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RESuLT training: Evaluation report

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Department for Education

RESuLT training

Evaluation report

October 2016

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Children's Social Care Innovation Programme Research Report 09

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Executive Summary

RESuLT (which represents Residential and Social Learning Theory) is a team-based training programme for children's homes which has been developed by the National Implementation Service (NIS) based at the South London & Maudsley NHS Foundation Trust, in consultation with the children's residential care sector. The training programme spans 12 weeks and has been developed as a 'whole home' course attended by all staff in a children's home.

Funding was obtained by the NIS to implement the RESuLT training in 6 new sites between September and December 2015 (5 are local authorities and one an independent provider). Additional funding was sought from the Department for Education through the Social Care Innovation Programme to evaluate the training. The evaluation was undertaken by the University of Bristol, Loughborough University and Ipsos Mori.

Evaluation objectives

This 9-month evaluation aimed to understand whether the RESuLT training helped staff to develop their practice and whether this promoted positive behaviour and relationships with and between young people in residential homes. The primary outcome for the study concerned improved confidence, skills and knowledge of the staff teams in the residential homes.

Evaluation methods

The evaluation was carried out in 6 Intervention Homes (homes which were undertaking the training) in 6 locations and in 4 Comparison Homes (homes where the training was not taking place) in 4 of these local authorities.

A mixed methods approach was adopted and entailed the collection of quantitative data from the 82 staff who participated in the training. This included staff experiences at work; young people's characteristics and progress, and monthly aggregate data about the young people. Qualitative data was also collected through interviews with 42 staff members (including 6 heads of home) and 10 young people living in the Intervention Homes.

Main findings

Staff attendance at the weekly training was very good. The overall attendance rate was 79% across all sessions. Attendance did drop slightly towards the end of the training block, but was still good with 65% attending the final session (compared with 88% at the first session).

Feedback from the training sessions was very positive with over 85% of respondents indicating ‘very much’ or ‘pretty much’ for all of the elements on the overall course feedback form.

The most positively rated elements of the training were: ‘I learned how to ‘model’ behaviour in how I act’; ‘The facilitators recognised the challenges of working in children’s homes’; ‘Group discussions focused on noticing the positives in our young people’; ‘I learned how to use positive reinforcement’; ‘I learned how brain development can impact on children and young people’s development and emotional and relational responses’ and ‘I learned the importance of defining successful behaviours’.

Staff commented that they enjoyed the whole-group training approach: it helped bring staff teams together and contributed to a more coherent approach. For example:

> We all tend to be working the same way when before you might have had maybe someone working quite different…

Participants were very positive about the complementary skills of the pairs of facilitators: with one having experience of residential work, usually as managers, and the other coming more from a clinical/mental health/CAMHS/family therapy background. Many staff felt that facilitators communicated effectively and explained complex ideas. A typical comment was:

> They bounced off each other, they supported each other and everything was put across really professionally.

Interviewees reported that facilitators demonstrated knowledge, insight, commitment and passion to residential care and its occupants.

Staff appreciated being able to link the learning during sessions to their work with individual young people when carrying out the home tasks that were set for them each week.

Participant completion of a Staff at Work questionnaire in their first and last training sessions showed small improvements against nearly all 22 elements measured, especially in relation to quality of work, communication and motivation.

In particular, the following items on the Staff at Work questionnaire showed small but statistically significant improvements: I feel supported at work; My managers in the home notice when I do things well; I feel valued at work; I can tell that my co-workers respect me; I feel that my co-workers and I work well together; My colleagues and I have similar ways of working with the young people we look after; There is space in team meetings to agree strategies for working with the young people we are looking after; The objectives of my work are clear to me; I understand how all our team works and fits together.

Unavoidably, we had limited data on individual young people prior to (n = 25) and after (n = 17) the training to gauge whether any improvements in outcomes had occurred. There were some signs of greater improvements for the Intervention Homes group but these were not statistically significant.

We also gathered from heads of homes aggregate monthly data for all residents. This indicated fewer problems in residents' behaviour in Intervention Homes throughout the study period, not a declining pattern and so we did not find improved behaviours in the Intervention Homes compared with the Comparisons as the training progressed.

Interviews with staff emphasised the positive view of the training. Staff liked the balance between its theoretical components of social learning theory, relational skill building and neuroscience. One staff member said:

> …I think the general consensus is everybody really enjoyed the training, yes. That it was really good and really beneficial…It's really good.

Our interviews also revealed a strong view across all 6 settings that the training was being used with young people on a daily basis and had led to changes in how the homes were operating. Individual staff acknowledged that they had changed their own practices and had observed this in others too. For example:

> There seem to be less sanctions, definitely less. There weren't many anyway, but there's a lot less and certainly more praise, a lot more praise going on… (Staff member).

Young people in the interviews also confirmed that the training was being used and that it led to some improvements, as illustrated by the following:

> They deal with things differently…in a good way…leave them to calm down and then try to talk to them (Young person).
>
> They never used to sit down with us because they were too busy doing work all the time. But they sit down with us now, so it's good… (Young person).

Staff suggested that it would be useful to have follow-up refresher training days.

Implications and recommendations for policy and practice

Much work has been undertaken in recent years to strengthen children's residential services, building on the recommendations of the DfE Expert Group. Ofsted inspections have noticed improvements. Training initiatives like RESuLT will succeed only in the context of a residential sector which has a clear purpose, is well-supported and not used merely for negative reasons with children who have not settled elsewhere. There should also be some continuity in provision with services experiencing training being allowed to develop and build staff teams.

For the NIS we recommend continued assessment and review of the training content to address future feedback. We also recommend clear communication strategies with new participants, at both a strategic and operational level, to ensure consistent messages and information are conveyed to new intervention homes. Also we suggest that the NIS consider the development of a follow-up, booster training course for staff.

For future adopters of the RESuLT programme (both local authorities and residential providers) we recommend that at the outset of the introduction of the RESuLT training programme there is clear and consistent communication with staff in the Intervention Homes. To minimise disruption to the young people in the Intervention Homes they should ensure that adequate, planned staff cover is in place and that there should be some staff continuity each week. We also suggest that they consider the implication on the effectiveness of the training when directing heads of homes to admit children to the Intervention Homes who are likely to have a major negative impact on the existing resident group.

Conclusion

It is difficult for researchers to demonstrate that training has an impact; that any changes are attributable to the training itself rather than other factors; and that one form of training is preferable to another. However, this short-term evaluation indicates to us that the RESuLT training had good quality, relevant content.

Our overall conclusion is that RESuLT training strikes the right chord, is suitable for the modern residential sector and should be encouraged and expanded with continuing evaluation.

Overview of project

Overview

RESuLT is a team based training programme for children's homes which has been developed by the National Implementation Service (NIS) based at the South London & Maudsley NHS Foundation Trust, in consultation with the children's residential care sector. The training programme spans 12 weeks and has been developed as a 'whole home' course attended by all staff in a children's home.

The content of the RESuLT training programme is informed by the existing evidence base of 'what works' for children looked after or on the edge of care. The content includes teaching on social learning theory (Bandura, 1977), relational skill building, and neuroscience (Blakemore, 2007). The programme brings together the key learning and explores how this can be translated into practical techniques by those who are looking after young people placed in children's homes. RESuLT aims to promote whole-team interventions to support young people in their adolescent development and to assist in promoting positive behaviour. Another broader aim of RESuLT is to contribute to the body of evidence about effective practice in children's homes and on the training needs of children's home staff.

The project

Funding was obtained by the NIS to implement the RESuLT training in 6 new sites. This was following an initial road testing phase with 5 residential homes between 2012 and 2013 and a subsequent pilot trial with 6 local authorities during 2014 and early 2015. Of the 6 new sites that were involved in this evaluation 5 are local authorities and the sixth is a home run by an independent provider.

Overview of the evaluation

Evaluation questions

The evaluation aimed to understand whether the RESuLT training helps staff to develop their practice and whether this promotes positive behaviour and relationships with and between young people in residential homes. The primary outcome for the study was improved confidence, skills and knowledge of the staff teams in the residential homes. The evaluation questions were:

- Can the training programme be effectively delivered to whole-staff teams in residential homes?
- Does the training result in changes in staff confidence, attitudes, knowledge, skills and practice?
- Does the training lead to more consistent staff practice?
- Do outcomes for young people in the residential children's homes improve following the training?
- Is the RESuLT training cost effective?

Due to the short time-frame of the evaluation (9 months between commencement of the training in September 2015 and evaluation completion in May 2016), it was necessary to focus on those outcomes which could reasonably be expected to be achieved within that timeframe. The findings section of this report, therefore, focuses on the first 3 of the questions above and provides some indicative, emerging findings about changes in young people's outcomes. The cost effectiveness analysis is ongoing and has focused on the development of methods and frameworks to facilitate future cost effectiveness analyses to be carried out by the National Implementation Service.

Methods

The evaluation methods were designed to build on and refine the research instruments already developed by the National Implementation Service as part of the previous road-testing and pre-pilot phase of the RESuLT training. The evaluation was also designed to build on previous research undertaken by Loughborough and Bristol Universities (Berridge et al., 2011; Holmes et al., 2014). A mixed methods approach was adopted and included the collection of baseline information on homes to help to interpret intervention results, including purpose, current functioning, methods and staffing

characteristics. The evaluation was carried out in 6 Intervention Homes in 6 local authorities and in 4 Comparison Homes in 4 of these local authorities.

