noted above, have been fully implemented. Distinctive features of the model include:

- Integration of a CAMHS Tier 4 step-down service (the ‘wellbeing suites’) within a broader accommodation offer for young people, allowing interaction between young people in the wellbeing suites and others, opportunities for move on to greater independence on the same site, and access to a mental health nurse for all residents.
- 24/7 staffing, including a team of mental health nurses, funded by NHS partners.

² The Children (Leaving Care) Act 2000

³ [Working definition of trauma-informed practice, Office for Health Improvement and Disparities, 2022](#)

- A staffed reception area.
- Accommodation for up to 19 young people in single and double occupancy self-contained units.

The elements of the model which had not been implemented were the CAMHs section 136 assessment facility and the day centre/staying close hub.

It appeared that NHS commissioners were not convinced of the need for the 136 suite for various reasons. Some noted that the existing (mixed-age) facility was already sufficient and reported that demand had shifted to eating disorders rather than other types of self-harm. Others noted the complexity of setting up a Section 136 facility in a service like Trevone House and the difficulty of identifying "additional resource to go into that service".

The facilities originally envisaged to accommodate the day centre were used by GCC to provide care for an individual with high support needs for nine months in 2022. This emergency use was possible because the day centre is a self-contained area with a separate entrance and could be separately staffed. At the time of the workshops the local authority and the provider had different perceptions about why, once this exceptional use had ended, the original plan had not progressed.

Whilst there was no consensus amongst commissioners about the current need for the section 136 assessment suite, the day centre/staying-close hub was seen as an opportunity to provide on-site activities and learning opportunities for young people not currently able to access community activities, and of supporting young people living in other independent or semi-independent accommodation in the vicinity of Trevone.

Several other changes to the model as originally conceived were highlighted at the workshops. These included more emergency use of accommodation than the provider expected, for example for 16 or 17 year olds entering care or unaccompanied asylum seeking children.

There also appeared to be a shift away from the original concept that residents would be able to stay at Trevone as long as they wanted to, which was part of the trauma informed ethos. The provider felt that some young people had been given unrealistic expectations which did not motivate them to develop independence skills and would like to see more emphasis on moving on to independence. Such an approach can be 'trauma informed' if implemented sensitively in line with the principles outlined above.

5.1. Comparator models

The other providers in the study all operate by providing support in flats or houses in the community. They differ from Trevone House in several key respects:

They are much smaller scale offering support to only a few young people (typically 1-4) at each property.

- The properties are not purpose built and have a less institutional look and scale.

- They do not have specialist mental health staff, although one of the comparators is recruiting to a health post
- The level of support is routinely scaled for individuals, for example changing the number of hours of support or adding over-night staffing.

There are also some differences between the comparator providers:

- Some operate with staffed properties, where there is support on site, whilst others provide an agreed number of hours of floating support.
- Some own all their properties whilst others use a mix of owned and rented properties.
- One of the providers focuses particularly on 16 and 17 year olds, and expects young people to move on once they are 18, (although with some flexibility).
- Some offer other services outside the scope of the evaluation such as sessional support for younger children to prevent entry into care or breakdown of placements.

6. Rapid scoping review

6.1. Policy and research literature

There is an extensive literature about care leavers including government documents/strategies and research by voluntary sector and advocacy organisations, as well as academic institutions. This section provides a brief overview of the recent government policy and evidence-base related to accommodation and outcomes for young people/children aged 16+ and care leavers.

There is an extensive and growing evidence base demonstrating that, whilst some care experienced people do very well, the outcomes experienced by young people who have been in care are on average poor relative to the general population. For example, there is a higher prevalence of homelessness, involvement with the criminal justice system⁴, increased incidence of premature mortality and poor physical and mental health among care experienced people⁵. Specific evidence includes:

- The rate of mental health disorders in the general population aged 5 to 15 is 10%. However, for those who are looked after, it is 45%, and 72% for those in residential care⁶.

⁴ Staines, J. 2017, "Looked after children and youth justice: a response to recent reviews", *Safer Communities*, vol. 16, no. 3, pp. 102-111.

⁵ Independent Review of Children's Social Care, as above, and Stable Homes, Built on Love: Implementation Strategy and Consultation Children's Social Care Reform 2023 p 91

⁶ National Institute for Health and Care Excellence (2021) Nice guideline: Looked-after children and young people

- An analysis of 274 care leaver's case files found that 46% were identified as having mental health needs, with 65% of them not receiving any form of statutory support⁷.
- Adults who spent time in care as children between 1971 and 2001 were 70% more likely to die prematurely than those who did not. The extra risk of premature death rose for care leavers from 40% in 1971 to 360% in 2011⁸

Evidence from longitudinal studies also suggest that these inequalities in outcome persist into middle age⁹. The extent to which these outcomes are due to the factors which led to children entering care, or to the compounding effects of their experience whilst in care is unclear. However, it is clear that societal and policy factors are key determinants in shaping the life chances of care experienced people¹⁰.

Whilst the evidence base around support options for younger looked-after children is well established – showing that long-term outcomes are less favourable for children who have been in residential care compared to kinship care and foster care – the outcomes associated with support options for older children (16+) and care leavers are still emerging. A systematic search for research literature published in the last 10 years in England undertaken for this evaluation identified only 16 relevant research studies. None of these studies commented on costs or were comparing outcomes of different models. The existing evidence is mostly small-scale qualitative research or observational studies.

The Bright Spots project led by Coram Voice and the Rees Centre at the University of Oxford undertakes surveys of the subjective wellbeing of looked after children and young people leaving care. Many local authorities, including Gloucestershire have participated in these surveys which have now been completed by over 10,000 children in aggregate. A clear finding is that young people experience a decline in their wellbeing as they approach adulthood, consistently reporting feeling less safe and less happy than younger looked after children. This reflects the uncertainty and instability that many young people experience especially when moving from family based care.

This is also echoed in other research. Care leavers report significant variation in the quality of preparation support they receive for independent living across different local authorities but they consistently express a preference for gradual, supported transitions that allow them to take on adult responsibilities at their own pace¹¹. Leaving care for young people can also involve multiple transitions across social

⁷ Neglected Minds A report on mental health support for young people leaving care, Barnardo's 2017

⁸ Murray, E.T. et al. (2020) Association of childhood out-of-home care status with all-cause mortality up to 42-years later: Office of National Statistics Longitudinal Study, *BMC Public Health*, 20(1), 735; Nuffield Foundation (2021) Policy Briefing: The lifelong health and well-being of care leavers

⁹ The lifelong health and wellbeing trajectories of people who have been in care Findings from the Looked-after Children Grown up Project, Sacker, Murray, Lacey and Maughan 2021

¹⁰ Power, L. & Raphael, D. 2018, "Care leavers: A British affair", *Child & Family Social Work*, vol. 23, no. 3, pp. 346-353.

¹¹ Baker, C., 2017. *Care leavers' views on their transition to adulthood: a rapid review of the evidence*. Coram Voice. Available: <https://coramvoice.org.uk/wp-content/uploads/2021/01/Care-Leaver-Rapid-Review-24.10.17-final-proof-2.pdf>

care, health care, housing and education, which can create additional challenges and underline the importance of stable support during the years of transition¹².

While some young people and care leavers look forward to living independently, many find the experience falls short of expectations, leading to loneliness and financial difficulties. Emotional and psychological support during the transition is crucial, as care leavers often experience a reduction in their support networks leaving them at risk of poor mental health^{13,14,15,16}.

Suitable and stable housing is considered a protective factor for young people and care leavers' well-being during their transition to adulthood. Unsafe and poor-quality accommodation can hinder their development and expose them to a range of risks from poor health to personal safety, criminal exploitation and victimisation^{17,18}. Young people with specific vulnerabilities, such as those leaving care at a younger age or disabilities etc., face additional challenges in finding suitable accommodation¹⁹. Placement instability and inadequate placements for young people is associated with a range of negative outcomes such as involvement in criminal activities²⁰. Consistent with this, there is growing support for options that offer stability by allowing young people to “stay put” or access supported lodgings, that have shown positive outcomes, providing educational, employment, and housing support. For example, the Barnardo’s report No Place Like Home commented that:

“Young people living in a family home were more likely to feel like they lived in a homely environment, where they could access everything they needed – this contrast starkly with the experience of many young people who moved into more independent accommodation”²¹.

Importantly, No Place Like Home goes on to note that:

¹² Liabo, K., McKenna, C., Ingold, A. and Roberts, H., 2017. Leaving foster or residential care: a participatory study of care leavers' experiences of health and social care transitions. *Child: care, health and development*, 43(2), pp.182-191.

¹³ Butterworth, S., Singh, S.P., Birchwood, M., Islam, Z., Munro, E.R., Vostanis, P., Paul, M., Khan, A. and Simkiss, D., 2017. Transitioning care-leavers with mental health needs: ‘they set you up to fail!’. *Child and Adolescent Mental Health*, 22(3), pp.138-147.

¹⁴ Atkinson, C. and Hyde, R., 2019. Care leavers’ views about transition: a literature review. *Journal of Children's Services*, 14(1), pp.42-58.

¹⁵ Schofield, G., Larsson, B. and Ward, E., 2017. Risk, resilience and identity construction in the life narratives of young people leaving residential care. *Child & Family Social Work*, 22(2), pp.782-791.

¹⁶ Wallace, M. and Cocker, C., 2022. Following the death of Ms A: a local authority response to Transitional Safeguarding. *Practice*, 34(1), pp.61-69.

¹⁷ Pierre, R., 2021. Revisiting Diary Entries from Care: An Exposition of the Challenges of Unregulated Placement Settings. *Practice*, 33(5), pp.375-391.

¹⁸ Ofsted. 2022. ‘Ready or not’: care leavers’ views of preparing to leave care. Available: <https://www.gov.uk/government/publications/ready-or-not-care-leavers-views-of-preparing-to-leave-care/ready-or-not-care-leavers-views-of-preparing-to-leave-care>

¹⁹ Barnardo’s. 2014. On my own: the accommodation needs of young people leaving care in England

²⁰ Staines, C. 2017

²¹ No Place Like Home, p 16

“Staying Put’ and supported lodgings are not the right options for all young people leaving care, but they are often beneficial.”

A variety of provision is therefore essential reflecting the diverse needs and circumstances of care leavers²².

6.2. CAMHS Tier 4 step-down

A specific search of CAMHS Tier 4 step down services was undertaken to see if there are any similar services to Trevone. This included both an on-line search, a systematic check of CQC registered services²³ and a request to the Institute's extensive network of associates and commissioning course alumni. This search identified no services directly comparable to Trevone House, but some potentially similar provision by five providers primarily in the West and North of England, and a CAMHS Tier 4 step down service for young people with eating disorders in Gloucestershire. The list of identified providers and services is available as an Annexe to this report (Annexe 2).

