

Evaluation of the STARS programme

Final report to the DN2 Partnership

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Executive summary

Introduction

The STARS programme was jointly commissioned by the DN2 partnership of Derby City Council, Nottingham City Council and Nottinghamshire County Council. It aims to support targeted cohorts of children and young people in local authority (LA) care and the edge of care to achieve better outcomes. The programme is funded using a Social Impact Bond (SIB) model, with funding from the Department for Education's National Life Chances Fund in addition to co-investment from Outcomes for Children (Polaris Group) and Futures Limited.

STARS provides wrap-around support for families to enable young people aged 8 to 18 to achieve stable placements, whether with their birth-family or foster carers. The multi-disciplinary team consists of social workers, family key workers, education staff, a therapist, and peer mentors. Interventions are informed by the Team Parenting and Safer Stronger Families¹ evidence-based models.

York Consulting was commissioned to evaluate the STARS programme by Nottinghamshire County Council, on behalf of the DN2 partnership. The evaluation, conducted between October 2023 and February 2025, involved an initial scoping phase followed by two waves of primary research with practitioners, parents and carers, and children and young people (CYP).

Programme delivery

Enquiries and referrals

By the end of November 2024, STARS had accepted 228 referrals, exceeding the contractual minimum target of 212 referrals over 4 years. Across the three LAs, Nottinghamshire exceeded the minimum aspiration for referrals (154 against a target of 104) whereas Derby and Nottingham were under target (respectively, 38 against a target of 44 and 36 against a target of 48).

Enquiry to referral progression rates, rather than a lack of enquiries from social workers, appear to have driven these differing target achievements across the LAs: Nottinghamshire had a higher enquiry to referral progression rate (58%) compared to Derby (40%) and Nottingham (36%). Factors that helped enquiries progress to referral included a good understanding amongst social workers of the referral criteria and nature of the contract and the LA single point of contact (SPOC) filtering enquiries to ensure they progressed promptly. Nottinghamshire was evidently better placed than the other two LAs regarding these enablers due to a dedicated resource in place for managing referrals and stability of staffing. Aspects that inhibited the referral process included differing interpretations of what constituted a family or placement 'in crisis' (and therefore ineligible for the service) and some social workers' lack of understanding regarding the use of the payment by results contract to manage risk of early closure.

¹ Further information on the model: <https://www.polarischildrensservices.co.uk/project/safer-stronger-families/>

Due to lower-than-expected referral volumes in the programme's first year and an identified need for enhanced support packages for some young people within the three LAs, a guaranteed funding (GF) mechanism was developed to enable more relaxed eligibility criteria for certain cases. In total, 66 of the 228 (29%) accepted STARS referrals were guaranteed funding cases. There were differing views amongst LA stakeholders about the use of the GF mechanism, but overall it seems to have been an effective solution to the referral challenges faced.

Case Progression

Of the 228 STARS cases, 43 (19%) had graduated (completed the full 2 years), 96 (42%) closed early (before completing two years), 13 (6%) closed due to the guaranteed funding period ending, and 76 (33%) were live cases (at the end of November 2024).

Looking only at the 152 cases that had closed (either due to early closure, graduation or completing the GF period), the closed early rate for the programme is currently 63%. The reasons for early closure were varied, reflecting the complex and challenging nature of cases supported by STARS, and are often linked to factors beyond the influence of the service. The largest proportion (21% or 32) of early closures were those that closed due to withdrawal of consent or lack of engagement from parents or carers. Other common reasons for early closure included placement breakdown (14% or 21) or a change in LA care plan (13% or 20).

Stakeholders highlighted enablers that had supported case progression in many cases, including consistent engagement from all professionals involved, ensuring parents and carers were fully informed, and development of strong, positive relationships between parents or carers and STARS staff.

Service management

Stakeholders reflected that the management of the STARS service was effective and responsive, with staff feeling well supported. A range of adaptations were made in response to emerging needs and challenges, whilst maintaining strong fidelity to the core elements of the model. This flexibility was enabled by a collaborative and positive relationship with the social investor. Key challenges faced by the service included recruitment of key workers with the necessary skills and experience, recruitment of peer mentors and a shortage of foster carers nationally.

Operational and strategic management

Strategic and operational leadership at the partnership level was strong, with Nottinghamshire effectively leading the partnership over the course of the programme. Attendance at strategic and operational board meetings by relevant staff from Derby and Nottingham was not always been consistent throughout the contract period, primarily due to staff turnover. This likely impacted understanding of the programme at these LAs, hampering their ability to address referral challenges.

Perceptions of the programme

Survey responses and interview feedback from parents, carers, young people and professionals indicate a positive view of the service, including in relation to initial introductions to the service, communication, progress meetings, and STARS staff. Parents and carers evidently valued the support provided and described the strong relationships they had built with STARS staff. There were only a few suggestions for improvements to the service, relating to greater availability and consistency of peer mentors, continued support following programme graduation and more activities for young people open to STARS to do together.

Programme outcomes

A total of 41 young people had graduated from the STARS programme by the end of November 2024. Across cohorts, this comprised:

- Cohort A: 4 successful residential step downs to foster placements.
- Cohort B: 19 foster placements stabilised.
- Cohort C: 8 successful reunifications with birth family.
- Cohort D: 10 young people remaining in the care of birth family.

There were also positive outcomes (including stabilisation and effective transition) for an additional 16 young people where STARS support had closed early. A total of 38 young people were also receiving ongoing support from STARS after a year or more on the programme.

Feedback from parents, carers and young people, including via Outcomes Stars², identified a range of additional outcomes from the service, including improvements in parenting skills, young people's behaviour and wellbeing, relationships, and engagement with education. In addition, analysis of placement data for Nottinghamshire's Cohort B provides indicative evidence (comparing graduated and closed early cases) of a positive effect of the STARS service on placement stability. However, it was not possible to draw firm conclusions from education data regarding the impact of STARS support on attendance.

Stakeholder views (parents, carers and professionals) suggest these achievements are unlikely to have occurred without the STARS support. They also identified some of the drivers of positive change, including relationships between parents and carers and their STARS key worker, the STARS team advocating for the parent, carer or young person to other professionals, regular progress meetings and the Triple P parenting course.

SIB Outcomes

Views were mixed on the extent to which the SIB model had positively influenced delivery effectiveness and outcomes. Some stakeholders commented that the increased complexity of the contracting model and strict referral criteria had compounded the referral challenges experienced by some LAs. In contrast, feedback from other stakeholders suggested that the

² Outcomes Stars are validated, relational tools for supporting and measuring personal change. Further information: <https://www.outcomesstar.org.uk/>

SIB model was one of several factors that helped to create a culture of reflection, adaptation, and continuous improvement within the service.

Financial outcomes

By the end of January 2025, there was a net cash loss of around £850,000, due to the outcomes paid for Cohorts A and C being higher than the cashable savings in reduced residential or care costs. However, costs avoided due to averted escalation to residential or foster care for Cohorts B and D totalled £17,638,300.

Payment of outcomes based on weeks sustained (following an initial proving period) and the cohort approach (which enabled the risk of below target referrals to be spread across different groups of young people) were both enablers for maintaining the financial viability of the service.

Conclusions

It is evident that many young people and families benefited from the STARS programme, with improvements seen in young people's behaviour, emotional wellbeing, health, and educational engagement, and better family relationships, parenting skills and confidence.

Features of the programme that worked well and contributed to the achievement of positive outcomes and performance were:

- The service model, including the key worker approach, multi-disciplinary progress meetings and therapeutic training.
- Effective programme management, enabled by a collaborative relationship with the social investor.
- The cohort approach, which distributed the risk of below-anticipated referral numbers and enabled support to be tailored to young people's changing circumstances.
- Introduction of the guaranteed payment mechanism to address referral challenges.

Lessons learned, that may support delivery of similar programmes in the future include:

- The importance of stakeholder engagement during contract development, including both commissioning and operational children's services managers.
- The need for effective communication about referral criteria and the nature of the SIB contract.
- The need for dedicated support for all young people open to the programme, regardless of care status, from the outset.

1. Introduction

About STARS

The STARS³ programme was jointly commissioned by the DN2 partnership of Derby City Council, Nottingham City Council and Nottinghamshire County Council. STARS aims to:

- Provide an innovative and flexible service to support targeted cohorts of children and young people in local authority care and on the edge of care to achieve better outcomes.
- Reduce the cost of care for the targeted cohorts and deliver cashable efficiency savings.
- Develop a close working relationship between DN2 partners, providers and the social investors, based upon openness and trust.

STARS is funded using a Social Impact Bond (SIB) model, whereby a social investor funds the costs of delivery and Local Authorities (LA) pay for the service based on the outcomes achieved⁴. The programme is delivered by Polaris Children's Services and received funding from the Department for Education's National Life Chances Fund in addition to co-investment from Outcomes for Children (Polaris Group) and Futures Limited.

The STARS referral period ran from September 2020 – March 2025, with ongoing cases supported until March 2027. During this period, STARS aimed to support a minimum of 212 children and young people across four target cohorts:

- **Cohort A: Residential step down.** Children or young people in residential care with a care plan that states fostering or reunification as a long-term aim.
- **Cohort B: Placement stability.** Children or young people in a foster placement at risk of breakdown.
- **Cohort C: Reunification.** Children or young people with a care plan that states reunification as a long-term aim.
- **Cohort D: Edge of care.** Children or young people at high risk of entering local authority care.

STARS provides wrap-around support for families to enable young people aged 8 to 18 to achieve stable placements, whether with their birth-family or foster carers. The multi-disciplinary team consists of social workers, family key workers, education staff and peer mentors. Interventions are informed by the Team Parenting (cohorts A and B) and Safer Stronger Families (cohorts C and D) evidence-based models:

- **Team Parenting:** An approach that keeps the foster carer at the centre of planning as the expert in the child or young person's life and shares a 'holding in mind' of the child or young person's story, from their past and present. The Team Parenting approach also

³ Supporting children and young people To Achieve Resilience and Success

⁴ Outcomes (for the purpose of payment) defined as the number of weeks of a sustained placement after an initial proving period of between 13 – 17 weeks, whether a step-down or stabilised foster placement, reunification home or remaining at home.

recognises that a child or young person's distress can project into every area of their lives, meaning insightful, cohesive and contained responses are required.

