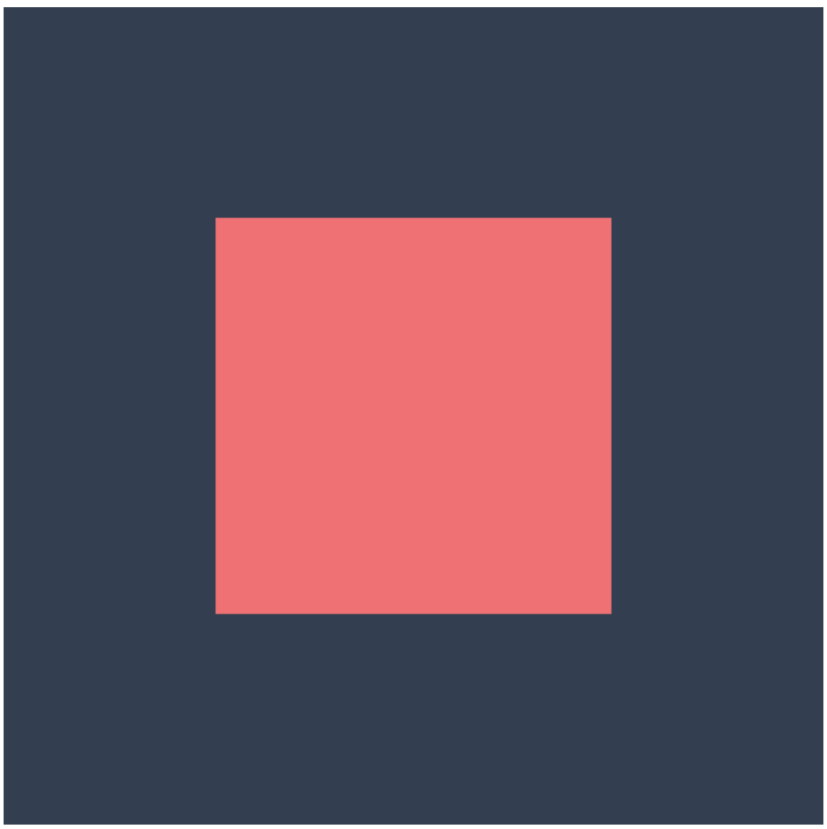
Costing and outline CBA of the Independent Review of Children's Social Care recommendations: Modelling assumptions

Technical note

Commissioned by the Independent Review of Children's Social Care

May 2022



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Introduction

Alma Economics worked with the Independent Review of Children's Social Care (the Review) to investigate the outcomes of children who need a social worker and related costs, as well as to estimate the costs and benefits of proposed recommendations to reform children's social care. This research project comprised two phases. Phase 1 documented the lifetime cost to individuals, the state and society of adverse outcomes of children with a social worker. Phase 2 estimated the impact on public finances and produced an outline Cost-Benefit Analysis of the Review's recommendations.

This technical note is part of Phase 2. It provides more information on the modelling approach and it accompanies the model outputs.

Estimates of the impact on public finances capture costs and savings to the public sector. The outline CBA takes a wider approach and reflects costs and benefits to society, following HM Treasury Green Book guidance. The frameworks used for estimating each type of cost are detailed below.

Each recommendation is approached on a stand-alone basis – in other words, estimates do not directly take into account the interaction between different recommendations.

Framework for estimating the impact on public finances

The impact on public finances of each recommendation is estimated by calculating (i) a static costing, (ii) costs arising following behavioural responses to the recommendation, and (iii) additional savings due to the reduction in adverse outcomes, which are defined as follows:

- **Static costing:** net costs to the public sector of the policy given the current behaviours of individuals affected. For example, the static costing of a recommendation that increases the remuneration of carers considers the costs and savings based on the current number of carers.
- **Costs following behavioural response:** additional net costs to the public sector due to changes in behaviours as a result of the policy. For example, the behavioural element of the costing of a recommendation that increases the remuneration of carers considers the costs and savings to the public sector because of the increase of the number of carers due to the policy.
- **Additional savings due to the reduction of adverse outcomes**. These are savings to public services due to the reduction in the incidence of adverse outcomes amongst children affected by the recommendations both in childhood and later on in adulthood. Estimates of the cost of adverse outcomes of children with a social worker were produced during Phase I of the project. The adverse outcomes considered include reduced employment, loss of earnings, anxiety and depression, substance misuse, conduct disorder and anti-social behaviour, offending, homelessness, and mortality (see below for more details).

All estimates of the impact on public finances are reported in nominal terms and account for inflation at a constant level of 2% every year. We also assume that the population of children and young people targeted by the recommendations (i.e. children looked after (CLA), care leavers etc.) increases over time in line with ONS population projections shared by the review team.

Outline Cost-Benefit Analysis

In addition to estimating the impact on public finances, we produced estimates of the Net Present Value (NPV) over 30 years of the social costs and benefits of the recommendations. This outline Cost-Benefit Analysis of the recommendations should be seen as indicative rather than comprehensive. In line with the Green Book, all costs and benefits are discounted using the social time preference rate of 3.5%, while the value of QALY effects are discounted at the health rate of 1.5% (HM Treasury, 2020).

Estimating the impact of the recommendations on adverse outcomes

In Paying the Price (2021) we estimated the cost of adverse outcomes experienced by children who need a social worker. These children experience worse outcomes compared to the general population across different dimensions (education, health etc.) that tend to persist during adulthood. Adverse outcomes are associated with two types of costs: cost to services and wider social costs.

Cost to services

Adverse outcomes such as depression, anxiety, substance misuse, alcohol abuse have an impact on public finances as they result in increased use of services. These include, among others, higher use of the NHS and the criminal justice system. We include in the model savings generated by a reduction in adverse outcomes due to the recommendations.

Wider social costs

Adverse outcomes also impact on the individuals experiencing those outcomes as well the wider society, including:

- Impact on wellbeing - this refers to the impact of adverse outcomes on the wellbeing of children and adults. For example, increased prevalence of anxiety and depression results in a decline in quality of life and overall wellbeing. To monetise the health impact on life-years and quality of life, we use the Quality Adjusted Life Years (QALYs). The QALY approach weights life years (saved or lost) by the quality of life experienced in those years. One QALY is equal to 1 year of life in perfect health, and it is valued at £60,000 according to the Green Book.
- Productivity losses - we consider the decline in productivity and contribution to the wider economy. The most direct contributor to this cost is the lower rate of employment among children who need a social worker compared to the general population. Other contributors to productivity losses include loss in earnings, increased absenteeism and early retirement due to adverse outcomes like mental health problems and substance misuse, as well as early mortality, that result in foregone productivity.
- Other social costs - these are not captured by the above categories and include the cost of fear of crime due to higher offence rates among children who need a social worker compared to the general population and the cost of the physical and emotional injuries suffered by victims.

Wider social benefits due to a reduction in adverse outcomes as a result of the recommendations are included in the Cost-Benefit Analysis.

Alternatives to care

Estimates of the number of children in kinship care arrangements

The recommendations on alternatives to care consider the following types of kinship care: (i) kinship foster care, (ii) Special Guardianship Orders (SGOs), (iii) Child Arrangement Orders (CAOs), and (iv) informal kinship care. Data on the number of children in kinship foster care comes from the Department for Education (2021b). Data on the number of new SGOs and CAOs private law cases approved each year is taken from Ministry of Justice, (2021).[1] Most of the CAOs private law cases concern separations and divorce. Based on the evidence in Cusworth et al., (2021) we assume that 90% of cases concern separation and divorce and therefore exclude them from our sample. Data on children who left care through CAOs and SGOs were provided by DfE.

To calculate the stock of SGOs and CAOs we used Nandy and Selwyn (2011) on the number of children in kinship care arrangements. We estimate the number of children in kinship care in 2021, assuming a 7% increase since the 2011 Census, approximately the same increase between 2001 and 2011.

There is no robust evidence on children in informal arrangements. We assume that 50% of children in kinship arrangements in the Census data are in informal arrangements. From the estimated number of children in kinship care in 2021, we subtract 50% (i.e. informal care) and the number of children in kinship foster care. The remaining number includes only children under SGOs and CAOs (both public and private law cases). To calculate the stock of SGOs and CAOs, we use the % of new SGOs and CAOs approved (Ministry of Justice, 2021). For example, if the number of SGOs public cases approved in 2021 was 20% (as a proportion of the total cases, both SGOs and CAOs, both public and private), we then assume that the proportion of children under SGOs (stock) is 20%.

In addition, we estimate the breakdown rate of SGO and CAO arrangements. To do so, we compared our estimate with the DfE data provided by the Review team on the number of SGOs and CAOs by age group between 2006 and 2020. We compare the stock as estimated above with the stock from the DfE data (calculate by adding the number of SGOs and CAOs in each year and excluding children that in 2020 would have already turned 18). We then calculate what the breakdown rate should be for the two estimates to be the same. The annual breakdown rate is approximately 3%.

R1. Providing financial assistance for SGOs and CAOs on par with the foster allowance

The recommendation proposes to extend the relevant local foster carer allowance to all current and new carers of children under SGO arrangements as well as CAOs for children who would otherwise be in care. The proposed policy will be introduced in 2024/2025.

We assumed that all Special Guardianship Orders were granted to children who would otherwise be in care. To estimate the proportion of CAOs who would otherwise be in care, we use data from Family Rights Group (2019). Based on the survey, 67% of kinship carers interviewed declared that their child had previously been on a Child Protection Plan (CPP). We use CPP as a proxy for children who would otherwise be in care, given lack of more accurate data. The survey included both carers of children currently in care

[1] The dataset includes cases in both England and Wales. We assume that 10% (based on the proportion of CLA in England compared to Wales) of cases are in Wales and therefore exclude them from our final sample.

or who had previously been in care, therefore more likely to have been previously on a CPP compared to children who have not been in care. Therefore, we assume that the proportion of CPP among CAOs cases will be half the one in the survey (34%).

To estimate the cost of providing SGOs and CAOs with financial assistance on par with the foster allowance, we use data on the minimum weekly foster allowance in 2021 and 2022 (HM Government, n.d.-c) and calculate a weighted average of the minimum foster allowance depending on the age of the children. This yields an average estimated amount of £8,900 per annum, which we multiply by the number of kinship children eligible for the policy.