6.3. Recent policy developments

Government policy has focused on enabling young people to stay in foster care for longer, by promoting staying put policies, and setting standards for supported accommodation. In 2020, the non-statutory good practice advice Joint housing protocols for care leavers²⁴ set out considerations for local authorities when planning transitions for care leavers. The document emphasises the need to ensure well-planned moves and support for the transition from a placement to independent living, noting that *“care leavers have varying needs and levels of maturity and will not all be ready to manage alone at a certain age. Planned moves into independence should take account of individual needs and any support available”*²⁵.

The main accommodation and support options are outlined in the protocols as:

- Staying Put: This enables care leavers to remain with their former foster carer when they leave care.
- Staying Close: This supports care leavers moving on from residential care to continue receiving support from their residential home.
- Commissioned supported accommodation, including 24-hour staffed units.
- Semi-independent and independent ‘unregulated’ accommodation.

²² As above p16

²³ In the database directory of CQC registered services (as at 31st of May 2023) we identified the services with the same services and specialisms as Trevone House (i.e. Caring for children (0 - 18yrs) | Caring for adults under 65 yrs | Mental health conditions). This produced a long list of 20 services that were individually checked - reading their CQC registration/inspection report and checking their website - for similarity. The CQC care directory is available to download here: <https://www.cqc.org.uk/about-us/transparency/using-cqc-data>

²⁴ Joint housing protocols for care leavers: good practice advice, Ministry of Housing, Communities and Local Government (MHCLG), and Department for Education (DfE), 2020

²⁵ As above, 2020 section 2.2

- Training/taster flats.
- Living with family.

The reference to ‘unregulated’ accommodation highlights that, until recently, there was no requirement to register supported accommodation for young people aged over 16 which did not meet the legal definition of a children’s home. The government banned the placement of looked after children under the age of 16 in unregulated semi-independent or independent settings in 2021²⁶, and a new regulatory regime covering supported accommodation for children over 16 is currently being implemented. All providers are required to register with Ofsted by 28 October 2023, after which it will be illegal to place young people in supported accommodation which is not registered. Settings will be inspected at least once every three years.

The regulations²⁷ underpinning the new regime distinguish between four categories of supported accommodation which provide a useful typology:

Category ²⁸	Description
<p>Category 1. Supported accommodation in a self-contained unit, where the accommodation is for the sole use of the child or for the child and other individuals living with the child as agreed by the accommodating authority or the supported accommodation undertaking.</p> <p>(Regulation 2(1), para (a))</p>	<p>The accommodation is designed for the sole use of the young person placed there, or for the young person and others that may live there as part of their family unit, for example, their partner, sibling and children.</p> <p>Includes bedsits under a licence agreement and self-contained flats, which may be at the same location, or within the same building.</p>
<p>Category 2. Supported accommodation in a shared or group living situation in premises used to accommodate only looked after children and care leavers.</p> <p>(Regulation 2(1), para (b))</p>	<p>Shared accommodation. Young people have their own bedroom, and may have their own bathroom, and share communal areas (e.g. living room/s, kitchen). Provision may include foyer-type accommodation that combines support with opportunities for education, training and employment.</p> <p>This provision may accommodate care leavers aged 18+.</p>

²⁶ Care Planning, Placement and Case Review (England) (Amendment) Regulations 2021

²⁷ The Supported Accommodation (England) Regulations 2023

²⁸ This table is taken from the Guide to the Supported Accommodation Regulations including Quality Standards, Department for Education, March 2023

Category ²⁸	Description
Category 3. Supported accommodation in a shared or group living situation in premises which are not limited to accommodating looked after children and care leavers. (Regulation 1(2), para (c))	See description for 2 above, plus: In addition to being registered to support looked after children and care leavers aged 16 and 17, this provision may also provide accommodation for people are not looked after children or care leavers.
Category 4. Supported accommodation provided by an individual or individuals in a private residence which is the main residence of that individual or those individuals. (Regulation 2(1), para (d))	Provided by private individuals who offer a room in their family home. Provision is typically co-ordinated by a supported lodgings scheme (the registered provider), which recruits and supports a network of supported lodgings 'hosts'.

In terms of these categories Trevone House falls in category 3, whilst the comparators are providing a mixture of categories 1-3.

The new regime is underpinned by 8 key principles and four quality standards:

Key Principles

1. I feel safe and secure where I live and in my wider environment.
2. My voice is respected, heard and advocated for, so I can influence the support I receive.
3. I have confidence that the adults who support me understand me, are skilled and work effectively together to best meet my needs.
4. I have my own space that I feel proud of and live in a comfortable, well maintained, and stable accommodation.
5. I receive high-quality, tailored support that sustains my health and wellbeing.
6. I have strong, trusting, and meaningful relationships within my support system and can rely on the adults around me.
7. I feel supported to learn and apply skills for independent adult living.
8. I feel positive about my future and opportunities as a result of the support I receive.

Quality Standards

- The leadership and management standard: the registered person enables, inspires and leads a culture in relation to the supported accommodation undertaking that puts children first and prioritises their wellbeing and development
- The protection standard: children are enabled to feel safe and that their needs are met

- The accommodation standard: The accommodation standard is that children experience a comfortable and secure living environment
- The support standard: children receive individual and tailored support that meets their needs

Each of these standards is specified in detail in the regulations and guidance. It is worth noting in the context of commissioning supported accommodation that local authorities will be required to undertake annual assessments of the suitability of locations of all premises used for supported accommodation.

7. Analysis of administrative data

Secondary analysis of administrative data provides a description and comparison of the characteristics and high-level outcomes for young people placed with one of the four study providers, including Trevone House.

Data was extracted from Liquid Logic by GCC and shared with IPC for analysis.

Data was provided for 41 looked after young people aged 16-17 and 26 care leavers, who had been placed with one of the four study providers at some point between September 2020 and May 2023. In total, there were 223 entries for young people and 29 for care leavers, each representing a placement episode.

Data for children in care and care leavers are analysed and reported separately, due to differences in the information collected for these cohorts.

In our analysis, where a placement is described as 'last completed placement', this refers to the last placement with an end date recorded (i.e. finished). Where a placement is described as 'last recorded placement', this refers to the most recent placement date-wise. For some young people, this is their last completed placement (e.g. because they are no longer looked after or they turned 18 and became care leavers); however for others, this is still ongoing. Placement episodes include both last completed placements and last recorded placements.

7.1. Young people aged 16-17

7.1.1. General characteristics of the cohort

The young people included in the sample represent approximately one fifth of the total cohort (n=211 in 2022) of looked after children aged 16 and over in Gloucestershire. The main characteristics of their placement histories are summarised in Table 1. The majority of the young people in the cohort became looked after late in their adolescent years – half were aged 16 or over at first placement. They experienced considerable placement disruption, on average, young people had 5.6 placements and half had four or more placements in total.

Figure 1 gives an overview of the placement ranks by study providers. Trevone House was considerably more likely to be the first ever placement for young people

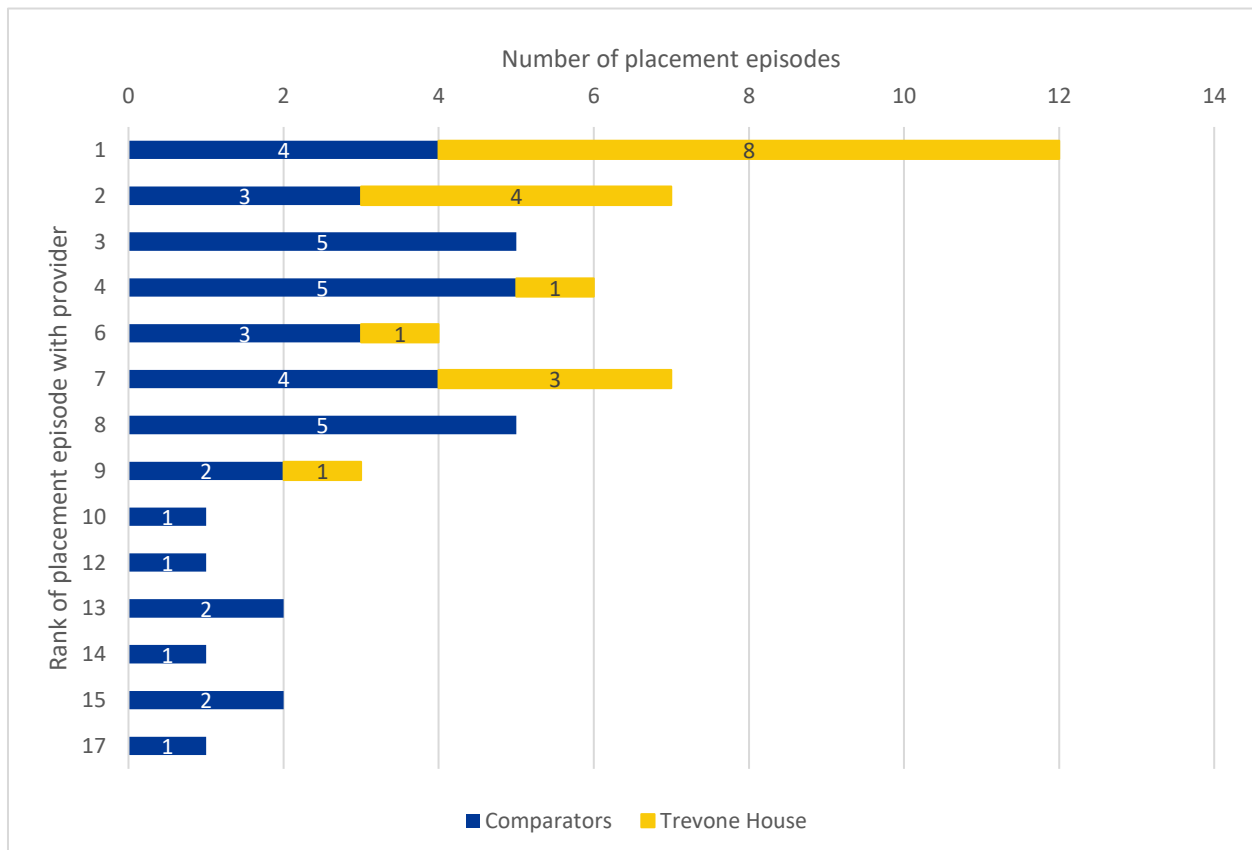
than the comparator providers; for some young people these placement episodes were their 10th, 12th, and even 17th placements.

Considering the relatively late entry into care, the data suggest high levels of – past and current – instability for young people in the cohort.

