

## EVALUATION REPORT

# SHiFT

## Feasibility study

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Centre for  
Evidence and  
Implementation

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## **About the Evaluator**

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# Executive Summary



## The project

SHiFT aims to support children and young people (aged approximately 11–25) who are caught in a destructive cycle of crime to reduce reoffending and improve wellbeing. Designed by a group of social innovators, the programme is delivered by teams of trained Guides (who have backgrounds in youth justice, social work, education and youth work). In this project, teams of four Guides, a Lead Guide and a Practice Coordinator made up a SHiFT Practice that worked intensively with 20–27 young people for approximately 18 months. Each young person received flexible and tailored support from their Guide, who was informed by the 'Breaking Cycles' approach. This entails understanding the young person's 'hook' (their motivation to stop offending), identifying when to engage, investing time to build a therapeutic relationship, tailoring support and then persisting to ensure the young person stops offending. SHiFT Guides also used an Exploration Tool to track young people's needs, strengths and aspirations. Using this tool, young people set three goals at the start of the intervention that were then reviewed as the programme progressed. Guides were assigned a budget of £2,000 per child to support their work, and they also engaged with the parents, carers, friends and key agencies who interacted with the young person. There were no specific set activities that Guides needed to undertake, nor a set frequency with which Guides were required to meet young people – allowing Guides to take a flexible approach is a central feature of the SHiFT model. SHiFT was delivered in partnership between SHiFT Organisation Ltd. and two London local authorities. The young people involved in this study were 12–19-year-olds identified by local authorities and the SHiFT team as being at high risk of being caught in a cycle of offending behaviours.

YEF funded a feasibility study of SHiFT, which spanned four to nine months of delivery across two pilot sites. It aimed to ascertain whether SHiFT was acceptable to key stakeholders and perceived as feasible to implement, identify the barriers to early implementation and understand what adaptations are required to ensure effective delivery. It also aimed to explore how outcomes can be collected and administered to evaluate the programme, the barriers to any data collection and any emerging trends in outcomes data. To answer these questions, the evaluation and programme teams co-developed a programme model, and the evaluator analysed interviews with SHiFT and local authority staff. Initial analysis of programme administrative data was also undertaken. Forty-four young people from two London local authorities were supported by SHiFT during the course of the evaluation, which took place between January and October 2021.

### Key conclusions

SHiFT was perceived to be acceptable to key stakeholders, including the local authority and the SHiFT Practices. Those interviewed praised the long-term approach, the relationship-based nature of support, the engagement with young people's wider networks and Guide's small caseloads (which allowed for greater availability of support). SHiFT's creative and flexible approach was also commended. No interviews were carried out with children to ascertain how acceptable they deemed it to be.

SHiFT was perceived to be feasible to implement by key stakeholders. The recruitment of Guides, local governance, and supervision arrangements were all delivered as intended. SHiFT appeared to reach the intended (most vulnerable and at-risk) children, and Guides appeared to deliver the programme as planned. However, the study did not cover the full 18 months of usual delivery, and some barriers to delivery were identified.

Barriers to delivery included the flexibility of SHiFT. It sometimes proved difficult to clearly describe the components of such a flexible programme to other professionals and differentiate it from other services. Insufficient initial pre-implementation planning, staff changes and a lack of clarity surrounding roles also impeded delivery. These challenges were, and can be, addressed by clarification of the model and greater collaboration.

SHiFT Practices piloted the use of outcome surveys (featuring three validated scales). However, the measures used proved difficult for children to understand and use. Data accuracy and access issues impeded other routine data collection.

Several solutions to improve outcome collection, data availability and data accuracy are recommended or in development, such as creating more child-friendly outcome scales, collecting a smaller set of administrative data, piloting online versions of questionnaires and developing a long-term research and evaluation plan.

## Interpretation

SHiFT was perceived to be acceptable to key stakeholders, including the local authority and SHiFT Practices. Those interviewed praised the long-term approach, considered to be a significant departure from existing services for children. Interviewees also praised the relationship-based nature, which enabled a more child-centred approach, in addition to the systemic approach to working. While challenging, engaging with the wider network of people around a child (such as their family, friends and professionals) was perceived to be an important feature. In addition, interviewees approved of Guides' small caseloads, which enabled greater intensity of support, while also commending the presence of a dedicated administrative role that freed Guides to do more direct work. Interviewees also reflected positively on the flexible approach used, which included the ability to overcome traditional service remits and definitions (such as continuing to work with children when they transition into adulthood) and the opportunity to tailor SHiFT to local contexts. No interviews were carried out with children to ascertain how acceptable they deemed SHiFT to be.

SHiFT was perceived to be feasible to implement by key stakeholders. Those interviewed deemed recruitment to be successful, praising the calibre and experience of Guides. Various elements of the intervention, including the local governance procedures and supervision arrangements, were also implemented as intended. In addition, SHiFT appeared to reach the intended children. Most children involved were known to have committed several offences, and staff interviewed reflected that the children were highly vulnerable and the highest-risk young people in the local area. Selection of these children was carried out using an effective data-driven selection process, which was improved during the study (to also make good use of frontline professionals' knowledge of local children). Guides also appeared to be delivering SHiFT as intended (using the 'Breaking Cycles' model), while the evaluator identified strong signals that Guides were tailoring their interactions with SHiFT children to respond to their specific needs. Guides undertook a wide range of engagement work, including supporting young people's re-engagement with education and employment; organising sports activities; advocacy support; and liaising with social care, police and mental health services. However, it must be noted that this study did not cover the full 18-month delivery period that SHiFT intends to deliver, preventing a full exploration of feasibility.