- **Safer Stronger Families⁵:** Incorporates the Team Parenting approach, alongside the Triple P Positive Parenting Programme. The latter aims to prevent behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. Safer Stronger Families also encompasses Solution Focused Brief Therapy, which concentrates on what families want to achieve rather than only the problems that exist.

Across both models, key features of the support include:

- An initial needs assessment and collaborative development of an action plan.
- Regular progress meetings bringing together the child's professional network, chaired by the STARS therapist.
- A dedicated key worker for parents and carers, providing regular support through home-based visits and phone calls.
- A therapeutic parenting intervention: the Thinking Therapeutically and Understanding New Experiences (ATTUNE) course for carers and the Triple P parenting course for parents.
- Therapeutic support groups for birth-families and foster carers.
- Peer mentor support for the child or young person (initially provided only for cohorts A and B but now offered across all cohorts).

Support is delivered over a two-year period, with the intensity of support reducing over time through the preparation, stabilisation, consolidation and sustaining phases. A summary of the intervention model is provided in Appendix A.

The evaluation

York Consulting was commissioned to evaluate the STARS programme by Nottinghamshire County Council, on behalf of the DN2 partnership. The evaluation was tasked with exploring:

- Effectiveness of service delivery, including whether intended outputs have been achieved, any challenges experienced, and any changes made over the course of delivery.
- Effectiveness of strategic management, including stakeholder relationships and governance structures.
- What parents, carers and young people think of the programme.
- Whether intended outcomes have been achieved and the impact of the programme on those engaged.
- The extent to which the SIB funding model used influenced programme delivery and outcomes.

⁵ <https://www.polarischildrensservices.co.uk/project/safer-stronger-families/>

The evaluation involved an initial scoping phase followed by two waves of primary research with practitioners, parents and carers, and children and young people (CYP). Scoping took place between October and December 2023 and included interviews with operational and strategic stakeholders and a review of programme documents and data.

During Wave 1 of the evaluation (May - September 2024), case studies of 10 families supported by STARS were completed, including interviews with the parent or carer, STARS key worker, children's social worker and (where possible) the child or young person. Wave 2 (October - December 2024) involved follow-up interviews with the case study families and their STARS key worker to provide a longer-term view on impact of the support. Follow-up interviews with operational and strategic stakeholders were also completed during Wave 2 of the evaluation.

Fieldwork was completed via a combination of one-to-one and group interviews on Teams, over the phone and in-person. Table 1.1 shows a breakdown of those interviewed by stakeholder group at each phase.

Table 1.1: Evaluation fieldwork: individuals engaged

Stakeholder group	Scoping	Phase 1	Phase 2
Social investor	1		1
LA commissioning managers/staff	7		5
STARS managers	1	2	1
STARS practitioners		10	7
Parents and carers		9	5
Children and young people		3	
Children's social workers		5	
Supervising social workers		2	
Total	9	31	19

Source: York Consulting STARS fieldwork data 2023-25

Of the case studies, four were reunification cases (cohorts A and C), one was a residential to foster step down case (cohort A), three were placement stability cases (cohort B) and two were at risk of entering care (cohort D).

Alongside the primary research, the following documents and data were reviewed at baseline, interim and final reporting points:

- Enquiries and referrals tracker.
- Outcomes Stars analysis (parents, carers and CYP).
- Post-programme survey responses (social workers, parents and carers, CYP).
- CYP education data.
- Graduation reports for CYP who have completed the programme.

- Early closure reports.
- Cost savings and costs avoided analysis.
- Strategic and operational board reports.
- Process documentation and promotional materials.

Report structure

The remainder of this report covers:

- Programme delivery, including enquiry and referral volumes and challenges, case progression, and effectiveness of service management.
- Perceptions of the support from parents, carers, CYP and professionals.
- Programme outcomes, including qualitative and quantitative outcomes evidence, additionality of the programme and drivers of positive change.
- SIB outcomes, including the impact of the SIB model on service delivery and financial outcomes.
- Conclusions, including what worked well and lessons learned.

2. Programme delivery

Introduction

The STARS programme aimed to support a minimum of 212 young people over the four years of the programme. Whilst delivery and aspirational expectations were also set (265 and 385 referrals respectively), overall delivery volumes have been lower than planned. Therefore, in the following section, progress against the programme's minimum contractual targets (rather than delivery/aspirational expectations) is outlined alongside other relevant delivery data.

Enquires and referrals

Accepted referrals

As at the end of November 2024, STARS had accepted 228 referrals. This exceeds the contractual minimum target of 212 referrals over 4 years.

As shown in Table 2.1, almost half of referrals (49%) were Cohort B placement stability cases, and just under three-tenths (28%) were Cohort D edge of care cases. Target delivery volumes per cohort had suggested a more even spread of engagement across the cohorts than this. Actual delivery volumes show higher than anticipated Cohort B and D referrals and lower than anticipated Cohort A and C referrals.

Table 2.1: Accepted referrals against targets, by cohort

	Cohort A	Cohort B	Cohort C	Cohort D	Total
Minimum targets	70 (33%)	52 (25%)	58 (27%)	32 (15%)	212 (100%)
Actual delivery	30 (13%)	112 (49%)	22 (10%)	64 (28%)	228 (100%)

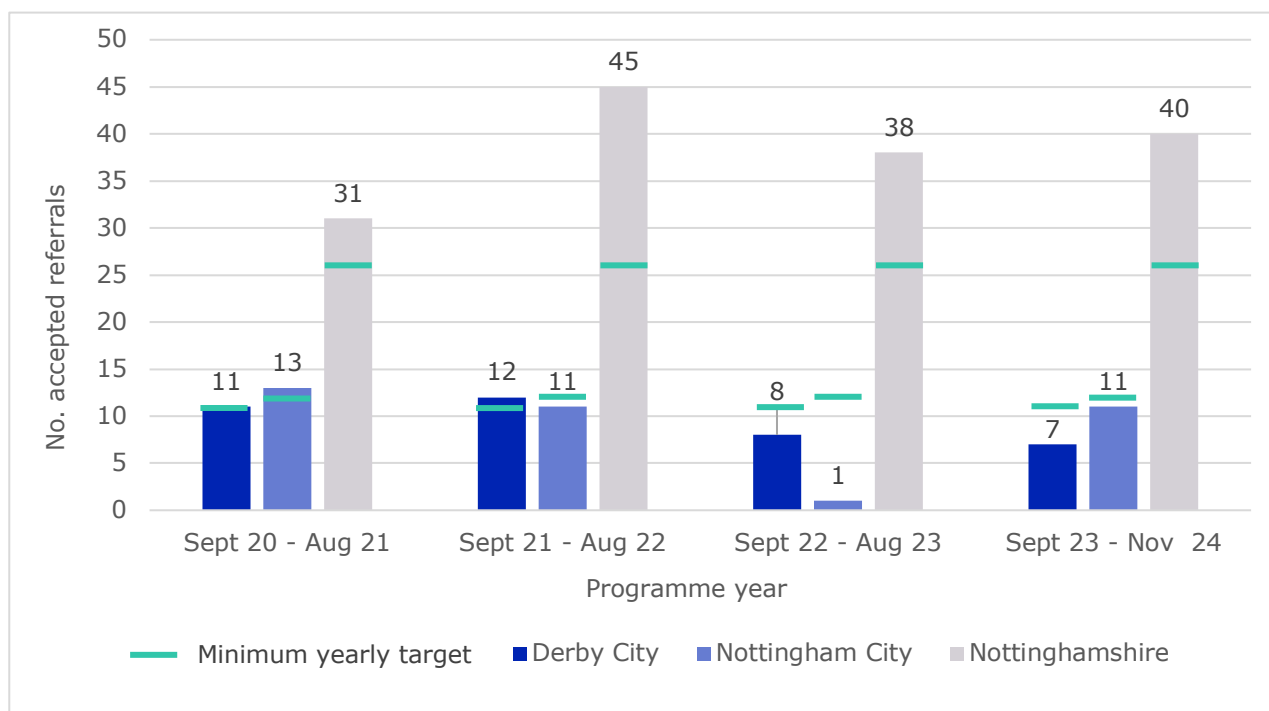
Source: STARS referral tracker Sept 2020 - November 2024. Percentages may not sum to 100% due to rounding. Of the 228 referrals, 8 are re-referrals of existing cases, either due to the young person moving cohort or the support being extended following graduation.

Across the three LAs, only Nottinghamshire met the minimum aspiration for referrals (154 against a target of 104). Derby was under target (38 against a target of 44), as was Nottingham (36 referrals against a target of 48)⁶. As shown in Figure 2.1, this is largely due to below target referrals during years 3 and 4 of the programme. All LAs met (or very nearly met) their minimum referral targets in the first two years of the programme.

Reasons for these differences in referral performance across cohorts and the three LAs are discussed later in this chapter under 'Referral challenges'.

⁶ Delivery targets for LAs were set as a range totalling 196 (minimum aspiration) to 368 (higher aspiration, not intended to indicate a maximum referral commitment).

Figure 2.1: Yearly accepted referrals September 2020 – November 2024, by LA



Source: STARS referral data Sept 2020 - November 2024.

Enquiries

Before a young person is accepted for referral onto the programme, social workers make enquiries to their LA Single Point of Contact (SPOC) for STARS. If the SPOC agrees to progress the referral, the social worker submits an enquiry form to STARS along with relevant paperwork (such as looked after child (LAC) review reports, education plans and the young person's social care chronology). An enquiry meeting between the social worker, other key professionals and the STARS programme manager is then held, to assess whether the case meets the STARS eligibility criteria.