Table 1: Placement histories of young people in the sample

	Mean	Min-Max	Median	IQR
Age at first placement (years)	14.3	5-17	16	3.5
Age at start of last completed placement (years)	16.6	15-17	17	1
Duration last completed placement (days)	208	2-571	194.5	220
Duration of all placements, including ongoing placements (days)	213	1-3,288	120	217
Total placements per child, including ongoing placements	5.6	1-17	4	6

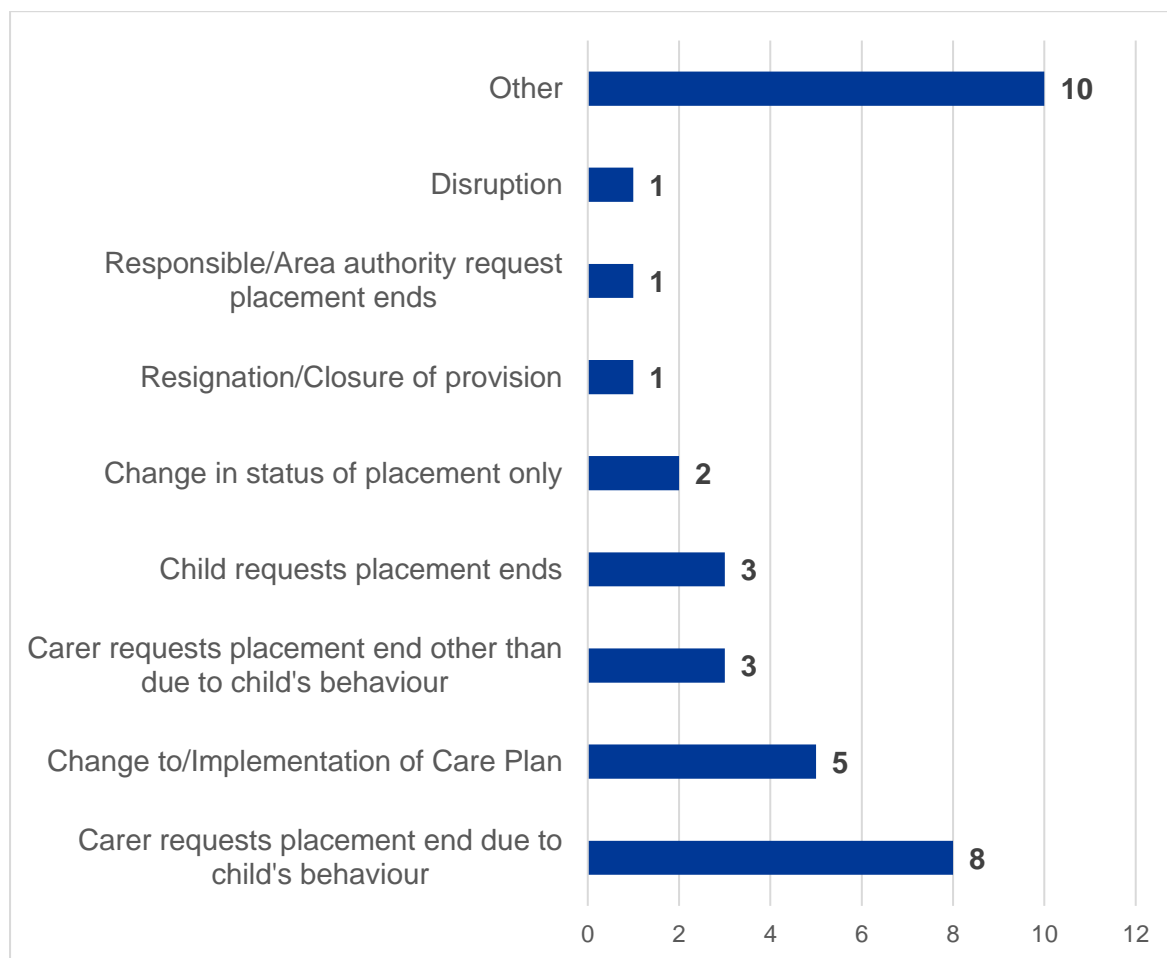
Figure 2: Rank of placement episodes with study provider (n=57)



The most common type of placement for the 16+ cohort was semi-independent living, accommodation not subject to children's homes regulations, representing 70% of last completed placements.

Placement instability and disruption is also reflected in the reasons for placements ending. Nearly a quarter of last recorded placements where this information was available, ended due to the child's behaviour (Figure 3).

Figure 3: Reason last completed placement ended (n=34)



7.2. Comparison of outcomes by study provider

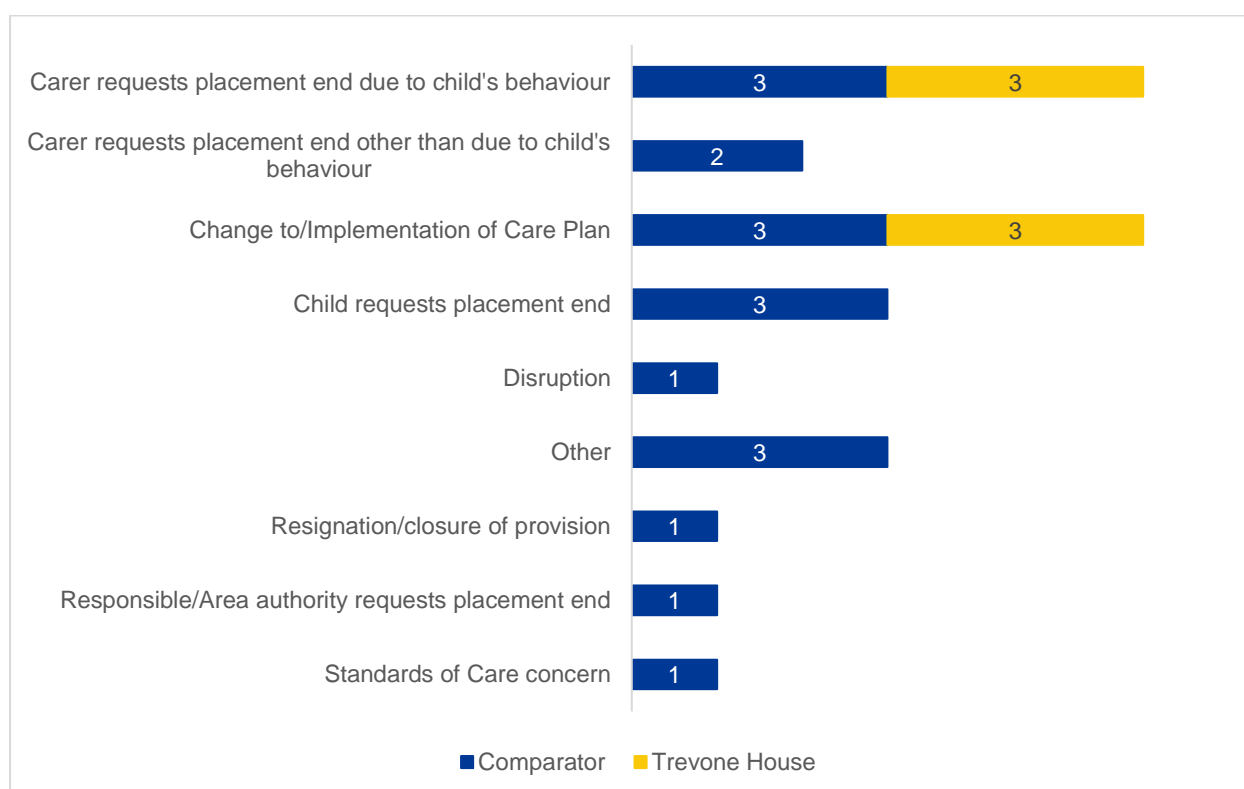
There were a total of 57 placement episodes for 41 young people that included at least one of the study providers: 18 young people have had a placement at Trevone House at one point and 32 young people have had a placement with at least one of the comparators. Seven young people had two placements recorded with the same provider (e.g. moved to a different house for any reason, changed status etc.). These were analysed as separate placement episodes, therefore the total number of comparator placement episodes was 39.

The majority of young people (83%, n=34) had been placed with only one of the study providers, but a sizeable minority (n=7) had placement episodes with multiple providers in the evaluation: two young people had placement episodes at Trevone

House and a comparator provider, four young people had placement episodes with two comparator providers, and one young person had a placement episode with all four providers.

Reason for ending was recorded for 42% (n=24) of all placement episodes: 33% (n=6) for Trevone and 46% (n=18) for comparators. Caution is necessary in the analysis and interpretation of the data due to limited availability, but it appears that placement episodes at Trevone House were more likely to end due to child's behaviour or change to/implementation of care plan compared to comparator providers.

Figure 4: Reason for placement ending by provider (comparator, Trevone House), n=24



Tables 2 and 3 summarise the main characteristics of placement episodes by provider. Generally, Trevone House had longer placement duration and lower missing rates than the comparators, although both groups had quite a lot of variation suggesting the complex and diverse needs of young people placed with the study providers. In terms of the missing rate, it is important to note the presence of an outlier at Trevone House (20.37) that skews the mean: half of the young people had a missing rate equal or lower than 0.48 in the Trevone cohort.

Whereas the comparators supported young people from the local area, Trevone House had a larger 'catchment' with some residents being placed further away from their families, although this might be justified by various reasons.

Table 2: Characteristics of all placement episodes (n=57) by provider

Setting		Placement duration (days)*	Missing rate**	Distance from home***
Trevone House	Mean	241.25	2.75	11.24
	Min:	2	0	0
	Max:	492	20.37	46
	Median:	249	0.48	6
	IQR:	161.75	1.65	7
Comparator provider	Mean	195.53	3.12	6.11
	Min:	17	0	0
	Max:	571	17.79	16
	Median:	179	1.93	7
	IQR:	161.5	4.12	7

* completed placements only

** (missing episodes ÷ duration of placement) *100); N.B. a higher number indicates a higher rate of missing

*** miles

Information on GP registration was available for 68% (n=39) of all placement episodes and it was largely similar across the four study providers with one clear outlier among the comparators, where only half of the young people had information recorded about their GP registration.

Table 3: Record that young person is registered with GP at time of report (n=39)

Setting	N	%
Trevone House	13	72
Comparators	26	75*

* Unweighted mean across the three comparators, range 50-100%; 66% of all comparator placement episodes recorded that the young person was registered with a GP.

Information on activity was only available for the minority of young people / placement episodes and at specific ages.

Table 4 summarises the main categories at 18 and 19. Engagement in education, employment, or training was generally poor across all study providers.