Selection of Comparison Homes was complex given that there was often limited alternative local provision. However, Comparison Homes were chosen in collaboration with a local service manager taking into account the size of home and function; age and gender mix of residents; and perceived quality of care based on leadership, staff coherence, improved outcomes for children and OFSTED assessment. Further information about the characteristics of the children and comparisons between the homes is included in Appendix 1.

Detailed data about the RESuLT training were collected throughout the training programme and included attendance and feedback on the training sessions. Immediately after the training, data were collected to explore general responses to the training; changes in knowledge and attitudes; and perceptions of its perceived usefulness and incorporation in practice. Throughout the evaluation monthly aggregate data were collected about the young people living in the homes. The following data collection methods were utilised:

- Introductory baseline visits to the Intervention Homes (prior to the commencement of the RESuLT training)
- Baseline visits to the Comparison Homes
- Mid-training visits to the Intervention Homes
- RESuLT training attendance data
- RESuLT training session feedback (for each session)
- General staff survey including the ‘Staff at work’ questionnaire for all staff in the Intervention Homes at the start and end of the training
- Survey distributed to all RESuLT training facilitators
- Survey to young people in both the Intervention and Comparison Homes prior to and following the completion of the training
- Semi-structured, face-to-face interviews with staff, including the heads of homes in the Intervention Homes following the completion of the training
- Semi-structured, face-to-face interviews with young people in the Intervention Homes following the completion of the training

In addition we have used the findings to develop a costing proforma to assess the future cost effectiveness of the RESuLT programme (Appendix 2).

Where numbers were large enough we have tested for statistical significance (for example the staff at work questionnaire). Unavoidably we have been unable to perform statistical significance testing for the data collected about the young people, or to make statistical comparisons between the different homes because of the low number of responses. Therefore, although we report findings at the home and young person level, these need to be viewed with caution due to the low number of responses.

Key Findings

Has the Innovation achieved its intended outcomes?

Findings from the evaluation[1] are discussed below in line with the research questions identified in 4a.

1. Can the training programme be effectively delivered to whole-staff teams in residential homes?

Findings from the evaluation show that the RESuLT training was effectively delivered to staff in the 6 residential homes[2]. In total 82 staff members attended the training. Table 1 shows that training group numbers varied across the different homes, reflecting the different sizes of homes in those areas.

Table 1: Numbers of staff members attending at least some of the RESuLT training sessions

Local Authority	Number
Home A	16
Home B	6
Home C	12
Home D	16
Home E	18
Home F	14
Total	82

[1] We have also provided a more detailed report from our evaluation for NIS and participating agencies: Berridge, D., Holmes, L., Wood, M., Mollidor, C., Knibbs, K. and Bierman, R. (2016) *RESuLT Training Evaluation Report*. London: Ipsos MORI.

[2] 'Home D' is a new service that provides support for young people and their families living in the community. It also offers a residential base, although this was not yet operational at the time of our fieldwork. We have termed it 'Home D' for reasons of brevity.

Staff attendance at the RESuLT training was generally very good: 79% for all sessions overall. Attendance did drop slightly towards the end of the training block, but was still good with 65% attending the final session (compared with 88% at the first session). Some homes (D, E and F) maintained high attendance throughout the course. In one home, staff changes were the reason for reduced attendance for the later sessions. For the 4 homes where we received named attendance data for all the sessions we could see that 70% of staff were able to attend 8 or more of the sessions which shows strong commitment to the course. We did not set out to collect data on reasons for non-attendance; however, this was sometimes supplied and, alongside interview responses, showed that the main reasons for absence were sickness or annual leave.

The 10 RESuLT training sessions were as follows (Table 2). Training methods included use of folders; hand-outs; video clips; discussion; role play; and applying learning to work in the home during the intervening week.

Table 2: Training session titles

Session	Title
Session 1	Modelling
Session 2	Getting good information and giving good directions
Session 3	Emotion, recognition and management
Session 4	Positive reinforcement
Session 5	Managing negative behaviour
Session 6	Understanding and managing risky behaviour
Session 7	‘I can do things’ – Self-efficacy
Session 8	Social skills - Peer skills development
Session 9	We need to work with other people
Session 10	Transitions and endings.

Staff completed a final feedback form in the last training session to give their views of the training as a whole. The questions were selected to build on those asked in a previous pilot evaluation by the National Implementation Service (NIS) who designed the course. We also added questions of our own that seemed relevant to the aims of the course as well as for our evaluation. Twenty questions were asked in total: examples included: ‘I learned how to ‘model’ in how I act’; ‘I learned new ways to handle negative

behaviours'; and 'I learned new ways of promoting positive behaviour in a group environment'.

Feedback was very positive with over 85% of respondents indicating 'very much' or 'pretty much' for all of the elements on the feedback form (see Table 8, Appendix 3 for full results). The most positively rated elements were: 'I learned how to 'model' behaviour in how I act'; 'The facilitators recognised the challenges of working in children's homes'; 'Group discussions focused on noticing the positives in our young people'; 'I learned how to use positive reinforcement'; 'I learned how brain development can impact on children and young people's development and emotional and relational responses' and 'I learned the importance of defining successful behaviours'. Looking at aggregate scores, combining all the feedback elements, Homes B and C gave the highest scores on average and Home A gave lowest, although as numbers of respondents were low when broken down by home we cannot report statistical differences between these ratings. It is also important to note that ratings were still high for all homes.

Qualitative interviews with 6 heads of homes and 35 other staff confirmed the above general picture. Most staff felt well-prepared for the training with a positive sense of expectation. This quote is typical of many. (We have not attributed quotations to individual homes for reasons of anonymity):

> I just absolutely really enjoyed it. I think the general consensus is everybody really enjoyed the training, yes. That it was really good and really beneficial, really beneficial and we're delighted that we got to do it first. It's really good.

Staff who were interviewed spoke very favourably about the different pairs of facilitators who led the sessions. For all 6 groups it was said that the facilitators worked effectively together. The pairs of facilitators had complementary skills, with one having experience of residential work, usually as managers, and the other coming more from a clinical/mental health/CAMHS/family therapy background. Staff commented that this combination worked well. Facilitators shared responsibility and took turns in leading on particular elements. They were felt to be well-prepared. Many staff commented that facilitators communicated effectively and explained complex ideas. Typical comments were:

> Absolutely brilliant…Yes, you could tell they had tried hard to make it work…They bounced off each other, they supported each other and everything was put across really professionally.

> I think that was good, I think they were honest, they were saying what we'd done and they were feeding back and making sure everyone was clear and understood everything. I thought that was a really well run course to be honest with you. That's one of the best courses that I've been on for that length of time…They're lovely trainers. They were warming. They just worked really well as trainers, the pair of them. They made you feel at ease.

Tasks were set for staff between sessions to try out ideas and report back the following week. Participants appreciated being able to link the learning during sessions to their work with individual young people. Facilitators sometimes visited the homes between sessions and interacted with staff and young people.

It was pointed out that the RESuLT training is quite new and it was the first time that many of the facilitators had delivered it. Sometimes they were observed to grow in confidence after initial sessions. We asked specifically if facilitators understood children's residential care, its context and the particular challenges it brings. In all the groups, interviewees answered in the affirmative. Facilitators demonstrated knowledge, insight, commitment and passion to residential care and its occupants.

The training was felt to be enjoyable. Humour was used when appropriate.

> It got to the stage where you didn't feel it was almost like a teacher/pupil relationship, it was actually you're there as a group together to discuss this, which it was very good…You felt very, very welcomed. They were warm and receptive to listening to what we were saying. They were very good.

The comments from staff across the 6 groups were a very positive endorsement of the facilitators' contribution:

> I know that some of our staff don't like speaking in groups and things, and, to be honest, towards the end of the course and things like that, they were coming out of their shells more and actually speaking a lot more…I was quite surprised, myself. We used to laugh and stuff because I never shut up in there. Do you know what I mean?...I felt really confident to be able to do that, so that was a bit of a shock for me that I didn't actually sit back and just take it in. I was quite shocked, actually, at how much input I did have in it.

2. Does the training result in changes in staff confidence, attitudes, knowledge, skills and practice?

The impact of the training on staff and their practice was explored in 2 ways. First, Staff at Work questionnaires were completed by participants in Intervention Homes at Time 1 (beginning of training) and again at Time 2 (final training session). The questionnaire involved asking staff the same group of 22 questions about their experiences at work on both occasions to see if there were reported to be any changes following the training. The second approach to investigating the perceived impact of the training was via individual interviews with staff.

The Staff at Work questionnaire was grouped into 6 sub-areas: Supervision; Motivation; Communication; Positive Atmosphere/Job Satisfaction; Quality of Work; and Contribution (see Table 9, Appendix 4). We were able to match 55 questionnaires completed on both occasions. Table 3 gives the mean ratings for Time 1 and Time 2 for cases where respondents completed the Staff at Work questionnaire at both time-points. We can see that ratings were generally high at both Time 1 and at Time 2 for almost all the items and there was an increase between Time 1 and Time 2. This signifies that staff were generally having positive experiences at work at the start of the training, and these had improved further after the training. The fact that increases were small is not necessarily an indication of low impact of the training, but may reflect the fact that responses were quite positive to start with leaving less room for higher ratings.