We estimate the savings to the Exchequer associated with replacing the current allowance paid to the carers of children in SGO and CAO with the recommended allowance. McGrath & Wrafter, (2021) provide data on the average annual allowance paid to the carers of children in SGO and CAO and the share of kinship carers receiving this allowance.

To estimate savings associated with services related to children living in poverty, we use evidence from Hirsch, (2021), which shows that the annual costs of public services due to child poverty (including expenditure on children social care services, the pupil premium, healthcare services and costs to the criminal justice system) is £4,500 per child. Nandy & Selwyn, (2011) show that around 45% of children in kinship care in England live in the poorest areas in the country. Assuming that providing financial assistance on par with the foster carer allowance will lift out of poverty all children in kinship care receiving it that are living in poverty, we calculate the savings by multiplying the cost to public services due to child poverty by the eligible cohort living in poverty.

To estimate savings associated with the reduction in placement breakdowns, we assume that 1.5% of placements break down due to financial difficulties (this corresponds to 50% of the current placement breakdown rate based on estimates produced by Alma Economics). We assume that in the event of a SGO or CAO kinship placement breakdown, children would be placed in foster care. The cost of a kinship placement breakdown is assumed to be that of a foster care placement, for which the cost is taken Rodger et al. (2020) (approximately £70,000 per annum).

As a result of the policy, we assume that extending the foster allowance to SGOs and CAOs will increase by 10% in the number of children in SGOs and CAOs who would have otherwise been in kinship foster care, thus resulting in additional savings (the increase is 5% in the first year, 8% in the second year, and 10% from the third year onwards). This leads to additional savings due to a reduction of children entering care. However, while foster carers do not have access to additional benefits, SGOs and CAOs can claim Child Benefits and Child Tax Credit. We calculate the costs of the Child Benefits and Child Tax Credit claimed by additional SGOs and CAOs using data from the HM Government (n.d.).

Finally, evidence shows that 57% of carers struggle with anxiety (Carers UK, 2012). We assume that the policy would reduce the incidence of carers' anxiety by 50% by alleviating their financial pressures. To estimate the social benefit of reduced carers' anxiety, we use the wellbeing cost of anxiety, which is calculated using QALY loss due to moderate anxiety from Salomon et al. (2015) and the value of a QALY reported in the Green Book (set at £60,000) (HM Treasury, 2018).

R2. Providing legal aid to SGOs, CAOs, and carers considering kinship arrangements

The recommendation proposes to provide legal aid to carers applying for SGOs and CAOs for children who have not been previously in care. In addition, the recommendation proposes to secure funding to provide early independent advice to those considering kinship care and to support carers involved in litigations with parents. The proposed policy will be introduced in 2024/2025.

To calculate the cost of providing legal aid to SGOs and CAOs (private law cases), we use data on the average legal costs incurred by kinship carers (approximately £5,000) reported in Family Rights Group, (2019) and multiply the cost by the number of SGOs and CAOs new cases (private law). As part of the recommendation, an additional £500,000 will be made available to provide early independent advice to those considering kinship care as well as an additional £500,000 to support carers involved in litigations with parents.

As a result of the policy, we assume an increase in SGOs and CAOs corresponding to a reduction of 0.5% in the number of CLA, resulting in a reduction of expenditure on children's social care services due to children prevented from entering care.

We also calculate savings to public services due to the improved outcomes of children (both in their childhood and adulthood) who enter kinship care due to the policy, assuming they would have otherwise been in care rather than with their families. Based on evidence from Winokur et al. (2018), children in kinship care have 50% better adverse outcomes compared to children in care. Based on this estimate, we calculate the impact of the recommendations on adverse outcomes, both in childhood and adulthood for children that would have been in care in the absence of the recommendation (details on how adverse outcomes are calculated are provided in the Introduction).

R3. Providing a statutory kinship leave to SGOs and CAOs

The recommendation proposes to provide carers with 39 weeks of paid leave following the model offered to adopters. Kinship carers eligible for the statutory kinship leave would be those whose children are in an SGO or CAO who would otherwise have been in care. The proposed policy will be introduced in 2024/25.

To estimate the cost of the statutory kinship leave, we multiply the average cost of the kinship leave by the expected number of SGOs and CAOs that will take up the leave. To estimate the average cost of the kinship leave, we multiply the weekly amount (90% of the carer's average weekly earnings for the first six weeks and £151.97 or 90% of carers' average weekly earnings (whichever is lower) for the following 33 weeks) by the average earnings of kinship carers (around £360 weekly) reported by the Family Rights Group (2019).

To estimate the take-up rate, we use data on the share of kinship carers in employment (40%) reported in Aziz et al., (2012) (we assume that kinship carers who are not in employment will not be able to benefit from the statutory kinship leave). We further assume that 50% of kinship carers eligible for the statutory kinship leave take it up.

We estimate the cost to the Exchequer of the statutory kinship leave in terms of forgone income tax revenue during the period of the kinship leave. For that purpose, we use data on the share of kinship carers in employment reported in Aziz et al. (2012) (as before, we assume that kinship carers who are not in employment will not be able to benefit from the statutory kinship leave); data on the earnings of kinship carers in Family Rights Group (2019) and our assumed take-up rate of the policy (50%). We further use the income tax rate applicable to the average earnings of kinship carers (23%).

We estimate savings to the Exchequer due to the reduction in the number of kinship carers claiming universal credit as a result of the policy, as more kinship carers will be able to remain in employment. We assume that 50% of kinship carers leave their job after becoming carers, and use data from Gautier & Wellard, (2012) showing that 41% of kinship carers who gave up their jobs due to caring responsibilities depend on benefits. The average cost of universal credit (£8,300 per annum) is taken from Department for Work and Pensions (2021).

We also calculate the additional income tax revenue due to carers returning to work after the leave. We assume that 30% of kinship carers who would have left their jobs in the absence of the policy return to work. We calculate the income tax revenue that these carers pay for the remaining of the year after they return to work as well as during the following year using the same procedure to estimate the cost to the Exchequer in terms of forgone tax revenue during the period of the kinship leave (described above).

Finally, as a social benefit of the policy, we calculate the GDP gain due to carers returning to work as a result of the policy. This is computed as the average annual salary of kinship carers (taken from Aziz et al., 2012) multiplied by the number of kinship carers that return to work due to the policy. The latter is estimated by multiplying the share of kinship carers in employment by the annual share of kinship carers who leave their job due to caring responsibilities (assumed to be 50% of those in employment), multiplied by the assumed take-up rate of the statutory leave (50%), multiplied by the assumed share of kinship carers who return to work due to the policy (30% of the kinship carers that leave their jobs due to caring responsibilities).

R4. Introducing preparation workshops for kinship carers

The recommendation proposes to make available across all local authorities bespoke preparation workshops for kinship carers modelled on the existing foster care training. Kinship carers eligible include all new kinship carers including those with SGOs and CAOs and current kinship carers who do not have legally recognised status. The proposed intervention will be introduced in 2023/24.

To estimate the number of newly approved carers with SGO and CAO taking up the preparation workshops, we use data from Ofsted (2021) on the share of foster carers who completed their training, standards and development or awaiting sign off (81%). In addition to new SGOs and CAOs, we assume that a small proportion of current stock of all kinship carers will want to participate in these workshops (10%). To estimate the cost of preparation workshops for kinship carers, we multiply the cost per carer of these workshops (£333) by the number of carers taking them up using data on costs of preparation workshops per kinship carer from The Fostering Network (2010).

To estimate savings to public services associated with the reduction of adverse outcomes of children (both in their childhood and adulthood), we use evidence from The Department for Education (2016) on the reduction of adverse outcomes due to participation in the KEEP training programme, which is designed for foster and kinship carers. As the latter is more expensive than the preparation workshops in scope in this recommendation, we apportion the reduction in adverse outcomes due to participation in the KEEP training programme by a weight equal to the share of the preparation workshops' cost relative to the KEEP training programme (details on how adverse outcomes are calculated are provided in the Introduction).

R5. Family Network Planning

This recommendation proposes to provide financial support to targeted families with the aim to prevent children from entering care. Financial support would be provided only in circumstances where the alternative would involve the local authority commencing care proceedings. Funding would be provided to support extended family members to share care with the child's parents.The proposed policy will be introduced in 2024/25.

To estimate the cost of the recommendation, we multiply the estimated amount of financial support offered to support each Family Network Plan (£25,000 per year for an average of three years) by the number of children targeted (approximately 10% of CLA starting to be looked after every year).

We assume that the support will prevent 50% of those receiving it from entering care every year. To estimate savings due to children being prevented from entering care, we multiply the number of children prevented from entering care by the annual cost of a CLA throughout the period in which these children are in care (we assume that the duration of a care episode is 3 years). This assumption is standard across all our models, and is based on data on the total time spent in care by children between 2012-13 and 2016-17 (Department for Education 2019).

To estimate savings due to the reduction of adverse outcomes, we assume that children prevented from entering care have the adverse outcomes of CIN. Therefore, we multiply the total number of children (both in their childhood and adulthood) affected by the policy by the differential cost of adverse outcomes of a CLA relative to a CIN (details on how adverse outcomes are calculated are provided in the Introduction).

Markets

R1. Creating regional care cooperatives

The recommendation proposes to create up to 20 regional care cooperatives in 2024/25. These regional cooperatives would be responsible for finding fostering and residential homes for looked after children, running some homes and negotiating contracts and fees with external providers on behalf of the local authorities.

To estimate the cost of setting-up the regional care cooperatives, we multiplied the set-up cost per regional cooperative per year by the total number of regional cooperatives expected to be created (20) and assume the set-up will last for 2 years. The set-up cost is estimated to be approximately £2.5m per regional care cooperative per year. The running costs of the regional cooperatives are not included in the costing, as they will be covered by existing LA's commissioning budgets that will be spent through the regional cooperatives.

To estimate savings due to improved efficiency, we assume that expenditure on commissioning external placements will decrease by 5% due to economies of scale and reduced duplication of roles. Data on the total expenditure on commissioning external placements comes from section 251 outturn, where we used the private and voluntary provision and IFA subcategories from the spending lines 3.3.1 and 3.3.2 (Education and Skills Funding Agency, 2022). The expenditure on commissioning external placements is assumed to increase both with inflation and the anticipated increase in the number of children looked after.