Table 4: Main activity at aged 18 and 19

Main activity at 18	Comparators	Trevone House	Total
F2 - Young person engaged full time in education other than higher education		3	3
F4 - Young person engaged full time in an apprenticeship	3		3
F5 - Young person engaged full time in training or employment (not apprenticeship)	3		3
G4 - Young person not in education, employment or training because of illness or disability		2	2
G5 - Young person not in education, employment or training: other circumstances	7	2	9
G6 - Young person not in education, employment or training due to pregnancy or parenting		2	2
P5 - Young person engaged part time in training or employment (not apprenticeship)	1		1
Total at 18	14	9	23
Main activity at 19			
F2 - Young person engaged full time in education other than higher education		1	1
F4 - Young person engaged full time in an apprenticeship	3		3

Main activity at 18	Comparators	Trevone House	Total
F5 - Young person engaged full time in training or employment (not apprenticeship)	2		2
G4 - Young person not in education, employment or training because of illness or disability		2	2
G5 - Young person not in education, employment or training: other circumstances	5	1	6
Total at 19	10	4	14

Data on wellbeing outcomes was limited. The Child Strengths and Difficulties Questionnaire (SDQ) scores²⁹ at the start of placement were available for 27 placement episodes, whereas most recent SDQ scores were available for six placement episodes (and not necessarily for the same placement episodes). There was no information on the completion of SDQ (i.e. whether self- or informant-completed, but we assumed it was self-completed) and only total scores were available. The data suggest that – unsurprisingly – a significant minority of young people had considerable behavioural difficulties across all study providers. Young people at Trevone House recorded slightly more difficulties. However, caution is necessary in drawing any conclusions due to the limited availability of the data.

Table 5: Child Strengths and Difficulties Questionnaire score at the start of placement (n=27)

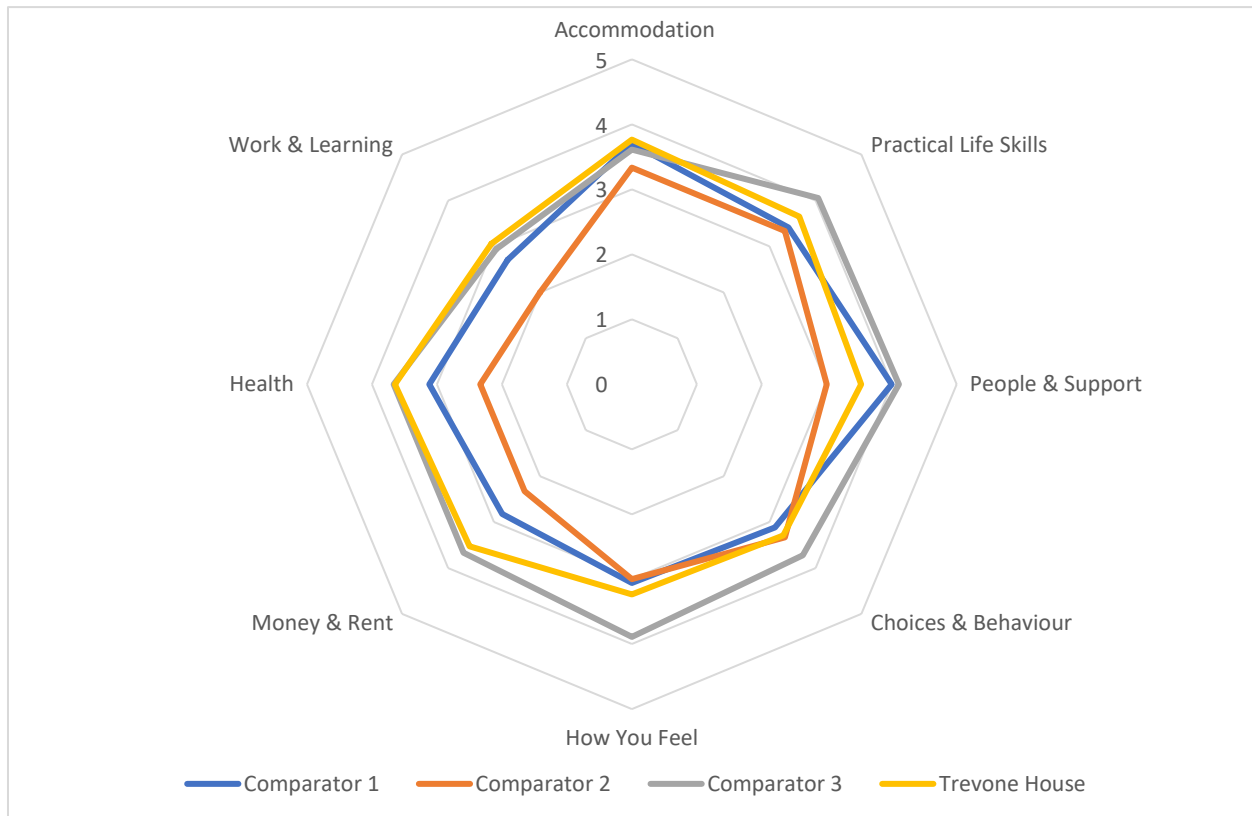
Provider	Number of SDQ scores at start of placement recorded	SDQ score mean*	SDQ score Min-Max	SDQ score median	Number of YP above the self-report 'normal' cut-off (15)
Trevone House	8	14.5	9-21	13.5	3
Comparators	19	12.6	5-22	11	6

* Higher scores indicate more difficulties

²⁹ The SDQ is a behavioural screening questionnaire about 2-17 year olds/for 11-17 year olds. Information on domains and scoring is available here: <https://www.sdqinfo.org/py/sdqinfo/c0.py>

Outcome Star scores³⁰ at plan/last review were available for a total of 55 placement episodes. Average domain scores by study provider are shown in Figure 5. Again, this indicates complex and broadly comparable needs of the cohort. However, caution is necessary due to the small sample size, lack of information about the administration of the Star, and the lack of longitudinal data.

Figure 5: Young Person's Star scores at plan/last review (n=53)



7.3. Care Leavers

Care leavers included in the sample (n=26) represent less than one tenth of the total cohort (n=445) of care leavers in Gloucestershire.

Information was available for a total of 29 placement episodes (three care leavers had multiple placements with the same providers).

The characteristics of last completed placements and all placement episodes are summarised in Tables 6 and 7.

³⁰ Information on the Young Person's star available here: <https://www.outcomesstar.org.uk/using-the-star/see-the-stars/young-persons-star/>, the questionnaire can be downloaded from here: <http://www.outcomesstar.org.uk/wp-content/uploads/Young-Persons-Star-Scales-Preview.pdf>

Table 6: Characteristics of completed placements by provider (n=23)

Setting	Number of care leavers in cohort with completed placement	Duration at completed placement (days)
Trevone House	12	Mean: 224 Range: 7 to 575 Median: 143 IQR: 292
Comparator	11	Mean: 167 Range: 1 to 395 Median: 142.5 IQR: 117.5

Table 7: Characteristics of all placements by provider (n=29)

	Total placements provided to young people in our care leaver cohort	Number of ongoing placements	Duration of all placement episodes (days)	GP registration recorded
Trevone House	17	5	Mean: 361 Range: 7 to 864 Median: 345 IQR: 402.5	Yes: 10 (59%)
Other providers of interest	12	1	Mean: 203 Range: 1 to 524 Median: 148 IQR: 175	Yes: 7 (58%)

The data suggest that Trevone House offers more long-term placements to care leavers and a majority of them stay at Trevone for a year or longer.

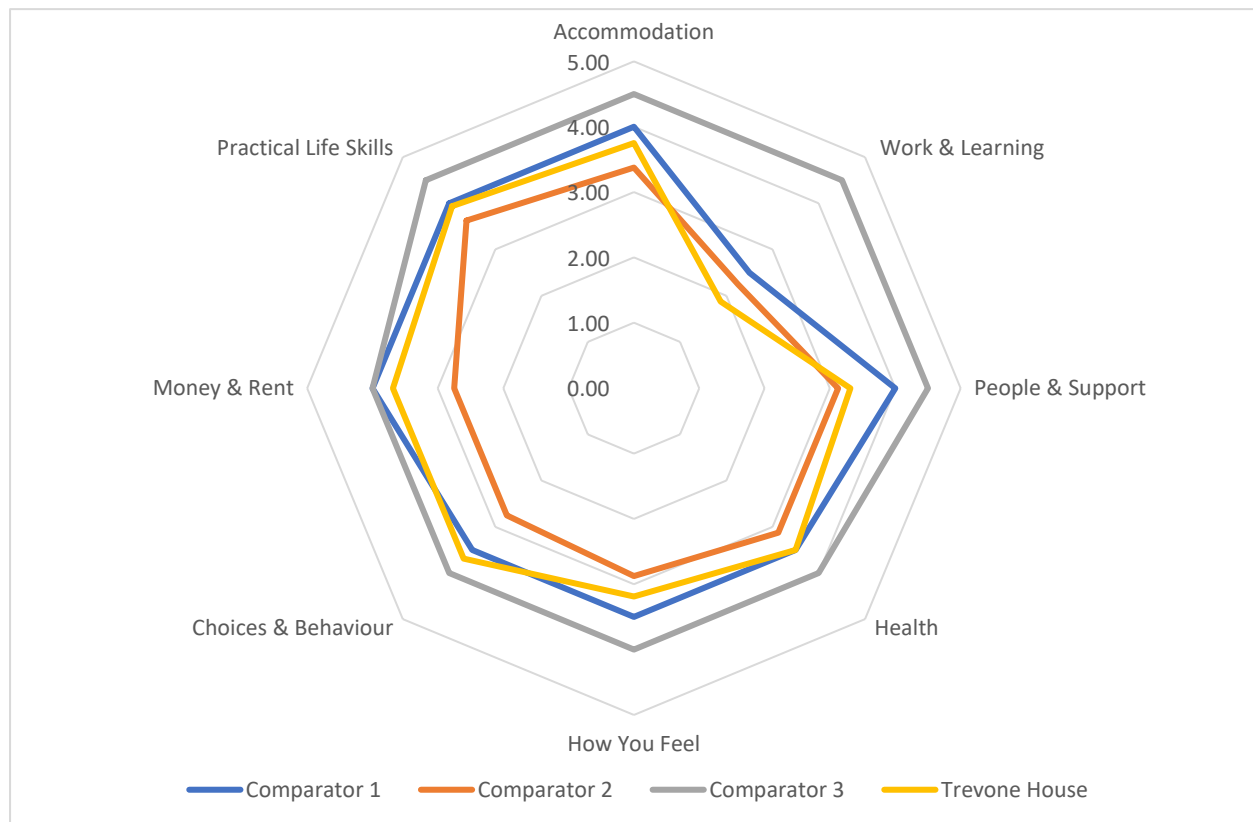
Similarly, to looked after young people, the availability of activity information was limited but care leavers in the cohort appeared to have poor engagement in education, employment in training and no notable differences/patterns could be identified across providers (see Table 8).