In order to know whether the results were statistically significant or could have arisen by chance we undertook matched pairs T-tests of significance. Table 9 (Appendix 4) shows that there was a statistically significant change in a positive direction for 9 of the 22 elements between Time 1 and Time 2. Differences were small, but still positive. All the areas under the sub-heading ‘Quality of work’ showed a statistically significant improved mean score at Time 2 compared with Time 1 (final 4 bullet points below). The items showing improvement seem to relate to better team working, feeling appreciated at work, and understanding their role at work. The items showing a statistically significant improvement are listed below:

- I feel supported at work
- My managers in the home notice when I do things well
- I feel valued at work
- I can tell that my co-workers respect me
- I feel that my co-workers and I work well together

- My colleagues and I have similar ways of working with the young people we look after
- There is space in team meetings to agree strategies for working with the young people we are looking after
- The objectives of my work are clear to me
- I understand how all our team works and fits together

Some other items also moved in a small positive direction between Time 1 and Time 2, but differences are not large enough to be statistically significant. Items which were low at Time 1 and showed no or very little improvement by Time 2 were (reverse scored):

- I feel stressed at work
- Sometimes I feel that I am not getting anything done
- I often feel unable to cope at work

We do not know the reasons for this and it would be interesting to explore them further. We conducted reliability checks to see if the items measured on the Staff at Work questionnaire could be combined to give an overall rating. Cronbach's Alpha Reliability scores of .88 at Time 1 and .86 at Time 2 show that combining the survey items to give an overall score was possible (a score of over 0.7 is generally considered necessary). It was evident that, overall, staff experiences at work improved between the first and last sessions of the training, although the difference was small. On average, overall mean scores improved by Time 2 ($M = 93.3$, $SD = 8.6$) compared with Time 1 ($M = 89.5$, $SD = 8.8$). This difference was statistically significant ($t[34] = -3.539$, $p < .001$).

The Staff at Work survey was also divided into sub-scales. We conducted reliability checks for these sub-scales to see if it was possible to give ratings. Table 3 shows that the sub-scales could be reliably combined for Supervision, Motivation, Communication, and Quality of Work. For Positive Atmosphere/Job Satisfaction, the sub-scale could be reliably combined only if we removed the element 'I feel stressed at work', therefore we left this element out of the sub-scale. For Contribution, 2 elements would need to be taken out to make the sub-scale reliable and therefore we decided that it was not possible to treat this as a sub-scale.

Table 3 shows that there were statistically significant improvements between Time 1 and Time 2 for Motivation, Communication and Quality of Work.

Table 3: Sub-scale mean differences

	Time 1 mean	Time 2 mean	n	Standard Deviation	t value	Degrees of freedom	Significance (p value)
Supervision	12.70	13.10	49	1.965	-1.308	48	.197
Motivation	12.57	13.20	49	1.537	-2.881	48	.006*
Communication	17.11	17.74	47	1.905	-2.298	46	.026*
Positive Atmosphere /Job Satisfaction	13.04	13.02	48	1.657	.087	47	.931
Quality of Work	15.98	17.35	46	1.936	-4.797	45	.000**

* Significant at p < .05; ** Significant at p < .001

Differences between homes were not statistically significant due to the low number of respondents in each home. In addition, there were no recognisable patterns according to staff characteristics such as gender, age, ethnicity, academic or professional qualifications, or duration of residential child care career or time working in the home. Overall, however, our findings indicate that staff made small but significant improvements in many areas following the training. Interestingly, all groups enjoyed the training and benefited from it, including those who were already professionally qualified. For example, in Home D, 9 of the 15 staff were qualified social workers: these still benefited from the learning and considered it advantageous being trained alongside their colleagues. Staff at Home D also found the training very relevant to the broader family support work they were undertaking with young people living at home.

Our interviews also revealed a strong view across all 6 settings that the training was being used with young people on a daily basis and had led to changes in how the homes were operating. Individual staff acknowledged that they had changed their own practices and had observed this in others too. ([Interviewer – 'Do you find you are using those ideas?'] 'Yes, all the time'.) It was mentioned that the atmosphere in some homes had improved noticeably.

Several staff remarked that they felt they now had more tools to use in their work. This had made some feel more confident.

> I think I feel more empowered. Yes. I definitely feel more empowered. I've got different tools in certain situations…Sometimes when you work with young people with such complex behaviour issues, if I dare say, for somebody like me it was such an overwhelming (Laughter) feeling. I didn't know what to do. What is my remit as a professional? Do you know what I mean? I was still trying to find my feet, but with this training and as well having seen clients' behaviours change, it gives me more hope, yes, and resilience. Yes.

Another observed:

> Interviewer: Do you find that you are calmer coming onto a shift?
> Staff: Yes
>
> Interviewer: And do you feel more confident or has your confidence not changed in terms of your work?
> Staff: I feel more confident as well, yes.

There were also a number of comments that, as a result of the training, staff could be more analytic and reflective in their work. One interviewee admitted that he had changed his attitudes to young people as a result of the training.

The techniques discussed in the course about breaking down behaviour into smaller steps were frequently used (‘The breaking down of behaviours is one that sticks out for me’). Many staff reported that they and their colleagues were focusing more on noticing and reinforcing positive behaviours. Fewer sanctions were also being used:

> There seem to be less sanctions, definitely less. There weren’t many anyway, but there’s a lot less and certainly more praise, a lot more praise going on. You’re always looking for something, if you’re really struggling; you find something you can praise. There’s always something.

Staff were using the ‘selecting and ignoring’ techniques and getting into fewer arguments with young people:

> People are much more reflective than they were. The ignoring behaviours you can see that’s working now. People don’t get in to arguments with the children as often.

3. Does the training lead to more consistent staff practice?

Two questions in the Staff at Work questionnaire relate specifically to staff consistency. These are: ‘I feel that my co-workers and I work well together’; and ‘My colleagues and I have similar ways of working with the young people we are looking after’. Both showed statistically significant improvements between Time 1 and Time 2.

In addition, most of those interviewed, across the 6 sites, felt that staff were working together more consistently since the training. For example:

> Interviewer: Do you think there is a consistency in the way that the staff react to the young people?
> Staff: Yes.
>
> Interviewer: Do you think that consistency was there before the training or has it changed?
> Staff: It's probably changed. We did have consistency, but I think there's more there now.

Similarly:

> Interviewer: Do you think there's consistency in how staff deal with young people?
> Staff: Definitely. I think consistency is brilliant, yes. We all tend to be working the same way when before you might have had maybe someone working quite different. All aiming for the same result but we're all very much working the same way and saying, probably exaggerated sometimes, ‘That was amazing. That was fantastic.’ They're all, ‘Really?’ just really good, yes.
>
> Interviewer: You think that's changed since the training?
> Staff: Yes. You can see the language being used, you can see the reward system being used, and it’s just developing all the time. So it’s becoming ingrained. It’s become like normal practice.

The greater consistency was said to be helped by staff training together as a whole group:

> Interviewer: Have you noticed any change as a result, like in how the staff works together among those that did do all the training?
> Staff: Yes, I think that's common knowledge now, because even the cleaners are talking about it. The cook is talking about it, and that's not that some person has gone in there with some highfalutin' theory that they're working to, everyone is doing it. So the staff team now are able to gel together.

Some heads of homes mentioned that they were using the RESuLT concepts in their supervision, asking staff members to evidence their practice in terms of the training. This brought about greater consistency in the team. Staff were also communicating more, which allowed them to discuss their work and agree the most suitable, common approach.

> Interviewer: Are you finding that staff are talking about and referring back to the training on shifts since finishing?
> Staff: Yes
> Interviewer: So it's something that they're still talking about?
> Staff: Yes

One home stood out as a part exception. Here it appears that some complex staff dynamics meant that staff continued to vary in their approach. An interviewee informed us that about three-quarters of staff were enthusiastic about the RESuLT methods but a core of older staff were more set in their ways and resistant to change.

4. Do outcomes for young people in the residential children's homes improve following the training?

In a short-term evaluation such as this it is problematic to try to demonstrate whether a training programme had an impact on children's behaviour and outcomes. This was complicated further with RESuLT as the contexts in 3 of the locations were changing during and after the training. One home had some very challenging behaviour to contend with and this changed once a young person left; consequently, any changes could be linked to a number of different factors associated with young people dynamics in addition to, or instead of, the RESuLT training. Another home was undertaking some restructuring with some possible staffing changes and this inevitably affected morale

and life in the home. The third example is a new service that was developing, in which the RESuLT training was introduced alongside several other training programmes.

We collected data from 5 homes where the RESuLT training for staff was taking place (Intervention Homes) and 4 homes where the training was not taking place (Comparison Homes) (see Section 5). Young people at one Intervention Home declined to participate in the evaluation.

Fourteen young people responded at both Time points (7 in the Intervention Homes and 7 in the Comparison Homes) (see Table 4). Due to the low number of respondents, we have not given mean ratings for Time 1 and Time 2. Instead, we explored how many young people's ratings declined (moved down the ladder), how many improved (moved up the ladder) and how many stayed the same. Also because of the small numbers, we have reported decline or improvement to any extent rather than seeking to be more precise. It seems evident that in nearly all areas, more young people in the Intervention Homes improved by Time 2.