As at end of November 2024, a total of 442 enquires were made across the three LAs, with 220⁷ (50%) accepted for referral, 13 (3%) awaiting a decision and 7 (2%) on the waiting list for the service or awaiting a fostering match (Table 2.2). The balance of enquiries made across the three LAs is broadly proportionate to their respective share of referral targets⁸. However, a lower enquiry to referral progression rate for Nottingham (36%) and Derby (40%) has led to the underperformance against the yearly targets outlined above. In contrast, the referral progression rate for Nottinghamshire is higher, at 58%.

This suggests that the below-target accepted referral volumes for Derby and Nottingham are not necessarily due to low awareness of the STARS programme amongst social work teams,

⁷ This is slightly lower than the 228 referrals reported above as it does not include 8 re-referrals, either due to the young person moving cohort or the support being extended following graduation. These re-referrals did not require an enquiry process and therefore are not captured in the enquires data.

⁸ Expected total referrals: Nottinghamshire – 134 (50%), Derby – 65 (25%), Nottingham – 66 (25%). Source: STARS Operations Manual. Actual enquiries: Nottinghamshire – 238 (56%), Derby – 91 (22%), Nottingham – 93 (22%). Source: STARS enquiries log September 2020 - July 2024.

but issues arising during the enquiry process. There is some evidence for this when looking at the reasons for enquiries not progressing. As shown in Table 2.2, a higher proportion of enquiries were withdrawn by Derby (34% withdrawn) compared to Nottinghamshire (20% withdrawn), suggesting a greater proportion of cases at Derby where the situation changed between enquiry and referral. Similarly, a higher proportion of Nottingham cases did not meet the criteria (28%) compared to Nottinghamshire (15%), suggesting social work teams in Nottinghamshire may have had greater clarity around referral criteria than in Nottingham.

The reasons for these differences, drawing on feedback from LA commissioning staff and STARS managers, are explored further under 'Referral challenges'.

Table 2.2: Enquiry decisions September 2020 – November 2024, by LA

Enquiry decision	Derby (94)	Nottingham (94)	N'shire (256)	Overall (440)
Progressed to referral	38 (40%)	33 (36%)	149 (58%)	220 (50%)
Awaiting decision	-	1 (1%)	12 (5%)	13 (3%)
Withdrawn by LA	32 (34%)	25 (27%)	51 (20%)	108 (24%)
Criteria not met	17 (18%)	26 (28%)	38 (15%)	81 (18%)
Criteria met – on waiting list or match required	3 (3%)	1 (1%)	1 (1%)	7 (2%)
Not progressed - other	8 (9%)	9 (10%)	4 (2%)	21 (5%)

Source: STARS enquiry log September 2020 - November 2024. Bases in (). Not progressed – other includes consent not given to service and referral did not progress. Percentages may not sum to 100% due to rounding.

As shown in Table 2.3, considerable differences in enquiry to referral progression rates are also evident across cohorts. Cohort B had the highest referral to progression rate at 70%, whilst Cohort A had the lowest at 24%. In addition, less than half of Cohort C referrals (40%) progressed to referral. The lower progression rates for Cohorts A and C are perhaps unsurprising, given the greater risks involved in deciding to disrupt an existing placement to attempt residential step down or reunification, compared to stabilising a foster placement (Cohort B) or supporting a family where the child is at risk of entering care (Cohort D).

Cohort A has by far the highest proportion of cases that were withdrawn by the LA (51%), often because it was later decided that the young person was not ready to move from their residential placement. Of the Cohort C enquiries, 26% were withdrawn by the LA, usually because a decision was made that reunification was not feasible at that time.

In addition, the proportion of cases within each cohort deemed not to meet the STARS criteria were considerably higher for Cohorts C (29%) and D (30%) than Cohort A (12%) and Cohort B (8%). Feedback from some LA commissioning staff and STARS managers suggests this could be due to ambiguity or misunderstanding around referral criteria for these cohorts, in particular around what constitutes a family in 'crisis' (if a family is deemed to be in crisis, they would not be eligible for STARS support, as it is a preventative rather than a crisis intervention). There appear to be differences of opinion about where the line between 'in need

of support' and 'in crisis' lay, which was particularly the case for Cohorts C and D. These themes are explored further in 'Referral challenges' below.

Table 2.3: Enquiry decisions September 2020 – November 2024, by Cohort

Enquiry decision	Cohort A (84)	Cohort B (148)	Cohort C (78)	Cohort D (132)	Overall (442)
Progressed to referral	20 (24%)	103 (70%)	31 (40%)	66 (50%)	220 (50%)
Pending	1 (1%)	2 (1%)	2 (3%)	8 (6%)	13 (3%)
Withdrawn by LA	43 (51%)	27 (18%)	20 (26%)	18 (14%)	108 (24%)
Criteria not met	10 (12%)	11 (7%)	23 (29%)	37 (28%)	81 (18%)
Criteria met – on waiting list or match required	7 (8%)	-	-	-	7 (8%)
Not progressed - other	3 (4%)	5 (3%)	2 (3%)	3 (2%)	13 (3%)

Source: STARS enquiry log September 2020 - November 2024. Bases in (). Not progressed – other includes consent not given to service and referral did not progress. Percentages may not sum to 100% due to rounding.

Ensuring informed consent from parents and carers

STARS introduced an additional step to the referral process in November 2022, after a high number of referrals closed to the service due to lack of engagement or withdrawal of consent from the parent or carer. As a final step before accepting a referral, a consent call is now made to the parent or carer by a member of the STARS team, to discuss the programme and check that they consent (in an informed way) to engaging with the service.

The new consent calls clearly had a positive impact and have reduced the number of cases closing due to lack of engagement. For cases that started between the launch of the programme in September 2020 and November 2022 (a period of 26 months), 27 closed early due to consent being withdrawn or lack of engagement from the parents or carers. For those starting between December 2022 and November 2024 (a period of 24 months), only 5 cases subsequently closed early for this reason.

Referral challenges

As outlined above, the extent to which the LAs achieved referral targets or not appears to be largely driven by differences in enquiry to referral progress rates, rather than a lack of enquiries about the service made by social workers. Feedback from stakeholders across the LAs identified key enablers for high enquiry to referral progression rates:

- Swift progression of enquiries, so that a decision can be made, and support put in place before any changes to the situation or escalation of issues.
- Effective communication with social work teams about the STARS eligibility criteria, including the need for the service to manage risk when making referral decisions, due to the payment by results contract.

- The SPOC playing a 'filtering role', undertaking an initial assessment of enquiries to see whether they meet the referral criteria.

Nottinghamshire was evidently better placed regarding these enablers, due to the dedicated resource that the LA made available for managing referrals (allocated whilst developing the business case for the service). This resource includes two staff members – a commissioning officer acting as SPOC for STARS and a junior administrative support worker – whose combined work on STARS referrals was estimated to be around 0.4 full-time equivalent (FTE). This dedicated staff time supported ongoing promotional activity, clear and consistent communication about the purpose of the service, eligibility criteria and referral process, and efficient management and follow up of enquiries and referrals.

Given the referral targets for Derby and Nottingham were less than half of the targets for Nottinghamshire, the former two LAs would not be expected to dedicate the same level of resource to managing referrals. Nonetheless, it is evident that at various points throughout programme delivery Derby and Nottingham had insufficient capacity to manage referrals, either due to high turnover of the SPOC role and/or the SPOC having limited time to dedicate to STARS.

Referral criteria

A key factor that appears to have influenced the enquiry to referral progression rates across the LAs is differing understandings of the referral criteria. This issue centred around practitioner's interpretations of what constitutes a family in 'crisis' and the level of risk the service should be expected to manage. In addition, a few stakeholders suggested that social workers often viewed STARS as a normal commissioned service rather than a payment by results contract and therefore did not understand the need for the service to manage risk through the referral criteria and enquiry assessment process.

Several stakeholders spoke of there being a 'sweet spot' for referrals, where families needed support but were not yet at crisis point. Referrals would sometimes not progress if it was deemed that the family needed crisis, rather than a preventative intervention. Views differed on where this 'sweet spot' was, with some LA stakeholders indicating that STARS staff had a more conservative definition of what constituted crisis point than some of the social workers making the referrals. This was particularly for Cohorts B and D, where the aim is to stabilise the placement or family situation: some stakeholders said there needed to be instability to warrant a referral but that there were then disagreements about whether this instability constituted crisis or not. Some level of ambiguity around this aspect of the referral criteria is inevitable, given that 'crisis point' is a hard thing to define precisely. However, this lack of clarity is likely to have contributed to lower enquiry to referral progression rates in Derby and Nottingham if social workers more frequently made enquiries about families who they did not feel were in crisis, but the STARS team disagreed.

These issues may also have been compounded by a lack of alternative crisis intervention services available at Derby and Nottingham. In Nottinghamshire, families in crisis could be referred to the Stronger Families programme for short-term intervention, after which a STARS referral could be considered or reconsidered.

Alongside considering whether a family was at crisis point or not, the STARS team needed to consider other criteria when deciding whether to accept a referral. These included cumulative and/or contextual safeguarding risks, whether the problem the family faced was predominantly a parenting issue (and therefore within the remit of the service to address) or not, and the extent to which the parent or carer was likely to engage with the service. Adhering to these criteria was important not just for managing risk as part of the payment by results contract, but also for protecting the boundaries of the service so that staff workload and stress could be managed effectively, thereby ensuring service viability.

Whilst commissioning managers at all LAs acknowledged the need for the service to manage these risks, there appears to have been greater understanding and agreement of the referral criteria at Nottinghamshire compared to the other two LAs. This, combined with sufficient and stable resourcing for managing referrals and a positive working relationship between the SPOC and STARS manager, likely contributed to the higher enquiry to referral progression rate and subsequent above-target referral numbers at this LA.

Other issues

Other factors contributing to lower referral volumes in Derby and Nottingham that stakeholders highlighted were:

- In Nottingham, a higher proportion of children and young people were not eligible for the service (e.g., more 16- and 17-year-olds) compared to at the start of programme. Similarly, CLA and CIN numbers in Derby have reduced over the past 5 years.
- In Derby, other services being made available within the LA since the start of the STARS programme that social workers may choose to refer to instead, such as a mental health and wellbeing service aimed at young people.