Table 8: Activity codes at 18, 19, 20 by providers

Row Labels	Comparators	Trevone House	Total
F2 - Young person engaged full time in education other than higher education	2	2	4
F4 - Young person engaged full time in an apprenticeship	1		1
F5 - Young person engaged full time in training or employment (not apprenticeship)	1		1
G4 - Young person not in education, employment or training because of illness or disability	1		1
G5 - Young person not in education, employment or training: other circumstances	1	6	7
G6 - Young person not in education, employment or training due to pregnancy or parenting	1		1
P5 - Young person engaged part time in training or employment (not apprenticeship)	2		2
Total at 18	9	8	17
F2 - Young person engaged full time in education other than higher education		1	1
F4 - Young person engaged full time in an apprenticeship	1		1
F5 - Young person engaged full time in training or employment (not apprenticeship)	1		1
G4 - Young person not in education, employment or training because of illness or disability	2	2	4

Row Labels	Comparators	Trevone House	Total
G5 - Young person not in education, employment or training: other circumstances	3	4	7
P2 - Young person engaged part time in education other than higher education	1		1
P3 - Young person engaged part time in training or employment		2	2
P5 - Young person engaged part time in training or employment (not apprenticeship)	1	1	2
Total at 19	9	10	19
F5 - Young person engaged full time in training or employment (not apprenticeship)		1	1
G4 - Young person not in education, employment or training because of illness or disability		1	1
G5 - Young person not in education, employment or training: other circumstances	3		3
G6 - Young person not in education, employment or training due to pregnancy or parenting	2	1	3
Total at 20	5	3	8

Figure 6: Young Person's Star scores at plan/last review by domain and provider (n=28)



Data was available for a total of 28 placement episodes, out of these 16 were for Trevone House, 8 for Comparator 2, and 2 for Comparator 1 and 3 respectively.

8. Case file analysis

An extensive case file analysis was undertaken for the evaluation. Given the limitations of the data in terms of quality and availability (see section 7 above) this analysis provides the best way to understand the needs and journeys of young people at Trevone House and other post-16 services.

8.1. Methods

Case records held in GCC's Liquid Logic electronic case recording system were accessed securely via GCC lap tops provided to the IPC researchers. Case records were selected at random from a list of all placements made between February 2021 and February 2023 with any of the study providers (Trevone House and three comparator providers). In total, we received a list of 135 LCS IDs, out of which we selected a random sample of 50 (using a random number generator)³¹.

³¹ Thirty-two case records had to be excluded from the sample because they were children under 16 (n=25) or the record was restricted or not found (n=7).

The breakdown of the case file sample by where young people were placed was as follows:

Table 9: case file sample by provider (n=50)

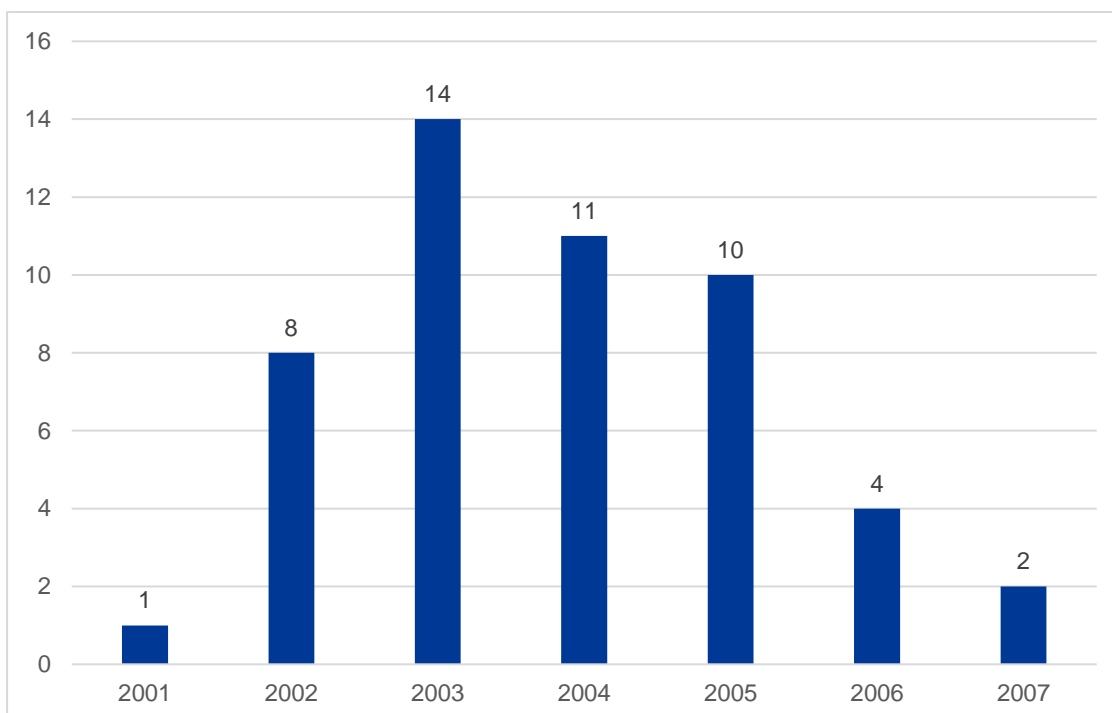
Provider	Number
Trevone House only ('P1')	12
Trevone house plus one or more comparator	6
Comparator providers (one comparator only)	28 (of which 13 P1; 9 P3; and 6 P4)
Non-Trevone, (more than one comparator provider)	4

To ensure the anonymity of providers and confidentiality for young people, comparison providers' case records are reported jointly.

8.2. Characteristics of case file sample

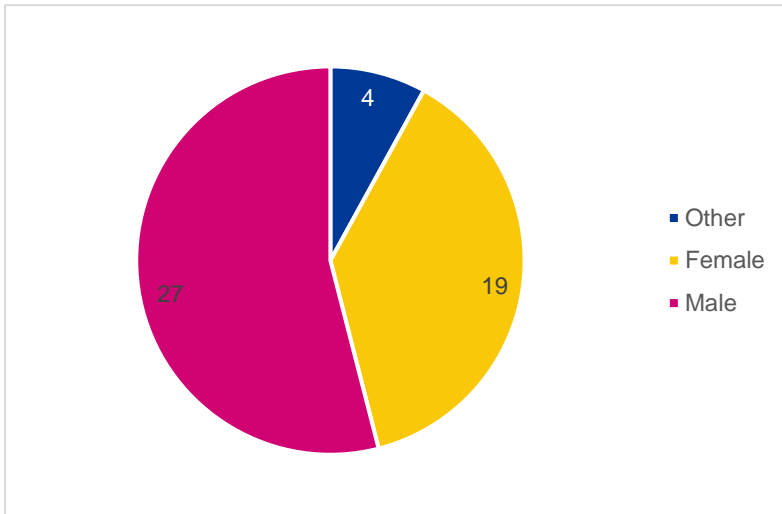
Young people in the sample ranged between 16 and 22 years old. The chart below shows the spread in terms of the year of their birth (precise birth dates were not captured to help preserve anonymity). The median birth year was 2004 which would equate to young people being aged 18-19 years.

Figure 7: Birth year of case file sample



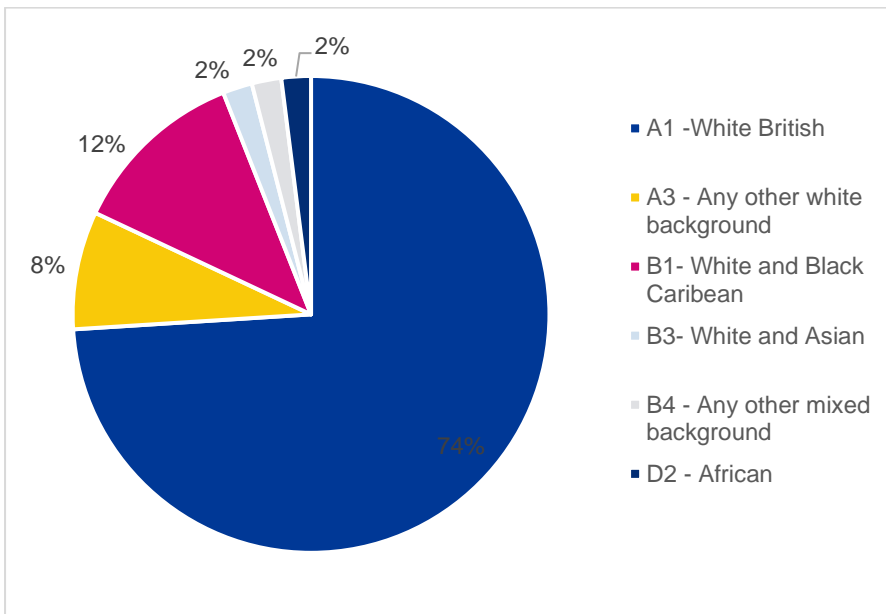
The majority of the case file sample were male.

Figure 8: Gender of case file sample



The majority of young people in the sample were from a white British ethnic background, with around 1 in 4 young people from ethnic minority backgrounds, including other white backgrounds³²:

Figure 9: Ethnic background of case file sample



By way of comparison the proportion of the total population from white British backgrounds in Gloucestershire’s districts ranges from 78% in Gloucester to 94.7% in the Forest of Dean.

³² ONS, 2021 Census

The young people in the sample had significant health needs, particularly in respect of mental health and substance use. The file analysis identified mental health as a need for 64% of the sample (32/50) and substance use (including alcohol, but most commonly cannabis) for 66% (33/50).

Disabilities were not always clearly recorded on the electronic record. In some cases young people were recorded as not having a disability but the case notes and forms mentioned long term conditions. Overall, the case file analysis identified that 12 of the young people had some level of disability, the most common condition mentioned being autism. Fifteen young people were specifically identified as having special educational needs (SEN) but given the level of mental health problems in the sample this probably underestimates the scale of SEN.

Only five young people of the 50 had neither mental health problems, substance use problems or SEN.

8.3. Findings and observations

8.3.1. All providers

The cohort of young people using these services typically have high needs and complex case histories. With the exception of a few unaccompanied asylum seeking young people, the vast majority had grown up in Gloucestershire and experienced multiple Adverse Childhood Experiences including one or more of:

- Domestic Abuse
- Parental alcohol or substance misuse
- Parental mental ill-health
- Physical, sexual or emotional abuse
- Neglect
- Bereavement of parents or other close relatives
- Poverty
- Imprisonment of a parent
- Child Criminal exploitation
- Child Sexual Exploitation

The unaccompanied young people are also likely to have suffered early adversity and trauma but less is known about their early lives. Some had been trafficked and were victims of modern slavery, and all have experienced separation from their family, disruption of education, and social and cultural dislocation.