We assume that the introduction of regional care cooperatives will lead to a decrease in independent providers' profits of 5% due to cooperatives having greater purchasing power, lower negotiation costs for providers as well as a potential shift to more in-house provision. The profits of external providers are calculated using data from the Competition & Markets Authority (2021). The report analysed the profit of the 15 largest providers (representing approximately 35% of the whole market). We assume that the profits of the reaming 65% of the market are approximately the same. We assume that 50% of the reduction in profits constitutes a social benefit due to a decrease in deadweight loss as a result of the market becoming more efficient.

To estimate savings due to the reduced use of residential care following the introduction of regional care cooperatives, we multiply the number of children in residential care that will transition to foster care due to the policy by the differential cost between residential and foster care. Recent evidence shows that just over one third of children placed in residential care had a care plan for fostering (Ofsted, 2022).[2] We assume 5% of children in residential placements will be placed in foster care as a result of the policy due to better identification of needs and placement supply. These savings are calculated on the basis that children would have stayed in residential placements for three years in the absence of the recommendation[3]. We also estimate savings due to a reduction in children's adverse outcomes as a result of improved stability both in their childhood and adulthood. Previous research shows that foster placements tend to be more stable compared to residential placements (Children's Commissioner, 2020). Therefore, we estimate the impact of placement stability for all children moved from residential to foster care. We use evidence from Rubin et al. (2007) showing that placement stability reduces the incidence of adverse outcomes by 36% (details on how adverse outcomes are calculated are provided in the Introduction).

[2] At the time of writing, this evidence is unpublished, but has been discussed with members of the Review.

[3] This assumption is standard across our models. For more detail on how we reached this assumption, see page 7.

Fostering

R1. National recruitment programme for foster carers

The recommendation proposes to deliver a national recruitment programme for foster carers comprising two separate activities: (i) a communications campaign to drive awareness of fostering and increase enquiries from prospective foster carers, which would run over the long term, and (ii) a recruitment support service (e.g. a helpline) to deal with enquiries, signposting and information dissemination, and case workers to support prospective carers through the process. The proposed launch date for the programme is 2023/4 with an assumption that the Department for Education will begin work immediately to procure the expertise needed so that it is ready to launch by this date.

To estimate the cost of the national recruitment programme, we multiply the expenditure on the recruitment campaign necessary to attract one foster carer by the target number of new foster carers per year (3,000). To estimate the cost of recruiting a foster carer, we use evidence on the return on investment of the teacher recruitment campaign held internally by the Department for Education. The latter shows that the average campaign expenditure per newly qualified teacher employed is approximately £2,900. Next, we estimate the total number of foster placements created as a result of the recruitment campaign by multiplying the target number of new foster carers by the average number of approved places per foster carer (1.24) (Ofsted, 2021).

To estimate savings due to the reduced use of residential care, we use evidence showing that just over one third of children placed in residential care had a care plan for a foster placement (Ofsted, 2022). We assume that 5% of children placed in residential care will be able to be placed at the new placements created by the recruitment campaign. The number of children moved from residential to foster care is then multiplied by the difference between the cost of a residential and foster care placement (which cost £110,000 and £70,000 per annum, respectively). Data on placement costs are taken from Section 251 outturn data and the Department for Education (2020a)[4].

We also estimate savings due to a reduction in children's adverse outcomes as a result of improved stability both in their childhood and adulthood. We assume that placement stability is improved for all children moved from residential to foster care. We use evidence from Rubin et al. (2007) showing that placement stability reduces the incidence of adverse outcomes by 36% (details on how adverse outcomes are calculated are provided in the Introduction).

[4] For the cost of a residential placement, we used the sum of line 3.1.1 from Section 251 (Residential care) which we divided by the number of children in residential care and line 3.1.5 (other children looked after services) which we divided by the total number of CLA. Data on the cost of a foster placement is directly taken from Department for Education (2020a).

R2. Extended Foster Carer Support model

This recommendation is to roll out a support model to all foster households in England, which provides an extended family-style support network based on the principles of the Mockingbird Family Model. In particular, it introduces an established foster carer (central carer) that acts as a mentor and counsellor and provides emotional and practical support for a group of foster households. In addition, the central carer would be in charge of organising social activities, providing respite care and wraparound childcare like a grandparent or friend to ensure that the carer is able to support the child. The programme will be fully introduced in 2024/25.

The cost of implementing an extended family support network based on the principles of the Mockingbird Family Model (MFM) is made of set-up and running costs. Estimates of set-up costs per local authority (LA) have been provided by the Review team (£300k per LA per year for 2 years). To arrive at total set-up costs, we multiply the set-up costs per LA by the number of LAs that have not yet rolled out or planned to roll out MFM (101 LAs) (The Fostering Network, 2021). To estimate the total running costs, we use evidence on the average cost of running MFM per constellation per year (£30,500) reported in McDermid & Baker (2016) which we multiply by the number of constellations in England (around 5,800 in the first year of roll-out). The number of constellations in England is calculated by dividing the number of foster households in England (44,500) by the number of foster households per constellation (8) (Ofsted, 2021). These savings are then multiplied by 66% to reflect that the national roll-out of the foster care model will be applied flexibly in comparison to the MFM pilot.

We estimate savings associated with avoided days in residential care by multiplying the number of days in residential care avoided per participant due to participation in the MFM (4) by the daily differential cost between foster and residential care (£602) by the total number of children in foster care (57,330 in 2020/21) (Ott et al., 2020, Department for Education, 2021). These savings are then multiplied by 66% to reflect that the national roll-out of MFM is expected to yield lesser savings compared to the pilot.

In addition, we estimate savings due to the reduction in the de-registration of fostering households by using evidence from Ott et al. (2020) on the impact of participation in MFM on the de-registration of fostering households (which goes down by 18%) and its cost (£3,142 per de-registered household). These savings are then multiplied by 66% to reflect that the national roll-out of MFM is expected to yield lesser savings compared to the pilot.

We also estimate savings associated with the reduction of unavailable placements. Placement may become unavailable because carers are thinking of resigning or because they need to take a break. We use evidence from Ott et al. (2020) on the impact of participation in MFM on foster placements becoming unavailable (which goes down by 13%) and its cost (£8,898 per unavailable placement). These savings are then multiplied by 66% to reflect that the national roll-out of MFM is expected to yield lesser savings compared to the pilot.

Lastly, we estimate savings associated with the reduced use of the justice system by using evidence from Ott et al. (2020) on the impact of participation in MFM on children's interaction with the justice system (which showed an average decline of 0.1 day per participant) and its cost (£602 differential cost between one day in foster care day and one day in the justice system). These savings are then multiplied by 66% to reflect that the national roll-out of MFM is expected to yield lesser savings compared to the pilot.

Workforce

R1. Creating a 5-year Early Career Framework for social workers

The recommendation proposes to create and deliver an Early Career Framework (ECF) for child and family social workers supported by assessment. The proposed framework and training will be introduced in 2023/2024.

The annual running cost of the new early career framework is calculated by summing the cost of the current Assessed and Supported Year in Employment (ASYE) for newly qualified social workers (NQSW) and programme administration costs (£0.75m). The ECF will replace the ASYE so the investment for NQSWs will need to be transferred to the new model for social work training. For the cost of ASYE for NQSW, a cost per head of £2,000 is used (equivalent to what LAs receive per NQSW) for a total of 2,800 NQSW (which are currently allowed by the contract every year). The model further allows making an assumption on the proportion of NQSW enrolling in the programme (assumed to be 100% of the NQSWs allowed by the contract every year).

To estimate the cost of an early career coordinator, who will oversee social workers using under the ECF, it is assumed that one early-career coordinator will be allocated to every LA. Therefore, the cost of early-career coordinators is calculated by multiplying the cost of 1 FTE qualified social worker (QSW) (£69,667 per annum including on-costs) by the number of LAs in England (152).

To estimate the cost of procuring partners to translate the ECF into a 2-year learning programme for years 1-2, which will be required of all child and family social workers, the number of SW (2,800) is multiplied by the additional training costs per SW per year. As an approximate estimate of delivery costs, training modules are assumed to be built around the current Post Qualifying Standards (PQS). Each training module would apply to one of the 10 expectations described in the PQS at a cost of (£300 per SW). This yields a total training cost of £3,000 over 2 years. Similarly, the cost of procuring partners to translate the ECF curriculum into modules that experienced social workers can use (for years 3-5) is estimated based on a total of 10 Post Qualifying Standards and a cost of a training module per standard £300 (resulting in a total cost of £3,000 over 3 years).

The fixed costs of developing an assessment for the ECF will include the cost of digital infrastructure as well as the cost of analysis and innovation, which are estimated at £500,000 and £150,000 per annum respectively. The variable costs of the new assessment include the cost of content development, assessors and programme management costs for managing assessment for years 2 and 5 of the ECF. The cost of content development for each of SW is calculated by multiplying the cost of content development per head (£143 for SW) by the number of SW (2,800). The same principles are followed to estimate the cost of assessors, invigilators, and actors (with a cost per SW of £143) and programme management (with a cost per SW of £125).

We estimate the impact of this recommendation using the evaluation of the national assessment and accreditation system (NAAS) (Department for Education, 2020c). The NAAS was introduced to enable social workers to develop skills and knowledge to improve outcomes for children and families. The evaluation found that the NAAS led to a decrease in the number of CPP and CLA as well as reduced use of agency workers. We assume that the ECF will have the same impact

To estimate savings associated with a reduced number of children in CPP and care, we assume that children prevented from becoming CPP and CLA become CIN instead. To estimate savings associated with a reduced number of children in CPP and care, we assume that expenditure on children prevented from

becoming CPP and CLA is equal to expenditure on CIN excluding CLA (calculated in Paying the Price). Therefore, savings due to reduced numbers of CPP (CLA) are calculated by multiplying the number of children prevented from becoming CPP (CLA) by the differential cost of a CPP (CLA) placement relative to placements of CIN excluding CLA. Data on the cost of a CPP and CIN placement comes from (Department for Education, 2020c) and Section 251 outturn. Similarly, to estimate savings and social benefits due to the reduction of children's adverse outcomes, we assume that children prevented from becoming CPP and CLA experience the same adverse outcomes as CIN excluding CLA (details on how adverse outcomes are calculated are provided in the Introduction).