Table 4: Young people's Cantril's Ladder movement of ratings between Time 1 and Time 2

	Intervention Homes (n = 7)			Comparison Homes (n = 7)		
YP Ladder scores	**Improved**	**Declined**	**Stayed the same**	**Improved**	**Declined**	**Stayed the same**
Life in general	3	2	2	1	5	1
Friends	3	3	1	0	6	1
School / College or work	4	3	0	3	4	0
Staying out of trouble	3	3	1	3	2	2
How I get on with my family	4	1	2	1	4	2
My interests and hobbies	4	2	1	2	4	1

Seven young people living in the Intervention Homes and 6 living in the Comparison Homes completed the Strengths and Difficulties Questionnaire[3] (SDQ) at both Time points. Table 5 shows that there were no distinct differences between Intervention and Comparison Homes in relation to the patterns of change in young people's scores between Time 1 and Time 2; although it seems possible that the young people's social behaviour in the Intervention Homes showed more stability or improvement than for the young people in the Comparison Homes.

Table 5: Young people's self-assessment SDQ ratings at Time 1 and Time 2

	Intervention Homes (n = 7)			Comparison Homes (n = 6)		
SDQ - YP ratings	**Improved**	**Worsened**	**Stayed the same**	**Improved**	**Worsened**	**Stayed the same**
SDQ emotional symptoms	2	2	3	3	3	0
SDQ Conduct problems	3	3	1	3	3	0
SDQ hyperactivity / inattention	3	3	1	3	2	1
SDQ Peer problems	2	4	1	3	3	0
SDQ – Pro-social*	2	2	3	1	4	1
SDQ – Total difficulties	3	4	0	3	3	0

*Pro-social is not included in the SDQ total difficulties score

We received 15 responses overall from staff about the young people living in the homes (Table 6). Seven staff in the Intervention Homes and 8 staff in the Comparison Homes

[3] The SDQ (Goodman, 1997) is a 25-item measure concerned with the carers' view of the child's behaviour. With the child's behaviours in mind, the carer scores each item as either 'Not true', 'Somewhat true' or 'Certainly true'. Scores are derived for 5 sub-scales with 5 items each: Emotional distress ("Many worries, often seems worried"); Conduct problems ("Often has temper tantrums or hot tempers"); Hyperactivity ("Constantly fidgeting or squirming"); Peer problems ("Picked on or bullied by other children"); and Prosocial ("Kind to younger children") sub-scales.

completed SDQ ratings in relation to the young people. Staff SDQ ratings for the young people did seem to show that conduct problems for the young people in the Intervention Homes may have been less likely to have got worse or stayed the same (3 out of 7 yp) than in the Comparison Homes (5 out of 8 yp). Numbers were too similar for Interventions and Comparison Homes to be able to report differences elsewhere.

Table 6: Staff SDQ ratings of young people's behaviours

	Intervention Homes (n=7)			Comparison Homes (n=8)		
SDQ - YP ratings	**Improved**	**Worsened**	**Stayed the same**	**Improved**	**Worsened**	**Stayed the same**
SDQ emotional symptoms	2	3	2	1	5	2
SDQ Conduct problems	4	1	2	3	5	0
SDQ hyperactivity / inattention	4	2	1	3	3	2
SDQ Peer problems	1	4	2	3	4	1
SDQ – Pro-social*	2	5	0	3	4	1
SDQ – Total difficulties	4	3	0	3	5	0

*Pro-social is not included in the SDQ total difficulties score

We also gathered from staff their general ratings of the young people's behaviour in and outside of school. Ratings for the individual elements can be seen in Table 7. These ratings were also combined to give an overall score for behaviours at school and behaviours outside school, including in the home. Cronbach's Alpha scores show that these scores could be reliably combined (At school – Time 1 = .81, Time 2 = .75; Outside of school – Time 1 = .79, Time 2 =.82).

In the Intervention Homes, it seemed that more young people's behaviour at school improved between Time 1 and Time 2 (4 out of 6) compared with the Comparison Homes (1 out of 8). However, outside of school, including in the home, it seemed that

slightly more young people's behaviours in the Comparison Home improved (4 out of 8) compared with the Intervention Homes (2 out of 6). However, in the Comparison Homes, 4 out of 8 young people also showed worsening behaviours outside of school, including in the Home, whereas in the Intervention Home 2 out of 6 worsened and the remaining 2 young people stayed the same.

Table 7: Staff ratings of young people's behaviours inside and outside of school

	Intervention (n = 6)			Comparison Homes (n = 8)		
Staff assessment of young people's behaviours (Aggregate scores)	**Improved**	**Worsened**	**Stayed the same**	**Improved**	**Worsened**	**Stayed the same**
At school	4	1	1	1	2	5
Outside of school, including in the home	2	2	2	4	4	0
Individual elements						
AT SCHOOL						
At school	3	0	3	1	2	5
Relationship with teachers	3	0	3	0	1	7
Relationship with other pupils	2	1	3	0	2	6
OUTSIDE SCHOOL, INCLUDING IN THE HOME						
General behaviour	2	0	4	3	2	3
Aggression or violence	0	1	5	3	2	3
Self-harming violence	2	1	3	0	0	8
Alcohol, drug or substance misuse	0	2	4	0	0	8
Trouble with the police – convictions	0	2	4	1	1	6
Going missing	0	0	6	1	1	6
Putting her / himself at risk	1	2	3	1	3	4

It is difficult to draw conclusions from the data collected about these changes in outcomes for the young people by the end of the training due to the low number of responses. An examination of the data received at Time 1 seems to indicate that young people in the Comparison Homes may have been experiencing slightly more difficulties than those in the Intervention Homes, which also makes it complex to draw conclusions from the results. Whilst results do seem to show slight favourable improvements for those in Intervention Homes, low numbers, and possible favourable conditions in Intervention Homes, make it hard to talk with any confidence about these findings.

We also analysed aggregate monthly data for all residents in Intervention and Comparison Homes between the beginning and end of training to see if the former demonstrated a reduction in young people's difficult behaviour. Results are shown in Table 10 (see Appendix 5). The monthly aggregate data collected between September 2015 and March 2016 did seem to indicate that there were fewer difficulties in the Intervention Homes than in the Comparison Homes over this period. However, with the possible exception of planned moves, there did not seem to be a pattern of reduction in incidents over time for either the Intervention Homes or Comparison Homes. It may be that positive effects of the training were occurring right from its initiation as we did not collect information prior to the training. Or it may be that other factors were occurring which meant that Intervention Homes had consistently fewer problems than Comparison Homes. Whilst these findings do show fewer problems in the Intervention Homes, we cannot be confident in drawing correlations between these and the RESuLT training due to the absence of any pre-training data.

Given the constraints of the quantitative analysis, staff and young people were asked in interviews if there had been any observed changes in residents following the training. Staff responses were often cautious. Several changes had occurred in the homes and so it was not that everything else remained constant. One new manager had arrived; in one home a difficult young man had moved out who had been very violent and aggressive; and 2 others had moved out of another home following extensive damage. Some new residents had joined. Staff emphasised that bringing about change in young people was complex and usually took time. Also it would be difficult to attribute any changes to the training itself.

In one home interviewees had not noticed any significant changes in young people. In another, there were mixed views. However, in the 4 other settings many staff recognised some change and improvement in young people's circumstances. Changes were often relatively minor: young people being more approachable, smiling or offering to make drinks; also '[Name] hugs staff now, which she wouldn't have done'. But

acknowledging these small changes was aided by what some staff referred to learning on the course as ‘mini-victories’ – breaking down behaviour into smaller components.

> Interviewer: So have you been able to put it into practice?
> Staff: Yes, the repetition stuff and seeing little subtle changes that you think, ‘That is a little mini-victory there’. It was good. Just knowing not to expect the big changes at once.

But the changes could also have more far-reaching implications, as these 2 illustrations reveal:

> At night time for instance, we had an incident the other night, and the staff were able to actually go out and talk down a couple of the kids who were getting heightened and who were doing stuff that they shouldn’t have been doing. The young people were quite accepting of that. It took a while but they managed to talk them down. If that had happened two months ago, they would never have been able to talk them down. We would have ended up having the police there. We would have ended up probably having them arrested for criminal damage or assault, or they would have absconded from the home.
>
> But because the members of staff are actually able to go in there and implement some of the stuff and have the conversations, bring in some of the training, that meant that they could de-escalate it. Whereas they hadn’t had the chance to do that before.

Interviews were also held with 10 young people living in the Intervention Homes (selected from 4 homes: 5, 2, 2 and 1 respectively). All but one were aware that the RESuLT training was taking place although understanding of its content and purpose were mixed. Responses were also variable when young people were asked if there had been any positive changes in the Home since the training commenced. However, 6 of the 10 reported that there had been some positive changes in the approach of staff in the homes. This included spending more time with staff; as one young person put it:

> They don't spend as much time in the office now either…they tend to be out a lot more, so that's better. After meals they all wash up together, and have a good old natter, so it's good.

Three responses concerned how staff dealt with difficult behaviours, for example:

> They deal with things differently…in a good way…leave them to calm down and then try to talk to them.