Whilst the challenges detailed in this section were identified by senior managers across the LAs, they were not apparent in the analysis of survey responses from professionals⁹. Almost all strongly agreed (24%) or agreed (68%) that the referral process had worked well. The small number of social workers that the evaluators spoke to as part of the case studies also felt there had not been any issues with the referral process. Nevertheless, this feedback comes exclusively from frontline practitioners who had a STARS referral accepted. Feedback from social workers whose enquiries did not progress to referral (which have not been captured as part of this evaluation) may give a different picture.

Guaranteed funding cases

Due to lower-than-expected referral volumes in the programme's first year and an identified need for enhanced support packages for some young people with the three LAs, a guaranteed funding mechanism was developed to enable more relaxed eligibility criteria for certain cases. Introduced in April 2021, LAs agreed to pay for a minimum of 6 months of STARS support for selected cases that would not ordinarily meet the eligibility criteria. Depending on initial engagement and progress, the young person would then either continue with STARS (moving

⁹ Gathered by the STARS team. 50 survey responses from professionals were received.

onto the SIB funding model), or the support would end after the guaranteed funding period was completed.

In total, 66 of the 228 (29%) accepted STARS referrals were guaranteed funding cases. Of these, 13 stayed with the service until the end of the guaranteed funding period, 14 closed before the end of the guaranteed funding period, 6 graduated from STARS, and 34 are ongoing.

Regarding these GF cases, there are some important things to note:

- Around half of the 13 cases that closed at the end of GF funding period did so because a positive outcome had been achieved, usually stabilisation of a placement or family situation. For most of the other cases, the end of the GF period coincided with escalating risks or the parent/carer disengaging from the support, which was why the support ended at this point.
- For the 14 cases that closed before the end of the GF period, 11 closed after at least 16 weeks on the programme. Closures were largely due to escalating risks or safeguarding concerns, or placement breakdown.
- Of the 34 live GF cases, 21 have been on the programme longer than 6 months.
- Three of the six GF cases that graduated were re-referrals where the standard programme was extended by between 9 months to a year after the young person had completed 2 years of the programme as a payment by results case.

There were differing views amongst LA stakeholders about the use of the GF mechanism. Some saw it as a useful compromise that enabled the LA to share some of the risk for borderline referrals, whilst others felt the LA could incur additional costs for support that may only last a few weeks. The above findings lend some weight to the former view, indicating that for around half of the GF cases taken on by STARS, either a positive outcome is achieved within the GF period (and the case is subsequently closed) or the young person remains on the programme beyond the usual 6-month GF period. Whilst around a third of GF cases closed without a positive outcome, most of these cases closed between 4 – 6 months into the GF period, suggesting that on balance, use of the GF mechanism is worth the risk for the LA.

Case progression

Of the 228 STARS cases, 43 (19%) had graduated (completed the full 2 years), 96 (42%) closed early (before completing two years), 13 (6%) closed due to the guaranteed funding period ending, and 76 (33%) were live cases, at the end of November 2024.

Early closure rates

Looking only at the 152 cases that have closed (either due to early closure, graduation or completing the GF period), the closed early rate for the programme is currently 63%. This is a high early closure rate, however, reasons for early closure were varied and reflect the complex and challenging nature of cases supported by STARS.

As shown in Table 2.2, the largest proportion (21% or 32) of early closures were those that closed due to withdrawal of consent or lack of engagement from parents or carers. It is worth

noting that 27 of these cases closed prior to the introduction of consent calls in November 2022, meaning it is likely that a considerable proportion of these cases may not have been accepted onto the programme had consent calls been taking place at the time of referral. Other common reasons for early closure included placement breakdown (14% or 21) or a change in LA care plan (13% or 20).

Table 2.2: Case closures September 2020 - November 2024

Status	Number	%
Programme graduation	43	28%
Guaranteed funding period complete	13	9%
Closed early: Consent withdrawn/lack of engagement	32	21%
Closed early: Placement breakdown	21	14%
Closed early: Change in LA care plan	20	13%
Closed early: Entered LA care	6	4%
Closed early: Increased risk profile	7	5%
Closed early: Other	10	7%
Total	152	100%

Source: STARS referral data September 2020 - November 2024. 'Closed early: other' includes 4 cases closed at the request of the LA, 4 cases where the family requested that reunification not progress, and 2 cases where the YP moved to independent accommodation. Percentages do not sum to 100 due to rounding.

More detailed recording of the reasons for early closure made by the STARS team provides further insight into why cases closed before graduation:

- **Placement breakdown:** It is worth noting that a placement breakdown does not automatically mean case closure – in many cases STARS supported a young person's transition to alternative foster placements where their previous placement had broken down. However, for almost half the 21 cases that closed due to placement breakdown, no alternative foster placement was available so the young person moved to residential care (i.e., STARS support would have continued had a foster placement been found.) For other cases that closed due to placement breakdown, a move to residential was deemed the most suitable option for the young person and for a small number, the young person's new carers did not wish to engage with the programme.
- **Change in LA care plan:** Most of the 20 cases categorised as closing due to a change in LA care plan involved a move to residential following placement or reunification breakdown, or increased safeguarding concerns leading to the young person entering LA care. In a small number of cases, STARS supported a transition to semi-independent accommodation or a special guardianship arrangement.

It was noted in a small number of early closure reports that safeguarding concerns and/or a potential increase in the risk profile (even with the support provided) were raised by STARS at the enquiry meeting, meaning for some cases it was recognised that there was a high chance of early closure. It was also noted that in most cases where a young person returned to or

entered LA care, STARS raised safeguarding concerns and advocated for this change in care plan. A few early closure reports also highlighted lack of engagement from the social worker or issues with joint working as factors in the early closure.

Overall, the reasons for early closure are varied and linked to a range of factors, including many factors which are beyond the influence of the service.

Case closure by LA and cohort

Across LAs, Derby has a higher closed early rate (74%) than Nottingham (67%) and Nottinghamshire (59%). However, comparing these percentages should be done with caution. The overall number of closed cases is much smaller for Derby (27) and Nottingham (27), meaning small changes in numbers have a greater impact on the closed early rate for these LAs than for Nottinghamshire's 98 closed cases. Closed early rates do not differ considerably between cohorts¹⁰

Case closure by weeks on the programme

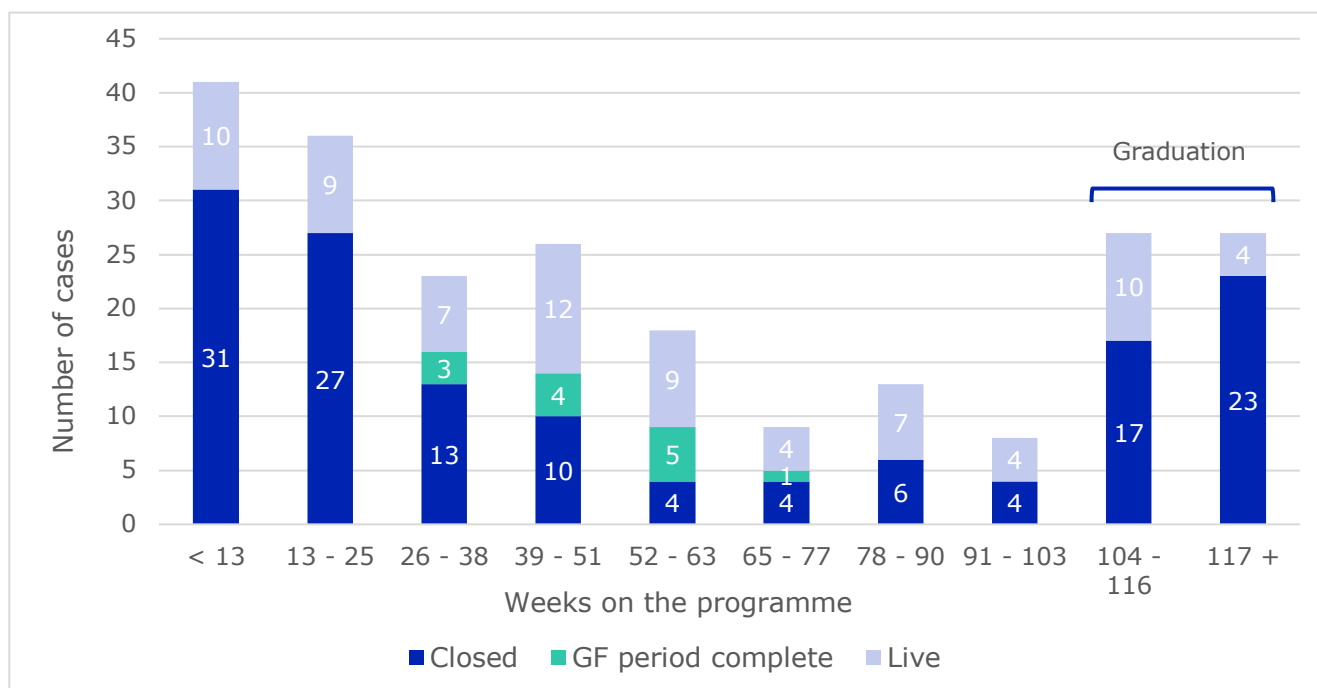
As shown in Figure 2.2, across all cases, 27% (59) closed within the first 6 months. Whilst this is a high proportion of cases, there are a few factors to be aware of when interpreting this figure:

- Eight of the 59 cases were guaranteed funding placements, meaning it was already recognised that the young person was at higher risk of not progressing with STARS after 6 months.
- Around 20 of the 59 cases were those that withdrew consent or disengaged from the service prior to the introduction of consent calls in November 2022.

In addition, Figure 2.2 shows that a sizable proportion of cases either closed early (17), completed the guaranteed funding period (6) or are ongoing (38) after 1 year on the programme. Whilst these cases did not, or have not yet, graduated, engaging these families in the support for a year or more is nonetheless a positive indication of service effectiveness.