To estimate savings due to reduced use of agency workers, we assume that the reduced use of agency workers reported in Department for Education (2020b) translates into an equal reduction of agencies' profits (that is, their profits decrease by 8%). To estimate agencies' profits, we assume a 15% profit margin, with data of agencies' revenues sourced from Department for Education (2020b). In addition, we estimate the social benefits of reduced agencies' profits equal to 50% of the reduction in profits due to a reduction in deadweight loss as a result of reduction of market inefficiencies.

R2. Introducing national pay scales for social workers

The recommendation proposes to introduce national pay scales for social workers starting in 2025/2026 with the aim to standardise the process for paying social workers employed by the public sector and reducing competition between LAs.

The costs associated with the introduction of a national pay scale include: (i) set up costs for an organisation like the Office of Manpower Economics to establish a pay review body of £300,000 per year, and (ii) an increase in salaries equivalent to 5% of the wage bill in the first 3 years, 2% in the fourth year and 1% in the fifth year. The wage bill is calculated by multiplying the average cost of a social worker employed by Las by the number of social workers employed by LAs(Department for Education 2020c, 2022).

We expect that the recommendation will lead to a better allocation of resources, which will reduce turnover by an assumed 2% per year. We further expect that the increase in wages will lead to an additional decrease in turnover. To estimate the decrease in turnover due to the wage increase, we use evidence from London Economics (2021) showing an average elasticity of supply of 2 in public sector professions, meaning that a 5% wage increase should lead to a 10% decrease in turnover among LA social workers. Savings due to reducing turnover are calculated based on the average recruitment cost of social workers (approximately £10,000) (Moriarty et al., 2021).

R3. Controlling agency use with national rules and regional staff banks

The recommendation proposes to create national rules on the use of agency workers and regional staff banks that help manage workforce pressures by providing temporary staffing. The proposed intervention will be implemented in 2024/25.

The cost of this recommendation consists of set-up costs (£1.5m per year per region (assuming 9, based on current ADCS regions, over two years) and running costs (£0.5m per year per region for three years after the banks are set up).

The main saving expected to be realised by this recommendation and the new recommended regulation is the replacement of agency workers with local authority social workers. We assume that this replacement

will reduce agencies' profits (calculated as described in a previous recommendation) by 1% in the first year in which regional banks will be operating, 5% in the second year, and 10% thereafter. We assume that 50% of the reduction in profits constitutes a social benefit due to a decrease in deadweight loss as a result of the market becoming more efficient.

R4. Introducing a residential leadership programme and registration with a regulatory body

The recommendation consists in introducing a residential leadership programme to upskill those not currently managing homes, to help them prepare for these senior roles. The programme will be implemented in 2023/24. In parallel all residential children's home managers will be required to register with a professional regulator, similar to how social workers register with Social Work England.

The residential leadership programme costs are estimated using Social Work England (2021) and the Step Up to social work programme as a benchmark and include (i) programme unit cost (£12,000), (ii) participant bursary (£20,000 per participant for 6 months), (iii) coaching cost (£5,000 per participant) Overall, 750 prospective managers are expected to participate in the programme over 5 years, corresponding to approximately the number of vacancies in children's homes estimated by ICHA (2020). The registration of residential children's home managers is estimated to include (i) set-up costs for the regulatory body, including the cost of setting up the digital infrastructure needed to register managers (£270,000 per year over two years) and (ii) the cost of producing internal policies and procedures within the regulatory body (£150,000 per year over two years).

To estimate the impact of the leadership programme we use evidence from the evaluation of the Firstline Leadership Programme that offered team managers in LAs social care services a tailored training programme to increase their leadership capabilities. The evaluation found that the programme led to a decrease in turnover by 20% (Moriarty et al., 2021). We assume that the residential leadership programme will have the same impact. Savings on turnover are estimated based on the cost of recruiting social workers (approximately £10,000) as estimated in Moriarty et al. (2021).

The care experience

R1. Scaling up a family finding programme

This recommendation is to provide local authorities with a grant to support the set-up of a family finding programme and embed this into practice. The programme is expected to be implemented in 2024/25.

To estimate the costs and impact of a family finding program, we use evidence from Lifelong Links, a family finding program that has been rolled out in 12 English LAs. To calculate the total set-up costs of Lifelong Links, we multiply the set-up cost per LA reported in Department for Education (2020b) (£108,243 adjusted for inflation) by the number of LAs that have not yet rolled out this program (140). To calculate the running costs of Lifelong Links, we use evidence from the Department for Education, (2020b) on the running cost of the programme per head (£6,000) and multiply it by the number of participants targeted by the recommendation (15% of current CLA over 2 years, 15% of new CLA per year starting from the second year of the programme's operation and 7.5% of care leavers over 2 years).

To estimate savings due to avoided placement changes, we use evidence from the Department for Education (2020b) showing that an average 0.5 placement change was avoided per participant of the programme, and multiply it by the number of CLA taking part in the programme and by the cost of a placement change (£2,451 adjusted for inflation, as reported in Department for Education (2020b)).

To estimate savings due to avoided care for CLA taking part in the programme, we use evidence from the Department for Education (2020b) showing that 1% of participants exited care due to the programme. We further assume that children who exit care would have remained in care for three years in the absence of the programme[5]. The cost of care per year is taken as the weighted average of the cost of a foster placement and the cost of a residential placement which are sourced from the Department for Education (2020a) and Section 251 (around £80,000 per year).

To estimate savings associated with the reduction of adverse outcomes, we assume that participation in the family finding programme reduces participants' adverse outcomes (including both CLA and care leavers) by 5% throughout their lifetime (details on how adverse outcomes are calculated are provided in the Introduction).

R2. Extending Staying Put arrangements until care leavers reach 23

The recommendation proposes to extend staying put arrangements until care leavers reach 23 starting from 2025/26.

We calculate the costs of extending Staying Put arrangements until care leavers reach 23 by multiplying the cost of Staying Put arrangements by the estimated number of care leavers expected to extend their Staying Put arrangements. To estimate the latter, we use data on the number of care leavers aged 20 that are in Staying Put arrangements (820 in 2021) (Department for Education, 2021b) and assume that 50% of them will choose to extend their arrangements for an additional two years. This assumption is based on data from the Department for Education (2021) showing that Staying Put arrangements' take up decreases with care leavers' age. The cost of Staying Put arrangements is taken from Loughborough University (2012) and comprise: (i) the case management costs of Staying Put arrangements incurred by LAs (adjusted for

[5] This assumption is standard across our models. For more detail on how we reached this assumption, see page 7.

inflation) (around £9,000 in 2022 prices) and (ii) the median fees paid by LAs to Staying Put providers (around £9,000 in 2022 prices).

Furthermore, since providing Staying Put arrangements decreases the availability of foster placements for children, we estimate the costs to children's social care due to the reduction in the number of foster placements. For this purpose, we assume that 5% of Staying Put providers would have provided foster placements to children that are placed in residential care instead of foster care. We then use the differential cost between residential care (which costs around £110,000 per annum) and foster care (which costs around £70,000 per annum) sourced from Section 251 and Department for Education (2020a), respectively, to calculate the cost of reduced sufficiency of foster carers.

To calculate savings associated with fewer care leavers being homeless, we multiply the cost of a homelessness episode by the number of participants that would have been homeless in the absence of the policy. The cost of a homelessness episode is taken from Crisis (2018) at £15,556 (6 months episode), which includes costs incurred by local authorities, the NHS and the criminal justice system due to homelessness. To estimate the number of participants that would have been homeless in the absence of the programme, we use evidence from (Wade & Dixon (2006) showing that 35% of care leavers aged up to 18 experience homelessness at some point within 15 months after leaving care. However, as we expect the incidence of homelessness to reduce with age, we assume that care leavers aged 21-23 have half the probability of being homeless (18%) compared to those aged up to 18. To estimate the social benefit of reduced homelessness, we multiply the cost of a homelessness episode (we assume that homelessness episodes last for six months based on Crisis (2018) in terms of quality-adjusted life years (QALY) by the number of participants that would have been homeless in the absence of the policy. The former is based on Aldridge et al. (2015) and is estimated at £3,150.

To estimate savings associated with improved outcomes of Staying put participants, we assume that their adult adverse outcomes improve by 20% as a result of the policy (details on how adverse outcomes are calculated are provided in the Introduction).

R3. Extending Staying Close pilots and increasing eligibility up to age 23

The recommendation proposes to extend Staying Close pilots across the country starting from 2025/26.

The costs of this recommendation include set-up costs, running costs and fixed costs. The set-up costs are estimated at £50,000 per LA per year over two years (Heyes et al., 2020). Fixed costs are calculated as the average of the costs reported in Heyes et al. (2020) and O'Leary et al. (2020) and include utilities, administration and maintenance costs (£152,238 per year per LA). The running costs are calculated by multiplying the unit cost of providing the programme (£6,500 according to Heyes et al., 2020) by the number of care leavers affected by the policy. The latter is estimated using the number of children who ceased to be looked after from secure units, children's homes and other residential settings in 2021, assuming a 90% take-up rate and a 2-year average duration of participation (Department for Education, 2021b). We assume that the duration of participation increases because of the extension of eligibility from 21 to 23 where those aged 21-23 remain in Staying Close arrangements at 50% of the rate of the current cohort, bringing us to a 2-year average.

To estimate savings associated with reduced use of semi-independent accommodation, we assume that 30% of participants of the extended Staying Close programme would be in semi-independent accommodation for two years in the absence of the policy based on care leavers statistics (Department for Education, 2021b). Then we multiply the number of participants prevented from going to semi-independent accommodation by the differential cost of semi-independent accommodation (taken as the average between the costs reported in Clark, (2015) and Taylor (2020)) relative to the cost of Staying Close.

To estimate savings associated with reduced use of residential accommodation, we assume that 5% of participants of the extended Staying Close programme would have lived in residential settings for six months in the absence of the policy (Dixon et al., 2020). We multiply the number of participants prevented from going into residential accommodation by the differential cost of residential accommodation (taken from Allen et al., 2020) relative to the cost of Staying Close.

