



Homes2Inspire Final Report

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Dr Toa Giroletti and Dr Claire Paterson-Young

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Executive Summary

Youth programmes, plays a pivotal role in supporting children and young people experiencing challenges as a result of the socio-economic system in which over 3.9 million children in the UK were living in poverty in 2020/2021 (Joseph Rowntree Foundation, 2023). Due to the impact of COVID-19, the number of children experiencing poverty increased, in fact, 200,000 children are now living in poverty as a result of the pandemic (Holt and Murray, 2022) and many do not have access to support, appropriate information, or connections that they need to find employment or apply to further or higher education (Youth Futures Foundation, 2021). Prospects, Homes2Inspire, and Northamptonshire Children's Trust partnership seek to address this challenge through a programme that aims to provide care, support, and education to young people. This partnership not only provides services that meet children and young peoples' basic developmental needs, but it seeks to provide guidance and opportunities to support children and young people to explore and address specific issues and pursue their desired outcomes.

Prospects, Homes2Inspire, and Northamptonshire Children's Trust formed a partnership leading to a project that embeds a Health and Wellbeing Officer into the support available in the Children's Home, alongside existing Children's Home Staff¹. This role seeks to provide two key benefits. First, the Health and Wellbeing Officer is expected to improve children and young people's mental health and wellbeing, and second, in doing this, it is believed to have an impact on the ability of staff to develop a meaningful and stable relationship with children and young people, improve children and young people's health and wellbeing, and also to improve staff wellbeing and job satisfaction. The purpose of this research is to investigate if the above mentioned changes have occurred with the introduction of the Health and Wellbeing Officer.

To evaluate the programme both quantitative and qualitative data were collected from April 2023 to January 2024. The quantitative data presented in this report were gathered through an online questionnaire that captured the responses of staff. In total, 38 questionnaires were collected (29 at the beginning and nine at the end of the evaluation) with a focus on the Homes2Inspire environment, their wellbeing, and their job engagement. The qualitative data collection consisted of six interviews with staff members, a case study with one young person, and quotations from

¹ Children's Home Staff are Registered Children's Home Manager, Deputy Children's Home Manager, Senior Support Worker, Support Worker, Waking Night Support Worker.

staff provided by Homes2Inspire. Moreover, social impact figures were shared by Homes2Inspire to allow for comparisons from 2022 to 2023.

Findings from the research demonstrate that young people supported by Prospects have diverse needs, which can vary, but are generally associated with trauma, including experiences such as sexual assault, abuse, and neglect. Therefore, the support provided to participants in care is tailored to their individual needs rather than standardised. Creating a nurturing and familial atmosphere is deemed essential for fostering the well-being and growth of children and young people in care. Moreover, staff members are dedicated to providing tailored assistance to the participants through various activities. These activities encompass games both indoors and outdoors, personal hygiene, building resilience, boosting self-esteem, preparing for independent living, and creating an environment where young individuals feel comfortable discussing their emotions and concerns. These activities have shown to have a positive impact on the children and young people, fostering meaningful changes in their lives. Indeed, the findings underscore the significance of acknowledging and celebrating the small triumphs in the progress of children and young people in care. While these individual achievements, such as mastering self-care or enhancing communication skills, may appear minor, but collectively they contribute to substantial positive changes in the lives of these individuals. Despite initial challenges, individuals can progress towards significant milestones like education, employment, and improved mental well-being. However, professionals participating in the research also acknowledge the challenge of assessing the long-term impact of their interventions, as children and young people may encounter difficulties reintegrating into their communities or reverting to negative behaviours post-placement.

Children and young people require effective and sustainable support which relies on staff members having capability, resources and support. Staff members face numerous challenges in providing support, associated with high numbers of children and young people which creates additional challenges, especially in assisting children and young people who have endured significant trauma and require proactive and consistent support. Furthermore, a staff member in the interviews, mentioned that as children and young people perceive staff members in-homes as family, they may find it challenging to confide in them, necessitating additional support from external staff such as youth workers. The staff members' expectations about the Health and Wellbeing Officer role and impact, gathered through the first interviews, seemed to be partially fulfilled. In fact, in the second round of interviews, the staff members discussed how this role provides essential support and guidance to both Home Managers and staff members within care

settings. The findings demonstrate the key role of the Health and Wellbeing Officer in offering a confidential space for staff members to express their concerns, seek assistance when encountering challenges, and navigate issues or challenges within the home. This assistance encompasses addressing work-related stress and offering advice on effectively supporting children and young people. These findings resonate with the outcomes observed in the quantitative analysis, with the the Homes2Inspire environment scale, the Short Warwick-Edinburgh Mental Wellbeing scale, the Job Engagement Scale, and the Final Outcomes collectively indicating a minor yet noticeable improvement in staff wellbeing and workplace quality. However, not all staff members engage with the Health and Wellbeing Officer regularly therefore the full extent of the impact is difficult to discern. The interviewees underscored the significance of dismantling barriers and reducing the stigma surrounding seeking assistance. Normalising the use of support services and elucidating their diverse functions, including reflective practice, are crucial steps aimed at promoting wider utilisation and destigmatising help-seeking behaviours.

Staff members participating in the research voices concerns centred on the significant growth experienced by Homes2Inspire. While the expansion is viewed positively in terms of overall growth, it poses challenges related to ensuring that individual homes receive sufficient support from central management and inconsistency across different care homes. While each home operates differently to meet the unique needs of the children and young people, the variance in delivery sometimes leads to inconsistencies in the implementation of practices and procedures. Such inconsistencies may stem from gaps in communication and/or the reluctance for managers or staff to share successful practices. Another challenge noted by staff members is placement breakdowns, which can occur for various reasons, but have an impact on children and young people in the homes. For example, children and young people may struggle and stop complying with rules, or they may feel rejected when it is time to transition out of their Home.

Overall, the introduction of the Health and Wellbeing Officer had an impact on several aspects of the programme. Homes2Inspire provides support for children and young people by increasing their wellbeing, self-confidence, and autonomy. The integration of the Health and Wellbeing Officer had a positive impact on the managers and the staff members who can now confide in support in helping the children and young people's development. Moreover, the integration of the Health and Wellbeing Officer has had a demonstratable social impact for 2022 and 2023, with an overall social impact of £495,236.47. Figure 1.1 below summarises the benefits of the programme and the opportunities for improvement captured through the evaluation.

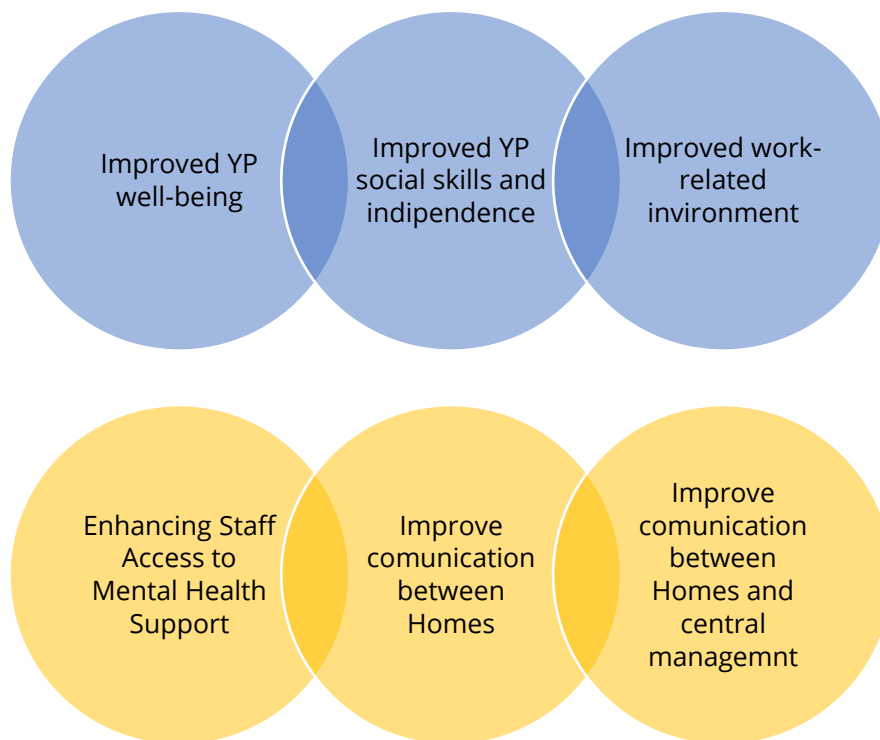


Figure 1.1. Homes2Inspire benefits (top) and opportunities for improvement (bottom).

Based upon the data outlined in this report, the research team proposes the following key recommendations for developing the project:

- **Enhancing Communication and Collaboration within Homes2Inspire:** In interviews, staff expressed feelings of isolation from the central management team, highlighting the need to strengthen connections between individual Homes and central management. Improving this connection could foster better relationships within Homes and ensure management is informed about the challenges faced by staff. Additionally, staff noted a disconnect between Homes, hindering the sharing of positive practices. Encouraging collaboration between Homes can lead to improved service outcomes by facilitating the exchange of successful strategies and fostering a culture of collective learning and support.
- **For the Health and Wellbeing Officer to identify the meso level issues:** During the interviews, the staff members mentioned that alongside the support and the one-to-one meetings with the staff members and the children and young people, the Health and Wellbeing Officer should be able to identify the issues at the meso level (the bigger picture) and support the Home with proactive solutions that will have an effect in the long term.

- **Enhancing Staff Access to Mental Health Support, overcoming stigma and promoting Wellbeing:** Improving staff access to the Health and Wellbeing Officer is paramount, given that some team members may avoid seeking support due to existing stigma. Raising awareness about this issue can prompt staff to engage more readily with the services provided by the Health and Wellbeing Officer. Sensitising staff members to the significance of mental health support and promoting the routine use of such services can cultivate a more supportive environment, empowering staff to seek assistance when necessary.
- **Enhancing Data Collection Methods for Comprehensive Evaluation:** Improved quantitative and qualitative data collection methods are essential for a comprehensive evaluation of Homes2Inspire. In the current wave, only 38 questionnaires were collected, with 29 at the beginning and nine at the end of the evaluation. The qualitative data collection included six interviews with staff members, a single case study with a participant, and quotations from staff provided by Homes2Inspire. Notably, children and young people did not participate in either the quantitative or qualitative data collection processes, except for one completed case study. Consequently, the voices of the children and young people remain unrepresented in the evaluation. Furthermore, only a minority of the staff participated in interviews and completed the questionnaire a second time, limiting the depth of insights gained. To address these limitations, it is imperative that all respondents provide identification numbers (or initials) and complete the questionnaire at both the beginning and end of the evaluation period. This approach will enable a more precise analysis of changes over time and ensure that all stakeholders' perspectives are adequately represented in the evaluation process.

1. Introduction

Youth support programmes play a pivotal role in supporting children and young people experiencing challenges as a result of the socio-economic system in which over 3.9 million children in the UK were living in poverty in 2020/2021 (Joseph Rowntree Foundation, 2023). Due to the impact of COVID-19, the number of children experiencing poverty increased, in fact, 200,000 children are now living in poverty as a result of the pandemic (Holt and Murray, 2022). The Youth Futures Foundation (2021) argues that too many children and young people do not have access to support, appropriate information, or connections that they need to find employment or apply to further or higher education. Addressing this issue, Prospects, Homes2Inspire, and Northamptonshire Children's Trust partnership aims to provide care, support, and education to young people. This partnership not only provides services that meet children and young peoples' basic developmental needs, but it seeks to provide guidance and opportunities to support children and young people to explore and address specific issues and pursue their desired outcomes.

Prospects, Homes2Inspire, and Northamptonshire Children's Trust formed a partnership leading to a project that embeds a Health and Wellbeing Officer into the support available in the Children's Home, alongside existing Children's Home Staff². This role seeks to provide two key benefits. First, the Health and Wellbeing Officer is expected to improve children and young people's mental health and wellbeing, and second, in doing this, it is believed to have an impact on the ability of staff to develop a meaningful and stable relationship with children and young people, improve children and young people's health and wellbeing, and staff wellbeing and job satisfaction.

This report presents the results from the research evaluating the Homes2Inspire programme (April 2023 to January 2024). The evaluation is mixed-methods, using both quantitative and qualitative data collection. The quantitative data presented in this report were gathered through an online questionnaire that captured the responses of staff. In total, 38 questionnaires were collected, 29 at the beginning and nine at the end of the evaluation. The qualitative data collection consisted of six interviews with staff members, a case study from a young person, and quotations from staff provided by Homes2Inspire.

² Children's Home Staff are Registered Children's Home Manager, Deputy Children's Home Manager, Senior Support Worker, Support Worker, Waking Night Support Worker.

2. Literature review

Support homes play a crucial role in providing temporary and/or long-term accommodation and assistance to children and young people who are in need of support. Understanding the experiences and wellbeing of young individuals residing in support homes is paramount for designing effective interventions and policies to ensure their holistic development and successful transition into adulthood. This literature review aims to synthesise existing research on the wellbeing of children and young people in support homes, highlighting key themes, challenges, and implications for practice and policy.

Residential care has different definitions however a common definition is that residential care provides “a congregate living space with professional staff who are continuously on-site providing an environment which can meet the functional, medical, personal, social, and housing needs of individuals who have physical, mental, and/or developmental disabilities.” (Cameron-Mathiassen et al., 2022:1). Children and young people may be placed in care homes or foster care for a multitude of reasons, often influenced by complex familial and socio-economic factors. For instance, parental issues such as alcohol or substance misuse significantly elevate the likelihood of a child being placed in care, almost doubling the chances (Hodges and Bristow, 2019). Likewise, when parents grapple with mental health challenges, the probability of their child entering care increases substantially by 44% (Ibidem). Additionally, exposure to or experience of domestic abuse can raise the likelihood of a child being looked after by 29% (Ibidem). Moreover, economic hardship and the socio-demographic characteristics of the area where a child resides play pivotal roles in determining their placement in care. Understanding these multifaceted factors is essential for tailoring interventions that address the unique needs and circumstances of each individual involved in the care system.

Current data shows that the youngest child referred to Homes2Inspire was 6 years old with the most frequently referred age 15 years old (followed by 16 years old) (NCT referral analysis, 2022). The gender is almost equally distributed, with 52% male and 48% female (Ibid). The needs of the children requiring placement are varied, with common reasons associated with suicidal ideation and self-harm or complex mental health (52%), exploitation risks (sexual, drug and criminal) (52%), aggressive behaviour (52%), and missing episodes (57%) (Ibid). Research suggests that young people in residential homes often experience a myriad of challenges related to emotional wellbeing, social integration, educational attainment, and identity formation. In fact, children in the care system face significant challenges, with statistics revealing alarming disparities compared

to their peers in relation to education opportunities and school exclusion (Parry, Williams, and Oldfield, 2022; Bazalgette et al., 2015; Education, 2017).