¹⁰ Cohort A: 12/20 (60%), Cohort B: 45/70 (64%), Cohort C: 11/20 (55%), Cohort D: 28/42 (67%).

Figure 2.3: Case status by weeks on programme



Source: STARS referral data Sept 2020 - November 2024. Note: All but 2 cases past 104 weeks duration closed due to programme graduation. These 2 cases closed at 108 weeks: one YP entered independent accommodation, the other LA care.

Enablers to case progression

A key enabler to case progression highlighted by the STARS team was consistent engagement from all professionals involved, particularly the child's social worker and education providers. It was felt that where this consistent engagement was lacking, for example due to high turnover of LA social workers, the likelihood of early closure tended to increase. Feedback gathered from professionals as part of the evaluation case studies supports this view, with progress meetings and good communication between the professional network often highlighted as contributing to case success.

Ensuring parents and carers are fully informed about the programme and what is expected of them prior to commencing the support was also important for case progression. The number of cases closing due to withdrawal of consent or lack of engagement has significantly reduced since the introduction of consent calls from the STARS team.

Stakeholders identified that strong, positive relationships built between parents or carers and STARS staff contributed towards sustained engagement with the support across the two years. Those responding to surveys and taking part in qualitative interviews had a very positive view of the STARS team and these parents and carers clearly engaged well with the support. However, STARS practitioners noted that strong relationships often take time to develop, particularly if parents are wary of professionals due to their previous experiences of children's social care or if carers struggle to recognise where they may need to learn new ways of doing things. Enablers of positive engagement and outcomes highlighted by one practitioner were

parents' and carers' receptiveness to new ideas and willingness to change, which sometimes only emerged once they started to see some initial benefits of engaging with the service.

Effectiveness of service management

Stakeholders described the management of STARS as effective and the observations of the evaluation team over the evaluation period support this view. The management team consistently reflects on service operations, facilitated by weekly management team meetings and feedback from key workers, making necessary changes to enhance programme effectiveness. There were evidently positive working relationships within the team and key workers spoke positively about the management of the programme and feeling well supported. Caseloads were described as manageable. Programme delivery was also supported by thorough and well-established processes for monitoring referrals, case progression and outcomes.

Key challenges experienced during the programme, in addition to the referral challenges described previously, have included:

- Mobilisation delays due to the COVID-19 lockdowns.
- Recruitment and retention of key workers with the necessary skills and experience to deliver effective support to families.
- Recruitment of peer mentors to support young people, particularly peer mentors who reflect the diversity of young people supported by STARS.
- Foster carer shortages - a nationwide issue, exacerbated by the COVID-19 pandemic - which has impacted the number of Cohort A referrals the service is able to accept¹¹ and impacted some early closures (where a placement has broken down and the young person moved to residential care because no alternative foster placement could be found).

To address these challenges and other issues highlighted over the course of delivery, several changes were made to the programme:

- Recruitment of key workers with professional social work backgrounds, after it was recognised that this level of experience was required to manage more complex cases effectively.
- STARS began working with an external agency to widen the pool of available peer mentors, particularly Black, male peer mentors.
- The service model was adapted to include peer mentor support for Cohorts C and D, as it was recognised that direct support for young people in these cohorts was needed in addition to Cohorts A and B. This involved additional resourcing to enable the service to increase the number of in-house peer mentors from one to two. The mentoring is also now delivered as short-term pieces of direct work, rather than the longer-term befriending approach that was taken previously.

¹¹ Cohort A referrals could have been around a third higher if matches were found for all cases meeting the criteria. Of the 85 cohort A enquiries, 21 progressed to referral whilst 6 meet the STARS criteria but are awaiting a foster carer match (STARS enquiries data September 2020 – November 2024).

- The STARS team adopted a flexible approach to the phasing of support, generally transitioning participants to the maintenance phase after one year instead of the six months specified in the initial service model. The team had the capacity to provide longer periods of intensive support to families due to the lower-than-expected referral numbers.
- STARS initially only offered the standard Triple P (Positive Parenting Programme) course. However, it was recognised that the intervention needed to be more tailored to the specific needs of parents, so both teen and primary versions of Triple P are now offered.
- In recognition of the sizable cohorts of younger children in need of additional support across the three LAs, the age range for referral was adjusted: lowered from 10 to 6 years for Cohort B, and from 10 to 8 years for Cohorts C and D.
- Referral consent calls were introduced in November 2022 to ensure that parents and carers were fully informed about the service prior to giving their consent to participate.
- Streamlining paperwork to ease the administrative burden on social workers and STARS practitioners. This included reducing the amount of information required on enquiry and referral forms, shortening progress meeting and incident reporting forms and changes to how Outcomes Star feedback is collected.
- The parent and carer support groups were modified from a 12-week to a 10-week programme to fit within the school term, as there had previously been a noticeable drop in attendance during the school holidays.
- In Year 4 of the programme, the STARS therapist delivered a series of twilight training sessions for professionals supporting the children and young people accessing the service. Sessions covered attachment and trauma, school refusal, anxious learners, ADHD and trauma¹².

Operational and strategic stakeholders felt that several of these changes, particularly around adapting the service model, were enabled due to the flexibility afforded by the social investor. It was suggested these requests to flex the model were supported in part because Polaris is a provider of children's services as well as a social investor, meaning there is a good understanding amongst investors about the challenging context the service operates within and the need for flexibility.

"The flexibility of the programme has meant we can meet the need a lot better, it used to be quite rigid." (STARS practitioner)

Operational and strategic management

Strategic and operational leadership

Strategic and operational leadership at the partnership level has been strong. Nottinghamshire effectively led the partnership over the course of the programme, enabled by consistency of staffing at a senior level, positive relationships between the LA commissioning manager, STARS manager and social investor and an effective governance structure comprising separate operational and strategic boards. The separation of operational and strategic boards within the

¹² A total of 70 school staff (who work with young people support by STARS) attended across 3 sessions.

governance structure was particularly important for managing the SIB contract, providing dedicated space for discussions about financial arrangements and outcomes separate to on the ground operational matters.

Strategic and operational engagement at LA level

Commissioning managers recognised that engagement of strategic stakeholders at all three LAs was good during set up of the contract and the early stages of the programme. However, this engagement was not sustained at Derby and Nottingham with senior staff leaving or moving to different roles within the first year of programme delivery. Following these departures, there were periods of consistent attendance from Derby and Nottingham commissioning managers at strategic board meetings, but further staff turnover meant patchy engagement when looked at across the 4-year period.

Equally, some stakeholders felt there was relatively limited engagement of senior children's services managers during the contract set up period (with dialogue primarily taking place with procurement and/or commissioning managers). This also potentially contributed to the referral challenges that emerged, with buy in and understanding from senior children's service managers (a key requirement to promote the service and generate referrals amongst front line staff) viewed as weak from the beginning.

As with the strategic board, engagement with the operational board was heavily influenced by consistency of staffing at each of the LAs. High turnover in the SPOC role, particularly at Nottingham, resulted in inconsistent engagement which likely impacted understanding of the programme within the relevant teams at the LA, hampering their ability to address referral challenges.

3. Perceptions of the programme

Introduction

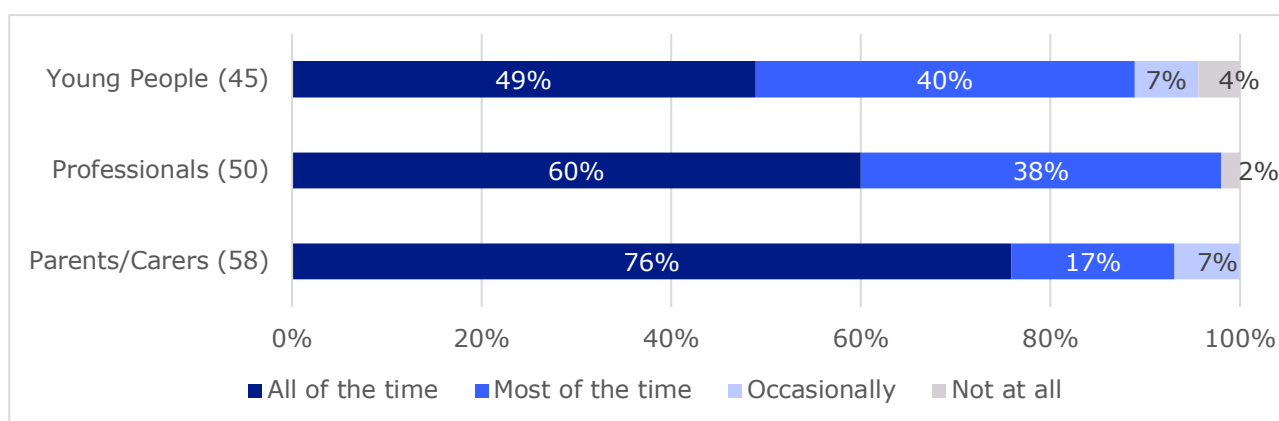
This section outlines survey and interview feedback about STARS from parents, foster carers, young people and professionals (social workers, supervising social workers and education staff). The STARS team request survey feedback at the point of case closure, whether that is due to programme graduation or early closure. In addition, the evaluation involved qualitative interviews with the range of stakeholders as part of developing case studies for 10 young people supported by the programme.

Survey responses from parents and carers, young people or professionals were only received for around a third of the 152 closed STARS cases. It cannot therefore be assumed that the views presented are fully representative of the whole cohort of STARS cases. Similarly, the aim of the primary research with 10 families was not to gather feedback on a large scale, but to provide family-level insight into how they had experienced the service and tangible examples of where STARS appears to have made a positive difference

Views on the support received

As shown in Figure 3.1, views are mainly positive about the service across all groups, with parents and carers most likely to feel that the service met their expectations all of the time (76%).

Figure 3.1: Did we meet the expectations that you had for the service before we started?



Source: STARS Survey data up to Nov 2024. Bases in (). Note: professionals were given different response options - Strongly Agree, Agree, Disagree, Strongly Disagree. Percentages may not sum to 100% due to rounding.