Typically, young people had long involvements with children's social care, in some cases from birth. However only three of the young people in the sample became looked after before their fifth birthday, with the vast majority becoming looked after in middle or late adolescence. This can be illustrated by looking at the gap between young people's birth year and the year they first became looked after. The median gap was 15 years, implying young people were 15 or 16 years old. Over two thirds of the sample, (34/50) first became looked after between the ages of 15 and 17 years. The mean gap between when children's social care first became involved with a

young person and when they first became looked after was 7.66 years and 19 of the young people had been first known to children's social care more than 10 years before becoming looked after. This suggests that Gloucestershire is currently dealing with a legacy of late or ineffective intervention.

Once young people entered care, they often experienced multiple placement moves, break downs and unplanned moves. For example, one young person had had a total of 22 placements, and another had 19 placements in a four year period.

Given their early childhood experiences and difficult care journeys it is not surprising that all the young people had significant needs, manifested either externally, in harmful or risky behaviours, such as offending or substance use, or internally, in terms of depression, anxiety and self-harm. These problems in turn often led to further unplanned moves.

The trajectories of young people whilst placed with a study provider were analysed in terms of short-term outcomes in respect of:

- Missing episodes
- Health, including substance use;
- Education employment and training;
- Positive activities
- Being in touch with the local authority; and
- Relationships with family and friends

In order to give a sense of scale, cases were classified into three broad categories as either:

- Improving (i.e. overall the young person's trajectory was positive, there were improvements in some areas and other aspects were stable);
- Mixed or fluctuating (i.e. although things improved in some respects they deteriorated in others, or having improved for a time they then got worse); or
- Deteriorating (i.e. overall things got worse during the placement).

For young people who had multiple placements with study providers an overall categorisation was given for their trajectory whilst placed with study providers. Any such categorisation inevitably requires some subjective judgement, but it does provide a useful way to summarise a complex reality.

The resulting analysis suggests a very mixed picture with the dominant pattern being 'mixed or fluctuating', often with periods of improvement alternating with crises and deterioration in some aspects such as substance use or offending. Half of the cases (25/50) were categorised as 'mixed or fluctuating' and 11 as deteriorating. It is however important to emphasise that despite their often complex needs some young people were on improving trajectories (14/50). The analysis also suggested a more positive picture for young people placed at Trevone than the comparator group as a whole. This is discussed in detail below.

The lack of progress for the majority of young people in the sample is perhaps not surprising given the often complex needs of the young people and the fact that many were placed in emergency or crisis situations. As a result, it may be unrealistic to expect to see significant differences in short term outcomes such as engagement in education or employment or reduced missing episodes and in fact, differences may only be observable over a longer time period.

Section 8.3 below teases out some key differences and similarities between young people placed with Trevone and those placed with other providers. Caution needs to be exercised when interpreting trajectories, and particularly when comparing one provider with another. The case file analysis suggested that there are differences in the type of young people placed at each provider. For example, young people with severe mental health problems, especially females, were more likely to be placed at Trevone, whereas some of the other providers were more likely to support younger children (16-17 years old), including those with significant issues of criminal exploitation. It is also difficult to attribute change, whether positive or negative, to a particular provider. This is most obvious in the case of young people who were placed with more than one of the providers in the study, but even where young people had lived in only one supported accommodation service it can be difficult to be sure why things change. In the cases analysed, an improvement or deterioration in a young person's wellbeing was often associated with significant events in a young person's life, such as the decision that their baby should be adopted, or their starting a relationship with a new boyfriend or girlfriend. These events, outside of the control of providers, appeared to have a very significant impact on the trajectory of young people.

The case file analysis also highlighted a number of key challenges and issues for commissioning supported accommodation for care experienced young people. There was a clear need for more options for young people, both geographically and in terms of types of service and levels of support. There were several cases where young people were moved to Gloucester due to lack of alternatives in other areas of the county, and sometimes this brought the young people into contact with problematic peers or people who were threatening them. Several young people were referred to Trevone because they needed more support than was available in their supported accommodation but were unable to get places, either because there were no vacancies, or it was felt that Trevone did not fit their needs. Some young people leaving foster care might have benefited from more homely environments such as Shared Lives or supported lodgings.

A clear theme was that where young people had other places where they could sleep (parents, boyfriends, girlfriends, peers) they would often stop using the placement. Sometimes this happened gradually, but in some cases placements were never really used, other than as a base to store belongings. In these instances, places were sometimes kept open for many months, particularly if the young person was under 18 years old. No doubt it is important that the young person has a safe alternative, but considerable costs were incurred on accommodation which it was obvious would not be used. Examples were seen at all providers but one in the comparison group had a high proportion of cases of this type. More proactive

management of these notional placements might release resources to sustain packages for young people who are benefiting from them.

All of the providers in the comparison group provided an agreed number of hours of support for young people, including sometimes over-night staff. Although packages were sometimes increased where young people were in crisis it was more common for them to be reduced, particularly if young people were doing well. Sometimes, a reduction in hours was associated with a deterioration, and eventually a breakdown in the arrangement.

8.3.2. Trevone House

The case files of 18 young people placed at Trevone House were analysed, of whom 12 had not lived with one of the other providers in the study. These 12 young people are considered separately from those who had placements with multiple providers to minimise the risk of bias arising from the potential differences between the two groups. This group is referred to as 'Trevone only', meaning they were not also placed with one of the providers in the comparison group, (although most had had many other placements prior to moving to Trevone, including fostering, kinship arrangements, children's homes and supported accommodation providers but not those included in the comparison group).

8.3.3. Trevone only

8.3.3.1. Profile

The Trevone only group comprised 5 females, 4 males and 3 young people with a gender identity different to their sex at birth. The proportion of young people with an 'other' gender identity was higher than the comparator group. In terms of ethnic background, the vast majority were White British (10) with 2 young people from mixed or multiple ethnic groups.

The year of birth of the young people ranged between 2001 and 2005 with nine of the young people being in their 20th or 21st year.

8.3.3.2. Needs

The majority of 'Trevone only' young people had high levels of needs, in some cases extremely high:

- Two young people had complex mental health needs and had been previously detained in hospital or placed in CAMHs Tier 4, one for many years
- Three young people had complex care histories with multiple placement breakdowns
- One young person was moving from an out of area residential placement
- Two young people had been evicted from supported accommodation by providers not included in the comparison group

But there were some placed at Trevone with much shorter or more stable care histories:

- Two had had long but relatively stable care journeys, living in long term fostering before planned moves to Trevone
- Two were placed in Trevone as their first placement, barring a few days in emergency accommodation elsewhere

Most of the young people in the Trevone only group (9/12) had mental health problems to some extent, and a majority (7/12) had substance use problems.

8.3.3.3. Trajectories

There have been some real success stories at Trevone House, but also some young people who made little progress there. The level of existing needs and contingent events in the young people's lives were typically crucial factors in these less successful cases.

The two young people sampled who lived in the well-being suites for CAMHs Tier four step down have made good progress, in one case remarkable progress. The details of the latter case are omitted to protect the anonymity of the individual, however, it exemplifies the ethos of trauma responsive practice and demonstrated a willingness to stick with young people through lengthy periods of crisis.

Four of the other 'Trevone only' young people have made positive progress, although it should be noted that one had only very recently been placed at Trevone and had been on an improving trajectory beforehand.

Two of the young people made no progress at Trevone with existing problems continuing or escalating. One of the young people had 12 missing episodes in their three months at Trevone, compared to six in the preceding 6 months, and their placement ended abruptly due to a very serious incident which put other residents at risk. The other young person had 26 missing episodes over almost two years, a similar level to pre-placement, and continued to be a victim of exploitation, coming to serious harm whilst away from placement.

The picture for the remaining four young people was more mixed. For example, one young person made good progress initially and appeared much safer, however during the last six months they spent very little time at Trevone, preferring to stay with a parent or friends.

8.3.4. Trevone plus other provider(s)

8.3.4.1. Profile

Six young people in the case file sample were placed at Trevone plus at least one of the other providers. In all cases the young people were placed at Trevone first but in two cases this was on an emergency basis only. One young person had been placed with all four providers and one with three of them.

This group comprised 3 males and 3 females between the ages of 18 and 21. Five were recorded as of White British ethnic background with one being recorded as White Other.

8.3.4.2. Needs

All six young people had significant needs, with the majority (4/6) having long care histories with multiple breakdowns. Issues included self-harm, substance use and child criminal exploitation. All the young people in this sub-cohort had mental health problems and the majority (4/6) substance use problems.

8.3.4.3. Trajectories

As might be expected for a group which had been placed with multiple providers, these young people tended to have unsuccessful placements and poor outcomes. Overall, all six young people were categorised as having 'mixed or fluctuating' trajectories. However, this masks the fact that two of the young people got on much better with one provider than they had in previous placements. In one instance this was with P1 after a period of mental health crisis whilst they were at Trevone on an emergency basis. The other has done very well with P4, which was described as achieving good outcomes for the young person who was more settled than in previous placements.

These cases demonstrate that timing is really important. How a young person's outcomes appear will look very different in a peak than a crisis. Even young people with very complex needs and a history of breakdowns can make progress if they are well matched to a good quality placement at a point when they are ready to engage with the staff.

8.3.5. Comparator providers

A total of 32 young people in the sample were placed with one or more comparator providers, of whom 28 were placed with only one comparator. In order to make a fair comparison with Trevone, these 28 who had one comparator placement are analysed separately.

8.3.6. One Comparator

8.3.6.1. Profile

The group of young people placed with a single comparator provider differed from the 'Trevone only' group in several important respects. They were more likely to be male (16/28) and less likely to be female (11/28), and only one young person in this group was classed as 'other' (e.g. non-binary or trans-gender). The group was also more diverse, with around one in four being from an ethnic minority background (8/28) compared to one in six for the Trevone only group. In terms of age, the comparator group also included five young people born in 2006 or 2007 (i.e. aged 16 or 17), whereas there were no young people born after 2005 in the 'Trevone only' group.