To calculate savings associated with fewer care leavers being homeless, we multiply the cost of a homelessness episode by the number of participants that would have been homeless in the absence of the policy. The cost of a homelessness episode (six months) is estimated by Crisis (2018) at £15,556, which includes costs incurred by local authorities, the NHS and the criminal justice system due to homelessness. To estimate the number of participants that would have been homeless we use evidence from Wade and Dixon (2006) showing that 35% of care leavers aged up to 18 experience homelessness at some point within 15 months after leaving care. This estimate is applied to care leavers aged 18 joining Staying Close each year. To estimate the social benefit of reduced homelessness, we multiply the cost of a homelessness episode in terms of quality-adjusted life years (QALY) by the number of participants that would have been homeless in the absence of the policy. The former is based on Aldridge (2015) and is estimated at £3,150.

To estimate savings due to care leavers living independently after the programme instead of supported accommodation, we multiply the cost of semi-independent living by the number of participants moving to privately rented independent accommodation. To estimate the latter, we use evidence from Heerde et al. (2018) on the average increase in independent living due to participation in Staying Close (27%) and assume that 50% of this increase relates to increased take-up of private accommodation.

Savings due to increased participation in EET are estimated by multiplying the cost of being NEET (sourced from ACEVO Commission on Youth Unemployment (2012) by the number of participants and by the percentage increase in the number of participants in EET due to participation in Staying Close (29%) (Allen et al., 2020 and Dixon et al., 2020).

To estimate savings associated with improved outcomes of Staying Close participants, we assume that their adult adverse outcomes improve by 20% as a result of the policy (details on how adverse outcomes are calculated are provided in the Introduction).

R4. Scaling up supported lodgings programme

This recommendation proposes to expand the supported lodging (SL) programme to local authorities that do not currently implement it, and to extend the age limit to 23 for care leavers already benefitting from the Supported Lodging programme starting from 2024/25.

To estimate the set-up costs, we use the average set-up costs reported in Francis et al. (2018) (around £33,000) and multiply it by the number of local authorities not implementing the programme.

To estimate running costs, we multiply the average running cost per placement (£9,961 per year) taken from Francis et al. (2018) (which includes operations, training, development cost) by the number of care leavers benefitting from the Supported Lodging programme (which is made of care leavers starting to benefit from the programme due to new LAs adopting the scheme as well as care leavers already benefiting from the programme and choosing to extend their participation until 23).

To calculate the number of care leavers participating in the programme due to new LAs adopting the scheme, we apportion the total number of care leavers aged 18 in England by the share of LAs that do not currently implement the Supported Lodging programme (using data from the Department for Education, 2021) and assume the same take-up rate as LAs which have already implemented the programme for those aged 19-21 (4% of the eligible cohort).

To estimate the number of care leavers that are already in the Supported Lodging programme and choose to extend their participation until the age of 23, we use the number of care leavers aged 20 participating in the programme (460 in 2021) from the Department for Education (2021) and assume that 50% of them will participate in the programme until the age of 23.

The cost of supported lodging accommodation comprises the hosts' pay which is made of rent, host support and the young person's contribution. This is calculated as £10,400 per year using evidence from Home for good (2021). We then multiply this cost by the total number of care leavers participating in the Supported Lodging programme every year.

To estimate savings associated with reduced use of semi-independent accommodation, we assume that 30% of care leavers aged 18-21 that enter the programme would have been in semi-independent accommodation in the absence of the policy based on care leavers statistics (Department for Education, 2021b). We multiply the number of participants prevented from going to semi-independent accommodation by the differential cost of semi-independent accommodation (taken as the average of the costs reported in Clark, (2015) and Taylor, (2020)) relative to the cost of the Supported Lodging programme.

To calculate savings associated with fewer care leavers being homeless, we multiply the cost of a homelessness episode by the number of participants that would have been homeless. The cost of a homelessness episode is estimated from Crisis (2018) at £15,556 (6 months episode), which includes costs incurred by local authorities, the NHS and the criminal justice system due to homelessness. To estimate the number of participants that would have been homeless, we use evidence from Wade & Dixon (2006) showing that 35% of care leavers aged up to 18 experience homelessness at some point within 15 months after leaving care. This estimate is applied to care leavers aged 18 in new LAs implementing the Supported Lodging programme. Furthermore, as we expect the incidence of homelessness to reduce with age, we assume that care leavers aged 21-23 have half the probability of being homeless (18%) compared to those aged up to 18. This estimate is applied to care leavers aged 21 that extend their stay in the Supported Lodging programme until 23. To estimate the social benefit of reduced homelessness, we multiply the cost of a six-month homelessness episode in terms of quality-adjusted life years (QALY) by the number of participants that would have been homeless in the absence of the policy. The former is based on Aldridge (2015) and is estimated at £3,150.

To estimate savings associated with improved outcomes of the Supported Lodging programme participants, we assume that the adult adverse outcomes of all participants would improve by 20% as a result of the policy (details on how adverse outcomes are calculated are provided in the Introduction).

R5. Increasing the setting up home allowance

The recommendation proposes to increase the setting up home allowance paid to care leavers moving to independent living from £2,000 to £2,438 and to review the allowance annually to account for inflation. The proposed intervention will be implemented in 2023/24

The cost of this recommendation is calculated as the proposed increase in the allowance (from £2,000 to £2,438) multiplied by the cohort of care leavers moving to independent accommodation each year (including privately rented and social housing). We assume that 12% of the total number of care leavers move to independent living each year. This assumption is based on the expectation that by the age of 25, all care leavers will be living independently (therefore, every year for eight years (18-25), 12% should move to independent living).

To estimate savings associated with improved outcomes, we assume that the proposed increase in the allowance will improve the adverse outcomes of care leavers affected by the policy by 5% (details on how adverse outcomes are calculated are provided in the Introduction).

R6. Introducing an annual care leaver bursary to apprentices

The recommendation proposes to replace the one-off £1,000 apprentice care leaver bursary with an annual payment of £1,000 for the duration of their apprenticeship starting from 2023/24.

Based on this recommendation, an annual care leaver bursary should be made available to all apprentices (up to the age of 25) and paid annually for the duration of the care leaver's apprenticeship. To estimate the cost, we multiply the number of care leavers starting an apprenticeship by the additional payment they would receive (on top of the current payment).

To calculate the number of care leavers starting an apprenticeship, we use data on the number of individuals aged 16-24 starting an apprenticeship in 2021 and divide it by the size of the population aged 16-24 in employment in 2021 (ONS, 2022a, 2022b). Overall, 2.5% of individuals aged 16-24 in employment were starting an apprenticeship in 2021. We apply this percentage to the number of care leavers in training or employment in 2021 to estimate the number of care leavers starting an apprenticeship. To estimate the additional payment that this cohort receives as a result of the policy, we use data from ONS (2022b), which show that the expected duration of an apprenticeship is 1.67 years. We deduct the payment that care leavers receive at present (£1,000) from the payment that they would receive based on an annual bursary (£1,670).

We also estimate the cost to the Exchequer due to the increase in take-up of apprenticeships due to the policy. We assume that the enrolment in apprenticeships by care leavers will increase by 5% due to the recommendation. The cost of providing the bursary per care leavers is £1,670 (assuming that the apprenticeship will last for 1.67 years) plus £4,000 paid to employers, including £3,000 for all new employees starting apprenticeships (Department for Education, 2021a) and an additional £1,000 for care leaver apprentices aged 19-24.

We estimate the savings from additional care leavers entering apprenticeship using estimates of the cost of young people being NEET as in by ACEVO (2012), which amount to £4,592 per year (we assume that in the absence of the recommendation care leavers would have been NEET). The cost includes benefit payments (worklessness and housing benefits) falling to the DWP and foregone tax and national insurance receipts falling to HMRC.

As a social benefit of the policy (included in the cost-benefit analysis only), we calculate the productivity gains due to increased enrolment in an apprenticeship degree. We use evidence on the yearly marginal lifetime benefit of an Apprenticeship degree (which includes wage and employment returns of an apprenticeship degree, as well as non-wage labour costs such as National Insurance and pensions contributions), which amounts to £2,899 per annum throughout the working life (Department for Education (2014).

R7. Extending free prescriptions to care leavers

The recommendation proposes to extend free prescriptions to all care leavers who are currently not eligible up to 25 starting from 2024/25.

To estimate the cost of providing free prescriptions to care leavers, we multiply the annual cost of free prescriptions by the number of care leavers currently not eligible for free prescriptions. To calculate the cost of prescription medicines per care leaver, we use data from OECD (2022) on expenditure on prescription medicines per capita in the UK. Based on evidence from the Department of Health and Social Care (2021), two-thirds of the expenditure on free prescriptions are spent on individuals above 60. Therefore, we assume that the cost of free prescriptions for care leavers will be one-third of the per capita expenditure across all age groups.

To estimate the number of care leavers that are not already eligible for free prescriptions, we use data on the number of care leavers aged 16-25 from the Department for Education (2021) and assume that 50% of them are not currently eligible. This assumption is based on the fact that free prescriptions are already provided to people who receive benefits, who are aged 16-18 in full-time education and have disabilities. Based on the fact that approximately 40% of care leavers are unemployed, therefore likely to be eligible for free prescriptions, and that some other care leavers might be entitled due to other reasons, we assume that half of the current care leavers are not eligible for free prescriptions.

To estimate the impact of extending free prescriptions to all care leavers, we use evidence from a study conducted by the Prescription Charges Coalition (2017). The study shows that among people with long term conditions paying for prescriptions, 30% reduced their doses, and 43% of them mentioned that this was due to the cost of the prescription. Moreover, 26% of those reporting reducing or skipping their doses required a GP appointment, while 9% required hospital treatment.

Based on this evidence, we estimate the savings from extending free prescriptions to care leavers with long-term conditions. Data collected by the Department for Work and Pensions (2017) show that 20% of the population aged 18-24 have a long-term condition. We assume that care leavers have twice this risk of suffering from a long-term condition. Following the result from the survey mentioned above, we estimate the additional expenditure on GP visits and hospital treatments due to the lack of access to free prescriptions among care leavers with a long-term condition. The cost of a GP visit per person is estimated at £30 using NHS data (NHS, 2019), while the cost of hospital treatment is £1,202 and is calculated as the average of NHS reference costs in 2014-2015, discounted to 2021 prices (Department of Health and Social Care, 2015).