Most professionals also felt the service provided by the team was appropriate and met the needs of families (60% strongly agreed whilst 38% agreed).

In open text survey responses, almost all respondents spoke positively about their experience of and interactions with the service. Many of the parents, carers and young people mentioned how helpful they had found the support. Others praised the STARS team or highlighted positive outcomes as a result of the support (these comments are detailed in later sections).

"STARS have been a big source of help to the family I work with. There has been a lot of time and effort gone into the package offered, and this has been carried out as agreed, with positive outcomes." (Professional)

"The service far exceeded my expectations. I have received excellent care and have not felt judged even once. Thank you for coming into my and my son's life exactly when we needed you." (Parent)

"I like it, it's a really good thing to have. It's helped me a lot with certain things." (Young person)

Introduction to the service

Parents and carers who took part in case study interviews were asked about their initial introduction to the service during the referral process. All described being happy to accept the support and most could see how it would be helpful. A small number were initially slightly nervous or sceptical about how the service could help, but these concerns were alleviated once they started working with their key worker.

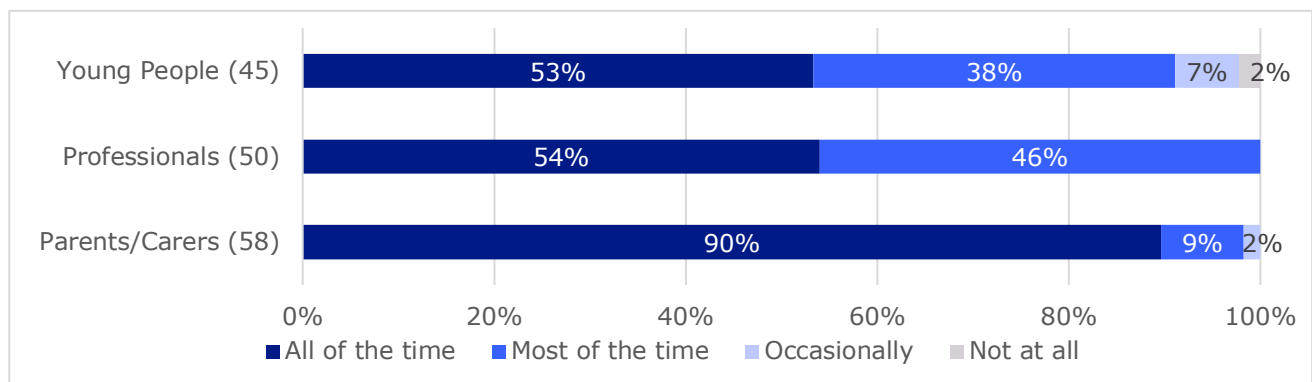
The small number of parents who felt they did not have a good understanding of the support at the point of referral reported that the initial consent call from the STARS team had helped to clarify what the support would involve.

At the point of referral, the types of things parents and carers wished to get out of the support tended to focus on developing strategies and tools for managing and understanding their child's behaviour and improving their relationship with their child.

Communication and progress meetings

Feedback on communication from the service was positive (Figure 3.2), with almost all young people (91%), parents and carers (99%), and all professionals (100%) stating that communication was clear, professional and needs-focused either all or most of the time. Again, parents and carers were most likely to express positive views about service communication.

Figure 3.2: Was the communication from the service clear, professional, timely and focused on the needs of the family?



Source: STARS Survey data up to Nov 2024. Bases in (). Note: professionals were given different response options - Strongly Agree, Agree, Disagree, Strongly Disagree. Percentages may not sum to 100% due to rounding.

Some survey respondents highlighted good communication with the STARS team in their open text answers, mentioning how responsive the staff were and that the regular progress meetings had supported positive collaboration. This was echoed by social workers consulted as part of the case studies.

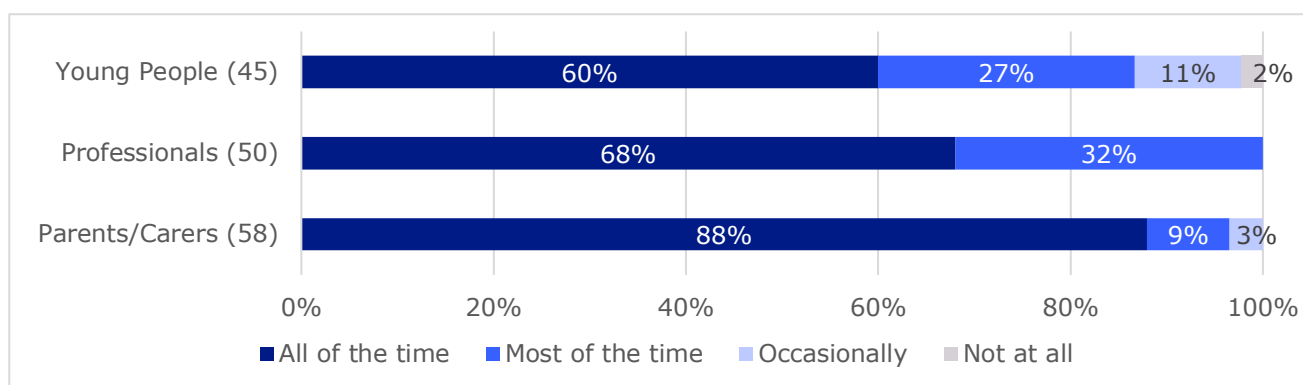
"I feel STARS work well with everyone involved and communication has always been to a high standard." (Professional)

Across the 9 case studies, practitioners highlighted that attendance by the child's professional network at progress meetings was generally good and that this was a key enabler for effective support planning. In a small number of cases, the child's social worker and/or education provider had inconsistent attendance at progress meetings, which had hindered communication and planning. STARS practitioners held the view that inconsistent engagement from the child's social worker (often exacerbated by high staff turnover) was a contributory factor to early closure for some cases.

STARS staff

Respondents' views of STARS staff were similar to those regarding service communication, though slightly more young people (60%) and professionals (68%) answered 'all of the time' when asked whether staff were professional, knowledgeable and dedicated, compared to when asked about service communication.

Figure 3.3: Were the staff members professional, knowledgeable and dedicated to a high-quality service/supporting you and your family in the best way possible?



Source: STARS Survey data up to Nov 2024. Bases in (). Note: professionals were asked about high-quality service and given different response options - Strongly Agree, Agree, Disagree, Strongly Disagree.

Parents and carers evidently value the support provided by STARS and described the strong, positive relationships they have built with the STARS staff. Respondents praised the STARS key workers for being a listening ear and source of reassurance, providing solutions and ideas for challenges they faced and being friendly, approachable and professional. Several respondents listed individual key workers by name, commenting on the difference they had made and thanking them for their support. Some young people also commented on how helpful and friendly they had found the STARS staff.

"I feel if I have a concern they are there to listen and support in finding a resolution for the children. We have had some difficult times but the team at STARS have supported us and helped our family unit." (Parent or carer)

"They are kind and caring sick 😊 staff they help you and give you LOADS of support ❤️ ❤️ ❤️ THANK YOU" (Young person)

Professionals echoed these views, whilst also highlighting the positive communication and collaborative working with the STARS team.

"Having worked with STARS with a family in need, [key worker] in particular has always listened to professionals' concerns and communicated well with all involved. [Key worker] has been amazing in listening to the parent and children and supporting the family to implement key strategies in the home which have had a big impact on the family's day to day routines." (Professional)

Suggested improvements

When asked in the survey and case study interviews for possible improvements to the service, only a small number of parents and carers, young people and professionals made suggestions. These included:

- Having greater availability and consistency of peer mentors, particularly male mentors and those who can do direct work with the young person over a longer period of time.
- Continued support following programme graduation (such as a check in call or meeting after 6 months), or the intensive support period continuing for longer, particularly if situations change and there is a need for more intensive support at a later stage.
- More activities for the young people open to STARS to do together.

A small number of professionals also suggested a simpler referral process, without giving any further detail.

4. Programme outcomes

This section presents quantitative evidence (from STARS management information and outcomes data) and qualitative feedback on the outcomes achieved for parents, carers and young people engaged with the STARS programme.

A total of 41¹³ young people have graduated from the STARS programme. Of these, 29 are from Nottinghamshire, 7 from Nottingham and 5 from Derby. Across cohorts, this comprises:

- Cohort A: 4 successful residential step downs to foster placements.
- Cohort B: 19 foster placements stabilised.
- Cohort C: 8 successful reunifications with birth family.
- Cohort D: 10 young people remaining in the care of birth family.

In addition to these outcomes for young people who graduated from STARS, there were positive outcomes for an additional 16 young people where STARS support closed early:

- The foster care placement or family situation was stabilised in 6 cases which closed when the GF funding period ended.
- Two young people were supported to move from their birth families into independent accommodation.
- Two young people were supported to transition into semi-independent accommodation.
- One young person was supported to transition from residential care to kinship care with a sibling.
- One young person was supported to transition to a special guardianship arrangement following a failed reunification.
- In one case, STARS supported the implementation of a shared care arrangement which the parents felt met their needs, to the extent that they felt they no longer required STARS support.
- Following a failed reunification, STARS identified a therapeutic residential placement with Polaris, which the young person is happy and settled in.

A further 38 young people are currently receiving ongoing support from STARS after a year or more on the programme. The Outcomes Stars data reported below, and feedback gathered from families, indicates that these families are likely to have achieved some positive outcomes during this time.