Children and young people in residential care experience a multitude of challenges, with placement stability playing a significant role in exacerbating feelings of loneliness, depression, and low self-esteem. The negative experiences faced by children and young people in care, such as abuse and neglect, often result in long-term consequences of their health and wellbeing (Department of Health, 2015; Parry, Williams, and Oldfield, 2022) which can result in poorer mental health than the rest of the population (Sempik, no date). These children and young people are also likely to miss out on school and access to adequate health care (Sempik et al., 2019) which culminates in an increase in mental health issues (Ford et al., 2007). The mental health challenges experienced by children and young people impact on their relationships including those with the social workers, personal advisors and youth workers. This can lead to challenges for children and young people in securing meaningful long-term relationship with the social and youth workers which is fundamental to improving outcomes (Winter, 2009). Ensuring the right support is available is essential in not only improving outcomes but reducing placement instability.

Effective interventions that seek to enhance the wellbeing of children and young people in residential homes should focus on building trusting relationships, providing access to mental health services, promoting educational and vocational opportunities, and fostering a sense of belonging and community. The relationship between young people, staff members and peers within care settings significantly impact social and emotional wellbeing. Positive interactions between young people and staff members foster feelings of security and trust, while strained relationships may lead to emotional distress (Kelly, Anthony, and Krysik, 2019; Kelly et al., 2021). These dynamics influence engagement in activities and interventions and can even affect physiological responses, highlighting the critical role of supportive connections in care environments. Relationship between peers can foster a sense of community and providing mutual support during challenging times, but it can also instil feelings of fear and insecurity among residents (Cameron-Mathiassen et al., 2022). Another factor determining successful outcome and increased wellbeing is academic success (Kelly, Anthony, and Krysik, 2019). Robust educational environments, offering extracurricular opportunities and supportive relationships, play a crucial role in fostering academic success. Young people that excelled academically often benefited from the supportive structures within their care settings, where their integration was perceived to enhance accountability and receive increased support from staff. Moreover, programs that empower youth to participate in decision-making processes regarding their care and future goals

have shown promising outcomes in promoting resilience and self-determination (Cameron-Mathiassen et al., 2022).

This report seeks to examine the impact of Homes2Inspire and evaluate the effectiveness of the project in meeting the specific needs of children and young people and society as identified in the literature review. Through the analysis of survey data (Section 4), interviews and case studies (Section 5), and social impact measurement (SIM) (Section 6), the aim is to shed light on the outputs, outcomes, and impacts of Homes2Inspire. The ultimate goal is to identify areas where interventions may need refinement, particularly in instances where the data indicates limited impact.

3. Methodology

The research utilised a longitudinal mixed-methods design across the evaluation that includes both qualitative and quantitative research methods. The overall aims of the evaluation are:

Research Aim 1: To explore and understand the benefit of the health and wellbeing officer role on the children and young people at Homes2Inspire

Q1: What are the participants' needs and what difficulties have they experienced?

Q2: How did the participants experience their stay in Homes2Inspire and which is the impact of the social and youth workers?

Q3: What is the impact of the health and wellbeing officer's role on the children and young people?

Research Aim 2: To explore and understand the benefit of the health and wellbeing officer role on the social and youth workers

Q4: What are the needs of staff members (social and youth workers) and what difficulties have they experienced especially in the relationship to the children and young people?

Q5: Does the health and wellbeing officer's role impact the children and young people? If so, how these changes translate to an impact on other staff members (social and youth workers)?

Q6: Does the impact investigated in Q2 reduce placement breakdown (i.e. reduction in placement breakdown), staff retention, staff sickness, and turnover?

Research Aim 3: To develop a social impact measurement framework to evaluate the impact of the project on participants and society. Including:

Q7: What has been the social impact of the health and wellbeing officer role? In particular:

Q8: What is the reduction in: sickness/absence costs, policing resources (i.e. MISPER), criminal damage, placements breakdown?

Q9: What is the overall social impact from the projects including wellbeing, employability and other aspects?

3.1. Qualitative data

The research aimed to capture qualitative data in the form of semi-structured interviews and case studies. The qualitative data collection included:

- Interviews with participants, as well as key internal and external stakeholders. The interviews investigated the respondent's wellbeing and difficulties, the outcomes of the health and wellbeing officer role and, for the social and youth workers, the changes of the work conditions due to the new office role.
- Case-studies of children and young people supported. The case studies provide an in-depth contextual picture of the young person's journey with emphasis on the benefit of the support provided by the project.

Despite significant attempts to engage participants, only six staff interviews and one participant case study were collected. This scarcity in participation significantly reduced the ability to gather comprehensive insights from the participants, thereby affecting the depth and breadth of the analysis.

3.2. Quantitative data

The ISII developed two short online surveys, one to investigate the impact of the health and wellbeing offices on children and young people's wellbeing at Homes2Inspire, and one that investigates impact on children and young people's support workers. The surveys were based on user-friendly, academically validated, and robust psychological scale, in particular using General Self-efficacy (GSE), the Wellbeing (Short Warwick-Edinburgh Mental Wellbeing Scale), and the Job engagement scale. Moreover, a scale developed by the researcher investigated the environment in the Homes. The GSE scale was developed by Jerusalem and Schwarzer (1995) and is composed of 10 items on a 4-point Likert Scale (1 = not at all true, 2 = hardly true, 3 = moderately true, 4 = exactly true). The scores range from a minimum of 10 and a maximum of 40. The Short Warwick-Edinburgh Mental Well-being Scale, developed using a Rasch analysis (Stewart-Brown, et al., 2009), was used to investigate well-being. Participants were invited to answer seven questions in relation to their well-being on a 5-point Likert scale (1 = none of the time, 2 = rarely, 3 = some of the time, 4 = often, 5 = all of the time). The individuals' final scores are defined by the sum of the single items, thus ranging from 7 to 35. The scale investigating the Homes2Inspire environment was composed of six questions on a four-point Likert Scale (1 = not at all true, 2 = hardly true, 3 = moderately true, 4 = exactly true). The questions are: 1. Homes2Inspire meets the needs of the

young people, 2. The young people feel better since they stay at Home 2Inspire, 3. I have a good relationship with the young people, 4. The support workers within the Homes have a positive effect on the young people, 5. The support workers within the Homes help the young people to feel better and believe in me, and 6. Homes2Inspire is a good work environment. Lastly, the Job Engagement scale was developed by Rich et al. (2010) and it measures employees' involvement with the job, in particular, it measures the physical, emotional, and cognitive engagement (Basit and Chauhan, 2017). The staff members were presented with 18 questions pertaining to their job engagement, utilising a 5-point Likert scale ranging from 1 (Strongly disagree) to 5 (Strongly agree). The total scores for individuals were calculated by summing the scores of the individual items, resulting in a range from 18 to 90.

Questionnaires were designed to collect responses from children and young people, and staff both at the start of their engagement (Time 1) and again at a time later in their engagement (Time 2). Due to limited engagement, questionnaires were completed solely by staff, with no participation from the intended children and young people. Furthermore, only nine staff members responded to the questionnaire at the end of the evaluation. Among these respondents, only two provided their staff numbers and completed questionnaires both at the beginning and end of the evaluation period. This limited the possibility of conducting individual comparisons over time.

3.3. Data review and SIMF framework

Quantitative data were collected and shared by Homes2Inspire in relation to the Social Impact Measurement Framework (SIMF) developed for the project, with outcomes presented/reported in Section 6 in relation to the social impact delivered to society.

In providing a generic framework for the development of social impact matrices, McLoughlin et al. (2009) developed the SIMPLE methodology, which focused upon the measurement of outputs, outcomes and impact. An output can be defined as the direct and easily identifiable outputs of an intervention (i.e. the number of children and young people supported by the health and wellbeing officer) (McLoughlin et al., 2009). However, whilst considering output as a method of evaluation is useful for tracking the success of an intervention from this particular perspective, if it is employed as a singular measure, the evaluation will not include important longer-term participant benefits, i.e. outcomes. An outcome represents positive changes to participants' states of mind that will enhance their lives, their future employability and their psychological wellbeing (McLoughlin et al., 2009). An example of this could be the effect that this Prospects intervention has on the wellbeing

of children and young people. Impact is an even longer-term benefit and is the impact on society resulting from the programme (e.g. savings to the Police) (McLoughlin et al., 2009). Impact can be the most difficult area to measure, as it is focused on the wider and less tangible aspects of an intervention. However, it is important to measure this as otherwise the effectiveness of a programme cannot be fully understood.

The University of Northampton's 'Social Impact Matrix' utilised the prior work of McLoughlin et al. (2009) and combined it with the 'triple-bottom line' that is present in the business models of social enterprise and also the delivery of public services. The triple-bottom line consists of economic, social and environmental impacts that are delivered by organisations and (in the absence of a current theoretical definition of social value) used as a proxy for social value. Any organisation that seeks to use the model to develop their own social impact matrix has to first decide what specific areas of impact that it has in the economic, social and environmental spheres. Once these areas have been defined the organisation must then identify what its specific outputs, outcomes and impacts are for these areas of impact and then develop or identify tools or formula that can be used to measure these specific outputs, outcomes and impacts. Figure 3.1 outlines this process.

A simplified example of this would be if a social enterprise that works in the work-integration sector sought to evaluate its social impact. First, it would map the economic, social and environmental areas that it operated in. One example of this would be employment, which would be present in both the economic and social elements of the model. An employment related output would be the number of jobs created; an employment related outcome would be the psychological benefit to an individual of being employed; an employment related impact would be the savings to the state of reduced welfare payments. Specific tools would then need to be selected in order to capture this data. This would be simple for the number of jobs created; however, for the outcomes and impacts specific tools or formula would need to be utilised/created. Psychological scales that measured constructs such as wellbeing, self-efficacy or anxiety could be employed to measure outcome. Impact could be measured by adopting a formula that multiplied the number of jobs created (J) by the annual income of an individual on job-seekers allowance (B). The result of this calculation could also be added to the increase in income tax and national insurance income created by the new employment (T). This would give a calculation that would provide the fiscal savings to the state of the intervention $[(J \times B) + T]$.

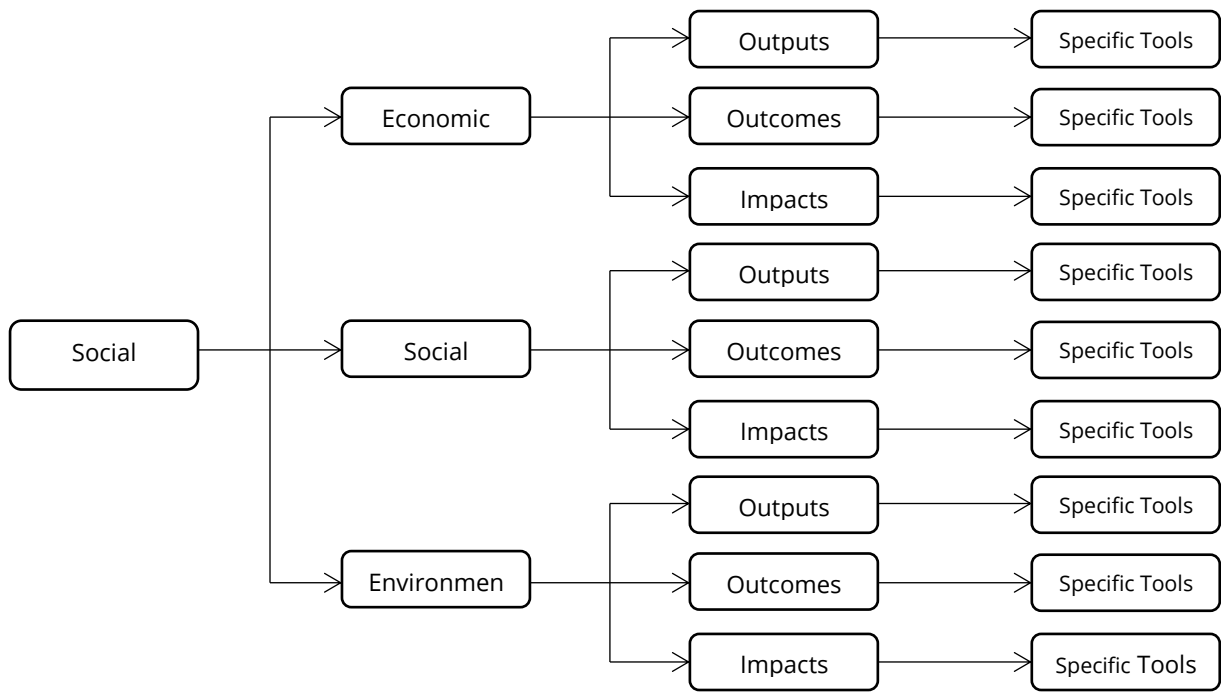


Figure 3.1. The Social Impact Matrix

4. Quantitative data analysis

From April 2023 to January 2024, 38 staff working in the Homes2Inspire Homes replied to the questionnaire on a voluntary basis. Participants were asked to answer twice, for the first time at the beginning of their participation in the programme and for the second time at the end. Among the staff working in the Homes2Inspire, 29 replied to the questionnaire for the first time and nine for the second time.

4.1. Demographic information

Respondents to the questionnaire³, are from four Homes, predominantly from Home B (11, 37.9%) followed by the other homes divided equally (6, 20.7%)⁴ (Table 4.1).

	Absolute numbers	Percentages (%)
Home A	6	20.7%
Home B	11	37.9%
Home C	6	20.7%
Home D	6	20.7%
Total	29	100.0%

Table 4.1. Distribution of the respondents according to the Homes.

The staff members age varied from 22 to 56 years old, with a mean of 35.2 years and standard deviation of 8.4 years. The majority of the staff members are White (English/Welsh/Scottish/Northern Irish/British) (86.2%), followed by White: South African and Black/Black British (both 6.9%). Figures 4.1 and 4.2 below displays the staff members' sex and gender. The data indicates that the majority of respondents identified as female, constituting approximately 62.1% of the total sample, while male respondents accounted for 37.9%. In terms of gender identity, the data reveals a nuanced spectrum beyond the binary categorizations of male and female. The majority of respondents identified as cisgender, with cisgender females

³ In this initial section, we will include only the respondents that did the questionnaire for the first time (N=29) as those that did it the second time should be the same respondents with the same demographic characteristics. However, not everyone replied to all questions, so some of the percentages displayed could include less than 29 questionnaires.

⁴ The names of the Homes have been anonymised to ensure that it is not possible to identify the respondents.

comprising 48.1% and cisgender males comprising 40.7% of the sample. Notably, a subset of respondents indicated a preference not to disclose their gender identity (7.4%), while a smaller proportion identified as "Other" (3.7%). These findings underscore the complexity and diversity inherent in gender identity beyond the conventional binary model, highlighting the importance of inclusivity and recognition of varied gender expressions within research and societal contexts.