8.3.6.2. Needs

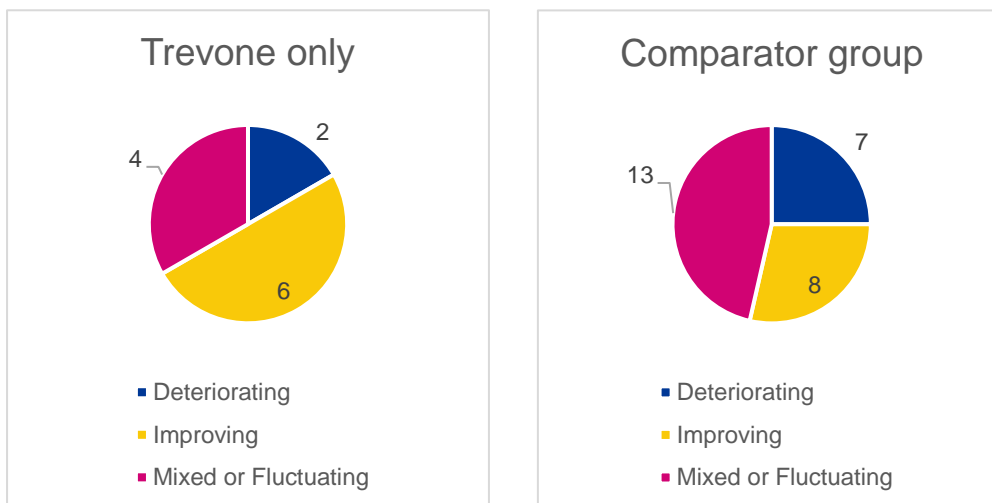
The young people placed in the comparator group, like those in Trevone, typically had a high level of needs:

- Six young people had complex care histories with multiple breakdowns.
- Two young people had had more stability but their long term foster placements broke down.
- 16 of the young people had entered care at a late stage, for a variety of reasons, including concerns about child criminal exploitation, child sexual exploitation, offending, substance use, conflict with parents and missing episodes.
- Four of the young people were unaccompanied asylum seekers, three of whom were likely victims of modern slavery.

Although mental health problems were mentioned for most of the comparator group cohort (16/28), the comparator group did not include any young people with histories of Tier 4 CAMHs treatment. Most of the young people (18/28) misused substances, generally cannabis. A quarter of the young people (7/28) were identified in case recording as having special educational needs or disabilities.

8.3.6.3. Trajectories

Overall, the trajectories of young people in the comparator group were less positive than the Trevone only group, with a smaller proportion categorised by researchers as 'improving', with more 'mixed or fluctuating' or deteriorating:



This picture is promising from the point of view of the Trevone model but the caveats must be born in mind: sample sizes are small (particularly for Trevone) and there are significant differences in the cohorts. Moreover differences in trajectory may not be attributable to the providers but due to other factors beyond their influence.

It is also important to emphasise that within the comparator group significant differences between providers were noted. One provider achieved a similar proportion of improving trajectories (5/13) as Trevone House whilst another had deteriorating trajectories for the majority of young people (5/9) and only one improving trajectory. This suggests there is a range of quality in the sector.

8.3.7. Multiple comparator placements

There were four young people who had placements with more than one of the comparators, but not including Trevone House. One of these young people was placed with all three comparators. This sub-cohort has been analysed separately because they are inherently likely to have less positive trajectories.

8.3.7.1. Profile and needs

With such a small group not much should be read into the demographic profile but all four were male. Three of the young people had complex care histories with multiple breakdowns and the other significant concerns about child criminal exploitation. Substance misuse was an issue for all four young people.

8.3.7.2. Trajectories

Two of the young people were classified by researchers as having 'mixed or fluctuating' trajectories and the other two as 'deteriorating'.

9. Cost avoidance

Research suggests that the lifetime costs of adverse outcomes for care experienced people are very large. For example, a recent exercise undertaken by Alma Economics for the independent review of children's social care³³ estimated the annual cost for each care experienced person at an average of £26,000 per year for each year of their life³⁴, broken down as follows:

Table 9: Annual social cost per child

Cost element	Amount
Wellbeing impact	£3,600
Loss in productivity	£3,600
Cost of public services	£17,500
Other Social Costs	£800
Total (rounded to nearest thousand)	£26,000

Source: Alma Economics, technical report for independent review of children's social care

The social costs are a mixture of direct fiscal costs to public services and costs to individuals such as lower earnings. The same study also estimated the total annual

³³ The social cost of adverse outcomes of children who need a social worker Technical report, An independent research report by Alma Economics, see pages 15-16

³⁴ Alma economics calculated costs over an average life span of 81 years.

cost of adverse outcomes for children looked after at £9 billion per year nationally. The same assumptions and methodology can be used to calculate a total annual cost for Gloucestershire, based on the current number of children looked after. As at March 31 2023 there were 865 children looked after by Gloucestershire. If this cohort were spread equally from ages 0-17, there would be 50.8 children per year, and assuming a constant cohort size from 0-81, the annual cost for Gloucestershire would be £107,146,000 each year, including £72,118,000 of direct costs to public services.

These figures are broad estimates, but they do give a sense of the scale of benefits which could be achieved through improving outcomes for children who are looked after or preventing the need for them to be looked after at all. Indeed, the study notes that the ‘the figures we arrive at are likely to be underestimates’³⁵.

It was hoped for this evaluation to produce a more granular analysis of costs avoided by the Trevone model if it was proven to:

- Reduce missing episodes
- Reduce attendance at A&E
- Reduce call outs for emergency services; and
- Increase the number of young people in education employment and training

Unfortunately, the gaps in data described above mean that there is insufficient evidence on which to calculate estimates, other than for missing episodes. However, with improved and standardised data collection it would be possible for Gloucestershire to estimate cost avoidance savings.

The most widely used set of cost benchmarks is the model developed by New Economy and now maintained by the Greater Manchester Combined Authority³⁶. This collates research-based unit costs and adjusts them for inflation. The latest version of the unit cost data base, updated in 2022, includes the following unit costs:

Table 10: Unit costs

Item	Unit	Fiscal value	Economic value	Social value
Missing Persons investigation - total unit cost per investigation	Per incident	£2,975	-	-
Not in Employment Education or Training (NEET) Average cost per 18-24 year old NEET	Per year	£5,428	£ 11,474	-
Ambulance services - average cost of call out, per incident	Per incident	£334	-	-

³⁵ As above, p 17

³⁶ [GMCA Cost Benefit Analysis](#)

Item	Unit	Fiscal value	Economic value	Social value
A&E attendance (all scenarios)	Per incident	£306	-	-

Source: Greater Manchester Combined Authority Unit Cost Data Base (v2.3.1)

The database distinguishes between three types of value:

- Fiscal value is the costs or savings that fall to public sector agencies, and relate to public expenditure;
- Economic value is the costs or savings that fall to individuals (e.g. relating to earnings or personal expense), employers (e.g. profit, turnover) or the wider economy (e.g. growth); and
- Social value is the wider gains to individuals and/or society, such as improvements in health and wellbeing; reduced air pollution or improved environmental outcomes; better access to transport or public services; increased safety / reduced crime.

Fiscal values are available for all of the selected items but economic and social values are either not applicable or not available for most.

The only item from the above list on which there is reasonable data is missing episodes. The data analysis suggests that the mean missing rate for young people placed at Trevone was slightly lower than the comparison group.

Table 1 below estimate the fiscal costs of missing episodes for Trevone House as against comparators, and calculates the notional costs avoided based on 18 places at Trevone being filled throughout a year (i.e. allowing for a small vacancy rate due to turnover). Table 11 shows the estimates for the missing rates during all placements with one of the study providers.

Table 11: All placements

	Mean Missing Rate per 100 days of placement	Annualised Rate	Unit Cost	Total Cost
Trevone House	2.75	10.0375	£2,975	£29,862
Comparators	3.12	11.388	£2,975	£33,879
Estimated cost avoided based on 18 places filled throughout year)				£72,319

This analysis assumes that rates of missing episodes are similar for young people aged 18+ where missing incidents were rarely formally logged on the LCS system. With this caveat in mind, the costs avoided estimates should be treated as tentative.

The data for EET showed a less clear picture. Young people at Trevone were slightly more likely to be NEET at age 18 years than comparators, but slightly less likely to be NEET at age 19 than comparators. However, the proportion of young people for whom NEET status was not recorded is very high, particularly at Trevone (47% at age 18 and 40% at age 19). At age 21 data was even less complete. With such significant gaps in the data, it is not possible to draw any firm conclusions about EET outcomes.

The data for ambulance call outs and accident and emergency attendances is likewise very limited so again it is not possible to estimate cost avoidance.

10. Interviews with young people, key workers and provider staff and managers

10.1. Young people and their key workers

We contacted 35 social workers, leaving care personal advisors, and housing officers who had any involvement with the young people whose case files were reviewed. Some of these professionals might have had limited involvement with young people or their involvement was historic. In total, seven people – five leaving care personal advisors, a social worker, and a housing officer – agreed to be interviewed. Interviews were conducted via Microsoft Teams in June – August. Conversations were recorded with participants' permission and transcribed for analysis.

The aim of the interview was to explore the impact of support on young people and professionals' perception of the strengths and weaknesses of the Trevone model versus the comparison providers. Interview participants worked with a total of 23 young people included in our case file sample, across three providers (Trevone House and two comparison providers). They were also able to comment on changes over time as well as consider longer term outcomes for some of the young people they worked with.

We also hoped to talk to as many young people as possible to include their views and lived experiences about Trevone House and the other providers, we faced some challenges in recruiting young people for the evaluation. In the end, we interviewed two young ambassadors who were able to provide valuable insights on what good supported accommodation looks like for young people.

Overall, professionals expressed mostly positive views about the Trevone model, highlighting various key elements such as the availability of staff support on site or the fact that it allowed young people to progress in their own pace.

I think the difference between Trevone house and some of the other providers is that because they're there, they're on site, there's no real gaps within the support, they are always there. Whereas I think the other services, there's people coming and going coming and going quite a lot, they might get few hours where people aren't there and there's different people coming in. [Professional 1]

They work very well with helping people to become more independent, like the fact that they are highly supported, but actually everybody has their own contained flat is really out of the ordinary for that age group. Normally that's the next step. Whereas in this case they get that early, which the young people tend to be very, very happy about. [Professional 3]

Staff presence and availability could have implications for other aspects of support, such as missing episodes and compliance with safety plans as highlighted by this interviewer:

[TH] were the only provision that I've worked with this young person that actually stuck to [safety plan] and it worked for that time. It really worked well because they had support staff there overnight. I felt they were the most able to keep them safe. And other providers [including one of the comparisons] that we've worked with since haven't stuck to that as well, so they weren't reported missing when they needed to be. So I felt that Trevone was were the most proficient with that, definitely. [Professional 6]

Trevone House was also seen as working well for young people requiring mental health support.

[Trevone works] I think for those with mental health needs ... cause they got a nurse 24 hours. [professional 4]

Some interviewees thought these positive features could become barriers to moving on to full independence: There were concerns that the model could create a disincentive for young people to move towards more independent options that were often 'objectively' less desirable. These views also contrast with some of those quoted above about Trevone House being good at developing independence and move on.