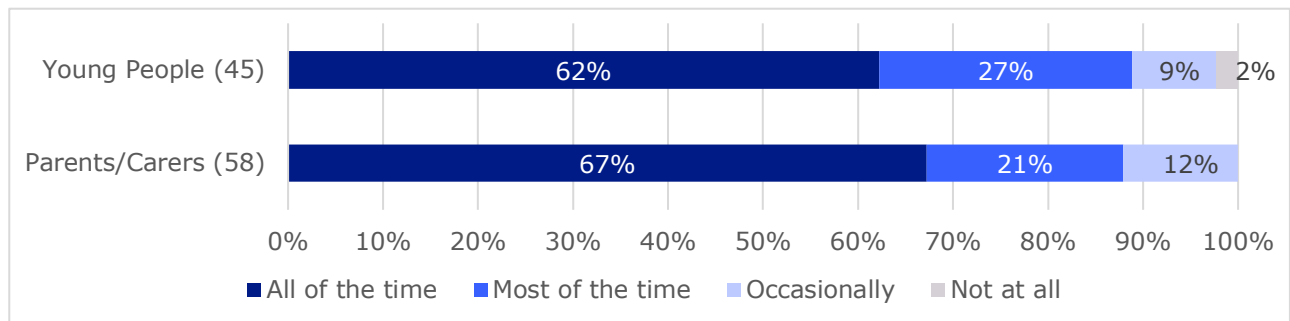
Feedback on outcomes

Survey findings indicate that almost all parents, carers and young people who responded to the survey (completed upon early closure or graduation) felt that the support helped them. Amongst young people, a combined 89% felt that the support helped them coped with

¹³ This differs from the 43 graduated cases detailed in Section 2: Programme delivery. The latter includes two re-referrals of young people where the support was extended (using the GF mechanism) and this subsequent period of support was also classed as a programme graduation.

difficulties either all (62%) or most (27%) of the time. For parents and carers, a combined 88% felt that the support helped them cope with difficulties either all (67%) or most (21%) of the time.

Figure 4.1: Do you think the support you and your family received from the service has helped you cope with difficulties better?



Source: STARS Survey data up to Nov 2024. Bases in ().

Analysis of STARS graduation reports and interviews with parents, carers and young people provides more detailed insight into how the programme has helped.

Graduation reports are prepared by STARS practitioners for each young person who completes two years on the programme. These include a summary of what has been achieved during the support, which draws on parent, carer and young person feedback. Analysis of 37 graduation reports highlighted various positive changes that had occurred for parents, carers and young people because of the support, many of which align with feedback gathered through qualitative interviews with parents, carers, young people and professionals.

Improved parenting skills

Almost all graduation reports described parents and carers improving their confidence and skills in managing the behaviour of their child or foster child. This included parents using the strategies learnt through Triple P, particularly around setting boundaries and routines, and carers having a better understanding of therapeutic parenting approaches. Interview feedback aligns with these graduation reports, with parents and carers expressing that they feel better able to manage challenging behaviour and situations and understanding theirs and their child's emotions better, including understanding the impact of trauma on the young person.

"The support has been game changing. The triple P and the other courses have helped me to help my children." (Parent)

"I'm more organised and have confidence in laying down the law in the house." (Parent)

STARS has also supported some parents and carers to access additional support, for example, through referrals to counselling or debt support organisations.

Improvements in young people's behaviour and wellbeing

Almost all graduation reports mentioned that the support had led to improvements in the young person's behaviour, including the young person being better able to understand, talk about and manage their emotions. For some, this had subsequently led to a decrease in angry outbursts and/or risky behaviour such as self-harming, where these behaviours had been present in the past. Other positive outcomes mentioned in graduation reports included the development of healthy habits around things like sleeping, eating, hygiene and the young person developing greater independence skills, such as using public transport on their own. STARS has also enabled some young people to access additional help for their mental health and wellbeing, such as supporting referrals to Child and Adolescent Mental Health Services.

Feedback gathered through interviews provides further evidence for these positive outcomes, particularly around young people being better able to regulate their emotions. For example, one carer described how the child they were caring for used to have angry, often violent, outbursts every day, but these have now reduced to around once a month, and he is much better at regulating his emotions when this happens.

"Now when she has a meltdown, she'll come and apologise and say 'I shouldn't have said that'." (Parent)

Young people interviewed for this evaluation commented on how STARS practitioners had helped them feel calmer and better able to cope with strong emotions. They also described being happy in their foster placements and mentioned positive activities they had engaged in, such as regular swimming, horse riding and first trips abroad.

"She's [peer mentor] helped me with my anger... she helped me find different ways to deal with my anger." (Young person)

Improved relationships

Most graduation reports highlighted relationship building as a positive outcome for young people, describing improved relationships between parents and their children and positive and sustainable attachments with foster carers as a result of the support. Some also highlighted improved relationships between young people and birth family members, in addition to young people developing friendships and/or improving how they relate to their peers. As with the other positive outcomes, these comments around improved relationships were echoed during interviews with parents and carers.

Improved engagement with education

Most graduation reports also referenced improvements in young people's engagement in education, including increased engagement and attendance, improved progress and attainment, the young person being more settled and better supported at school, or moving to a more appropriate type of education provision.

Securing additional support for young people at school appears to be a key outcome of the support for many young people. To date, STARS has supported 35 young people to secure an

EHCP, giving them greater access to individualised support at school. Several parents and carers interviewed for this evaluation felt that without the STARS support, they either would not have been able to make an EHCP application or it would not have been successful. Often related to an EHCP application, in several cases STARS has also supported progress with diagnoses for additional needs such as ADHD and autism.

"She used to be a school refuser, now she wakes up and independently gets ready for school." (Carer)

Outcomes Stars

'Outcomes Star' is an evidence-based tool providing an indicator of change amongst people receiving support. It uses a numerical scale to measure change across several areas linked to wellbeing, safety and education. Outcomes Stars are completed at regular intervals, so change over time can be observed. Young people, parents and carers open to STARS complete Outcomes Stars at the beginning and during the first year of receiving support¹⁴.

Outcomes Star scores show positive change for a majority of those engaged with the STARS service¹⁵. This is particularly evident in areas the service seeks to address, such as young peoples' behaviour and emotions.

For a majority of young people, an increase between initial and latest Outcomes Stars scores is observed for feelings and behaviour (57% of young people), relationships (53%), friends (54%) and confidence and self-esteem (51%). Average Outcomes Stars scores for young people increased from around 3 points to 4 points between initial and latest assessments (out of a scale of 5, with 5 indicating strong positive feelings).

Similarly, for a majority of parent and carers there was an increase between initial and latest scores for their child's behaviour (62% of parents), emotions (60%), health (53%), learning (60%) and their family routine (55%). Average scores typically increased by around one scale point from a starting point of 6 or 7 (the Family Star completed by parents and carers uses a 10-point scale).

Areas which saw a lower proportion of parents and carers reporting an increase in scores included work (21%) and home and money (33%). This is unsurprising, given these are both areas which the programme was not primarily seeking to address.

Across both Family Star and My Star, scores decreased for between 11% to 26% of parents, carers and young people, depending on the area covered.

Education outcomes

A key area that STARS looks to support is education, in recognition that disruption to education can be a significant risk factor for placement or family breakdown and poor

¹⁴ Young people complete the My Star assessment whilst parents and carers complete Family Stars. The assessments are similar, but with Family Star more focused on how the parent or carer feels regarding their child's behaviour, emotions, etc.

¹⁵ STARS My Star and Family Stars analysis up to Dec 2024.

outcomes for the young person. A dedicated education officer supports all STARS cases where education is a risk factor, attending progress meetings and liaising with the young person's education providers. Encouraging attendance at school is often a key part of this support.

Whilst there are qualitative examples (detailed below) of STARS support having a positive influence on school attendance, data for the 39 young people who have graduated from STARS is inconclusive in this regard¹⁶.

The Department for Education defines persistent absence as attendance of below 90% and severe absence as attendance of below 50%¹⁷. For the purpose of analysing the STARS education data, we have defined anything above 90% attendance as 'good'. Of the 39 graduated cases:

- Just under half (19) maintained good attendance¹⁸.
- One-third (12) dropped from a higher attendance category to a lower one (mostly good attendance to persistent absence).
- A small proportion (4) increased their attendance, moving from persistent or severe absence to good attendance or severe to persistent absence¹⁹.

All Cohort A young people who graduated maintained good attendance. Amongst Cohorts B, C and D, there was no discernible difference in the likelihood of increasing, decreasing or maintaining school attendance.

Given this mixed picture, with no clear trend showing increased attendance for a majority of graduated cases, we cannot draw any firm conclusions about the potential impact of STARS support on education attendance. However, it is a positive sign that over half of these young people either maintained good attendance or increased their attendance. Considering the feedback received on the value of the STARS education officer and education provision involvement in progress meetings (see below), it is likely that STARS support was at least a contributory factor to some of these positive outcomes.

Additionality

Additionality in this context refers to the extent to which the same outcomes are likely to have occurred in the absence of the STARS programme. Many of the parents and carers spoken to as part of the case studies said they would not be in the positive position they are now without STARS, which suggests outcomes are unlikely to have occurred without the support. This includes some who felt the foster placement or reunification would not have been sustained without STARS involvement, a view which was often echoed by the social workers involved.

"[Young person] wouldn't still be here without the STARS team." (Cohort A carers)

¹⁶ STARS education data up to July 2024.

¹⁷ <https://www.gov.uk/government/publications/working-together-to-improve-school-attendance>

¹⁸ One young person maintained persistent absence.

¹⁹ For two young people, no attendance data was available.

***"To be honest, I don't know if my child would be coming home without the STARS support, so it has made a very big difference to where I am now."
(Parent)***

It is worth noting that this feedback on additionality relates to a small number of cases. However, positive feedback received from a wider group of parents and carers through the survey indicates that this sentiment may be felt by families beyond those involved in the evaluation.

Quantitative counterfactual assessment

Various options for making a quantitative counterfactual assessment of programme outcomes were considered as part of this evaluation, including identifying in- or cross- authority comparator groups who had not received the intervention to assess outcomes against. In agreement with Nottinghamshire, neither of these options were considered feasible due to the complex nature of the STARS referral criteria (for the creation of a robust comparator group, a distinct marker for inclusion and exclusion is required).

Analysis of historical data of young people supported through STARS can provide a proxy for counterfactual assessment, with the period before the intervention functioning as the alternative scenario to compare the post-intervention outcomes with. Placement data for 65 Cohort B cases from Nottinghamshire County Council was provided to the evaluation team for this purpose, however, this data also has its limitations due to the small number of CYP (14) who had graduated (most of the 65 cases were ongoing).