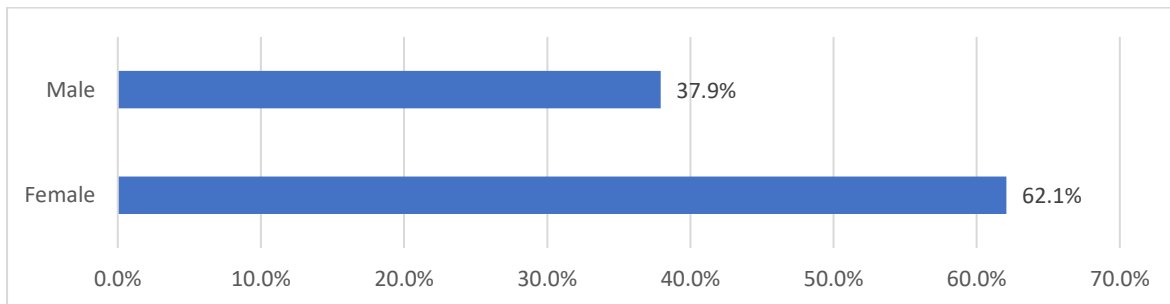


Figure 4.1. Distribution of the respondents according to sex (N=29).

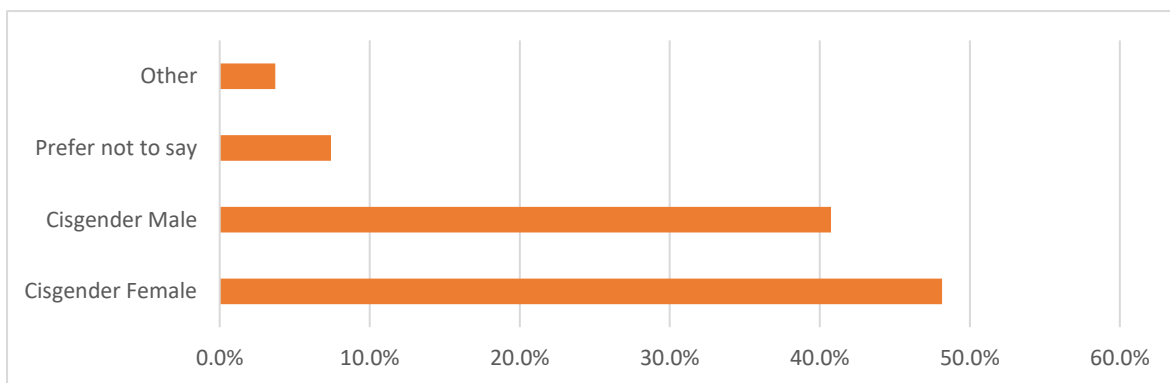


Figure 4.2. Distribution of the respondents according to gender (N=27).

The data provided by staff members offers valuable insights into the educational landscape, illustrating the diverse range of qualifications attained by individuals. One notable observation is the significant representation of postgraduate degrees and their professional/vocational equivalents (NVQ Level 7) for staff members, comprising 24.1% of the qualifications, followed by A-levels and their vocational equivalents (NVQ Level 3) at 27.6%. It indicates that a substantial portion of individuals have pursued advanced education after completing secondary schooling, contributing to the development of a skilled and educated workforce. The distribution across other qualification levels, such as HNDs (NVQ Level 5) and GCSE/O-Level grades (NVQ Level 2), further underscores the diversity of educational pathways individuals undertake, catering to various career aspirations and educational goals (Figure 4.3).

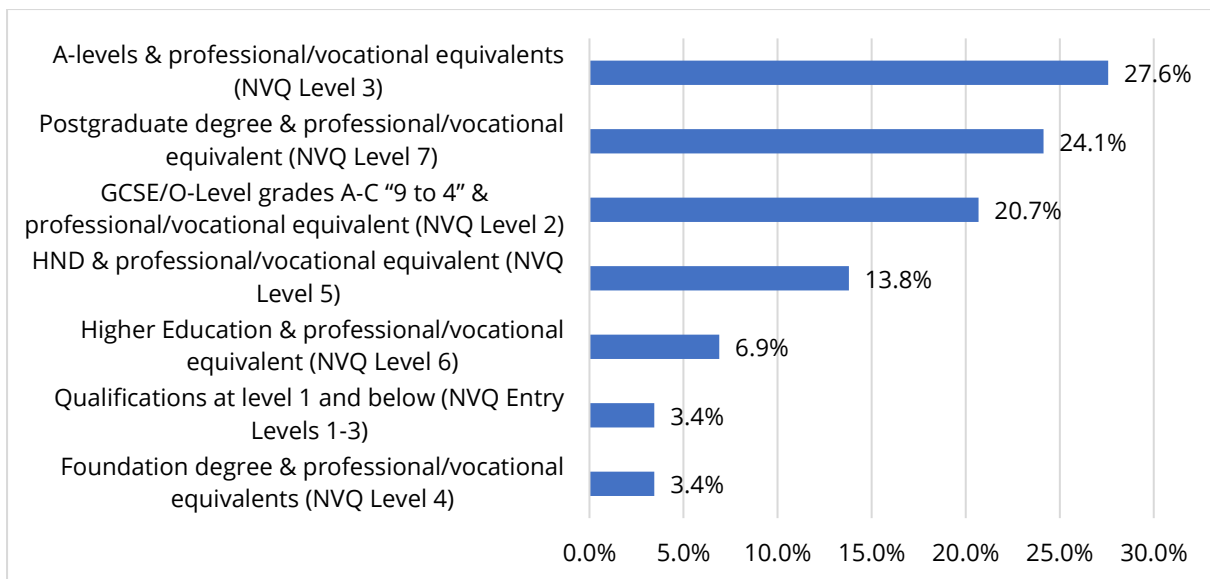


Figure 4.3. Distribution of the respondents according to the educational level (N=29).

4.2. Questionnaire Results

To gain insights into staff members experiences at Homes2Inspire, the quantitative data collection involved the use of three scales: the scale investigating the environment within the Homes, the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMW), and the Job Engagement Scale. Staff members are invited to participate in the questionnaire twice, once at the beginning and one at the closure of the data collection, enabling a comparison of their wellbeing and levels of engagement. Among the 29 staff working in the Homes2Inspire Homes replied to the questionnaire for the first time and nine for the second time.

4.2.1. Homes2Inspire environment

The scale investigating the Homes2Inspire environment was composed of six questions on a four-point Likert Scale (1 = not at all true, 2 = hardly true, 3 = moderately true, 4 = exactly true)⁵. The scores range from a minimum of six to a maximum of 24. Figure 4.4 depicts the results obtained from the respondents when they completed the questionnaires for the first and second time. Both sets of results indicate an improvement in the environment within the Homes. However, despite observing an increase in scores over time, it is not substantial enough to conclusively infer a

⁵ The questions are: 1. Homes2Inspire meets the needs of the young people, 2. The young people feel better since they stay at Home 2Inspire, 3. I have a good relationship with the young people, 4. The support workers within the Homes have a positive effect on the young people, 5. The support workers within the Homes help the young people to feel better and believe in me, and 6. Homes2Inspire is a good work environment.

discernible impact over the given timeframe. This suggests that while there may have been some improvement in the perceived home environment between the two assessment periods, the magnitude of this change is not significant to attribute it directly to the introduction of the Health and Wellbeing Officer. Other factors or interventions may need to be considered to better understand and potentially influence changes in the home environment.

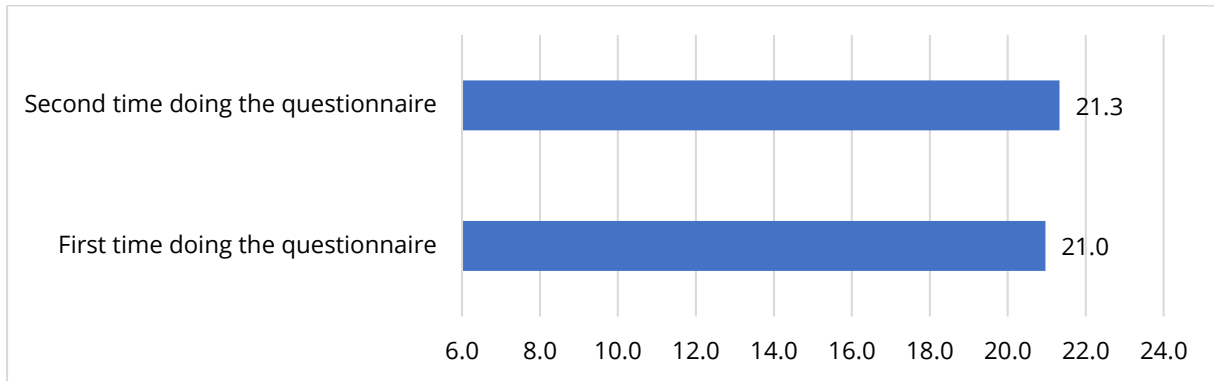


Figure 4.4. Homes2Inspire environment averages of the first round of questionnaires

4.2.2. Short Warwick-Edinburgh Mental Wellbeing Scale

The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWS) (Stewart-Brown, et al., 2009) was used to investigate wellbeing. Staff members were invited to answer seven questions in relation to their wellbeing on a 5-point Likert scale (1 = none of the time, 2 = rarely, 3 = some of the time, 4 = often, 5 = all of the time). The individuals' final scores are determined by summing up the scores of the individual items, resulting in a range from 7 to 35. Figure 4.5 displays the outcomes obtained from the respondents when they completed the questionnaires for the first and second time. These results demonstrate a positive level of wellbeing among the respondents. While the data indicates a slight increase in scores over time, this increase is marginal. Despite the upward trend, it is not substantial enough to draw definitive conclusions about significant improvements in wellbeing solely due to the introduction of the Health and Wellbeing Officer. Other factors or interventions may need to be considered to better understand and potentially enhance wellbeing levels among the respondents.

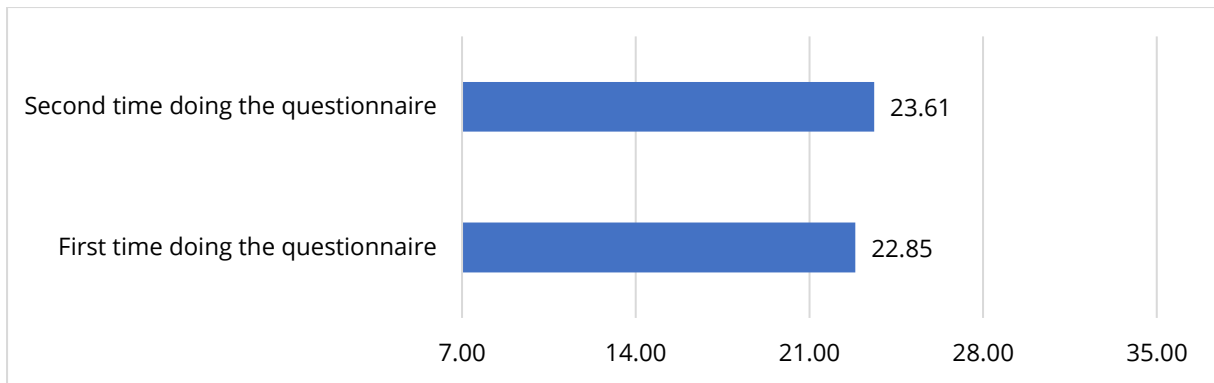


Figure 4.5. Homes2Inspire environment averages of the first round of questionnaires

4.2.3. Job Engagement Scale

The Job engagement scale was developed by Rich et al. (2010) and it measures employees' involvement with the job, in particular, it measures the physical, emotional, and cognitive engagement (Basit and Chauhan, 2017). The staff members were presented with 18 questions pertaining to their job engagement, utilising a 5-point Likert scale ranging from 1 (Strongly disagree) to 5 (Strongly agree). The total scores for individuals were calculated by summing the scores of the individual items, resulting in a range from 18 to 90. Figure 4.6 depicts the outcomes obtained from the respondents when they completed the questionnaires for the first and second time. The results indicate a trend towards improved job engagement over time, although the increase is not considered significant. While there is an observable upward trajectory in job engagement scores between the two assessment periods, this change is marginal and does not appear to be substantial enough to be deemed statistically significant. It suggests that while there may be some enhancement in job engagement among staff members over time, additional factors or interventions may be required to achieve more significant improvements.

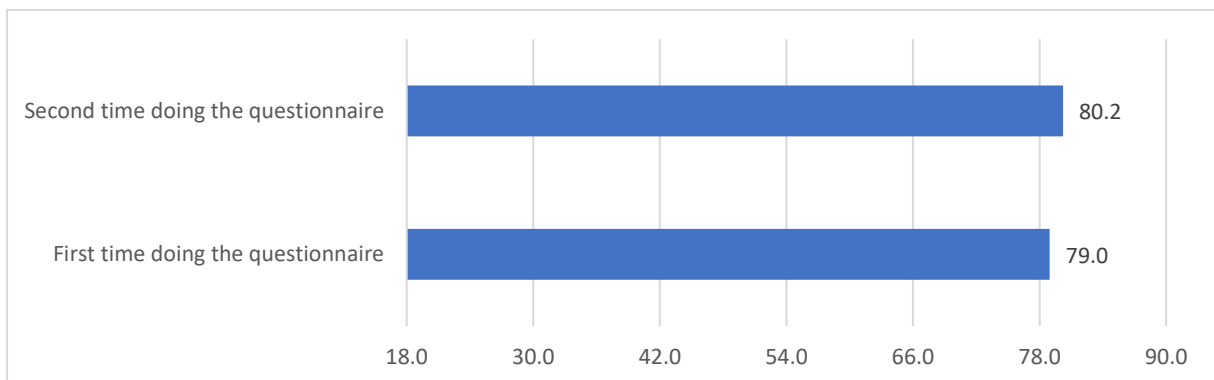


Figure 4.6. Homes2Inspire environment averages of the first round of questionnaires

4.2.4. Final Outcome

The nine staff members that completed the questionnaire for the second time were asked about the outcome of the programme especially in relation to the impact of the Health and Wellbeing Officer. A considerable portion of respondents (44.44%) found it "Exactly true" and "Moderately true" (55.56%) that the work environment has improved since the introduction of Health and Wellbeing Officer indicating a generally positive perception of the officer' impact on the environment. Respondents' perceptions regarding the reduction of negative outcomes, such as placement breakdown, staff retention issues, sickness rates, and turnover, varied. Large proportions perceived it as both "Moderately true" (44.44%) and "Hardly true" (44.44%), suggesting some scepticism regarding the extent of these improvements. The majority of respondents (66.67%) indicated a strong belief (responding "Exactly true" to statements on positive effect of Health and Wellbeing Office) in the Officer' beneficial impact on children and young people. Regarding the assertion that the wellbeing of children and young people has increased due to Health and Wellbeing Officer, respondents' perceptions varied. While a minority found it "Exactly true" (11.11%), a larger proportion found it "Moderately true" (55.56%), indicating a generally positive but somewhat nuanced perception of the Officer' impact on wellbeing. Respondents who found the positive effect on programme participants "Moderately true" or "Exactly true" were asked about the translation of improvements into better relationships with social and youth workers. A notable proportion found this statement "Moderately true" (62.50%), suggesting a perceived link between improvements among children and young people and enhanced relationships with workers. In summary, the responses reflect a mixed but generally positive perception of the role and effectiveness of Health and Wellbeing Officer within the Homes2Inspire programme. While there is widespread acknowledgment of their positive influence on the work environment and programme participants, there are also varying degrees of scepticism and uncertainty regarding specific outcomes and their extent.