Finally, we assume that free prescriptions will improve the quality of life of care leavers with long term conditions. Based on an estimate of the DHSC, according to which 15,000 spent by the NHS provides one additional QALY (£60,000), used in previous research assessing the impact of increasing age exemption for prescription charges (Department of Health and Social Care, 2021), we estimate the increase in quality of life due to extending free prescriptions on care levers with long-term conditions.

Family help

R1. Introducing a revolution in Family Help

The Family Help recommendation includes several key features, including the creation of one clear and broad category of help combining current targeted targeted early help and section 17 provision; intensive support based on a national definition of eligibility and local data-led needs assessments; multidisciplinary teams providing support embedded into the community; and families held by a key-worker who coordinates support. The costing of this recommendation is based on two existing programmes to act as proxies for rolling out core features - namely the Supporting Families programme (key-worker model) and the Family Safeguarding Model (FSM) (use of multidisciplinary teams) - to the Family Help cohort of children with a Child in Need plan (CiNP), Child Protection Plan (CPP), with an early help plan[6] and an additional 5% uplift to target families who may not currently receive support under any of these categories (for instance, parents who have had a child removed), starting from 2025-26 (with 50% of the funding phased in 2024/25).

To estimate the impact on public finances and wider social benefits of the recommendation, we estimate the additional costs, savings and social benefits of rolling out each programme separately and assume additional benefits that come from features of this policy which are not included in these programmes (for example, greater national direction on the best evidenced interventions that areas should use) will increase the overall impact by 10%.

The Supporting Families programme

Costs

To estimate the additional cost of delivering the key-worker model represented by the Supporting Families programme as part of Family Help, we deduct the current cost of the Supporting Families programme from the cost of delivering it to the extended cohort. This is achieved by multiplying the cost per family of the programme by the additional number of families targeted by the recommendation. The cost per family with a CINP or CPP is set as the same as the current cost per family of the programme (around £3,300 per family, as reported by DLUHC (2016)), while the cost per family without a CIN (open to early help and additional cohort of families) is set at 75% of the current cost per family, due to the fact they are likely to have lower levels of need.

To estimate the additional number of families with a CiNP or CPP targeted by the policy, we deduct the current number of families with a CiNP or CPP in the programme from the total number of families with a CINP or CPP targeted by the recommendation. To achieve this, we multiply the number of families currently targeted by the programme (100,000 on average every year according to DLUHC (2022) by the share of CiNP or CPP amongst children participating in the programme (41%) (MHCLG 2019). To estimate the total number of families targeted by the recommendation, we divide the number of CiNP, CPP, children open to Early Help and the 5% cohort uplift by the average number of children in these families (Department for Education (2020) ADCS (2021)). MHCLG (2018) reports data on the average number of children in families participating in the programme with a CINP (2.5) and CPP (2.6). In absence of data on the

[6] This figure is based on ADCS's estimate of the number of cases open to early help (ADCS, 2021a). In the absence of standard nationally collected data at early help, this is a helpful proxy measure for the number of children and families who are subject to "targeted early help" (see review report for description of our use of this term) because the number is based on cases open to local authority early help provision only, and not cases that may be open to partner agencies (ADCS, 2021a). Whilst this data is not perfect, it is the best data available to the review.

composition of families with children open to targeted early help and the 5% cohort uplift, we use the average number of children in families participating in the Supporting Families programme (2.1).

Savings and benefits

To estimate the additional savings and benefits of rolling out the key-worker model to this full Family Help cohort, we follow the approach taken by MHCLG (2019) which we apply to the additional group of families targeted by the recommendation relative to the current roll out. We also make additional assumptions, namely:

- We have assumed that the impact of the programme on the Family Help cohort will halve compared to the reported impact in the Supporting Families' evaluation due to the extended cohort potentially having lower levels of need than the current cohort of families targeted.
- The impact of the extending the key-worker model will be proportionate to the level of spending.

To calculate the additional expenditure due to the increase in the number of children with a CPP, we follow the approach taken by MHCLG (2019) in its evaluation of the programme. It estimates that, in absence of the programme, 6.4% of children treated would have had a CPP. It further finds an 18% average increase in the number of children with a CPP relative to the counterfactual (defined as what would have happened in absence of the programme). The annual cost of a CPP is taken from the Department for Education (2020c) (£18,200 in 2022 prices).

To calculate savings due to the reduction in the number of Children Looked After (CLA), we follow the approach taken by MHCLG (2019) in its evaluation of the programme. It estimates that, in absence of the programme, 1.6% of children treated would have been CLA. It further finds a 34% average decrease in the number of CLA relative to the counterfactual. We assume that children who would have become CLA would have remained in care for 3 years[7], with a cost per annum of around £70,000 (corresponding to the cost of a foster placement, following the approach of the Department for Education (2020a)). To estimate savings and social benefits due to the reduction of adverse outcomes because of avoided care, we assume that children prevented from becoming CLA are CIN instead. We then multiply the total number of children prevented from becoming looked after by the differential cost of adverse outcomes of CLA relative to CIN (details on how adverse outcomes are calculated are provided in the Introduction).

To estimate savings due to the reduced numbers of adults receiving a custodial sentence found in the Supporting Families Programme's evaluation, we follow the approach taken by MHCLG (2019). It estimates that, in absence of the programme, 1.6% of adults treated would have received a custodial sentence. It further finds a 25% average reduction the number of adults receiving a custodial sentence relative to the counterfactual. The evaluation also uses data on the average sentence length (165 days, equivalent to 0.45 year) and assumes that 50% of the sentence is spent in custody. We use the average cost of custody per year reported in MHCLG (2019) which we adjust for inflation (£41,820 in 2022 prices).

To estimate savings associated with reduced numbers of juveniles receiving a custodial sentence found in the programme's evaluation, we follow the approach taken by MHCLG (2019). It estimates that, in the absence of the programme, 0.8% of juveniles participating in the programme would have received a custodial sentence. It further finds a 37.5% average reduction of the number of juveniles receiving a custodial sentence relative to the counterfactual. The evaluation also uses data on the average sentence length (165 days, equivalent to 0.45 year) and assumes that 50% of the sentence is spent in custody. We use the average cost of juvenile custody per year reported in MHCLG (2019) which we adjust for inflation (£103,969 in 2022 prices).

[7] This assumption is standard across our models. For more detail on how we reached this assumption, see page 7.

To estimate savings associated with reduced numbers of crimes committed by juveniles found in the programme's evaluation, we follow the approach taken by MHCLG (2019). It estimates that, in the absence of the programme, 4.6% of juveniles in the programme would have been convicted. It further finds that the number of juveniles receiving a custodial sentence decreases by an average of 15% relative to the counterfactual. Based on Ministry of Justice's reoffending statistics, the evaluation assumes that every young person convicted is convicted on average 3.8 times. To arrive at the total number of crimes committed, it uses evidence from the Crime Survey for England and Wales showing that each conviction is indicative of 8.87 crimes. The cost per crime committed by juveniles (excluding costs of juvenile custody to avoid double counting) used comes from MHCLG (2019) (£1,039 in 2022 prices).

To estimate savings associated with reduced numbers of adults unemployed claiming the Job Seeker Allowance (JSA), we use evidence from MHCLG (2019) showing that, in the absence of the programme, 10.5% of participating adults would be unemployed and claiming the JSA. The paper also finds a 11% reduction in the number of unemployed adults claiming the JSA relative to the counterfactual. We use the average cost of JSA per year reported in MHCLG (2019) (£12,657).

The Family Safeguarding Model

To estimate the cost of rolling out multidisciplinary teams as part of Family Help, we calculate the additional running cost of the Family Safeguarding Model (FSM) which uses multidisciplinary teams by deducting the current expenditure on FSM from the cost of rolling out the programme to the new extended Family Help cohort. To calculate the current expenditure on FSM, we multiply the current expenditure per local authority (around £2.7 million, based on Walsall council's data provided as part of the evaluation of the Strengthening Families, Protecting Children FSM roll out[8]) by the number of local authorities currently rolling out the programme (16). To estimate the cost of rolling out FSM to the new extended cohort, we use the cost of the programme per family (rather than per local authority) because of the large difference in size between the cohort currently targeted and the extended cohort targeted by the Family Help recommendation. The cost per family of rolling out multi-disciplinary teams is set at £2,250 for families with CiNP and CPP, and £1,500 for families of children open to Early Help and families with children who have been removed. This is based on 75% of the cost per family reported by Walsall council data (£3,000). We scale down relative to Walsall data, triangulating an alternative unit cost derived from Hertfordshire data suggesting a unit cost of £1,099. As such, our unit cost remains a conservative mid-point of the two data points. We then also take 50% of this cost for the extended cohort that we expect to have a lower level of need. To estimate the total set-up cost of the programme, we multiply the average set up costs per local authority (£818,231 per year for 2 years) reported by Department for Education (2020a) by the number of local authorities that have not rolled out FSM (136, which was reported in DfE internal data).

To estimate savings and benefits of rolling out multi-disciplinary teams to an extended cohort, we follow the approach taken by Department for Education (2020a) in its evaluation of the FSM, which we apply to the entire extended cohort targeted by the Family Help recommendation. We also make additional assumptions, namely:

- The impact of the programme on CiNP and CPP will halve compared to the one reported in the evaluation. This is a conservative assumption in acknowledgement that this impact is based on only 16 LAs, and our programme would extend to a wider cohort of CINP and CPP (e.g. older children and children with disabilities)

[8] At the time of undertaking this modelling, Walsall was the only participating site to have submitted data as part of the WWCSC's process evaluation of the programme which showed case loads under FSM, allowing us to calculate the estimated cost of delivering the programme per family Hertfordshire's data was based on their annual running costs for 2016/17 and divide it by the number of families participating in 2015/2016. It will be possible to further refine these costs once more local authorities have submitted returns.

- The impact of the programme on children open to Early Help and the extended 5% of the cohort will be 25% of the impact reported in the evaluation. This is a conservative assumption in acknowledgement that this cohort is wider than the current cohort targeted by FSM.
- In order to remove the benefits and savings of the existing roll-out and reflect only the additionality of our investment, we assume that the impact of the existing roll out of FSM is 5% that of the recommended roll out and remove this from our overall impact. [9]

To calculate savings associated with the reduction of CPP placements due to FSM, we use evidence from the Department for Education (2020a) showing a 19% reduction in the number of CPP per annum following the introduction of the programme. The cost of a CPP episode is taken from the Department for Education (2020a) and is adjusted for inflation (£14,086 in 2022 prices).