Nonetheless, when comparing the placement stability of graduated cases with those that closed early, there appears to be more placement stability for CYP that have completed STARS. Of the graduated cases, 86% (12 out of 14) remained in a placement that started prior to or during the intervention, compared to 42% of cases that closed early (10 out of 23). This provides some quantitative indication that the intervention has had a positive impact on placement stability, further strengthening the evidence for positive outcomes identified through qualitative feedback.

Drivers of positive change

There are several aspects of STARS support that parents and carers highlighted as being particularly helpful for achieving the positive outcomes reported. Most commonly, they valued having someone they could discuss challenges with and who could provide reassurance and advice. Generally, this was not a role that parents and carers felt social workers could play, either because they were pressed for time and/or because the parent or carer saw social workers as more formal and less approachable. Some parents were also less trusting of social workers due to previous negative experiences.

Other aspects deemed useful by parents and carers were:

- The key worker and other members of the STARS team advocating for the parent/carer and young person to other professionals, such as education or medical staff, including following-up on actions and supporting with administrative tasks.

- Regular progress meetings, which helped parents and carers feel like they had a good support network around them. These meetings aided information sharing, swift resolution of issues (particularly around education) and the development of solutions, including enabling therapeutic input into discussions and decision making through the therapist's role as chair.

"It [progress meetings] was a helpful opportunity for everyone to get together, we were all able to have an input and discuss anything that had happened in between meetings and if behaviours had changed." (Parent)

- Many (but not all) parents highlighted the Triple P course as being very useful, giving them practical strategies to manage challenges they were facing with their child.

5. Social Impact Bond outcomes

Impact of the SIB model on service delivery

Whilst there was strong interest in the SIB model at the beginning of the contract from commissioning managers, views were mixed on the extent to which it had positively influenced delivery effectiveness and outcomes. Comments centred around two key areas: referrals and flexibility of delivery.

Referrals

Stakeholders recognised that the SIB commissioning model was more complex for social work teams to understand (compared to a standard commissioning model) and therefore potentially impacted the referral challenges experienced within the LAs. Some described social workers becoming demoralised and reluctant to make further referrals after having a STARS referral declined. This was in part because it differed from their experience of normal, fee for service commissioned programmes, where there was less need to balance risk of case closure (and therefore referrals tend to be more readily accepted).

In addition, one LA stakeholder suggested that the cost of not using the service may have been more immediately obvious to senior leaders (who changed several times during the contract period) had the programme been contracted using a fee for service model. With the latter it tends to be clearer when the LA is paying for placements on a programme that they are not using, compared to the SIB model's end of contract penalties for not meeting the minimum referrals volumes.

There was acknowledgement amongst most stakeholders of the need for the referral criteria to enable the investor to manage risk. These stakeholder reflections, however, highlight some lessons learned regarding effective communication to support practitioners (from social workers to senior leaders) to understand the nature of the contract.

Flexibility of delivery

The flexibility of the programme to adapt delivery in response to challenges and feedback was clearly a strength of the service. Stakeholder feedback suggests that this drive for continuous improvement was partly influenced by the payment by results contract, as this provided greater scrutiny and transparency of how the service was performing compared to a standard, fee for service model. However, there also appear to be other factors, independent of the SIB model, which seem to have driven the reflective and flexible approach to service delivery. These include:

- The motivation of the programme manager for enabling continuous improvement to ensure the service best met the needs of young people, parents and carers, irrespective of the contracting model.
- The willingness of the investor to accept changes to the delivery model, enabled by their understanding of the delivery context as a provider of children's services. One stakeholder suggested that, rather than being something enabled by the SIB model, other social

investors can tend to be more conservative when it comes to supporting changes to service delivery, due to fears about risking outcomes.

Overall, it appears that the SIB model was one of several factors that helped to create a culture of reflection, adaptation and continuous improvement within the service.

Financial outcomes

By February 2025, the programme had generated £3,657,500 in cashable savings from Cohort A residential step-down placements and Cohort C reunifications (Table 5.1). Subtracting from this the total £4,511,092 in outcome payments made leaves a net cash loss of £853,592. Nevertheless, cost avoidance due to averted escalation for Cohort B and Cohort D totalled £17,638,300.

Table 5.1: Estimated savings to date

Cohort	Weeks	Savings
A	1,365	£2,866,500
B	6,973	£14,643,300
C	1,130	£791,000
D	4,280	£21,296,800
Total	13,748	£21,296,800
Cashable saving	2,442	£3,657,500
Outcomes paid		£4,511,092
Net cash saving		-£853,592
Cost avoidance	11,253	£17,638,300

Source: Strategic board report card, February 2025.

Whilst we have been unable to present conclusive quantitative counterfactual data in this interim report, qualitative feedback from families and professionals suggests that for some cases, positive placement outcomes would not have been achieved without the support. This includes placement stabilisation and prevention of children entering care and indicates that at least some of the cost avoidance total has resulted from the STARS service.

Cash savings and cost avoidance differed across LAs. Nottingham achieved a net cash saving of £204,700, whilst Derby had a net loss of £214,300 and Nottinghamshire a net loss of £843,992. This was because a higher proportion of Nottingham's stable placement weeks were from Cohort A and Cohort C, compared to the other two LAs.

With the highest number of referrals and stable placement weeks, Nottinghamshire achieved the highest totals for cashable savings, outcomes paid, and costs avoided.

Enablers of financial outcomes

A unique feature of STARS was the offer of support across four distinct cohorts of young people within LA care and on the edge of care. This enabled the programme to meet its delivery targets at an overall level despite the anticipated delivery context and the profile of young people supported changing since the initial contract was developed. For example, similar SIB programmes (Big Fostering Partnership, Fostering Better Outcomes) which focussed solely on residential step-down were heavily impacted by the shortage of carers nationally. This compares to the STARS model which was able to spread this risk across the cohorts so that fewer Cohort A (step down) referrals were counteracted by higher referrals from other cohorts.

The outcomes payment mechanism, which involved payments for each week sustained following an initial proving period of between 13 and 17 weeks, rather than outcome payments at set intervals such as 6 months, one year etc, was effective. It avoided the introduction of perverse incentives to keep young people on the programme longer than was in their interests, enabling decisions about continuing the STARS support to be focused on young people's needs whilst ensuring the investor was paid for outcomes achieved, even where cases closed early.

6. Conclusions

It is evident that many young people and families have benefited from the STARS programme. The targeted wrap-around support contributed to more stable and sustained placements within foster and birth-family environments. Positive changes for those engaged by the STARS programme have been observed, with improvements seen in young people's behaviour, emotional wellbeing, health, and educational engagement, and better family relationships, parenting skills and confidence. These outcomes were also apparent amongst those cases that were ongoing and some of those that closed early after a year or more on the programme. Qualitative feedback from families and professionals indicates that the STARS support has contributed to these achievements, with positive outcomes unlikely to have been achieved without the intervention.

Overall performance in relation to contractual expectations for the STARS programme was good, with minimum referral numbers to the service being met. There were differences across LAs, with referrals falling below target for Derby and Nottingham in the last 2 years. This was driven by lower enquiry to referral progression rates at Derby and Nottingham compared to Nottinghamshire, and influenced by internal LA factors including limited capacity to manage referrals (affected by high staff turnover and resource constraints) and differing understandings of the programme referral criteria.

The spread of referrals and case progression has been balanced towards those strands of the programme focused on stabilising existing foster-care or family arrangements (Cohorts B and D). The lower rate of progression to referral amongst the step-down and reunification cases (Cohorts A and C) reflects more challenge and uncertainty associated with this target group (given the potential risk of destabilisation from attempted step down or reunification). That said, there have still been a number of cases successfully progressed from these cohorts, with around three-tenths of graduated cases belonging to them.

Features of the programme that worked well and contributed to the achievement of positive outcomes and performance include:

- **Service model:** The key worker approach was clearly valued by parents and carers, offering them a dedicated practitioner to provide a listening ear, reassurance and advice, and advocate to other professionals for theirs and their child's needs. The multi-disciplinary progress meetings and therapeutic parenting training were also valued enablers of positive outcomes.
- **Programme management:** The programme was effectively managed, with a culture of reflection, flexibility and continuous improvement enabled by a strong, collaborative relationship with the social investor.
- **Cohort approach:** This enabled the risk of lower-than-expected referrals to be spread across different cohorts and meant young people could move between cohorts when their situation changed, both of which are important given the complexity of the delivery context.
- **Introduction of the guaranteed payment mechanism:** Whilst ideally there would not have been a need to introduce the GF mechanism, this was an effective solution to the

combined issues of lower than anticipated referral numbers and high level of need for the service within the LAs. Evidence regarding the progress of GF funding cases through the programme indicates that use of the GF mechanism is generally worth the risk for LAs.

Evidence from this evaluation also identifies some lessons learned that may support delivery of similar programmes in the future:

- **Stakeholder engagement during contract development:** Feedback on the early development of the contract highlights the importance of ensuring effective buy in from all relevant LA teams, including both commissioning and children's services, particularly when working across a partnership of LAs. This includes ensuring there is clear understanding of where the service sits within each LA's range of internal and commissioned support and clarity around the capacity and resource commitments needed to manage referrals from the outset.
- **Understanding contract and referral criteria:** Feedback on the referral challenges faced by LAs highlighted the importance of effective communication about the nature of the contract and referral criteria, across all levels of the LA, from senior leaders to social workers.
- **Consistency of the young person's support offer:** One of the changes made to the STARS programme during delivery was expanding the peer mentor support available so that young people in Cohorts C and D could be supported in addition to Cohorts A and B. Given the range of challenges young people in care or on the edge of care face, future support programmes taking a similar approach should consider providing dedicated support for all young people open to the programme, so that support can be effectively tailored to meet young people's needs from the outset, regardless of their care status.

Appendix A: STARS delivery model