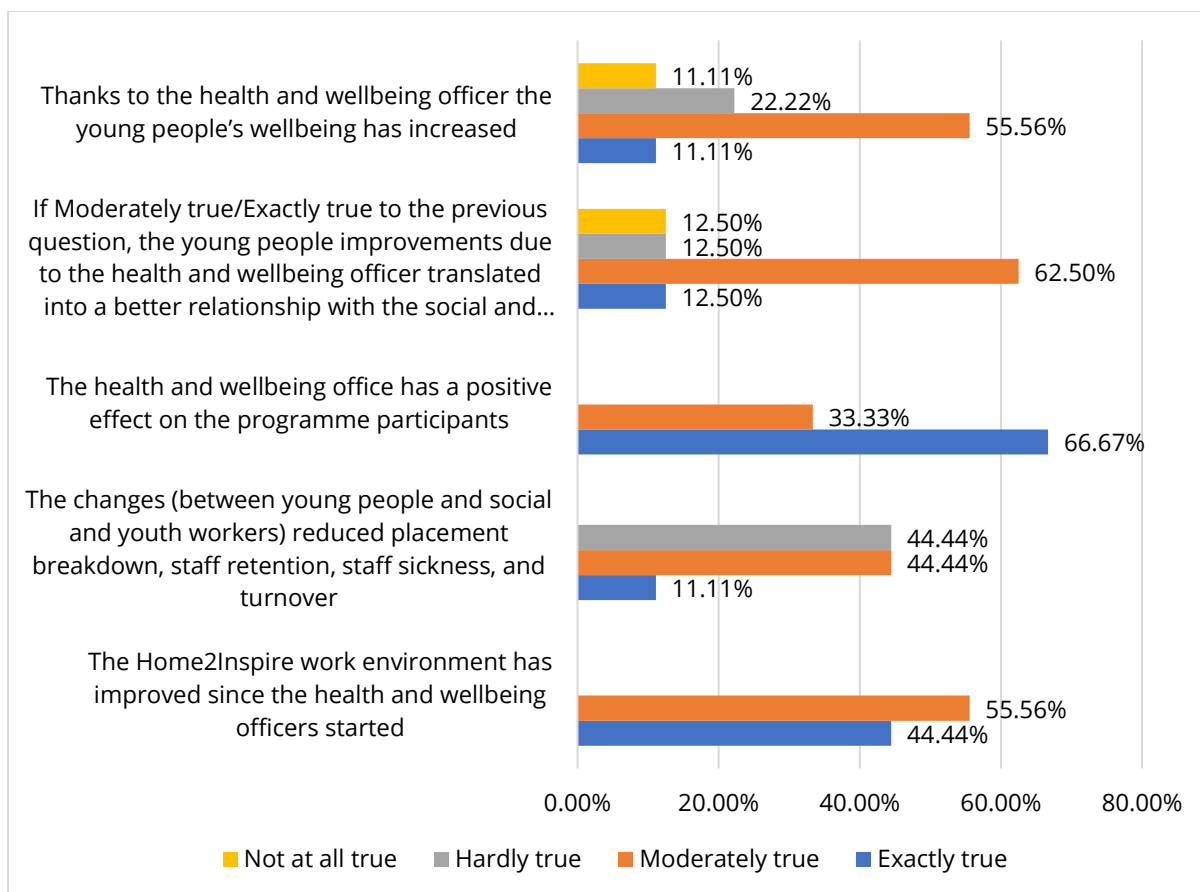


Figure 4.7. Homes2Inspire Final Outcome

Moreover, among the staff members that completed the questionnaire a second time, six provided a detailed description of the changes that happened thanks to the introduction of the Health and Wellbeing Officer. The most representative quotes are listed below:

“Unfortunately, the Health and Wellbeing officer has not been able to complete any work with the young people so the impact is purely based on the fact that the staff feel more supported in their work lives. I feel the way this was rolled out has caused a lot of barriers to the staff interaction especially putting the depression scale in the original questionnaire from the university. I feel the name of the role has also been a barrier as a lot of staff were concerned that they were being scrutinised around their ability to perform their job role. If it was advertised as a clinical team supporting staff in coping with some of the behaviours and experiences that the young people display/have been through I feel that staff would have been more open to this. I also feel that it should have started with structured group sessions in the home discussing the young people and the staff struggles with them and then moving on to open it up to the staff on a 1:1 basis to support with their own struggles personally and professionally. I feel that at times the staff have felt that they are being

pushed into engaging and have found it a bit much. With the invitations to 1:1 sessions. I do feel that this role is invaluable to the sector however should have been better thought out in its implementation to the company. I personally have struggled with explaining to my staff what the role is and how it is designed to support and not be intrusive. The staff members that have engaged in these sessions have stated that they have found them beneficial and supportive. We do however need to be mindful of the staff workload and appreciate that staff are so focused on their job throughout the day that thinking of a reflective topic is not always feasible."

"I believe that having a health and wellbeing officer, for staff, in the homes is fundamental. There is a lot of focus on the young people, how the young people are feeling after incidents and what we can do to support them. The mental health of staff is always an after thought and are they expected to carry on as usual. Speaking with staff about things that they have experienced, as well as my own personal experiences within the homes - we have experienced things that I don't believe most people should experience in their life times. Not to mention whatever it is we deal with in our own personal lives. I am aware that people within my home have been greatly appreciating and benefiting from the implementation of a wellbeing officer."

"I think this is Difficult for [a] house due to young people not engaging with health and wellbeing however if we have a new young person I would recommend that they engage with health and wellbeing. The team have had the ability to reflect, I myself have used [the Health and Wellbeing Officer] and has helped me to process and formulate and that I am also deserving of having some downtime too."

"I feel the sessions I have had with the wellbeing officer how been able to motivate me and helped me remain focused which has enabled me to achieve more and as a result give the young people a higher level of care as well as supporting the team more."

"I feel that the way this was introduced has caused a block with staff engagement. I also feel that with the wellbeing officer not yet coming into the homes and meeting the staff and young people this has also cause a block to the level of support offered and the engagement of the staff and young people. for this role to work the wellbeing officer needs to become part of the home."

"Staff feel like their health and wellbeing is being supported more and this has helped them put more into the work they do. Staff feel listened to."

5. Qualitative data analysis

From July 2023 to January 2024, six semi-structured interviews with staff members were conducted. Staff members volunteered to participate in semi-structured interviews with anonymity and confidentiality assured, therefore, the results presented in this report are anonymous⁶. Moreover, six quotations were provided by Homes2Inspire about the programme and the impact of the Health and Wellbeing officer for inclusion in the report. Lastly, one young person completed a case study. The interviews, quotations and the case study were analysed by identifying themes through a thematic analysis approach (Clarke, Braun, and Hayfield, 2015) which consists of six steps that allow the researcher to distil the rich qualitative dataset into themes representing the most frequent and representative patterns and are linked with the more board dataset (Braun, and Clarke, 2006; Braun and Clarke, 2020). Six main themes were identified, namely: 'Needs of children and young people at Homes2Inspire', 'Space for Improvements', 'A tailored and nurturing support for the participants', 'The little seeds of change', 'Support Workers' struggles', and 'Health and Wellbeing Officer, the hope for a well-rounded support'.

5.1. Needs of children and young people at Homes2Inspire

These quotes provide insight into the diverse backgrounds and needs of children and young people in care, as observed by individuals working within the system. The interviewed emphasised the heterogeneity of children and young people's needs, with each individual presenting with unique challenges arising from their specific background and experiences. Findings highlight the prevalence of trauma among children and young people in care, stemming from various forms of abuse and neglect such as sexual assaults, emotional abuse, and familial neglect. The quotes also shed light on the diverse reasons for children and young people entering care, ranging from long-term care to short-term respite, for issues associated with family breakdown, challenging behaviour and abuse. This reflects the complex nature of the care system, which must cater to varying needs and circumstances of children and young people.

"Typically speaking a lot of the young people that come here have bounced from placement to placement. Sometimes it's a breakdown of foster placements, sometimes it's actually straight from home on a court order. [...] All of their needs are different but typically all of

⁶ The research team labelled the Staff's feedback as "S(numbers)" and the Participants' staff as "P(number)".

them are trauma based to different varying degrees. Some can be sexual assaults, some can be emotional abuse. A lot of them, I would say pretty much all of them, suffer some form of neglect. It can be through families going into prison, it can be through mental health issues of families, it can be families just not capable of supporting the young people. [...] There are lots and lots of different issues that they present with when they come here. No one person is the same [...]” (S2)

“It could be that they come to us for long term care, moving on into semi-independence. It could be that it’s for a short period of respite care from either a foster placement or an internal placement. I had a lad that lived with me for about three weeks because they just needed to readjust his care plan and all needed some time from each other.” (S3)

“I think their needs vary massively. Obviously we have young people from completely different backgrounds. Most of them obviously have adverse childhood experiences so we’re dealing mainly with children with behavioural difficulties, learning difficulties. So yes, it’s quite hard to pinpoint specific needs. [...] some of the children that we’ve looked after in this Home have been in the care system since they were really young, since eight years old and have gone through the system. And some of them, it’s their first time in care. So, they might come from backgrounds of neglect, abuse. So generally, those vary - yes.” (S6)

Children and young people require a range of support, with professionals reflecting on the need for support in re-engaging with education. The necessity of providing support for education and independence skills is highlighted as defined also in the literature review (Kelly, Anthony, and Krysik, 2019).

“Some people need help getting back into education; most will need support developing independence skills. Obviously it varies in age. Just trying to give them a better life, basically, helping them develop better than they have been with parents or any other situations they might have been in.” (S5)

Overall, these quotes provide a nuanced understanding of the complexities involved in providing care for children and young people with diverse backgrounds and needs within the child welfare system.

5.2. A tailored and nurturing support for the participants

Since children and young people are all different, the support is not standard, but is tailored according to the participants' needs. Creating a nurturing and family-like environment is crucial

for supporting the wellbeing and development of children and young people in care. Research suggests that a supportive and stable environment can mitigate the adverse effects of previous trauma and promote positive outcomes (Vig, Chinitz, and Shulman, 2005). The focus on fostering independence, resilience, and personal growth reflects a commitment to empowering young people to thrive beyond their time in care. Empowering young people to take control of their lives and futures is fundamental to promoting positive outcomes and breaking cycles of disadvantage (Cameron-Mathiassen et al., 2022). Moreover, providing a safe and secure environment is prioritized to create a foundation upon which children and young people can build trust, confidence, and resilience.

“When a young person comes to a Home everybody is different and everybody has different needs so it’s about as a team, making you’re your team’s trained to be able to support the young person and their day-to-day needs but also making sure, because we are not trained professionals in our Homes, that we are sourcing other professionals to help with specialist needs or anything. [...] And for me it’s about working with all professionals around the child and making sure we are giving them everything for them to progress, have a good life, feel a family environment and things like that so you see the progression.” (S1)

“So, at first it’s just about nurturing and getting to know the young person and then it’s when the real work starts.” (S2)

“[...] the main outcome is to be able to - the way I phrase it is to be able to plant seeds in our young people, for that to grow within them and for them to be able to move forward with their lives.” (S3)

“All my children have different needs, so in the home we treat them as all individuals and create a care plan around their needs. So not any of our children are the same, they are all different and all have different needs. All need different professionals around them and our job is to make sure they have a positive journey while they are at Homes2Inspire and living in our houses. [...] The general day to day needs - as a Home, we try to create a positive, family environment for these children because they all come from different backgrounds. Create positive relationships between young people and their peers and their staff and with general professionals that are working around them. We listen to their needs. As a Manager I have conversations with them all the time about their wishes and feelings. We also ensure that all our children have key workers, so they have one to one sessions with key workers. Everything around them, the safeguarding around them, we put safety plans into place

where required. And with the time they are with us we ensure whatever needs, that we meet their needs and help them build a bright future for them to move on into adulthood. That's our job." (S4)

"Obviously our aim in the Home is to give them that safe space and that kind of safety and security and build that resilience that they didn't have before coming to the Home. [...] I think the company as a whole and the programme, even with the health and wellbeing, I think the atmosphere within the Homes are really good. I think there's a lot of teamwork, I think people are kind of a family here. And from what I know, because I have a partner that works in another Home, that kind of ethos is around all the Homes, which I think is really good. I think just the ethos of being a family, that kind of teamwork and the way that the houses are generally run. Obviously all houses run slightly different and might have their own ethos but that general sense of empowering young people and being a family and being a safe space, I feel that is upheld within all the Homes under Homes2Inspire. And all the Homes that I've worked in for Homes2Inspire definitely make sure that our homes look and feel homely and that children have that safe space, whether it's in their rooms where they get to decorate and paint their own rooms how they want to. Or whether it is creating communal spaces within the Home. I think Homes2Inspire is really good, or the Homes in Homes2Inspire are really good at making sure that we have that, that that's a big focus of making sure that the children feel comfortable where they are staying." (S6)

Staff members seek to support the children and young people through different activities, from games inside and outside the Home to more tailored activities that foster routines, personal hygiene, resilience, self-esteem, living independently, and about opening up on feelings and concerns. The quotes demonstrate a youth- and child-centred approach to care, where children and children and young people are encouraged to participate in decision-making regarding their activities and routines. This empowerment fosters a sense of autonomy and agency, which are essential for positive development (Deci and Ryan, 1985), with emphasis on understanding positive relationships and routines highlights the importance of providing a nurturing environment that mirrors healthy family dynamics.