> Normally I get angry easily, but staff help me out with that…I tell them to walk off if I get angry, and then they walk off, they leave me. They give me ten minutes and then they come back to me, and then see if I'm alright.

Further examples were provided of staff offering more praise to young people; the home being calmer; and more positive interactions with staff. One young person had noticed particular changes:

> They have learnt how we feel so they actually sit down and listen to us. They never used to sit down with us because they were too busy doing work all the time. But they sit down with us now, so it's good…if they don't sit down with us, that means they are not listening. When they do sit down with us that means that they are listening. So that's good.

Therefore, although there were some variations in the responses and the sample of young people interviewed is small and not representative, the findings outlined above provide some indication that there are some positive changes in some of the Intervention Homes following the RESuLT training: in particular, in terms of a focus on positive behaviours and changes in the whole home environment.

Overall, we conclude that the RESuLT training had good quality, relevant content. Training facilitators were skilled and well-prepared. Staff liked the balance between its theoretical components of social learning theory, relational skill building and neuroscience, which have practical application. Whole-group training was important: it helped bring staff teams together and contributed to a more coherent approach. Staff and most young people confirmed that the training was being used and it led to some improvements. On this basis, our conclusion is that RESuLT training strikes the right chord, is suitable for the modern residential sector and should be encouraged and expanded with continuing evaluation.

5. Is the RESuLT training cost effective?

The costs associated with the set up and running of the RESuLT training programme were estimated by the NIS as part of their application for funding from the Innovation Programme. Subsequently the NIS team is now in the process of developing a fee schedule for the roll out of the RESuLT training programme to new local authorities and residential providers. The costs of RESuLT may be off-set by potential costs avoided as a result of the impact of the project. These costs will relate to organisational outcomes, which include changes in wider organisational functions that are attributable to the RESuLT programme, staff level outcomes (such as reduced staff sickness) or child-

level outcomes, which relate to the impact of the practice on individual children (McDermid, Holmes and Trivedi, 2015).

At this time of the evaluation, the associated evidence is not yet comprehensively available to examine the actual avoided costs that result from RESuLT. Any analysis of costs at this stage of implementation would be largely speculative, particularly in relation to child-level outcomes given the small number of homes and short post-training timeframe. Work has been carried out in partnership with the NIS to develop a proforma for future use to determine the cost effectiveness of the RESuLT programme as it is rolled out to additional local authorities and residential providers. Further information about the development of the proforma is detailed in Appendix 2. One of the participating local authorities has begun to capture some data about the potential costs avoided as a consequence of reductions in staff sickness. Furthermore, future examples of potential economic impact on children and young people include the following:

- Improved placement stability

  The costs incurred by placement changes have been estimated to range from £250 to £1,500 per change (Ward, Holmes and Soper, 2008). For an individual child that has experienced previous placement instability and then goes on to experience three further changes in placement over a 12- month time period, the costs associated with this activity will rise to a maximum in the region of £4,500. If placement stability is achieved across a cohort of children placed in RESuLT Intervention Homes, this is likely to lead to substantial avoided costs.

- Reduced need for specialist placements through increasing the capacity of existing in-house residential homes to support children and young people with more complex needs

  Existing research evidence has indicated that the costs associated with providing specialist placements can skew a local authority budget. The cost per child of providing specialist placements are substantially higher and can often be in the region of around £445,000 per year (Curtis, 2015). If the use of these specialist placements is reduced by meeting the needs of the young people in in-house residential homes, this may result in substantial future costs being avoided, especially if these placements were previously being used as a long term provision.

- Increased use of placements within the area of the placing local authority

  Placing young people with complex needs in placements within the local authority area will result in reduced costs to support the placement (for example reduced

social work travel time to visit young people in placements) and will also potentially facilitate stability in education, family and peer relationships (Ward, Holmes and Soper, 2008).

- Improved school attendance and reductions in school exclusions

  As indicated earlier in this section there is some emerging evidence to suggest that there were reductions in problem behaviours at school. Further analysis is required to explore whether there is improvement in school attendance and school exclusions as a consequence of the improved behaviours within education settings. The annual cost of school exclusion is estimated to be just over £9000 and Truancy at £1,500 per year (Goodall et al., 2007).

6. Improved life chances

Within such a short-term evaluation we did not follow-up young people over a sufficient time-period to see if there were any benefits from the RESuLT training initiative in terms of improved life chances. There was some indication that more young people in Intervention Homes than in Comparison Homes judged their own well-being to have improved following the staff training. However, there was no distinctive pattern in young person- or staff-completed SDQ scores; in how staff judged young people's behaviour inside or outside school; nor in monthly aggregate behaviour, such as being reported to the police, staying away overnight or being excluded from school. Interviews with staff in 4 of the 6 homes revealed some noticeable improvements in young people's responses following the training, such as being more approachable or cooperative. These behaviours might indirectly contribute to improved life chances if young people are more open to adult support and thereby become more resilient to the effects of adversities.

7. Professional practice and methods in social care

Staff who participated in the training reported that they learned a great deal and that it was very relevant to their work. There were statistically significant improvements reported following the training in relation to Motivation, Communication (with co-workers) and Quality of Work. Qualitative evidence revealed that staff were using the training on a daily basis and that many felt that they had better understanding of children's difficulties and more tools to use in their work. There was evidence of more widespread use of analysis and reflection. Staff reported that they worked together more consistently, using the same methods. This was due both to their learning on the course and the fact that they worked together better as a team having trained together as a group.

8. Organisational and workforce culture in social care

Some improvements in staff culture in the Intervention Homes were evident following the training. There were statistically significant improvements in staff responses concerning the following statements: ‘I feel supported at work’, ‘My managers in the home notice when I do things well’, ‘I feel valued at work’, ‘I can tell that my co-workers respect me’, ‘I feel that my co-workers and I work well together’, ‘There is space in team meetings to agree strategies for working with the young people we are looking after’.

9. The lives of children, young people and families

Overall, it appears that there were some improvements in the daily lives of children in the Homes following the staff training. Staff said that they and others were more confident and calmer. Some staff reported that they dealt better with challenging behaviour, and that there were fewer conformations and sanctions being used. Young people were given more praise, as part of the social learning approach, and responsibility. Six of the 10 young people spoken with reported more positive interactions with staff after the training, including spending more time with staff; more helpful responses when they were angry; and more acknowledgement of positive behaviours.

10. The perceptions of young people of service quality

As noted above, the 10 residents interviewed who were living in Homes reported improvements in service quality following the training. We did not interview young people in Comparison Homes to see if they noticed similar improvements due to extraneous factors but are unaware of any other major initiatives over the 3 months that would account for overall changes in the Homes.

Almost all young people interviewed were aware that the RESuLT training was occurring. Relief workers from other residential homes were used while the staff team was away for half a day each week: overall, young people felt that this worked well and did not introduce problems. The majority of young people noticed some positive changes in homes following the training. This included staff spending more time interacting with young people; offering more praise to young people (in line with social learning theory); staff being more skilled at handling difficult behaviour; and the Home being calmer. Nine of the 10 young people felt that staff should attend RESuLT training. One young person explained this as follows:

Because as children we've got a lot of rewards out of it. Not 'rewards' rewards, but things that make us feel better, like they spend a lot more time with us…they're out there laughing and when they laugh and we're in a bad mood they try and join in to make us happier.

Limitations of the evaluation and future evaluation

There were unavoidable limitations in the evaluation which we acknowledged from the outset. Nine months was a very short period in which to plan the evaluation; select Intervention and Comparison Homes; negotiate access including young people's involvement; undertake three visits to each of the 10 homes; develop research instruments; obtain ethical approval; obtain training feedback/quantitative data from 10 homes; undertake qualitative interviews in 6 homes; analyse the data; and write-up the reports (the premises of 1 participating Intervention Home were not yet ready to open within our timescale). Attempting to investigate outcomes for young people over such a short duration is both very difficult and unwise.

The Initiative was also relatively modest in scale – 6 participating homes from 5 local authorities and 1 independent agency. Given the small size of most residential homes today, this meant that the sample of residents would also be small. Furthermore, a few residents chose not to engage with our research and some moved elsewhere during the training. Consequently, 7 young people in Intervention Homes responded at both Times 1 and 2, as did 7 in Comparison Homes. This is obviously too small to achieve statistical significance. However, as we had anticipated this, our research questions focused particularly on the delivery of the training and its impact on staff practice. Eighty-two staff participated in the training, which was adequate for some statistical analyses. We also gathered anonymised monthly data on all residents in homes, which was a larger number. Our qualitative interviews with 41 staff and 10 young people complemented this quantitative data.

Selecting Comparative Homes was also problematic. There is usually little local residential provision in any case to choose from and probably no two residential homes or group of residents are alike. Despite our best efforts, it transpired that the resident group in Comparison Homes differed in important respects from Intervention Homes, for example gender, legal status, special educational needs and SDQ scores. Matching individual homes would always be difficult and a much larger sample of Intervention and Comparison Homes would be required for any differences to even themselves out.

As with any staff training initiative, we do not know whether any practices or benefits of the training will endure; how new staff joining homes will be absorbed or trained; and whether the RESuLT approach to training achieves greater success than alternatives.