To calculate savings associated with the reduction of children becoming looked after due to the programme, we use evidence from the Department for Education (2020a) showing a 15% reduction in the number of new looked after children following the introduction of the programme. We further assume that children who would have been CLA would have remained in care for 3 years[10], with a cost per annum of around £70,000 (corresponding to the cost of a foster placement, following the approach of the Department for Education (2020a)). To estimate savings and social benefits due to the reduction of adverse outcomes because of avoided care, we assume that children prevented from becoming CLA are CIN instead. We then multiply the total number of children prevented from becoming looked after by the differential cost of adverse outcomes of CLA relative to CIN (details on how adverse outcomes are calculated are provided in the Introduction).

[9] It was not possible to disentangle the savings on the cohort currently treated from the savings on the extended cohort because the evaluation of FSM reports impact in terms of the reduction of CIN at the LA level, rather than amongst participants (e.g. reduction in the number of new children becoming CLA in LAs rolling out the programme, rather than a reduction in the number of new children becoming CLA in the sample of children treated).

[10] This assumption is standard across our models. For more detail on how we reached this assumption, see page 7.

Children's voice

R1. Child advocacy

This recommendation would introduce a new independent, opt-out advocacy service for all looked after children and children who currently have an independent reviewing officer (IRO) to strengthen children's voice in the decisions that affect them. These advocates would also carry out regulation 44 monitoring visits to children's homes and would replace the statutory role of IROs and Regulation 44 visitors, starting from 2025/26.

To estimate current expenditure on opt-in advocacy services, we use data from CCO, (2016), which shows that the unit cost of advocacy ranges between £2-£668. The mid-point of this range (£333) is taken and multiplied by the number of CLA in 2020/21 (80,850) to arrive at the current expenditure on opt-in advocacy services. The number of advocates and managers required at present is inferred from the total spending. This is done by taking a cost per advocate and manager of £30,000 and £60,000 per annum, respectively (including on-costs) and assuming that the ratio of managers to advocates is 1 to 10.

We estimate that children's awareness of advocacy services will increase in response to the review's publication, so we model an immediate increased demand for the existing opt-in entitlements. To estimate expenditure on opt-in advocacy services in the transitionary period (until the new opt-out model is implemented in 2025/26), we estimate the additional expenditure necessary to increase the share of children referred to an advocate when making a complaint from 50% (as is currently the case) to 90%. We also assume that the acceptance rate for complaints and requests for advocacy support from care leavers increases to 95% (instead of 90%) and that complaints increase by 25% as more children and young people become aware of advocacy. These changes are estimated to require an increase in expenditure on opt-in advocacy services by 21% since complaints make up around 22% of referrals and care leavers make up around 66% of all referrals (CCO, 2019).

To estimate the cost of the current opt-in advocacy entitlements after the introduction of the opt-out service for looked after and children who currently have an IRO, it is assumed that 75% of complaints come from looked after children (hence will be covered by opt-out advocacy services) and complaints will constitute 33% of referrals.These costs are therefore subtracted from the cost of opt-in advocacy once the opt-out service is in place.

The cost of opt-out advocacy services is calculated by deriving the workforce requirement necessary to deliver these services and assuming a 10% efficiency gain due to central commissioning and/or delivery. The number of advocates required is estimated by dividing the number of children taking up advocacy services (CLA and children subject to public law proceedings[11], with the take-up rate assumed at 95% for children when there are public law proceedings that affect them and 30% for all other looked after children) by a caseload per advocate of 35 (50% of the upper end recommended IRO caseload) (Department for children, schools and families, 2010). As before, the ratio of managers to advocates is set at 1 to 10, and the cost per advocate and manager is taken as £30,000 and £60,000 per annum, respectively.

To estimate savings due to the replacement of the statutory role of the IRO, it is assumed that 25% of work currently undertaken by IROs is not duplicative of other roles and requires the experience of a qualified social worker, so additional LA social worker and manager resource will be needed to take on this work. We assume the remaining 75% of the IRO workload will either be absorbed into the advocacy role or are duplicative of existing LA social work and therefore discontinued.

[11] The number of new CLA is excluded from the number of children in public law proceedings to avoid double counting.

Parental Representation

R1. Parental Representation

The recommendation would introduce parent representation, such as advocacy on an opt-in basis for parents of children with a child protection plan starting from 2024/25. For many parents having independent representation that provides advocacy and enables parents to navigate the emotionally charged child protection process is invaluable.

We calculate the cost of introducing parent representation on an opt-in basis by multiplying the number of families that would enrol by the cost per hour and the number of hours of provided. We assume a take-up rate of 40%. The cost per hour is estimated at £35, including onboarding costs (Bauer et al., 2013), and we assume that each family will receive 20 hours of parent representation.

To estimate the impact of parent representation we used evidence from the US, as this type of intervention is more popular in the US than it is in the UK. Based on the evidence reviewed, the main saving resulting from this policy is due to a reduction in days spent in foster care per annum. Gerber et al. (2019) identified that an intervention involving parental advocacy leads to 30 fewer days spent in foster care per annum. We assume that introducing parent representation, which includes advocacy, in the UK will have a similar impact. As a result, we calculate the savings by multiplying the number of days in care avoided by the daily cost of foster care and the number of children affected each year.

In terms of adverse outcomes, there is no estimate of the impact of parent advocacy on children's outcomes. However, the literature identified several channels through which parent advocacy might have an impact on children's outcomes, such as improvement in parents' wellbeing and family relationships. We assume a 10% reduction in adverse outcomes (details on how adverse outcomes are calculated are provided in the Introduction).

References

ACEVO (2012) Youth unemployment: The crisis we cannot afford. https://www.nuffieldfoundation.org/sites/default/files/files/ACEVO%20Youth%20Unemplyment_lo_res.pdf

ADCS (2021) ADCS DCS Update 2021. https://adcs.org.uk/leadership/article/adcs-dcs-update-2021

Aldridge, R. W. (2015) Homelessness and Quality Adjusted Life Years: Slopes and Cliffs in Health Inequalities a Cross-sectional Survey. International Journal of Epidemiology, 44(suppl_1), i80–i81. https://doi.org/10.1093/ije/dyv097.295

Allen, D., Cresswell, C., & Ward, J. (2020) Bristol City Council Staying Close Pilot. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931990/Staying_Close_Bristol.pdf

Aziz, R., Roth, D., & Lindley, B. (2012) Understanding family and friends care: The largest UK survey. https://frg.org.uk/wp-content/uploads/2021/04/FFC-The-largest-UK-survey.pdf

Bauer, A., Wistow, G., Dixon, J., & Knapp, M. (2013) Investing in Advocacy Interventions for Parents with Learning Disabilities: What is the Economic Argument? https://onlinelibrary.wiley.com/doi/abs/10.1111/bld.12089

Carers UK (2012) In Sickness and in Health—Carers UK. https://www.carersuk.org/for-professionals/policy/policy-library/in-sickness-and-in-health

CCO (2016) Helping children get the care experience they need. https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/06/Helping-children-get-the-care-experience-they-need-1.pdf

CCO (2019) Advocacy for children. https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/06/CCO-Advocacy-for-children-June-2019.pdf

Children's Commissioner (2020) Stability Index 2020. https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/11/cco-stability-index-2020.pdf

Clark, T. (2015) Framework agreement for semi-independent living services. http://democracy.lbhf.gov.uk/documents/s60037/Semi-independent%20Living%20Services%20framework_16%2001%2015_Revised.pdf

Competition & Markets Authority (2021) Children's social care market study interim report. https://www.gov.uk/government/publications/childrens-social-care-market-study-interim-report/interim-report

Crisis (2018) Assessing the costs and benefits of Crisis' plan to end homelessness. https://www.crisis.org.uk/media/238957/assessing_the_costs_and_benefits_of_crisis-_plan_to_end_homelessness_2018.pdf

Cusworth, L., Bedston, S., Alrouh, B., Broadhurst, K., Johnson, R., Akbari, A., Griffiths, L., & Nuffield Family Justice Obseratory. (2021). Uncovering private family law: Who's coming to court in England? https://www.nuffieldfjo.org.uk/resource/private-family-law-whos-coming-to-court-england

DCLG (2016) Local Authority Data on the Cost and Potential Fiscal Benefits of the Troubled Families Programme. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560512/Troubled_Families_Local_Authority_Cost_Savings.pdf

Department for children, schools and families (2010) IRO Handbook. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/337568/iro_statutory_guidance_iros_and_las_march_2010_tagged.pdf

Department for Education (2014) The economic value of key intermediate qualifications: Estimating the returns and lifetime productivity gains to GCSEs, A levels and apprenticeships. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/387160/RR398A_-_Economic_Value_of_Key_Qualifications.pdf

Department for Education (2016) KEEP Standard evaluation Research report: October 2016. Department for Education. http://dera.ioe.ac.uk/27834/1/DFE-RR530-KEEP_Standard_training_programme_for_foster_and_kinship_carers.pdf

Department for Education. (2019). Children in need of help and protection CIN review: Final data and analysis. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809108/CIN_review_final_analysis_publication.pdf

Department for Education (2020a) Family Safeguarding. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932367/Hertfordshire_Family_Safeguarding.pdf

Department for Education (2020b) Lifelong Links. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/955953/Lifelong_Links_evaluation_report.pdf

Department for Education (2020c) National assessment and accreditation system (NAAS): Evaluation of phases 1 and 2. GOV.UK. https://www.gov.uk/government/publications/national-assessment-and-accreditation-system-naas-evaluation-of-phases-1-and-2

Department for Education (2020d) Children in need census 2021 to 2022: Guide. https://www.gov.uk/government/publications/children-in-need-census-2021-to-2022-guide

Department for Education (2021a) Apprenticeship funding in England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/998865/Apprenticeship_funding_in_England__from_August_2021_.pdf

Department for Education (2021b) Statistics: Looked-after children. https://www.gov.uk/government/collections/statistics-looked-after-children

Department for Education (2022) Children's social work workforce 2021 https://www.gov.uk/government/statistics/childrens-social-work-workforce-2021