"We encourage children. They have activities most days of the week, so that can be anything where we are playing board games in the house, they go out in the community. [...] They chose their own activities so every week in our Home we have a family meeting and they chose their activities in the week and weekend, and then every month we have a really special activity, [...] They also do extra activities where they will do after-school clubs and

stuff like that. [...] We have holidays every year; they do activities with their families if that's part of their plan. So, there is no limit to activity so long as it's safe, organised, with my children. Yes, they do everything really." (S1)

"We do lots of understanding how a family should look in terms of positive relationships, in terms of routines, hygiene and things like that. [...] We do lots of key work sessions, which are one to one sessions with our young people. We also do group key work sessions. [...] We provide lots of different activities that will push them outside their comfort zone and it builds resilience, it builds self-esteem. [...] We do a lot of work around learning how to live independently because most of them will be here until they are 18 and then they will leave and live independently. So, it's a lot to do with life skills. [...] We do a lot of work about opening up about how they are feeling, about concerns that they have. Learning that this is a safe environment to talk. And then we bring in external professionals as and when needed to additionally support the young people because although we do the basic work we are not therapists so we cannot do the real in-depth work. We tease away until they are ready for that work." (S2)

"We do quite a few different kinds of things. Obviously, we do a lot of fun activities with the kids as you would with your own children, we take them out, whatever their wishes or feelings. If they are interested in sport you'd go with them and play football, or take them to the cinema. We try and do as many activities to build that family atmosphere within the Home and with their peers, young people that are in the Home as well. That can range - we check what their wishes and feelings are and what they want to do and we get that through weekly meetings on what they would like to do. And then we also do stuff called key work sessions, so we will pinpoint certain things that we feel they might need to work on. [...] That can range from staying safe in the community to talking to them about racism or healthy eating. So, it's an array of different things that we do. And then, of course, we also support to a degree in educational stuff as well. So, some of our activities are more structured activities that have some kind of educational focus at least. Not all of our kids are in education, I think a lot of looked after children unfortunately tend to struggle a lot with being in education, whether it's mainstream or other education provisions. Obviously, we're not teachers but we'll try our hardest to still make sure there's an educational background to some of the activities that we do with them." (S6)

"I am supported to attend skating twice a week. I am also supported to learn new independent skills. I feel that I have been supported in having more understanding and

control over my emotions. Although I still get overwhelmed sometimes I am getting better at not reacting and just listening to what is being said. I am supported in maintaining a positive routine.” (P1)

Research suggests that positive relationships (Kelly, Anthony, and Krysik, 2019; Kelly et al., 2021) and positive decision-making activities (Cameron-Mathiassen et al., 2022) contribute to children and young people's emotional stability and wellbeing. The mention of activities aimed at building life skills, such as resilience, self-esteem, and independence, underscores the focus on preparing young people for adulthood. In fact, young people leaving care that have not developed the necessary skills to live independently are more likely to become homeless and unemployed (Montgomery, Donkoh, and Underhill, 2006) exposing them to heightened risks of re-victimisation and exploitation (Brännström et al., 2017). Overall, Homes2Inspire are supporting children and young people to develop the skills required for independence.

5.3. The little seeds of change

The quotes highlight the importance of recognising and celebrating small victories for children and young people in care. These small achievements, such as improvements self-care or improved communication skills, may seem insignificant individually but collectively contribute to significant positive changes in the young person's life. The narratives shared by the professionals emphasise the transformative journey that some children and young people undergo during their time in care. From initially difficult circumstances, children and young people can progress to achieving milestones such as education, employment, and improved mental health. These stories highlight the potential for positive change and resilience in children and young people given the right support and environment.

“To be honest with you, a lot of the time you work with these young people and the end of the placement is quite negative a lot of the time. So, it's sometimes a little bit disheartening and sometimes you can't really see what the progress was because you are looking for the bigger things. [...] Whereas actually in these places you need to look for the little things like a young person's got themselves out of bed on time, on their own, independently. [...] Or they've brought their laundry downstairs without you having to ask them. They've actually brushed their teeth and had a shower without you having to ask them. [...] You can see it in the way they communicate with each other as well. A lot of the time they come and they are quite closed off to everybody and then you can see those relationships blossoming and them developing in their self-esteem and their confidence. And their confidence to ask for

things, to ask for support and to tell you how they are feeling. So, the majority of the time the progress is those little things that change. But they make such a big difference when they then finally move on." (S2)

"One child that will always come to mind that I looked after, they came to us on a voluntary section. They basically pleaded to be away from their mum. Their mum was highly involved in drug and alcohol substance misuse. He came to us, there were periods of time where he would come to the home after time out and would be drugged out of his face and would cause a ruckus. [...] But then after a few years, he worked full time, he learned to drive, he advocated for the Home and what the Home has done for him. [...] I am still in communication with him now. [...] But it is also the little things as well, like one of my kids the other week finally went to the GP about their mental health. That is huge for an adult to do let alone a 15-year-old child. [...] So, it is not just the big changes, it's also those little foundation blocks that our children have missed out on that we are able to achieve." (S3)

"I have worked for the company for quite a while and we have a lot of really good, successful stories, where they've come to us, and it could be from any background, that they've completed their education, completed GCSEs. We have been positive role models with helping them get a job." (S4)

"I think their appreciation for everything we do. You see when they leave, they recognise everything we have been doing for them once they are in an independent setting. Yes, just their confidence to do things by themselves, whether it is get a job or they go off to university; just live independently. [...] In terms of mental health they will be a lot more resilient when they leave, ideally, most of the time, sometimes it doesn't work that way. Just being able to manage their emotions better and being able to contribute to society, I guess, in a better way. Their maturity and everything as well, we tend to see a massive difference in that. [...] I think the impact would be really good. It is always hard to see what those outcomes are for the children. I think we could do a lot of work with children and we can see that impact. But then they leave the Home and they go back right into those negative patterns that they were showing when they first came into the Home. But I think that some of the children that I've looked after, I can see from the time that they came in when they didn't have education, when they weren't engaging with friends or with staff or weren't able to get their wishes and views - people weren't doing anything about what they wanted, I can see thought the actions that we've taken and the work that we do, that kind of impact that we are able to make on their lives. Like I said, even if it is through things like having this

family environment and building that resilience, you can see the change in the young people that we look after. But I think it is those outcomes that are quite hard to track as to whether that impact is long lasting when they leave the Home or whether they go straight back to some of the patterns that they were showing when they first came.” (S5)

“The home has supported me with my health needs and are still working with me to support my mental and emotional wellbeing. I have learnt some independent skills and try and keep to a positive routine.” (P1)

Each home has a different approaches for when the children and young people transition to independence or other residential homes. One staff member discussed the ability to maintain relationships and support, while another, although discussed the positives of this approach, highlighted the difficulties behind it.

“As our Home we’re highly involved with when they move on to independence and being involved with that as well because I feel that’s really important. When they get to 18 they don’t us leave us, we’re still part of their lives. Children that we have cared for as a Home, the still come home [...] One of them has been left us for three years and he still comes home for tea all the time, comes home at Christmas to our parties and things. So, it is not just their journey through [our] House, we create a positive atmosphere. It’s about us having that positive relationship when they leave us as well, which is really important because I would never want a child to feel that once they leave us that’s it, they are on their new journey and we are not involved in that. As a parent it is more important - I’ve got four grandchildren, from young people I’ve looked after and that makes me really proud. So, it’s the whole journey and staying in touch and seeing how they become as adults, that’s really important as well. It’s great to stay in touch with them.” (S4)

“I think there are a lot of Homes where young people have built really good relations with staff and with the Home and can see the positive impact that it’s had on their lives, that they feel that they want to come back and be able to still have that support network. We are more than welcome for them to come back and to visit because we want to be able to be still available. But of course, that is also in itself difficult because as they leave we obviously have a new set of young people to look after and obviously our professional boundaries as well. We cannot be contacting them ourselves or anything like that outside of the workplace. So, I think a lot of it is dependent on the young people and whether they want to come back and see people. I know that the young people that I have looked after, none of them have

really come back and come to say 'hi' or anything like that and we don't often hear much. Sometimes, because the young people in the Homes have relationships between themselves, sometimes we will hear how another young person is doing through another child that's still in the Home that lived with that other child." (S5)

Despite the positive changes observed during their time in care, professionals acknowledge the difficulty in tracking the long-term impact of their interventions. Young people may face challenges reintegrating into their communities or reverting to negative patterns post-placement (Montgomery, Donkoh, and Underhill, 2006). Interview participants reflect on children and young people's appreciation for the support and opportunities provided to them, and how this support helps to build resilience and promote emotional management skills in children and young people. Overall, the above quotes capture the complex and multifaceted nature of working with children and young people in care, emphasising the significance of both small victories and long-term outcomes in their journey towards positive development.

5.4. Challenges experienced by staff members

Part of the evaluation aims to understand the roles of staff members and the Health and Wellbeing Officer. Staff members experienced challenges in delivering support, reflecting on increasing numbers of children and young people in each residential home, which create additional complexities in providing the proactive and consistent support that children and young people who have experienced significant trauma require. The roles of residential children's workers are notably demanding, with lengthy shifts, inadequate pay, and shouldering the responsibilities of multiple and sensitive tasks, such as, ensuring safety, providing emotional support, maintaining boundaries, and managing crises (Seti, 2008). Additionally, the perception of in-home staff member as family members creates a challenge for children and young people when sharing information. This places emphasis on the importance of additional support from external staff like youth workers.

"I know social workers are overloaded and that is a shame but not my problem. They have a duty of care to children and if they have got a caseload of 50 then something needs to be done about it because you can't manage 50 children. [...] So, it is about not over loading and focussing. Whoever deals with a child needs to focus on that child, them not just be a number, 'I can fit you in for an hour here'. [...] They need to be proactive. There are too many professionals out there, in my own opinion, who have not got the time for them and that's where mistakes happen, which is a shame. [...] It's really hard because you know as a country

they [social workers] are overworked and their caseloads are ridiculous, which is unfair and mistakes happen. But they get blamed for it when it's not actually their fault. I think the government need to sort their stuff out and do whatever they need to do." (S1)

"I think it's quite easy to fall into the trap of blocked care because our young people are very intricate and very complex and they push against boundaries a lot. [...] But also, staff have - I don't have this in my house because my house is very settled but I have worked in Homes where the house has been very unsettled. And the anxiety of not knowing what you are going into on shift, whether your young person is in a good mood or not, whether they are going to throw something at you, whether they are going to assault you. Whether they are going to swear at you or whether they are going to be a delight. [...]" (S2)

"Sometimes when a young person lives with you, because it's a home atmosphere, it's like, being parents they don't want to always tell you if they're struggling. Loads of time they do but when the youth workers come into the Home they are another positive adult in their lives. My children love going out with them, they have that positive time one to one and stuff. So, for me, they are really valuable to my Home and the children I look after." (S4)

Moreover, the staff members sometimes feel they have their hands tied by Ofsted and the local authority.

"But I feel my team's frustrations at times with the rules and boundaries that are put in place by OFSTED and by the Local Authority. My team are really feeling it at the moment in terms of the rejection at times from our children." (S3)

One interview participants offered a glimpse into the operational challenges faced by the care homes, primarily stemming from incidents. The recurring incidents and assaults on staff members underscore a critical issue regarding the management of challenging behaviours within the care setting. Research has shown that staff often work within what can be described as a 'culture of fear' (Brown et al., 2018), in which aggression from children and young people, leading to incidents, can lead to emotional exhaustion (Winstanley and Hales, 2015). The high level of staff sickness and resignations illustrate the toll these incidents have taken on the workforce, potentially leading to burnout and decreased morale (Lloyd et al., 2002).

"[The home] had a period of multiple incidents/ assaults on staff, relating to one young person. This has led to a lot of staff sickness and resignations. The home was subject to a monitoring visit from Ofsted recently, largely due to complaints by neighbours, however this did highlight the impact of the incidents on the wellbeing of staff. The inspector,

although not making this a formal recommendation, strongly advocated for some support for the staff, external to the home manager, which would allow them to reflect and talk about their experiences and for them to better supported - it's difficult for managers to often due this effectively as they are also involved in the incidents. We have a number of new staff joining us, who until a new placement is found for the young person, will be dealing with stressful situations and incidents and I wonder if some preparatory work with them would help." (S7)

The excerpt above touches upon the difficulty faced by managers in effectively supporting staff members amidst ongoing incidents, as they are often directly involved in managing these situations.

5.5. Health and Wellbeing Officer role, the hope for a well-rounded support

At this initial stage of the evaluation, the Health and Wellbeing Officer has not been in post long enough to make a significant impact, but the following quotations outline the expectation from staff members. The hope expressed by staff members was that the Health and Wellbeing Officer role has the potential to work with children and young people to deal with health and wellbeing issues and therefore make positive proactive changes. Moreover, staff members are hopeful that the Health and Wellbeing Officer should be able to support the children and young people who might be struggling in opening up with the staff members in the Homes.

"But for me a Health and Wellbeing Officer is the bigger picture, is seeing everything, making positive changes, introducing new things. It's like taking a community - what's going wrong, what can we do better? Thinking about where this person comes from, is there high budgets, is there low budgets? What can we put in place to support, and not just the kids, the staff as well. [...] I would like to see more proactive - there are workshops and stuff like that [...] For me it will be a really fantastic service, health and wellbeing, if it is really proactive, there are workshops for the kids, adults, everything, training courses to cope with this, that and the other. And hopefully it will be that. [...]" (S1)

"The Health and Wellbeing Officer, for me, is a little bit more targeted support. So, it's where the staff team can sit and talk to the Health and Wellbeing Officer about concerns that they have for each of the young people and the Health and Wellbeing Officer will then provide that support and provide strategies to support. [...] I would hope that the Health and

Wellbeing Officer would work with the young people as well, to support the young people with any concerns that they are having and issues that they are having, especially in terms of in-house. Because obviously they are limited in how much work they can do with each young person because I have got five, for instance, in my house and Homes2Inspire have over 40 Homes. So, there is a limitation on what can be done in terms of one to one sessions.” (S2)

“I think it is extremely well matched to have somebody internally, such as the Health and Wellbeing Officer because sometimes our children will not necessarily talk to us about the things that are deep and buried because it’s almost like a bit of a shame thing. [...] However, sometimes it is just again, like with the children, being able to offload to somebody that you don’t stare at every day. Just to be able to breathe and run off and gain somebody else’s perspective, or just no perspective at all. [...] I think it will help with that, I think it will help the team to be able to reflect and understand that just because certain things aren’t working doesn’t mean there aren’t other things to try.” (S3)

The follow-up interviews conducted in January 2024 reiterated the expectations of the staff members who felt the Health and Wellbeing Officer was able to provide support and guidance to both Home Managers and staff members within care settings. The quotes highlight how Health and Wellbeing Officer offer a confidential space for Home Managers to vent and seek support when facing challenges, which can help to combat issues associated with burnout (Llyod et al., 2002). The Health and Wellbeing Officer extends their support to staff members on a personal level, offering guidance and strategies to navigate personal issues or challenges within the home. This support can have a positive impact on staff, children and young people, reducing the impact of burnout and frequent staff turnovers can affect the impact on the young people (Parry, Williams, and Oldfield, 2022). The positive impact discussed in the interviews aligns with the outcomes observed in the quantitative analysis presented in Section 4.2. Specifically, the collective findings from the Homes2Inspire environment scale, the Short Warwick-Edinburgh Mental Wellbeing scale, the Job Engagement Scale, and the Final Outcomes that indicate improvements, although minor, in staff wellbeing and workplace quality.