We need to move her on. But she's got an attachment to the place. And really, it's beautiful and she's living on her own. But we need to move on. In Trevone House, she hasn't paid a single penny. And to move into a property. Well, you know what bills you have when you have your own property. [Professional 4]

I think the people, the young people, I work with [at] Trevone house, they absolutely love it there. But that almost creates a little bit of a problem because they can't stay there forever. ... They just want to stay there. [Professional 1]

It may be that perceptions were role dependent, with some professionals tending to value stability and giving the young people time to work through trauma, and those with roles focused on move on, valuing incentives for independence more highly.

I think that some of the projects they seem to be quite policy driven and it's like no, well we have to serve this notice and we have to honour it. Whereas I think TH because they spend much more time there with them, they really understand the reasoning behind their behaviour. I suppose they're quite a bit more amenable [Professional 1]

The most important thing that I always feel [about the model] is that Trevone House never want to play a bad cop. They always want to be a good cop. [Professional 4]

Professionals also talked about how the situation at Trevone and the model itself was not static, but evolved over time, with changes in management, practice and relationships with commissioners. Several case workers explicitly referenced changes, which were seen as positive:

It was really, really bad. And I mean bad. There was no communication with staff and social workers or PA's, and the only information we ever find out was from the young people when we visited. We were never we were never welcome there. [Professional 4]

Now it feels like there's more structure there, you know, like just gets things done because of the change of staff and change of management/ I'm having a different experience with them too there because they're really easy to get a hold of. [Professional 5].

One of the case workers commented on comparator providers, echoing the findings from the case file and data analyses:

I think they [comparison provider] are fantastic, absolutely fantastic. [...] [The young person] feels like they are supported really thoroughly by everybody. [Professional 3]

Finally, another aspect where some reservations were expressed was the size of Trevone House and the inevitable issues which arose between young people with significant needs living together:

The nature of having lots of young people of similar ages, difficulties, experiences, behaviour, types, influences, etc. all housed in one place, it's a little bit like the halls of residence at university, but without ...the focus and the safety net. [Professional 6]

You put 16 people in a house expecting to live together, not trigger each other like all different needs. [...] You know what teenagers are like? Yes, they want to argue with everything. [...] So once one person gets into the negative and then they will jump on it, don't they? [Professional 5]

Nevertheless, smaller settings could also face challenges around compatibility.

We looked round about six or seven different places and we really felt like the placement [one of the comparison sites] was a really positive one. Unfortunately it got off to a very, very rocky start because they moved into one place in Gloucester but the other young person who was there was quite volatile [which resulted in an emergency move for the young person]. [Professional 6]

In general, professionals thought the young people they had worked with would say positive things about Trevone House, although one made the important point that young people's perspectives are likely to change over time:

So while they were there, they spoke quite negatively about it. That they felt, especially when notice was given, they felt that TH were just looking for any excuse to kick them out. Looking back, they feel it was a much more positive place for them and they realised how lucky they were to be there. They've had five placements now. So I think they realise how fantastic Trevone was in terms of the resources and the staff, but they didn't realise that when they were there. [Professional 6]

Ultimately, the young ambassadors captured the essence of good support very powerfully highlighting relational, person-centred, and trauma-informed aspects of care.

My dream supported living, I think somewhere where there's staff all the time and there's different levels of support that they can do for everybody to suit the young person's need and not using the strategies they use for one person with the same problems with somebody else because they're their own person. So something that works for somebody might not work for somebody else, and providing them all the support they need and at the same time giving them that level of independence. [Young ambassador 1]

A multi-agency approach and just a different approach to things because I feel like when you're all placed in a place, you all get treated under the same umbrella of care where you've all got such different support needs, different histories, different traumas, different pasts. And I feel like when you move into one building, you don't get treated as much as individuals. [Young ambassador 2]

10.2. Provider staff and managers

Interviews were conducted via MS Teams / Zoom from May to July 2023 with a total of 19 staff, 10 from Trevone House and 9 from one of the comparators. The sample comprised a range of staff roles and seniority from directors/business founders through to line/team managers and Support Workers/Transition Officers. The comparator who took part in the staff interviews was one which had similar results to Trevone in the case file analysis of trajectories and provided the most complete data. The staff interviews do not therefore cover the full range of quality in the supported accommodation sector.

A clear theme was the high level of commitment of staff at both Trevone and the comparator. As emphasised by the case file analysis, most of the young people they are supporting have significant needs and they have a very difficult and important role in helping the young people to transition to independence safely.

I think the staff are amazing, we're building relationship and having a lot of respect for young people and Young people feel that. This is actually their home. A lot of them came to us saying that they actually really feel safe here. [Trevone House]

This young person may not have had the best start in life... We're never gonna make up for what the trauma and what the loss is, but we're trying to bridge that gap. We're trying to help support that young person to understand and feel a sense of worth and feel a sense of meaning [Comparator]

There were some differences in approaches. For example, the Comparator provider offered additional activities as rewards for positive behaviour.

So again, we do an activity each Saturday, which again is on a rewards basis. So if they've engaged in their two key sessions a week, which is a minimum requirement we ask, our cooking or baking workshop and pass their room checks and have no issues, then they do an activity of their choice and that can be an individual one with a staff member or we can do a house activity so with other young people and they all make that decision. [Comparator]

However, the similarities in the approaches described were more striking than the differences. Staff at both providers talked insightfully about trauma:

Behaviours differ and sometimes they can become challenging. There's a reason behind that, and I definitely do feel and any sort of support worker replacement provider will tell you the same behaviours. Changes are because that's the way they are used to expressing their emotions. That's their way of saying I need help. I need support now... that's the way they used to communicating and they're not used to building attachments to people. [Comparator]

There were also many similarities in terms of the kinds of structured activities to help young people develop skills or to address topics like substance misuse or sexual health.

Staff at both providers mentioned the difficulties in getting specialist support for young people, for example delays in accessing substance misuse support:

We are able to make referrals to organisations such as Young Gloucestershire and Tip Plus for counselling support. Unfortunately, the wait at the moment is like six months, so it's very difficult for our young people that are really struggling with mental health. [Trevone House]

This underlines the extent to which supported accommodation providers need the support of the whole system of services in order to be effective.

One aspect where staff at Trevone felt there was room for improvement was in supporting young people to engage in education, employment or training.

Staff at the comparator provider felt more confident that they were succeeding in engaging young people in education or employment:

It isn't an area that has been very successful so far. I think we could be doing a lot better than we are doing currently. [Trevone House]

So, we've got our own internal worker who will support our young people to be in education, employment or training. So we will do CV's with them. We will do mock interviews with them. We will help them look for jobs, we will support them to get to interviews, to get to work. Should they find work we will support them and to get to education. [Comparator]

The clearest contrast between the two groups of staff was in terms of relationships with commissioners. Trevone staff felt relationships had improved significantly and were now working well, but staff at the comparator provider were very

frustrated and felt they were not valued by commissioners. Issues highlighted included poor communication, referrals being paused without explanation and reductions in hours of support which were perceived to be budget driven rather than child-centred.

The difficulty there in the room for improvement is the amount of support hours we get as a provider, which is again down to the local authority. So like some children get 7 hours a week, that's an hour a day. That's sometimes not enough to try and get them from semi-independent to independent [Comparator]

This highlights the difference between a relationship based on a long term contract (Trevone) and one based on spot purchasing from a framework (the comparators).

11. Conclusions

The Trevone House model is innovative, particularly in integrating a CAMHs Tier 4 step-down service with a wider range of supported accommodation services for young people.

There is clearly a demand for the service, with high rates of occupancy and many young people requiring accommodation with a high level of support. The case file analysis confirmed that the cohort of young people requiring supported accommodation typically have very significant needs. Childhood trauma, mental health issues, substance misuse and child exploitation were very common factors. The vast majority have grown up in Gloucestershire and need accommodation close to their networks and communities. All the provision included in the evaluation was in Gloucester, but some young people would have preferred to live elsewhere in the county.

There is promising evidence that the Trevone model is achieving outcomes which are better than comparators, with the outcomes for young people in the wellbeing suites being particularly impressive. The case file analysis suggested that positive trajectories were more common for young people placed at Trevone than in the comparator group, whilst the data analysis suggested that the rate of missing episodes at Trevone was lower.

However, conclusions about the benefits of the Trevone model compared to others are tentative for several reasons:

Trevone House is still relatively new, and this evaluation is happening at an early stage. Interviews with professionals - leaving care personal advisors, social workers and housing officers - highlighted the recent and significant changes that took place within the service. It is possible that the impact of Trevone (whether positive, neutral or negative) would be more apparent over a longer time frame, particularly given the amount of adversity and trauma which young people had typically experienced prior to placement.

There is a lack of robust data about young people using Trevone or alternative services and performance measures and outcomes are not clearly defined. Implementing a robust and standardised set of measures would facilitate future evaluation and allow more confident conclusions to be drawn.

Young people placed at Trevone House differ from those placed elsewhere in important respects: they are more likely to have significant mental health issues and more likely to be female. The group placed with comparator providers was more diverse in terms of ethnicity, included more males and were more likely to have significant issues related to child criminal exploitation.

It is very difficult to attribute outcomes to a provider of accommodation and support because there are many factors involved which are outside of the providers control or even influence. Contingent events often appear to change the trajectory of young people positively or negatively.

The evaluation also highlighted differences between providers in the comparator group. Of particular note, one of the providers achieved similar levels of success to Trevone and also had more robust data than any other provider in the study. This suggests that commissioners should be wary of generalising – the sector includes both good, and less good providers. The extension of the Ofsted inspection and registration regime should provide more independent validation of quality.

The group of young people in the case file analysis who had had multiple placements with providers in the study were inherently likely to have poorer outcomes. However, there were several instances where young people did much better with one provider than others, illustrating the value of choice and the importance of matching.

The case file analysis (and the interviews) showed that there is great scope to improve commissioning of supported accommodation, both strategically through contracts and partnership with the strongest providers rather than spot purchasing from frameworks, and for individual young people through better matching. There were some cases where support hours were reduced prematurely and others where placements which were not being used were kept open for too long.

The workshops and interviews with multi-agency stakeholders suggested that, partly due to changes in key personnel, there were different perspectives on the Trevone model and on the cost of, and need for, some elements. Strong joint commissioning arrangements will be needed from the outset if Gloucestershire decides to commission other similar services.

The limitations in current data mean that that it has not been possible to estimate avoided costs, except tentatively for missing episodes. The Greater Manchester unit cost database provides a tool to develop this as part of implementing improved data collection.

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