We feel that our evaluative approach was very suitable for this Intervention. The research team from Bristol and Loughborough universities and Ipsos MORI worked well together, and we had an excellent collaborative relationship with NIS throughout. Our

research questions were carefully selected and a mixed methods design maximised possible sources of data. We liaised closely with participating Homes and visited regularly, which paid dividends: all homes met our data requests. Token rewards for young people and for Comparison Homes were appreciated. Our exploratory work with NIS on the development of a costs proforma and possible use of the Loughborough Cost Calculator tool will assist them and future participating local authorities and residential providers to explore the cost effectiveness of the programme and inform strategic decisions about the best use of limited resources. We have good data on staff perceptions of the quality, relevance and use of the training. There is some data from young people that is consistent with these findings. Overall, our results suggest that the training initiative is successful and should be extended more widely.

We have liaised closely with NIS and passed on all the research instruments for future use. We have also shared our syntax developed for SPSS analysis and briefed the NIS analyst. NIS plans to continue with the approach to evaluation that we have developed, parts of which build on earlier NIS evaluation.

We recommend that, in order to obtain more authoritative child outcome data, a much larger national sample of Intervention and Comparison Homes would be required. Once again, a mixed methods approach with an economic component would have advantages. Further, we strongly recommend the use of Loughborough University's Cost Calculator tool by the NIS to better understand the economic benefit of RESuLT training.

We have drawn the attention of Sir Martin Narey to RESuLT as part of his review of children's residential care; and the lead researchers and Cath Connolly (NIS) have met with him to share ideas about the sector and staff training. DfE may want to support RESuLT further in what appears to us to be an effective form of whole-group staff training.

Implications and recommendations for policy and practice

This short-term evaluation indicates to us that the RESuLT training had good quality, relevant content. Training facilitators were skilled and well-prepared. Staff liked the balance between its theoretical components of social learning theory, relational skill building and neuroscience, which have practical application. Whole-group training was important: it helped bring staff teams together and contributed to a more coherent approach. Staff and most young people confirmed that the training was being used and it led to some improvements. On this basis, our conclusion is that RESuLT training strikes the right chord, is suitable for the modern residential sector and should be encouraged and expanded with continuing evaluation.

Implications for sustainability and capacity

It has long been recognised that children's residential care is a complex and challenging undertaking. In the past, many staff have been underprepared to comprehend, care for and help young people deal with their difficult experiences and circumstances. This evaluation has been carried out over the same timeframe as a major review of the children's residential care sector being led by Sir Martin Narey and whilst emerging findings have been fed into that review, it is necessary to recognise that any implications or recommendations from this evaluation need to be considered within the wider context, following the publication of the review.

Given the positive emergent findings from this evaluation and the previous testing and piloting of the programme, the NIS is continuing to develop and expand RESuLT to new local authority areas and residential providers. The NIS is using both the learning and the findings to inform future iterations of the RESuLT training, for example by substituting some of the written material, using more UK and fewer USA video clips and considering how RESuLT might be adapted for use with different user groups, such as those working with younger children. Furthermore, the plans for the continued collection of robust data about both staff and young people placed in the homes (utilising the tools and methods of analysis from this evaluation) will inform future discussions and decisions about the sustainability of the programme. The work detailed in Appendix 2 to develop a cost proforma will also inform future sustainability and provide an evidence base about the cost effectiveness of RESuLT.

Conditions necessary for this innovation to be embedded

Much work has been undertaken in recent years to strengthen children's residential services, building on the recommendations of the DfE Expert Group. Ofsted inspections have noticed improvements. Training initiatives like RESuLT will succeed only in the context of a residential sector which has a clear purpose, is well-supported and not used merely for negative reasons with children who have failed elsewhere. There should also be some continuity in provision with services experiencing training being allowed to develop and build staff teams. A number of staff that we interviewed complained about constant readjustments to the organisation and purpose of homes, as well as repeated training initiatives that could leave staff confused. We know that stability is very important for children, and successful services need to experience this too.

Recommendations for future development of the innovation

The National Implementation Service should:

- continue to review and update the training materials based on participant feedback
- consider the development of some briefing papers to provide specific guidance to staff about how to apply certain techniques with certain young people
- explore the use of video clip content, in particular the use of training videos that are of US origin
- clarify communication strategies with new participants, at both a strategic and operational level to ensure consistent messages and information are conveyed to new intervention homes
- consider the development of a follow-up, booster training course for staff

Local authorities and residential providers should:

- consider what other training courses are being offered to safeguard against staff being simultaneously involved in multiple training courses
- at the outset of the introduction of the RESuLT training programme ensure there is clear and consistent communication with staff in the Intervention Homes

- to minimise disruption to the young people in the Intervention Homes they should ensure that adequate, planned staff cover is in place prior to the commencement of the RESuLT training programme and there should be some continuity each week
- consider the implication on the effectiveness of the training when ‘directing’ heads of homes to admit children to the Intervention Homes who are likely to have a major negative impact on the existing resident group

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Appendices

Appendix 1: Characteristics of children in the Intervention and Comparison Homes

Overall, despite our best efforts to match, there were some differences between the characteristics of young people living in the Intervention Homes and those in the Comparison Homes. In the Comparison Homes, all but one young person was male, whereas in the Intervention Homes, there was an even split between female and male residents. There were also more young people who were accommodated under Section 20 arrangements in the Intervention Homes; whereas in the Comparison Homes, most young people were subject to Care Orders. The data also suggest that the young people living in the Comparison Homes may, overall, have had slightly more difficulties than the young people living in the Intervention Homes. For example, Comparison Homes had slightly more young people with SEN; had fewer attending mainstream education without support; and more who had experienced abuse or neglect. The young people in the Comparison Homes also had higher Strengths and Difficulties Questionnaire (SDQ) difficulty ratings, which meant that they were more problematic. However, the young people in the Comparison Homes rated their own well-being more positively according to Cantril's ladder scores than those in the Intervention Homes. None of these differences were statistically significant but need to be taken into account.

Appendix 2: Value for money approach

The evaluation of RESuLT includes the development of a cost proforma, created in Excel, for future use by the NIS to explore the cost effectiveness of RESuLT. The proforma has been developed for two purposes: for use by the NIS to report nationally on the cost effectiveness of RESuLT and to inform future scale and growth strategies. The second purpose is for use by individual local authorities and/or independent providers to ascertain whether RESuLT provides a value for money alternative to other services responses for adolescents.

The proforma provides a standardised framework to capture the cost inputs associated with RESuLT (categorised by the different components outlined in the following section) and the outcomes that can be attributed to the RESuLT programme which can be off-set against the cost inputs.

Cost inputs: approach to costing

When agencies engage in implementing a new innovation the costs incurred can be organised into three 'cost categories' (c.f. Saldana et al. 2014; McDermid, Holmes and Trivedi, 2015):

1. the ongoing costs associated with the innovation itself
2. the costs associated with implementing the new innovation
3. the costs associated with being part of a pilot programme

Distinguishing between these different types of costs facilitates a more comprehensive understanding of the overall costs of RESuLT because the expenditure associated with introducing an innovation will change as the agency moves through the various stages of implementation (c.f. Fixsen et al. 2005; Holmes, Westlake and Ward, 2008). It is likely that the costs of implementing the innovation will peak during the set-up stage, as the activities required to introduce the new practice are underway. If the model is found to be cost effective, the costs should start to reduce during the full implementation stage as the innovation becomes embedded. The costs are lowest when the host service reaches Sustained Implementation as the new practice has now become embedded and the financial benefits are realised.

The cost analysis also makes a conceptual distinction between cost saving and costs avoided. A 'cost saving' is a reduction of current or actual expenditure. A 'cost avoided' is a change in the projected or predicted expenditure. For example, a reduction in expenditure to a Youth Offending Service will be achieved because a child ceases to

offend; this is a ‘cost saving’ and no longer requires intervention from the service. If a child who is identified as at risk of offending due to their challenging behaviour, does not offend (and therefore does not incur a cost to Youth Offending Services), a cost has been ‘avoided’ (Holmes, McDermid and Trivedi, 2014).

Potential costs avoided

The costs of RESuLT may be off-set by potential costs avoided as a result of the impact of the project. These costs may relate to organisational outcomes, which include changes in wider organisational functions that are attributable to the RESuLT programme, staff-level outcomes (such as reduced staff sickness) or child-level outcomes, which relate to the impact of the practice with individual children (McDermid, Holmes and Trivedi, 2015).

The outcome measures to be included in the proforma are also determined by the availability of the data. A series of initial outcome measures have been discussed and agreed with the NIS, based on routinely collected data held in local authorities. These data items are based on the data outlined in Annex A of the Ofsted framework for the inspection of children’s homes (Ofsted, 2015) and child level data items pertaining to placement stability and placement type reported in the SSDA 903 statistical return.

A more comprehensive analysis of costs may be possible using and making adaptations to the Cost Calculator for Children’s Services (CCfCS). Plans are underway to implement the CCfCS tool within the NIS for future national analysis with subsequent cohorts.

The CCfCS tool

The CCfCS is a purpose designed software tool that estimates the costs of social care processes and placements for looked after children. The unit costs of the processes are brought together with data concerning placement fees and allowances, management and capital expenditure along with routinely collected data on children’s needs, characteristics and placements (using the SSDA 903 statistical return) to estimate the costs of placing looked after children for a given time period. Figure 2 shows the data that go into the cost calculator tool (inputs) and the outputs.