“And then the Wellbeing Officer, I have sessions with her. It’s really good because as a Home Manager sometimes you need that person who you can vent too sometimes so she’s been really supportive of that. And also, she’s there for my staff, she has communicated with a lot of my staff. She came to a team meeting and introduced herself. She is made plans for the early part of this year that she’s coming to the home, so my children could have the time

with her if they want. The children I look after, they will not do a Teams call, they hide from the camera. So, for me, when me and her spoke in our sessions she is agreed that she'll come to the house, which is really positive. And I think it is really good because even though you'd have a staff team and there is good support for myself, sometimes they just need that other person to speak to, and so do I. So, it is good that she's there if we just want to offload a little bit. So yes, it has been really positive with both of them." (S4)

"The Health and Wellbeing Officer is obviously here to support us if we are having challenges. It can be anything basically - it can be personal issues or problems within the Home. When I have spoken to the Health and Wellbeing Officer it's been speaking about different strategies to support the young people and also support the staff. So, if the support workers are finding things difficult, different avenues to take in order to help them. And then personally, she can speak about any challenges you have. She has quite a good way of giving you a different perspective on things, different advice that you haven't thought about. And obviously they are there to help emotionally as well." (S5)

"I have come to you with personal and professional concerns, and we have spoken about these at lengths and come up with different strategies to support how I have been feeling. I think that this role is invaluable and have seen the positive outcomes that this role can have on the staff when they are open to engagement. I feel that although there have been struggles with getting this implemented and rolled out there has been a lot of positive work completed. I have been able to discuss current young people and ask for support with strategies. You also supported me in making a booklet for a young person who was leaving our service with techniques to support them through their low periods and helplines that they can contact when they are feeling low. I have been able to directly refer staff members to you for support which has helped take a bit of the pressure off of me as a manager as juggling staff wellbeing along with all of the other tasks can sometimes mean that they do not get my full attention so having the option of referring to yourself as well as having wellbeing discussions." (S8)

"The HWB Officer has been amazing and very easy to talk to. Her experience in the sector has allowed for my questions, concerns and issues to be answered and her solutions have honestly helped me to be better in my role in the home. I had struggled with my own mental health in July this year due to the workload that I had and unfortunately, I didn't reach out to The HWB Officer, however, with the relationship that I have built with The HWB Officer, I do feel that I would reach out if I was struggling at any point in the future. I hope that this

programme is rolled out to other homes as I think that due to the work that we do, we need to have an external individual that can help us with different ways of thinking that benefits us and therefore benefit the home. I have seen too many staff leave as they feel as though they can't cope, and I believe that a lot of this can be remedied by having someone external to talk to." (S9)

"I am someone who finds it excruciatingly hard to open up to other people, not the best trait, I'm aware. Having someone, outside of my team, that I can talk with and receive action plans and unbiased opinions from has been invaluable. During this period, I have been experiencing a lot of adversity in my home life that I did not wish to encroach on my work life, talking with you has given me an avenue to express these things. I believe that your role is such an important addition to our company, there is so much focus on the young people, however staffs wellbeing has been notoriously overlooked. Unfortunately, we are unable to do our job to a high standard if we have nothing to give "you can't pour from an empty cup" - This is where I believe your role helps and has helped." (S10)

"I was reluctant to [talk to the Health and Wellbeing Officer] due to being really busy and previous experiences with this team have not been useful at all when directing staff to them. However, after a conversation with The HWB Officer, my perception of their service has completely changed. The HWB Officer told me about her background and the experience [...]. She was extremely knowledgeable about our job role and the children we look after and in turn how this could affect our staff." (S11)

"The HWB Officer has been absolutely amazing at her job! Recently I have had a bit of negative shift in my personal life and the fact I can come into my workplace and feel supported, listened to and cared for through this time makes everything that much better! [...] The HWB Officer is a really genuine and down to earth person so I believe it makes it easy for her to succeed in her job. It has been really, really helpful for me, honestly! It has even helped me remember the things I can sometimes forget to do for myself, which is why I feel so cared for." (S12)

The role of Health and Wellbeing Officer include facilitating reflective practice sessions, where staff members can analyse their work and explore different perspectives. Moreover, the officer brings a valuable outside perspective due to their background in childcare and experience working within homes.

“The Health and Wellbeing Officer has been made available to staff essentially whenever we need it. Some staff use the Health and Wellbeing Officer, some do not. I myself do on a monthly basis [...] We would talk about anything that’s going on in the house and do some reflective practice and stuff like that. I guess it is really about anything that’s going on. And I stress that to the staff that I supervise as well, that it is not just a matter of their Health and Wellbeing Officer being there to talk about your wellbeing, it sometimes just to reflect on the practice within work. Luckily, the Health and Wellbeing Officer that we have has a background in childcare and has a background in working within Homes. So, being able to have that outside perspective as well is really good, so that it’s not always clouded. Even when you are talking and having your own supervisions with management or anything like that, because you are all always in the House it is sometimes hard to see that outside perspective and hard to see things from a different angle. So, being able to have that reflective practice with the Health and Wellbeing Officer also helps quite a bit in terms of just seeing things a bit differently that no-one else has maybe picked up on.” (S6)

“When I first heard about the Health and Wellbeing sessions, I was looking forward to these as I thought it would be beneficial, as the work that we do in the home can be emotionally draining and I wanted to have someone to speak to. I know that my focus was on the wellbeing side and at first, I didn't realise that these sessions could also take the form of a reflective practice, however, over time, I have been primarily focused on using these sessions as a reflective practice which in turn has had a positive impact on my own wellbeing. These sessions have been very beneficial and being able to get an external perspective on your work, wellbeing, relationships, etc really helps to think about things differently and allows for there to be an unbiased and objective view. I have been able to take so much from these sessions which has helped me in my new position as a senior support worker. I have also made sure to stress the importance to my staff as staff wellbeing is a priority in the home.” (S9)

One staff member discussed the barriers in engaging with the Health and Wellbeing Office, reflecting on the fact that only a few individuals consistently utilised the services of the Health and Wellbeing officer. Research indicates that workers in the care sector often fail to report traumatic stress, potentially because they anticipate the emotional toll associated with their roles (Schiff et al., 2015). This was emphasised by interview participants who noted the importance of breaking down barriers and the stigma associated with seeking support. By normalising the use of support

services and highlighting their various functions beyond counselling, such as reflective practice, the aim is to encourage broader utilisation and destigmatise seeking help.

“I think there are probably about four of us at the moment that utilise her consistently. But I think also it’s trying to break down that barrier as well [...] It’s breaking down that barrier of making it so that you are not in some kind of counselling session. This Health and Wellbeing officer is not there - you don’t have to talk about your own problems or what you are going through. There are other uses, like reflective practice, which is really, really good. [...] I think it is just those barriers of people feeling like maybe that you are talking to a therapist, because it’s not that. And even people talking about their own feelings - as we know even, for instance males with a Home, are breaking those barriers down of genially being like you can talk to someone and it’s alright. The job is hard and it is difficult and it’s really important for us to be able to talk through those issues or reflect on what we’ve done or why we’ve done something, or to help us to be better at the work that we do; to have that outside [...] is really important. I think it is highly effective for those that are using it but it’s just trying to break those barriers down for those that are maybe a bit unsure as to whether they want to use it or not.” (S6)

A staff member mentioned how the impact of the Health and Wellbeing Office on children and young people is also indirect as the Health and Wellbeing Officer has an impact on staff members behaviour and understanding of children and young people’s needs which contributes to building better relationships between the two. Moreover, this role could help also with staff retention as it alleviates the struggle of the staff members.

“I would say directly yes, but indirectly I would say it’s more geared towards the young people. Obviously, if you have got staff that are in a better place mentally as well as giving them different outlooks on how to manage certain things, how to support the young people better, I think indirectly it’s definitely benefitting the young people. [...] For me, personally, I was really struggling, just understanding a young person’s behaviour. And through speaking to the Health and Wellbeing Officer, she gave me a different point of view on it and it’s made me more able to understand what’s going on with them and also what could be going on with them personally. [...] I feel like with the Health and Wellbeing Officer, that alleviates [the struggles to manage certain behaviours] because you gain a better understanding of the young people and it’s easier to manage certain behaviours with the advice we are given. And in terms of staff retention, there is that support there which there has not been previously, which makes a massive difference in terms of keeping staff. [...] It is difficult to say the

environment has changed massively. I think staff are definitely a bit more relaxed in knowing that they do have that support there if they need it. I would say that is the obvious change. [...] The only thing I would say is I feel like the - obviously it's a pilot programme at the moment with Health and Wellbeing Officer [...] should be [offered , I think it should be company-wide because it will be massively beneficial to everyone that works for Homes2Inspire, I believe." (S5)

In the preliminary assessment phase, the staff members express expectations for the role's potential to positively impact the welfare of both children and young people, as well as provide vital support for staff within care settings. Staff members anticipate proactive initiatives and tailored assistance from the Health and Wellbeing Officer, fostering an environment conducive to open dialogue and effective strategies for addressing challenges. Follow-up discussions reaffirm the officer's role in offering confidential support, guidance, and strategies to navigate both personal and professional hurdles, thereby cultivating a positive workplace atmosphere and encouraging staff retention. Testimonials highlight the officer's proficiency in facilitating reflective practice sessions and breaking down barriers associated with seeking support, contributing to a culture of well-being within the organisation. Additionally, staff acknowledge the officer's indirect impact on the welfare of children and young people through enhanced staff understanding and management of their needs. In essence, the Health and Wellbeing Officer emerges as a crucial asset in promoting staff well-being, improving workplace dynamics, and indirectly benefiting the welfare of those under their care.

5.6. Space for Improvements

A big concern raised by the staff members participating in interviews was the fact that Homes2Inspire has grown significantly. Although this is seen as positive in terms of growth, it does come with challenges in terms of individual homes receiving adequate support from central management.

"As a Home I think we're a great Home, we've got a great staff team. Our kids are amazing. We've been through a lot and everything. But for me, yes I do feel disconnected sometimes and that is just being honest. [...] And with that, I have not always felt that because I have worked in the company a long time. But I think as we are getting bigger and bigger and bigger we are losing that where I always thought it was - you knew all the managers. And know it seems another name pops up and you are like, 'Who the hell are they?' and have to go and search them. [...] I think the bigger they get, it feels a bit more disconnected than it used to. [...] I think recognising employees that we have, for me there is a lot of things

introduced but there is a lot of confusion. [...] I think because of how big we are getting that there are a lot of people in Homes2Inspire now and it's knowing these people, them coming to your Homes. [...] There have been people in senior management that have been in the company for three years and never, ever been to my home. So, I think sometimes we are just a bit disjointed. [...] It's not a negative, I just think it would be good if people knew more about what happens at a Home and if you are short staffed at the weekend and you are getting a phone call to say you need to go in but you've worked 60 hours and - you know what I mean?" (S1)

"However, I do feel the job can be fairly isolating at times. I do not think that is anybody's fault necessarily. My staff team is predominantly unqualified so there's a lot of work needed to ensure that the young people are getting the best they possibly can get from myself and team. [...] It can feel quite isolating because I am here on my own with [a couple of] staff members and [several] kids and swamped with work. And then I have got everybody from external saying, 'Give me this, give me that; I want it now.'" (S2)

"We're absolutely huge now compared to what we were and I think sometimes that is our weakness, it's almost that we are growing too big, too quickly. That adds then to a lot of pressure and stress in terms of our central team. And it is just that weight. And I think with it being such a large organisation and although developing and growing gives more opportunity internally for you to develop and grow in terms of different roles, I feel there needs to be that change in the way that the central team is almost running and where there's one Learning and Development Manager there probably needs to be three because we've got over 600+ staff [...] It sometimes feels like people are running round [...] playing catch up. And I think that is something that almost sometimes it's like, 'Let's slow down and step back and see what we've got'. [...] I've had to take a day out of my house today in order to do my Reg 45 report, which is a statutory thing from Ofsted but I should be able to complete that within a timely manner within my Home but with everything else we have to do it's sometimes a bit of a struggle. [...] Yes, I feel sometimes it is a double-edged sword with how we grow." (S3)

"A disadvantage I would say, with them expanding at such a quick rate sometimes it feels as if it's more of a lot of decisions are made for financial reasons rather than for the best interests of their staff and young people in terms of the amount of young people that are within certain homes, it makes it very difficult for the staff teams to manage. [...] And the overall recruitment is a bit difficult when you have got quite a lot of Homes within a small

area. Obviously there's naturally a higher staff turnover in this sector than there are others so recruitment is sometimes an issue and staffing levels. [...] I think the sizes of certain Homes could definitely be improved. From seven years of experience, I think five-bed Homes are a bit too much [...] Also I think the communication between higher up managers to the staff teams within the Homes could be better. Just communicating appreciation and things like that I think could be improved." (S5)

However, one staff member mentioned that they still feel supported and that the regional managers visit the Homes to support staff.

"I believe if you want to progress the progression is there. I've always felt supported from them and I've got no concerns and I haven't known anybody else to. [...] To be fair, our Regional Managers come and visit our Homes and the kids all love seeing them. The senior management will come and visit our homes. There are always positive relationships there so I don't feel unsupported or concerned when the bosses come to the home. My kids treat them like they would anybody else who comes to the Home. It's not, 'Oh God, we've got visitors'. [...] I think there is always a really positive atmosphere between my children and anybody who visits our Home, which is really good" (S4)

Another difficulty mentioned by the staff members was associated with placement breakdowns which can occur for different reasons including challenging behaviour. For example, young people who have reached the age of transition from care may start to struggle and stop complying with the staff due to feelings of rejection.

"When a placement breaks down in a Home, and we have had one here, there's a lot of different reasons to it. And how one person [the Health and Wellbeing Officer] could come in and stop that, it is not possible, in my opinion. Especially someone who does not work with the children because as a team we try everything, putting the professionals around them, so I don't think that would ever have an impact." (S1)

"The difficulty is that because a lot of the people that come into care are struggling with their own demons at the same time, it makes them vulnerable and sometimes boundaries can get blurred, sometimes they can, in trying to support, overshare and it causes difficulties. [...] Placement breakdowns happen. The young people, some young people outgrow placement. I have got one at the moment who we are too-ing and fro-ing with. [They] will comply for a little bit then [They] will decide that [They do not] want to comply. [...] And some placement breakdowns can be messy. Some of the kids can completely change in their

personality. You can be their favourite person in the world one day and the next day they hate you and they are gunning for you and they will not leave you alone until they have made you cry or they've hurt you or they've upset you in some way, shape or form. [...] So, it is a really tricky situation to be in because you never know during a placement breakdown what that young person is going to present like until they are presenting. [...] It is upsetting as well because some of these young people we have for two or three years before a placement starts breaking down. So, you have built that relationship up with them and then all of a sudden they are trying to trash it. It makes you feel bad as well because it is like, 'What was the point of me even trying?' [...] typically the placement breaks down - when a young person is coming up to moving - I've got two that are coming up to moving, both of them are trying to break their placement [...]. And it's coming because it's another rejection in their eyes so they want to reject me before I reject them." (S2)

Finally, according to an interviewee, there appears to be a lack of consistency across different care homes. Each home operates differently, which is understandable given the unique needs of the children and young people, as well as the varying statements of purpose for each home. However, this variance sometimes leads to inconsistency in the implementation of practices and procedures which can impact negatively on children and young people. This lack of consistency could stem from issues such as communication gaps or reluctance among managers or staff to share practices that have proven successful.

