SOCIAL IMPACT BONDS IN THE UK – CHILDREN AT THE EDGE OF CARE

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SOCIAL IMPACT BONDS IN THE UK – LAUNCHED TO DATE

Impact Bond Global Database

31
IMPACT BONDS

£35.3M
CAPITAL RAISED

46,090
LIVES TOUCHED

WORKFORCE DEVELOPMENT (14)
HOUSING / HOMELESSNESS (17)
CHILD AND FAMILY WELFARE (4)
HEALTH (3)
CRIMINAL JUSTICE (1)
THE UK ECOSYSTEM HAS EVOLVED

- National Government
  - First Pilot
  - Innovation Funds

- NPO providers

- Local and Municipal Government

- Outcomes Funds

- Social purpose investor capital

- Philanthropic and HNW support

- Inter-mediation

- Essex, Manchester
  - Children and young people – foster care

- Bridges Ventures
- Big Issue Invest
- SITR funds
- QBE

- Peterborough – reducing reoffending
- National Ministry of Justice and Big Lottery Fund

- Youth employment skills
- 14 SIBs through three procurement rounds
THE PROBLEM

A fast rising care population, poor outcomes, resource constraint

Outcomes
- Educational achievement 5 times worse than national average (age 16).
- 4.5 times more likely to be excluded from school
- One third not in education, employment or training at age 19
- One quarter of all prisoners (compared to 2% of population)

Numbers
- 1600 looked after children - growing at a rate of 28%

Cost
- £40k - £200k p.a. per child, depending on type of care placement

ONCE A CHILD AGED 11-16 GOES INTO CARE, IT IS LIKELY THEY WILL SPEND MORE THAN 80% OF THE REST OF THEIR CHILDHOOD IN CARE.

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THE ESSEX SIB ADDRESSES A PARTICULAR SPECIALIST NEED WITHIN THE SPECTRUM OF CHILDREN AND FAMILY SERVICES

- Educational Welfare, Behavioural Support Services
- CAHMS Tier 2
- Family Solutions Team
- Divisionally Based Intervention Teams
- Multi-Systemic Therapy Teams
- Youth Offending Service
- CAMHS Tier 3

Maternity services, Health Visiting, Children's Centres, Schools, Youth Service, Primary Health and Community and Leisure Services

ADDITIONAL

Additional needs met by universal and targeted services working together. Shared Family Assessment not required but can be used

INTENSIVE

Multi-agency approach required using Shared Family Assessment and Lead Professional or family team response

SPECIALIST

Recognised Universal Services

Level 1

Level 2

Level 3

Level 4

If unsure consult

Essex Effective Delivery Windscreens
Source: Belfen, R; Essex CC

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There are four main areas we work through when developing SIBS

1. **Social Issue**: What was the problem Essex identified?
   - Poor outcomes and high costs associated with children entering the care system

2. **Target Population**: Which group of children would most benefit?
   - 11-16 year olds at risk of entering care or who recently entered care; key issues are behavioural problems or family breakdown

3. **Intervention**: What services could improve outcomes for this group?
   - Multi-Systemic Therapy (MST) identified as the intervention with the strongest evidence base

4. **Outcomes Metrics**: How should success be measured and paid for?
   - Total number care placement days saved compared against a comparison group within Essex before the SIB

Further reading: A Technical Guide to Developing Social Impact Bonds
POTENTIAL INTERVENTIONS: IN CARE AND EDGE OF CARE

There are a range of potential interventions, ranging from intensive practical work with families (e.g. FIP) to more clinical and therapeutic services (e.g. MST and MTFC).

- **NOT IN CARE**
  - Edge of Care
  - Functional Family Therapy
  - Multi-Systemic Therapy (MST)
  - Families First
  - Family Intervention Projects
  - RSW - Social Work Units
  - Catch 22 Re-Life
  - AMASS
  - Option 2

- **IN CARE**
  - Recently entered
  - Foster Care
  - Residential
    - Multi-dimensional Treatment Foster Care (MTFC)
    - KEEP
    - Fostering Changes
    - MIST

- Essex SIB
Multisystemic Therapy (MST) forms the core intervention. It is one of the most promising interventions for the adolescent edge of care and custody population.

<table>
<thead>
<tr>
<th>Multisystemic Therapy (MST)</th>
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<tr>
<td><strong>Objective</strong></td>
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<tr>
<td>• Reduce anti-social behaviour and prevent out-of-home placement – care or custody</td>
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<td><strong>How it works</strong></td>
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<td>• Combines parenting support with practical assistance and a therapeutic approach to rebuilding relationships between the young person, the family and the networks around them.</td>
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<td>• Delivered by a team of family therapists, each of whom work with around 10 families per year in the home or community, providing 24/7 support.</td>
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<td><strong>Eligibility Criteria</strong></td>
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<td>• Adolescents aged 11-16, displaying anti-social or offending behaviour or other conduct disorders</td>
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<td>• At risk of an out-of-home placement</td>
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<td><strong>Evidence Base</strong></td>
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<td>• Good evidence from the US for MST on crucial factors relevant to the edge of care population, e.g. improved parental supervision and management, reduction in child conduct problems.</td>
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<td>• 10 years running in the UK, with initial indications of positive impact on care outcomes.</td>
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Source: www.mtservices.com/outcomesstudies.pdf
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THE ESSEX SOCIAL IMPACT BOND

- Targets young people on the edge of care or custody
- Two MST teams for county-wide cover
- Five years
- Referral capacity: 380 families
- Medium case = 110 young people diverted from care or custody
- £3.1m up-front finance
(As of February 2016):

208 adolescents had begun or completed the programme, with 82% avoiding care and remaining with their families