Department for Work and Pensions (2017) Fuller Working Lives: Evidence base 2017. https://www.gov.uk/government/publications/fuller-working-lives-evidence-base-2017

Department for Work and Pensions (2021, March) Family Resources Survey: Financial year 2019 to 2020. GOV.UK. https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2019-to-2020

Department of Health & Social Care (2021) Increasing the upper age exemption for prescription charges in line with the state pension age. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/996781/impact-assessment-upper-age-prescription-exemption.pdf

Department of Health and Social Care (2015) NHS reference costs 2014 to 2015. GOV.UK. https://www.gov.uk/government/publications/nhs-reference-costs-2014-to-2015

Department of Health and Social Care (2021) Aligning the upper age for NHS prescription charge exemptions with the State Pension age. https://www.gov.uk/government/consultations/aligning-the-upper-age-for-nhs-prescription-charge-exemptions-with-the-state-pension-age/aligning-the-upper-age-for-nhs-prescription-charge-exemptions-with-the-state-pension-age

DLUHC (2022) Supporting Families Programme: funding allocations by local authority area 2022- 2023. https://www.gov.uk/government/publications/supporting-families-programme-funding-allocations-by-

local-authority-area-2022-2023

Dixon, J., Cresswell, C., & Ward, J. (2020) The Break Staying Close, Staying Connected Project. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931987/Staying_Close_Break.pdf

Education and Skills Funding Agency (2022) Section 251 documents. https://www.gov.uk/government/collections/section-251-materials

Family Rights Group (2019) The highs and lows of kinship care: Analysis of a comprehensive survey of kinship carers 2019. https://frg.org.uk/product/the-highs-and-lows-of-kinship-care-analysis-of-a-comprehensive-survey-of-kinship-carers-2019/

Francis, C., Chan, J., & Drennan-Lang, G. (2018) Supported Lodgings Business Case. https://assets.ctfassets.net/6sqqfrl11sfj/5pEDuvaFbJdaqpqWKTOJbk/df3d124c5917f2ffaffe173dc56c3ac2/Supported_Lodgings_Business_Case.pdf

Gautier, A., & Wellard, S. (2012) Giving up the day job? https://kinship.org.uk/report/giving-up-the-day-job/

Gerber, L. A., Pang, Y. C., Ross, T., Guggenheim, M., Pecora, P. J., & Miller, J. (2019) Effects of an interdisciplinary approach to parental representation in child welfare. Children and Youth Services Review, 102, 42–55. https://doi.org/10.1016/j.childyouth.2019.04.022

Greater Manchester Combined Authority (2020) Research: Cost Benefit Analysis. Greater Manchester Combined Authority. https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/

Heerde, J. A., Hemphill, S. A., & Scholes-Balog, K. E. (2018) The impact of transitional programmes on post-transition outcomes for youth leaving out-of-home care: A meta-analysis. Health & Social Care in the Community, 26(1), e15–e30. https://doi.org/10.1111/hsc.12348

Heyes, K., Allen, D., & Hothersall, G. (2020) St Christopher's Staying Close pilot evaluation report. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932014/Staying_Close_St_Christopher_s.pdf

Hirsch, D. (2021) The cost of child poverty in 2021. https://www.lboro.ac.uk/media/media/research/crsp/downloads/the-cost-of-child-poverty-in-2021--crsp-paper.pdf

HM Government (n.d.) Child Tax Credit. GOV.UK. Retrieved 25 March 2022, from https://www.gov.uk/child-tax-credit

HM Government (n.d.) Claim Child Benefit. GOV.UK. Retrieved 25 March 2022, from https://www.gov.uk/child-benefit

HM Government (n.d.) Help and support for foster parents. GOV.UK. Retrieved 20 February 2022, from https://www.gov.uk/support-for-foster-parents/help-with-the-cost-of-fostering

HM Treasury (2020) The Green Book: Appraisal and evaluation in central government. https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent

Home for good (2021) Brimming with potential: The case for supported lodgings. https://homeforgood.org.uk/assets/site/Supported_Lodgings_Advocacy_Report_FINAL_Web.pdf

ICHA (2020) ICHA "State of the Sector" survey 7 November 2020. https://icha.azurewebsites.net/Public/Document/Download/3?fileName=e0c7f4b5-4ed8-491c-9273-11cadfb34df3.pdf

London Economics (2021) The net Exchequer impact of increasing pay for Agenda for Change staff. https://londoneconomics.co.uk/wp-content/uploads/2021/01/LE-NHS-Trade-Unions-Net-Exchequer-impact-of-increasing-AfC-pay-18-01-2021-STC.pdf

Loughborough University (2012) Evaluation of the Staying Put: 18 Plus Family Placement Programme: Final

report. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/183518/DFE-RR191.pdf

McDermid, S., & Baker, C. (2016) The evaluation of the Mockingbird Family Model. https://www.gov.uk/government/publications/mockingbird-family-model-evaluation

McGrath, P., & Wrafter, E. (2021) Kinship Care Financial Allowances Survey. https://kinship.org.uk/wp-content/uploads/Kinship-Care-Financial-Allowances-Survey-3.pdf

MHCLG (2018) National evaluation of the Troubled Families Programme 2015—2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/694356/20180326_Troubled_Families_-_families_outcomes_report.pdf

MHCLG (2019) National evaluation of the Troubled Families Programme 2015 to 2020: Findings. https://www.gov.uk/government/publications/national-evaluation-of-the-troubled-families-programme-2015-to-2020-findings

Ministry of Justice (2021) Family Court Statistics Quarterly: October to December 2020. GOV.UK. https://www.gov.uk/government/statistics/family-court-statistics-quarterly-october-to-december-2020

Moriarty, J., Steils, N., Hickman, B., Manthorpe, J., & Baginsky, M. (2021) Evaluation of the Firstline Leafership Programme: Evaluation Report. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/987355/Firstline_leadership_programme_evaluation_report_round_2.pdf

Nandy, S., & Selwyn, J. (2011) Spotlight on kinship care. https://www.bristol.ac.uk/media-library/sites/sps/migrated/documents/execsum.pdf

NHS (2019) NHS England » Missed GP appointments costing NHS millions. https://www.england.nhs.uk/2019/01/missed-gp-appointments-costing-nhs-millions/

OECD (2022) Health resources—Pharmaceutical spending—OECD data. http://data.oecd.org/healthres/pharmaceutical-spending.htm

Ofsted (2021) Fostering in England 2020 to 2021: Main findings. https://www.gov.uk/government/statistics/fostering-in-england-1-april-2020-to-31-march-2021/fostering-in-england-2020-to-2021-main-findings

Ofsted (2022) Why do children go into children's homes? https://www.gov.uk/government/statistics/fostering-in-england-1-april-2020-to-31-march-2021/fostering-in-england-2020-to-2021-main-findings

O'Leary, C., Allen, D., & Hothersall, G. (2020). North East Lincolnshire Staying Close pilot Evaluation report. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932000/Staying_Close_NE_Lincolnshire.pdf

ONS (2022a) 16-24 year old population: All persons: 000s—Office for National Statistics. https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/timeseries/jn5r/lms

ONS (2022b) Apprenticeships and traineeships, Academic Year 2021/22. https://explore-education-statistics.service.gov.uk/find-statistics/apprenticeships-and-traineeships

Ott, E. M., McGrath-Lone, L., Pinto, V. S., Sanders-Ellis, D., & Trivedi, H. (2020) Mockingbird programme Evaluation report. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/933119/Fostering_Network_Mockingbird.pdf

Prescription Charges Coalition. (2017) Still Paying the Price Prescription Charges and People with Long-Term Conditions.

http://www.prescriptionchargescoalition.org.uk/uploads/1/2/7/5/12754304/still_paying_the_price_june_2017.pdf

Rodger, J., Allan, T., Elliot, S., & York Consulting LLP. (2020) Family Safeguarding Evaluation report. Department for Education. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932367/Hertfordshire_Family_Safeguarding.pdf

Rubin, D., O'Reilly, A., Luan, X., & Localio, R. (2007) The Impact of Placement Stability on Behavioral Well-being for Children in Foster Care. https://publications.aap.org/pediatrics/article-abstract/119/2/336/70277/The-Impact-of-Placement-Stability-on-Behavioral?redirectedFrom=fulltext

Salomon, J. A., Haagsma, J. A., Davis, A., de Noordhout, C. M., Polinder, S., Havelaar, A. H., Cassini, A., Devleesschauwer, B., Kretzschmar, M., Speybroeck, N., Murray, C. J. L., & Vos, T. (2015). Disability weights for the Global Burden of Disease 2013 study. The Lancet Global Health, 3(11), e712–e723. https://doi.org/10.1016/S2214-109X(15)00069-8

Social Work England. (2021). Social Work England Annual Report and Accounts for the period 1 April 2020—31 March 2021. https://www.socialworkengland.org.uk/about/publications/annual-report-and-accounts-2020-to-2021/

Taylor, S. (2020) Semi Independent Living Policy and Overview Committee Information Report. https://modgov.hillingdon.gov.uk/documents/s47627/200129%20-%20Semi%20Independent%20Living.pdf

The Fostering Network. (2010) Update to The Cost of Foster Care. https://www.thefosteringnetwork.org.uk/sites/default/files/content/update-cost-foster-care.pdf

The Fostering Network. (2021) Mockingbird Programme Update. https://thefosteringnetwork.org.uk/sites/default/files/2021-12/Mockingbird%20Programme%20Update%202021.pdf

Wade, J., & Dixon, J. (2006) Making a home, finding a job: Investigating early housing and employment outcomes for young people leaving care. Child & Family Social Work, 11(3), 199–208. https://doi.org/10.1111/j.1365-2206.2006.00428.x

Winokur, M. A., Holtan, A., & Batchelder, K. E. (2018) Systematic Review of Kinship Care Effects on Safety, Permanency, and Well-Being Outcomes. Research on Social Work Practice, 28(1), 19–32. https://doi.org/10.1177/1049731515620843

Weyts, Arabella. "The Educational Achievements of Looked after Children: Do Welfare Systems Make a Difference to Outcomes?" Adoption & Fostering 28, no. 3 (October 1, 2004): 7–19. https://doi.org/10.1177/030857590402800303.

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