"Sometimes in terms of a disadvantage I think that there is maybe not always consistency around all the Homes. I think because all the homes do run differently - and I do understand that as well because we all do have different children and they are different statements of purpose to each home - but I think sometimes there is a bit of inconsistency as to what's been put in place in certain Homes and not in other Homes. I think that's just maybe down to - I don't know if it's down to communication or maybe managers or staff teams being very protective over how they do things and not wanting to always here those kinds of things that they might do that allow them to get outstanding or good in OFSTED or something like that. I do not think that always happens but yes, I think sometimes there is a bit of inconsistency around the Homes [...] I think a lot more sharing could be had between managers or between how staff teams do things. [...] Not in terms of our actual reporting system but I think even just in terms of how they put together activities for the young people and how they evidence that, for instance." (S6)

To address the challenges outlined by staff members, there is a need for a concerted effort to share best practices among managers and staff teams. By fostering a culture of collaboration and openness, care homes can work towards achieving greater consistency in their approaches and ultimately enhance the quality of care provided to the children and young people they support.

6. Social Impact Matrix

Social Impact measurement allows organisations to understand the value of services and activities for individuals, organisations and society. The Social Impact Matrix© developed by the University of Northampton fills this gap by providing a holistic approach to measuring Social Impact that can be used to develop a bespoke measurement framework. The Social Impact Matrix© largely builds on McLoughlin et al.'s (2009) SIMPLE methodology, which focuses upon the measurement of outputs, outcomes and impact. According to this framework, an output can be defined as the direct and easily identifiable outputs of a programme (i.e., the number of people supported). Outputs are augmented with longer-term benefits called outcomes that represent positive changes to participants' states of mind that will enhance their lives and psychological wellbeing in the long run (i.e., improved wellbeing, greater self-efficacy). The framework also seeks to articulate impact, an even longer-term benefit relating to the wider impact on society resulting from the intervention programme (i.e., savings through reducing/preventing homelessness). While impact's focus on the wider and less tangible aspects of an intervention programme is the most difficult element to measure, its inclusion in the evaluation is essential for understanding the effectiveness of an intervention programme, especially for government and other funding bodies. Indeed, such an approach allows for the calculation of fiscal proxies that can be attached to social impacts, hence allowing organisations to demonstrate to stakeholders the savings that their work provides society (See Appendix A - The Social Impact Matrix©). The following section presents the estimated social impact for support delivered by the Homes2Inspire Programme for 2023-2024 (in comparison with 2022 baseline data).

6.1. Physical Health

Prospects, Homes2Inspire, and Northamptonshire Children's Trust partnership aims to provide care, support, and education to children and young people. This partnership not only provides services that meet children and young peoples' basic developmental needs, but it seeks to provide guidance and opportunities to support children and young people to explore and address specific issues and pursue their desired outcomes. The added value of the support offered to children and young people in improving mental health and wellbeing impacted on the health and wellbeing of children and young people through reduced hospital admissions (n=7), reduced ambulance dispatch (n=4) and reduced incidents of self-harm (n=6). A&E admission have a cost of £306 (Unit Cost Database, 2024) and ambulance dispatch costs are estimated at £334 (Unit Cost Database, 2024). The cost of self-harm incidents are difficult to accurately identify however research

(Tsiachristas et al., 2017) has estimated the average self-harm presentation cost at £809 per self-harm presentation (not including any follow-up care).

The costs associated with hospital admissions, ambulance dispatches and self-harm were analysed and applied to the support offered to calculate the overall impact (Table 6.1). The net value of social impact delivered by Prospects in this area is equal to **£7,498.80** when deadweight is accounted for.

Support	Total Impact	Costs, Attribution, Displacement & Deadweight	Net Impact
Reduction in A&E admissions	£2,142.00	Number (n=7) * average cost A&E admission (£306) [Deadweight of 10% applied]	£1,927.80
Reduction in number of incidents resulting in an ambulance dispatch	£1,336.00	Number (n=4) * average cost per call-out for ambulance services (£334) [Deadweight of 10% applied]	£1,202.40
Reduction in number of serious self-harm incidents resulting in external medical attention/assessment	£4,854.00	Number (n=6) * average cost of self-harm presentation (£809) [estimated hospital costs to be on average £809 per self-harm presentation (Tsiachristas et al., 2017)] [Deadweight of 10% applied]	£4,368.60
Total	£8,332.00	N/A	£7,498.80

Table 6.1. Physical Health⁷

6.2. Well-being

Health inequalities can be linked with many social determinants that impact the environment and communities in which individuals live (WHO Commission on Social Determinants of Health and World Health Organization, 2008). Homes2Inspire promotes good health in children and young people through the provision of dedicated support. Health and wellbeing are measured as *general wellbeing* defined as one's perception of their satisfaction of life and life stability. Research (Cox, Bowen and Kempton, 2012; Maccagnan et al., 2019) has suggested that improving an individual's

⁷ Given the fact that other provision does exist for this level of support, a deadweight ratio (10%) was applied across all areas. No displacement has been added as programme supports young people who experience significant disadvantage.

wellbeing could be valued at £10,560 per individual, which illustrates the importance of capturing information on wellbeing. Support from the Homes2Inspire had an impact on staff wellbeing with two staff members reporting that wellbeing increased time. Analysis reveals that the net value of social impact delivered by Homes2Inspire in this area is equal to **£14,784.00** when attribution and deadweight is accounted for (Table 6.2).

Support	Total Impact	Costs, Attribution, Displacement & Deadweight	Net Impact
Improvements in wellbeing	£21,120.00	Average wellbeing financial proxy of £10,560 (Cox, Bowen and Kempton, 2012; Maccagnan et al., 2019) x 2 staff members supported. [Attribution of 20% and Deadweight of 10% applied]	£14,784.00
Total	£21,120.00	N/A	£14,784.00

Table 6.2. Mental Health, Wellbeing, and Confidence⁸

6.3. Crime & Safety

Children and young people supported through Homes2Inspire experienced an improvement in their behaviour that consequently led to improved safety and reduced crime. In particular, there was a reduction in the number of instances requiring Police involvement (n=11), the number of missing incidents (n=157), the number of incidents requiring use of force (n=14), and the number of incidences of bullying (n=15). The Unit Cost Database (2024) estimates the cost of police attendance at incidents at £1,628 per incident and the cost of police investigations of missing persons at £2,975 per incident. Costs associated with use of force are difficult to ascertain however research (Lebel and Goldstein, 2005; The Business Case for Preventing and Reducing Restraint and Seclusion Use, 2011) has estimated a cost of £282.95 associated with use of force. In relation to reductions in bullying, the average cost of bullying programmes are estimated £166-£411 per young person (Youth Endowment Fund, 2024). Analysis of additional support reveals that the net

⁸ Given the fact that other provision does exist for this area of support, the lower deadweight ratio of 10% was applied across all areas as well as 20% attribution for other service provisions. No displacement was included in this calculation.

value of social impact delivered by the Homes2Inspire in this area is equal to **£442,290.87442** (Table 6.3).

Support	Total Impact	Costs	Net Impact
Reduction in number of instances requiring Police involvement within period	£17,908.00	Reduction in incidents involving police (n=11) * £1,628 per incident (Unit Cost Database, 2024) [Deadweight of 10% applied]	£16,117.20
Reduction in number of Missing incidents	£467,075.00	Reduced missing incidents (n=157) * the estimated cost to the police service of responding to missing person incidents (£2,975 per incident) (Unit Cost Database, 2024) [Deadweight of 10% applied]	£420,367.50
Reduction in number of uses of force in the period	£3,961.30	Reduced use of force incidents (n=14) * the estimated cost of use of force for adolescents [£282.95 ⁹ due to requiring significant person hours (Lebel and Goldstein, 2005; The Business Case for Preventing and Reducing Restraint and Seclusion Use, 2011) [Deadweight of 10% applied]	£3,565.17
Reduction in number in bullying incidents	£2,490.00	Reduction in bullying (n=15) * estimated cost of anti-bullying programmes (£166-£411 per pupil) (Youth Endowment Fund, 2024). [Deadweight of 10% applied]	£2,241.00
Total	£491,434.30	N/A	£442,290.87

Table 6.3. Crime & Safety

6.4. Human Resources

Homes2Inspire supports staff members by improving the workplace quality and environment. This has contributed to a reduction in the number of sick days required by staff (reduction by 244 days from previous year) therefore reducing reliance on other staff members and/or agency staff. Over the reporting period, the number of agency staff required remained was 11. The value of reducing sick days is difficult to ascertain however applying a proxy value of care staff costs allows Prospects to identify the added value of reducing staff sickness (albeit the true value is likely to be

⁹ Conversion from \$350.00 dollar in 19th of April 2024.

significantly higher). Analysis of additional support reveals that the net value of social impact delivered by Homes2Inspires in this area is equal to **£30,662.80** when accounting for the agency staff member use over the period (Table 6.4).

Support	Total Impact	Costs	Net Impact
Negative costs associated with use of agency staff	-£3,619.00	Number of agency staff used * Social worker - cost per day (excluding qualification costs) (£329) [Attribution of 30% and [Deadweight of 30% applied]	-£1,447.60
Reduction in agency staff use through reducing sickness days (inclusive of the costs associated with qualifications, training, experience)	£80,276.00	Number of sickness days reduced * Social worker - cost per day (excluding qualification costs) (£329) [Deadweight of 30% applied]	£32,110.40
Total	£76,657.00	N/A	£30,662.80

Table 6.4. Human Resources

6.5. Impact Overview

The data gathered in relation to the social impact of Homes2Inspire presented above (see also Appendix A), demonstrates that the total maximum impact created equates to £597,543.30. However, when attribution and deadweight is accounted for, the overall impact value created is **£495,236.47**. Figure 6.1 below illustrates the breakdown of these social impact figures across the key areas.



Figure 6.1. Social Impact

It should be noted that these figures do not account for all impact created through the support offered to children and young people (i.e., 1:1 support) and staff (i.e., staff upskilling through accredited education and training) therefore there are opportunities to capture further social impact. The research team recommends that caution is exercised in interpreting the true social impact due to the limitations resulting from limitations including the lack of counterfactuals or randomised control group data for comparison.

7. Conclusion and Recommendations

This report illustrated the findings from the evaluation of the Prospects, Homes2Inspire, and Northamptonshire Children's Trust partnership, who aim to provide care, support, and education to children and young people. This partnership not only provides services that meet children and young peoples' basic developmental needs, but it seeks to provide guidance and opportunities so that the children and young people can receive support to explore and address their needs and pursue their desired outcomes.

To evaluate the programme both quantitative and qualitative data were collected from April 2023 to January 2024. The quantitative data presented in this report were gathered through an online questionnaire that captured the responses of staff. In total, 38 questionnaires were collected (29 at the beginning and nine at the end of the evaluation) with a focus on the Homes2Inspire environment, their wellbeing, and their job engagement. The qualitative data collection consisted of six interviews with staff members, a case study with one young person, and quotations from staff provided by Homes2Inspire. Moreover, social impact figures were shared by Homes2Inspire to allow for comparisons from 2022 to 2023.

Findings from the research demonstrate that young people supported by Prospects have diverse needs, which can vary, but are generally associated with trauma, including experiences such as sexual assault, abuse, and neglect. Therefore, the support provided to participants in care is tailored to their individual needs rather than standardised. Creating a nurturing and familial atmosphere is deemed essential for fostering the well-being and growth of children and young people in care. Moreover, staff members are dedicated to providing tailored assistance to the participants through various activities. These activities encompass games both indoors and outdoors, personal hygiene, building resilience, boosting self-esteem, preparing for independent living, and creating an environment where young individuals feel comfortable discussing their emotions and concerns. These activities have shown to have a positive impact on the children and young people, fostering meaningful changes in their lives. Indeed, the findings underscore the significance of acknowledging and celebrating the small triumphs in the progress of children and young people in care. While these individual achievements, such as mastering self-care or enhancing communication skills, may appear minor, but collectively they contribute to substantial positive changes in the lives of these individuals. Despite initial challenges, individuals can progress towards significant milestones like education, employment, and improved mental well-

being. However, professionals participating in the research also acknowledge the challenge of assessing the long-term impact of their interventions, as children and young people may encounter difficulties reintegrating into their communities or reverting to negative behaviours post-placement.

Children and young people require effective and sustainable support which relies on staff members having capability, resources and support. Staff members face numerous challenges in providing support, associated with high numbers of children and young people which creates additional challenges, especially in assisting children and young people who have endured significant trauma and require proactive and consistent support. Furthermore, a staff member in the interviews, mentioned that as children and young people perceive staff members in-homes as family, they may find it challenging to confide in them, necessitating additional support from external staff such as youth workers. The staff members' expectations about the Health and Wellbeing Officer role and impact, gathered through the first interviews, seemed to be partially fulfilled. In fact, in the second round of interviews, the staff members discussed how this role provides essential support and guidance to both Home Managers and staff members within care settings. The findings demonstrate the key role of the Health and Wellbeing Officer in offering a confidential space for staff members to express their concerns, seek assistance when encountering challenges, and navigate issues or challenges within the home. This assistance encompasses addressing work-related stress and offering advice on effectively supporting children and young people. These findings resonate with the outcomes observed in the quantitative analysis, with the Homes2Inspire environment scale, the Short Warwick-Edinburgh Mental Wellbeing scale, the Job Engagement Scale, and the Final Outcomes collectively indicating a minor yet noticeable improvement in staff wellbeing and workplace quality. However, not all staff members engage with the Health and Wellbeing Officer regularly therefore the full extent of the impact is difficult to discern. The interviewees underscored the significance of dismantling barriers and reducing the stigma surrounding seeking assistance. Normalising the use of support services and elucidating their diverse functions, including reflective practice, are crucial steps aimed at promoting wider utilisation and destigmatising help-seeking behaviours.