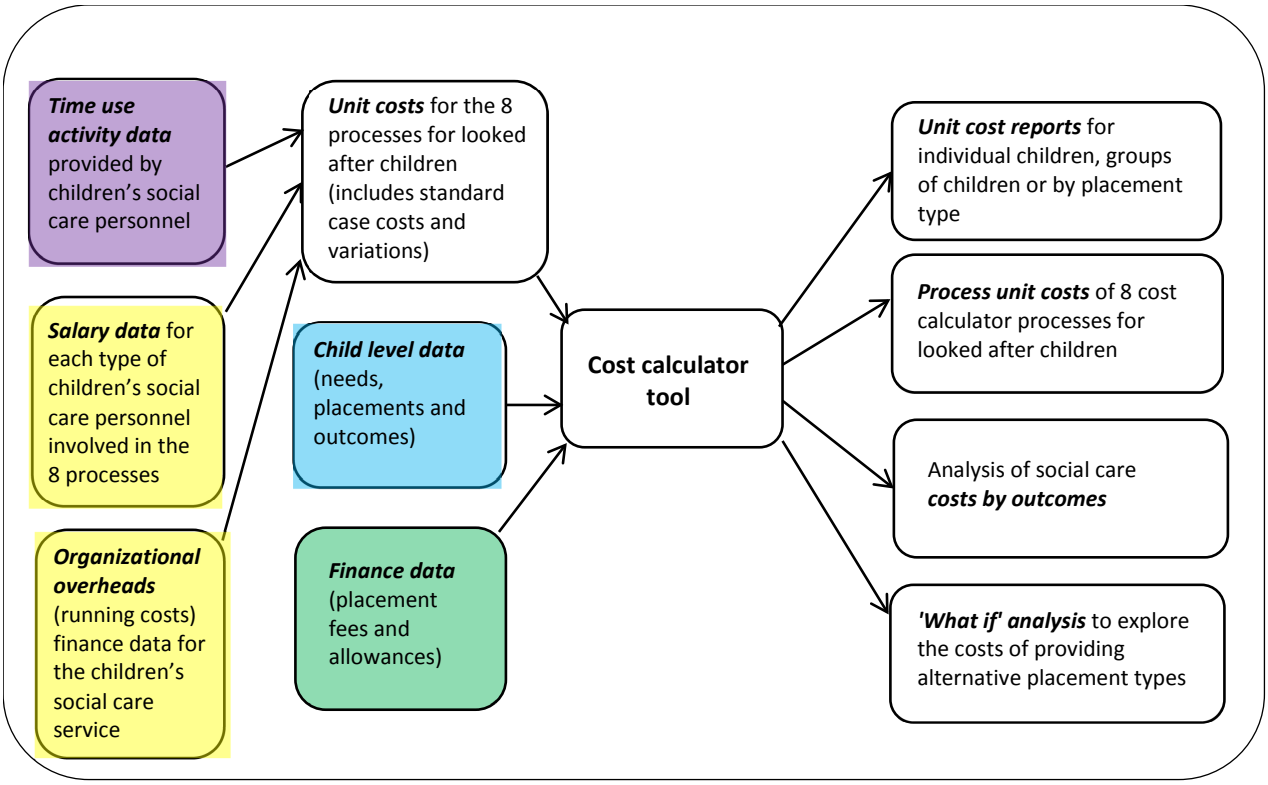


Figure 1: CCfCS inputs and outputs

The estimations take into account diversity in children's needs, placement type and local authority procedures. This approach allows children to be grouped by type of placement and also according to their needs and outcomes. Different care pathways can be observed and the way in which costs accrue over time can be examined. It is possible to compare these cost patterns for children with particular characteristics, in specific placement types or who achieve specified outcomes.

The costs of management and capital overheads are based on those included in a framework that has been developed with local authorities and Voluntary Adoption Agencies (VAAs). The overheads framework has subsequently been piloted and used by the team across a range of other studies and has been utilised to increase transparency and comparability in overhead calculations (Holmes, McDermid and Sempik, 2010; Holmes and McDermid, 2012; Holmes, McDermid, Padley and Soper, 2012).

RESuLT future outcome indicators

Outcomes proposed in the RESuLT evaluation plan:

The primary outcome will be improved confidence, skills and knowledge of the staff teams in the residential homes. The secondary outcomes include the following:

- increased staff retention
- improved placement stability
- engagement and achievement in education, employment and training
- reductions in high risk behaviours
- improved wellbeing and resilience

To measure the cost effectiveness of the RESuLT programme we have identified a series of outcome indicators, and these are based on data that is routinely collected, either on an ongoing basis by the National Implementation Service, or are collected at a local authority/provider level. The following indicators are being trialled in the first iteration of the costs proforma for the RESuLT programme.

Staff/home indicators:

- Staff vacancy rates [LA/home specific data]
- Staff sickness rates [LA/home specific data]
- Staff retention rates [LA/home specific data]
- Staff motivation [Staff at work questionnaire]
- Staff communication [Staff at work questionnaire]
- Atmosphere/satisfaction [Staff at work questionnaire]
- Quality of work [Staff at work questionnaire]

Nationally applicable, home level indicators and sources, available at a local level, aggregate data, broken down by home:

- Number of children admitted to the home [OFSTED – Annex A]
- Number of children that left the home [OFSTED – Annex A]
- Number of incidents of restraint [OFSTED – Annex A]
- Number of times children went missing [OFSTED – Annex A]

- Number of times children were away without authorisation [OFSTED – Annex A]
- Number of children currently at risk of CSE [OFSTED – Annex A]
- Number of children subject to CSE [OFSTED – Annex A]
- Number of complaints from children [OFSTED – Annex A]
- Number of complaints from others [OFSTED – Annex A]
- Number of allegations against staff [OFSTED – Annex A]
- Number of sanctions [OFSTED – Annex A]
- Number of child protection referrals [OFSTED – Annex A]
- Number of children subject to a deprivation of liberty (DOL) order [OFSTED – Annex A]

Nationally applicable, child level indicators and sources, available at a child and local level, include the following:

Placement indicators

- Placement type [SSDA 903 INDICATOR]
- Placement duration [SSDA 903 INDICATOR]
- Placement stability/breakdown [SSDA 903 INDICATOR]

Education indicators

- Special educational needs, by primary type of need [NPD]
- Changes of school [NPD]
- Absences from school, authorised and unauthorised [NPD]
- Fixed term exclusions from school, number and duration of fixed term [NPD]
- Permanent exclusions [NPD]
- GCSE results, when applicable [NPD]
- Education, employment and training (EET) at age 18, 19 and 20 [SSDA 903 INDICATOR]

Wellbeing/high risk behaviours

- SDQ [SSDA 903 INDICATOR]

Missing from placement/unauthorised absences [SSDA 903 INDICATOR]

Appendix 3: Overall feedback for whole course

Table 8: Overall feedback for whole course

	Very much	Pretty much	Somewhat	Hardly at all	Not at all	Missing
Group discussions focused on noticing positives in our young people	42 (78%)	12 (22%)	0 (0%)	0 (0%)	0 (0%)	0
The hand-outs were useful to help me to learn	35 (65%)	15 (28%)	4 (7%)	0 (0%)	0 (0%)	0
I learned how to 'model' behaviour in how I act	45 (83%)	8 (11%)	1 (2%)	0 (0%)	0 (0%)	0
I learned how to use positive reinforcement	41 (77%)	11 (21%)	1 (2%)	0 (0%)	0 (0%)	0
I learned new ways to use selective ignoring	35 (65%)	15 (28%)	4 (7%)	0 (0%)	0 (0%)	0
I feel more confident in communicating with other professionals, such as social workers	29 (55%)	17 (32%)	7 (13%)	0 (0%)	0 (0%)	1
I learned new ways to handle negative behaviours	33 (61%)	16 (30%)	4 (7%)	1 (2%)	0 (0%)	0
I learned new ways to handle risky behaviours	31 (59%)	16 (30%)	5 (9%)	1 (2%)	0 (0%)	1
I learned new ways to support development of relationships between our young people	32 (59%)	18 (33%)	4 (7%)	0 (0%)	0 (0%)	0
I learned strategies to help our young people to be successful in his/her friendships	24 (45%)	23 (43%)	6 (11%)	0 (0%)	0 (0%)	1

	Very much	Pretty much	Somewhat	Hardly at all	Not at all	Missing
I learned how to use sanctions carefully	25 (47%)	21 (40%)	7 (13%)	0 (0%)	0 (0%)	1
I learned how to avoid power struggles	32 (60%)	14 (26%)	6 (11%)	1 (2%)	0 (0%)	1
I learned effective ways of promoting positive behaviour in a group environment	36 (68%)	11 (21%)	6 (11%)	0 (0%)	0 (0%)	1
I learned how brain development can impact in children and young people's development and emotional and relational responses	39 (74%)	12 (23%)	2 (4%)	0 (0%)	0 (0%)	1
I learned how to help our young people be more successful with their schoolwork	24 (46%)	19 (37%)	7 (14%)	1 (2%)	1 (2%)	2
The facilitators recognised the challenges of working in children's homes	46 (87%)	5 (9%)	2 (4%)	0 (0%)	0 (0%)	1
I learned the importance of defining successful behaviours (i.e. what do I want the behaviour to look like?)	38 (72%)	14 (26%)	1 (2%)	0 (0%)	0 (0%)	1
I learned to be more creative in how I reinforce good behaviour	34 (64%)	15 (28%)	4 (8%)	0 (0%)	0 (0%)	1
The training didn't challenge me enough	11 (21%)	9 (17%)	8 (15%)	8 (15%)	17 (32%)	1
Overall, I feel more confident in my work	32 (63%)	13 (26%)	5 (9%)	1 (2%)	0 (0%)	3