Staff members participating in the research voices concerns centred on the significant growth experienced by Homes2Inspire. While the expansion is viewed positively in terms of overall growth, it poses challenges related to ensuring that individual homes receive sufficient support from central management and inconsistency across different care homes. While each home operates differently to meet the unique needs of the children and young people, the variance in

delivery sometimes leads to inconsistencies in the implementation of practices and procedures. Such inconsistencies may stem from gaps in communication and/or the reluctance for managers or staff to share successful practices. Another challenge noted by staff members is placement breakdowns, which can occur for various reasons, but have an impact on children and young people in the homes. For example, children and young people may struggle and stop complying with rules, or they may feel rejected when it is time to transition out of their Home.

Overall, the introduction of the Health and Wellbeing Officer had an impact on several aspects of the programme. Homes2Inspire provides support for children and young people by increasing their wellbeing, self-confidence, and autonomy. The integration of the Health and Wellbeing Officer had a positive impact on the managers and the staff members who can now confide in support in helping the children and young people's development. Moreover, the integration of the Health and Wellbeing Officer has had a demonstrable social impact for 2022 and 2023, with an overall social impact of £495,236.47. Figure 7.1 below summarises the benefits of the programme and the opportunities for improvement captured through the evaluation.

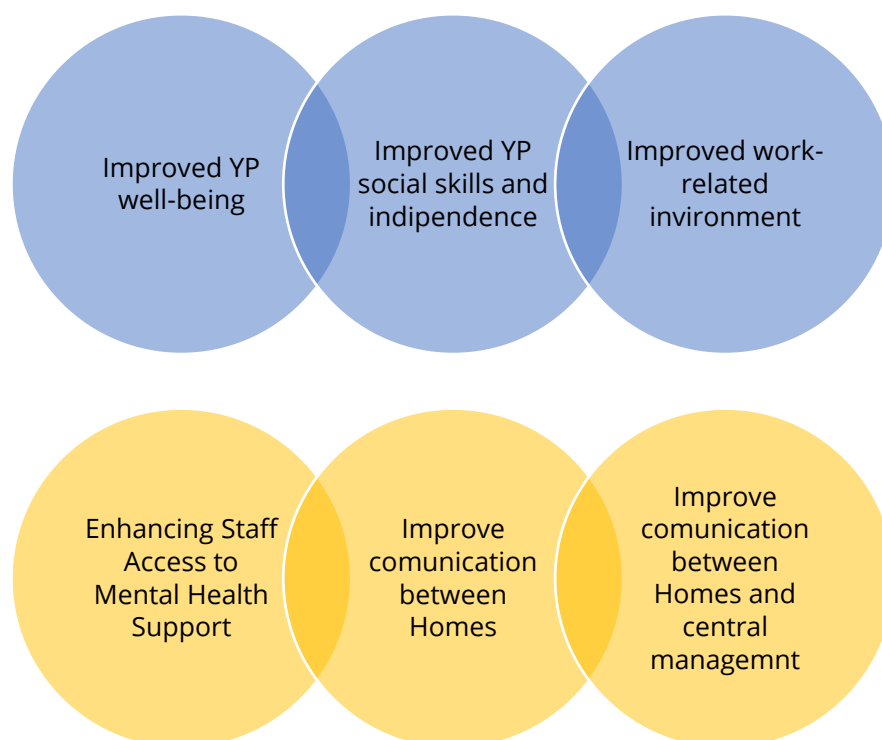


Figure 7.1. Homes2Inspire benefits (top) and opportunities for improvement (bottom).

Based upon the data outlined in this report, the research team proposes the following key recommendations for developing the project:

- **Enhancing Communication and Collaboration within Homes2Inspire:** In interviews, staff expressed feelings of isolation from the central management team, highlighting the need to strengthen connections between individual Homes and central management. Improving this connection could foster better relationships within Homes and ensure management is informed about the challenges faced by staff. Additionally, staff noted a disconnect between Homes, hindering the sharing of positive practices. Encouraging collaboration between Homes can lead to improved service outcomes by facilitating the exchange of successful strategies and fostering a culture of collective learning and support.
- **For the Health and Wellbeing Officer to identify the meso level issues:** During the interviews, the staff members mentioned that alongside the support and the one-to-one meetings with the staff members and the children and young people, the Health and Wellbeing Officer should be able to identify the issues at the meso level (the bigger picture) and support the Home with proactive solutions that will have an effect in the long term.
- **Enhancing Staff Access to Mental Health Support, overcoming stigma and promoting Wellbeing:** Improving staff access to the Health and Wellbeing Officer is paramount, given that some team members may avoid seeking support due to existing stigma. Raising awareness about this issue can prompt staff to engage more readily with the services provided by the Health and Wellbeing Officer. Sensitising staff members to the significance of mental health support and promoting the routine use of such services can cultivate a more supportive environment, empowering staff to seek assistance when necessary.
- **Enhancing Data Collection Methods for Comprehensive Evaluation:** Improved quantitative and qualitative data collection methods are essential for a comprehensive evaluation of Homes2Inspire. In the current wave, only 38 questionnaires were collected, with 29 at the beginning and nine at the end of the evaluation. The qualitative data collection included six interviews with staff members, a single case study with a participant, and quotations from staff provided by Homes2Inspire. Notably, children and young people did not participate in either the quantitative or qualitative data collection processes, except for one completed case study. Consequently, the voices of the children and young people remain unrepresented in the evaluation. Furthermore, only a minority of the staff participated in interviews and completed the questionnaire a second time, limiting the depth of insights gained. To address these limitations, it is imperative that all respondents provide identification numbers (or initials) and complete the questionnaire at both the beginning and end of the evaluation period. This approach will enable a more precise

analysis of changes over time and ensure that all stakeholders' perspectives are adequately represented in the evaluation process.

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Appendix A - Methodology

Overview

Impact measurement allows organisations to understand the value of services and activities for individuals, organisations and society. While there are many different types of Social Impact (SI) measurement tools including Social Return on Investment (SROI) (Hall and Arvidson, 2013), the 'Balance Scorecard' (Bull, 2007), or 'practical toolkits' such as 'Prove and Improve' and 'Outcomes Star', the use of these tools in different sectors of the social economy may prove problematic if used in isolation (Denny, Seddon and Hazenberg, 2011). Evaluation frameworks based on such tools, generally only provide organisations with surface data on their performance. To overcome this problem, an approach is required that combines a singular approach to understanding the social impact created, but that within this allows for multiple data points that allow for bespoke measurement for an organisation to take place.

The Social Impact Matrix© developed by the University of Northampton fills this gap by providing a holistic Social Impact (SI) measurement approach that can be used to develop a bespoke measurement framework. The Social Impact Matrix© largely builds on McLoughlin et al.'s (2009) SIMPLE methodology, which focuses upon the measurement of outputs, outcomes and impact. According to this framework, an *output* can be defined as the direct and easily identifiable outputs of a programme (i.e. the number of people supported). Outputs are augmented with longer-term benefits called *outcomes* that represent positive changes to participants' states of mind that will enhance their lives and psychological wellbeing in the long run (i.e. improved wellbeing, greater self-efficacy). The framework also seeks to articulate *impact*, an even longer-term benefit relating to the wider impact on society resulting from the intervention programme (i.e. savings through reducing/preventing homelessness). While *impact's* focus on the wider and less tangible aspects of an intervention programme is the most difficult element to measure, its inclusion in the evaluation is essential for understanding the effectiveness of an intervention programme, especially for government and other funding bodies. Indeed, such an approach allows for the calculation of fiscal proxies that can be attached to social impacts, hence allowing organisations to demonstrate to stakeholders the savings that their work provides society.

The framework also utilises elements from SROI, so as to quantify the value stakeholders attach to the social, environmental and economic changes they experience because of the organisation's product, service and/or operations. This allows for an approach that focuses on what truly matters

for the organisation and society and provides a bottom-up approach involving stakeholders at every stage of the journey. This also allows the organisation to look at fiscal proxy calculations of its impact and compare this with its programme costs, to see what the 'return on investment' ratio is.

Furthermore, the University of Northampton's 'Social Impact Matrix'© combines the framework of McLoughlin et al. (2009) with the 'triple-bottom line' that is present in the business models of social enterprise and the delivery of public services. The triple-bottom line consists of economic, social, and environmental impacts that are delivered by organisations and (in the absence of a current theoretical definition of social value) used as a proxy for social value. The organisation first decides what specific areas of impact it has in the economic, social and environmental spheres in relation to its programmes, then once these areas have been defined, the organisation must then identify what its specific outputs, outcomes, and impacts are for these areas of impact. The organisation can then develop or identify tools or formula that can be used to measure these specific outputs, outcomes and impacts. This process is outlined in Figure 3.1 below.

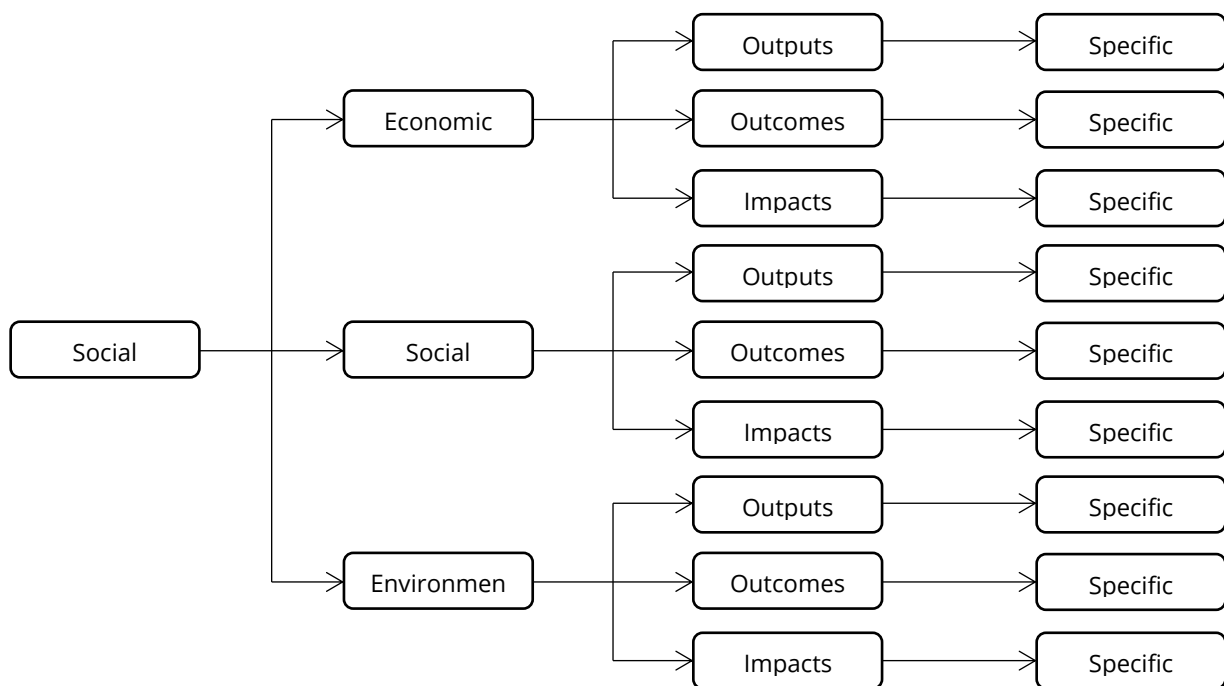


Figure 1. Social Impact Matrix ©

Social impact measurement requires application of accounting principles to address questions such as: What would have happened anyway (deadweight)? What is the contribution of others (attribution)? Have the activities displaced value from elsewhere (displacement)? If an outcome is projected to have lasting impact, what is the rate at which value reduces over time (drop-off)?

Applying these measures enables identification of the total value of outcomes to ensure organisation avoid over-claiming.

Deadweight

Deadweight is a measure of the outcomes that would have occurred regardless of the activities and services delivered (Social Value UK, 2016). Identifying the information required for deadweight is often challenging (and potentially expensive if live control groups are required) thus using detailed reviews of existing service literature, and stakeholder engagement (i.e. SROI Introduction / Kick-Off meetings), enable the identification of what could have happened anyway. It is important to note that measuring deadweight is based on estimations, as identifying an identical comparison group is challenging (Social Value UK, 2016). Stakeholders will often have access to other programmes that offer alternative support, including employability programmes (i.e. Princes Trust); however, Spark Change is the only organisation with a core mission of dismantling homelessness by creating opportunities for young people (i.e. employability, dedicated support) so deadweight will not always be applicable. Levels of deadweight are applied using the rates, with examples below:

- Low = 10%
- Medium = 50%
- High = 90%

Through reviewing literature and stakeholder interviews, estimations for deadweight can be identified. Where deadweight cannot be attributed, either one of the estimate figures above is utilised, or where deadweight is not applicable then it is not placed into the impact calculations.

Attribution

Attribution is a measure of the extent to which the outcomes were caused by the contribution of other activities. It is calculated as a percentage (i.e. the proportion of the outcome that is attributable to your organisation) (Social Value UK, 2016). It is important to note that achieving an accurate measure of attribution at this stage is an attempt to acknowledge that changes may be associated with other activities. Identifying the information required for attribution is often challenging, and organisations need to identify a suitable approach (Social Value UK, 2016). Services can request specific information from beneficiaries, for example, information on other activities offered and the benefit of such activities (Social Value UK, 2016).

Identifying the information required for attribution is often challenging (and potentially expensive if live control groups are required) thus using detailed reviews of organisational information (i.e. qualitative information describing the level of support), can enable the identification of levels of support. It is important to note that measuring attribution is based on estimations, as identifying an identical comparison group is challenging (Social Value UK, 2016).

Displacement

Displacement recognises how the outcomes may displace other outcomes. For example, if the organisation supports individuals to enter employment, they may be taking away a job opportunity from another person. Through conducting a desk-based review and drawing on experience in impact measurement of provisions nationally, it is evident that Homes2Inspire is a unique service. In the main, it is unlikely that direct activities would displace any other activity locally or nationally as the support is offered to individuals experiencing multiple and complex vulnerabilities who would otherwise receive limited and/or no support.

Duration & Drop-off

Drop-off is a measure used to account for a reduction in impact over a specific period (usually calculated for outcomes lasting one year or more) (Social Value UK, 2016). It is usually calculated by deducting a “fixed percentage from the remaining level of outcome at the end of each year. For example, an outcome of 100 that lasts for three years but drops off by 10% per annum would be 100 in the first year, 90 in the second (100 less 10%) and 80 in the third (90 less 10%)” (Social Value UK, 2016: 61). Once impact measurement is embedded, the organisation should have a system that manages this information, by tracking participants to establish accurate information on drop-off (e.g. completing follow-up questionnaires and/or interviews to establish the length of time until the outcomes reduced (Social Value UK, 2016). However, at this stage, with impact being tracked only for one calendar year, this is not a calculation that needs to be embedded. If the [organisation] move towards longitudinal data capture with beneficiaries over multiple years, then drop-off calculations may need to be included.