Appendix 4: Staff at Work questionnaire: average ratings at Time 1 and Time 2

Table 9: Staff at Work questionnaire: average ratings at Time 1 and Time 2

	Time 1 mean	Time 2 mean	n	Standard deviation	t value	Degrees of freedom	Significance (p value)
Supervision							
I have regular, planned and useful supervision	4.06	4.15	52	.934	-.742	51	.461
I feel supported at work	4.35	4.55	49	.707	-2.022	48	.049**
I think my supervisor gives me guidance in an appropriate way when things aren't going well	4.29	4.35	51	.925	-.454	50	.652
Motivation							
My managers in the home notice when I do things well	4.10	4.41	51	.678	-3.305	50	.002**
I feel motivated to do my job well	4.40	4.48	52	.621	-.893	51	.376
I feel valued at work	4.12	4.32	50	.700	-2.021	49	.049**
Communication							
I feel listened to by my supervisor and co-workers	4.29	4.29	48	.715	.000	47	1.000
On the whole , I get along well with my co-workers	4.47	4.59	51	.516	-1.629	50	.110
I can tell that my co-workers respect me	4.04	4.30	50	.694	-2.648	49	.011**

	Time 1 mean	Time 2 mean	n	Standard deviation	t value	Degrees of freedom	Significance (p value)
I feel that my co-workers and I work well together	4.24	4.49	49	.662	-2.588	48	.013**
Positive Atmosphere / Job satisfaction							
This is a good place to work	4.32	4.44	50	.689	-1.231	49	.224
I feel good about the work I do	4.41	4.39	51	.735	.191	50	.850
I feel stressed at work*	3.06	3.04	50	1.30	.109	49	.914
I think our managers in the home work well with us as a team	4.22	4.22	49	.957	.000	48	1.000
Quality of work							
My colleagues and I have similar ways of working with the young people we look after	3.68	4.12	50	.812	-3.831	49	.000***
There is space in team meetings to agree strategies for working with the young people we are looking after	3.96	4.29	49	.899	-2.543	48	.014**
The objectives of my work are clear to me	4.20	4.47	51	.635	-3.088	50	.003**
I understand how all our team work fits together	4.10	4.38	48	.644	-2.915	47	.005**
Contribution							
I feel like I make a useful contribution at work	4.22	4.35	51	.664	-1.476	50	.146

	Time 1 mean	Time 2 mean	n	Standard deviation	t value	Degrees of freedom	Significance (p value)
I feel that I do my job well	4.20	4.29	49	.672	-.850	48	.399
Sometimes I feel that I am not getting anything done*	2.54	2.64	50	1.13	-.626	49	.534
I often feel unable to cope at work*	3.73	3.82	49	1.17	-.489	48	.627

*Reverse coded so that 5=strongly disagree and 1=strongly agree

** Significant at $p < .05$; *** Significant at $p < .001$

Appendix 5: Issues experienced in the Intervention and Comparison homes each month

Table 10: Percentage and number of issues experienced in the Intervention and Comparison homes each month

	Planned moves	Planned moves	Unplan. moves	Unplan. moves	Reported to police	Reported to police	Perm. excl.	Perm. excl.	Temp. excl.	Temp. excl.	Missing over-night	Missing over-night
	Int	Comp	Int	Comp	Int	Comp	Int	Comp	Int	Comp	Int	Comp
Sept	10% (2)	13% (2)	0% (0)	6% (1)	10% (2)	19% (3)	0% (0)	0% (0)	10% (2)	0% (0)	5% (1)	13% (2)
Oct	0% (0)	6% (1)	0% (0)	0% (0)	25% (5)	35% (6)	0% (0)	0% (0)	0% (0)	35% (6)	0% (0)	53% (9)
Nov	11% (2)	17% (3)	6% (1)	0% (0)	17% (3)	17% (3)	0% (0)	0% (0)	11% (2)	22% (4)	6% (1)	39% (7)
Dec	0% (0)	6% (1)	0% (0)	0% (0)	0% (0)	17% (3)	0% (0)	0% (0)	5% (1)	17% (3)	16% (3)	11% (2)
Jan	5% (1)	11% (2)	0% (0)	5% (1)	10% (2)	21% (4)	0% (0)	0% (0)	10% (2)	21% (4)	5% (1)	11% (2)
Feb	0% (0)	6% (1)	0% (0)	0% (0)	20% (4)	24% (4)	0% (0)	6% (1)	5% (1)	12% (2)	5% (1)	24% (4)
Mar	5% (1)	24% (5)	0% (0)	0% (0)	20% (4)	14% (3)	0% (0)	0% (0)	0% (0)	14% (3)	5% (1)	10% (2)
Total all months	4% (6)	12% (15)	1% (1)	2 % (2)	15% (20)	20% (25)	0% (0)	1% (1)	6% (8)	17% (22)	6% (8)	22% (28)

Appendix 6: Theory of Change

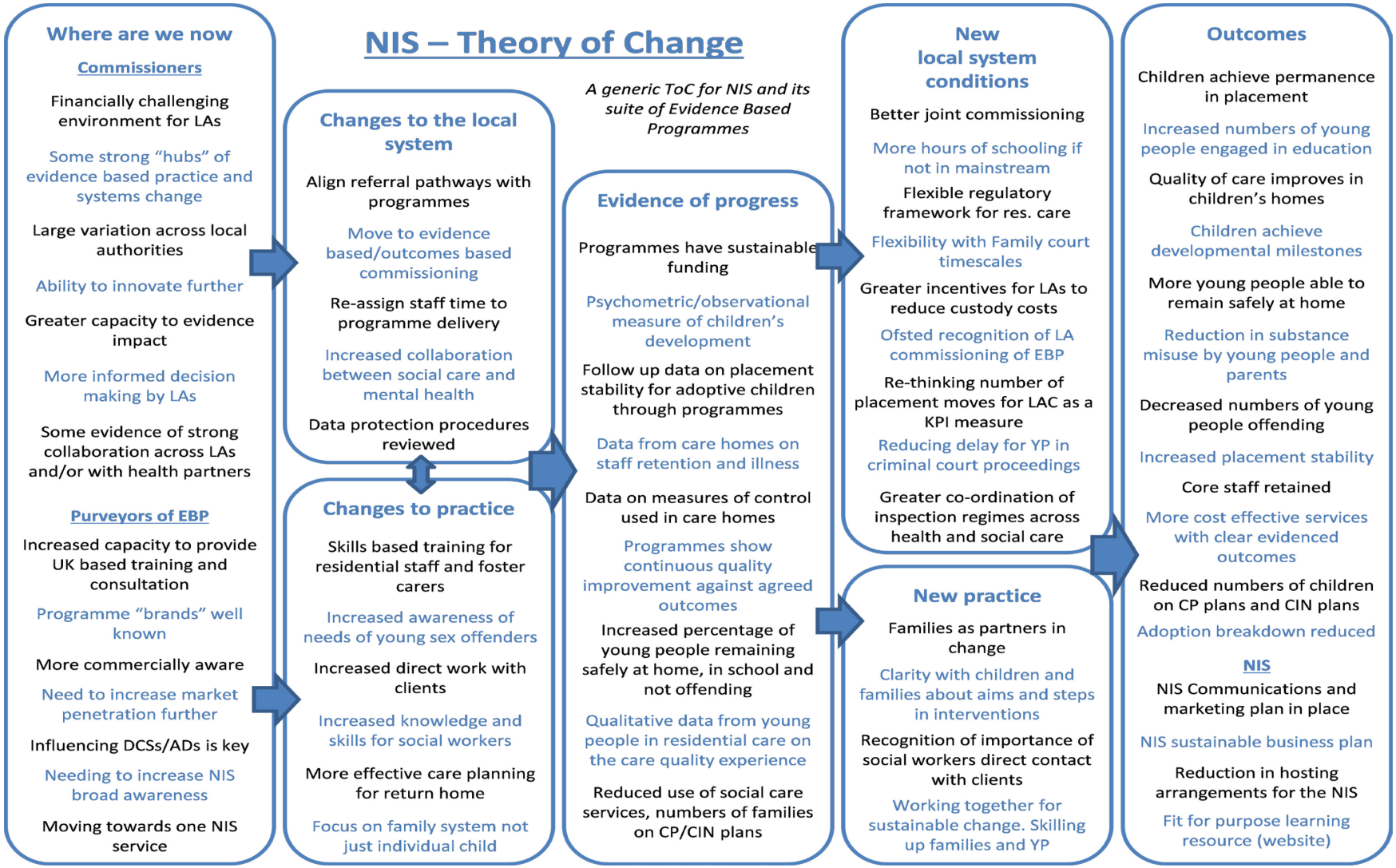


Figure 2: Theory of Change



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