Several barriers to implementation were also identified, including flexibility, which was seen as an important aid to implementation but also posed challenges when articulating what SHiFT was to other professionals. Differentiating SHiFT from other local interventions (such as intensive mentoring, contextual safeguarding and general 'good youth work') also sometimes proved difficult. Those interviewed reflected that too little time was initially spent on joint planning at the pre-implementation phase, while staff absences may have impeded delivery. An additional challenge was navigating the position of Guides to ensure they did not undermine the work of other professionals. These barriers could be overcome by the SHiFT Practice Framework, which clearly articulates the programme's components, alongside greater collaboration with the local authority throughout. Intentional consideration of how SHiFT aligns with other agencies is also recommended.

SHiFT Practices piloted the use of outcome surveys (featuring three validated scales). However, Guides found it challenging to use these outcome scales with children due to the misunderstanding of certain items, the wording of questions, questionnaire length and general resistance on the part of young people to complete assessments. It also proved challenging to collect administrative data due to data access and accuracy issues. Several solutions to improve outcome collection, data availability and data accuracy are recommended or in development, such as creating more child-friendly outcome scales, collecting a smaller set of administrative data, piloting online versions of questionnaires and developing a long-term research and evaluation plan.

Due to the limitations outlined in the study, including challenges in outcomes data collection, YEF has no immediate plans to fund a further evaluation of SHiFT. However, YEF also recognises the perceived acceptability and feasibility of the intervention and looks forward to seeing how the SHiFT team address the data and outcome collection recommendations discussed.

## Introduction

### Background

Thousands of children and young people under the age of 18 (hereafter referred to as 'children') are in contact with the youth justice system (YJS) across England and Wales. In the year ending March 2020, just under 16,900 children received a caution or conviction at court for an indictable offence (Youth Justice Board & Ministry of Justice, 2021, p. 27). The number of first-time entrants and the number entering custody have reduced significantly since the early 2000s. However, *reoffending* rates among under 18-year-olds remain high relative to other age groups (J. R. Adler et al., 2016, p. 4), particularly for children released from custody (Youth Justice Board & Ministry of Justice, 2020b, p. 68), demonstrating their vulnerability to being caught in cycles of offending behaviours and the shortcomings of the current system (Hazel & Bateman, 2021; Taylor, 2016; Youth Justice Board & Ministry of Justice, 2020b).

Beyond the children already known to, or in contact with, the YJS across England and Wales, many more are vulnerable to exploitation from criminal groups and involvement in drug dealing and knife crime, and COVID-19 restrictions (including the closure and reduced accessibility of educational, youth, social, health and mental health services) are likely to have left more children vulnerable (Brewster, 2020).

Black and minority ethnic children are disproportionately represented among those sentenced (Youth Justice Board & Ministry of Justice, 2021, pp. 20, 27). Care-experienced children, particularly those cared for in residential settings, are similarly disproportionately represented in the youth justice system, and experience particularly poor post-release outcomes following release from custody (Case & Browning, 2021; UNICEF, 2021).

While overall numbers of children entering the YJS are reducing, those within the system have more complex needs than their peers (Case & Browning, 2021). Children in the youth justice system are likely to have:

- Significant concerns relating to their safety and wellbeing (Youth Justice Board & Ministry of Justice, 2020a)
- Experience of being in care; on a child protection plan (current or historic); or currently or previously assessed as being a child in need (Day et al., 2020; Her Majesty's Inspectorate of Probation, 2021; Youth Justice Board & Ministry of Justice, 2020a)
- Low levels of educational attainment and a history of exclusion from school (Her Majesty's Inspectorate of Probation, 2021; Jacobson et al., 2010)
- History of maltreatment and abuse or other adverse childhood experiences (Bellis et al., 2019; Chard, 2021)
- Significant physical health, mental health and substance misuse difficulties (Bateman, 2020; Case & Browning, 2021; Youth Justice Board & Ministry of Justice, 2020a).

In recent years, a reframing of under 18-year-olds in contact with the YJS as ‘vulnerable children’ has begun to shape the national principles underpinning youth justice policy in England and Wales; accompanying this, there have been increasing calls for youth justice services to move beyond the ‘risk paradigm’ towards ways of working that recognise and prioritise the vulnerability and needs of the children in question (Hazel and Bateman, 2021).

The principle of ‘Child First’ (Case & Browning, 2021, p. 6) was adopted by the Youth Justice Board (YJB) in 2019 as the central and guiding principle of a new national youth justice strategy (Ministry of Justice & Youth Justice Board, 2019). The YJB standards (Ministry of Justice & Youth Justice Board, 2019) require youth justice agencies to adhere to four central ‘tenets’ by all youth justice services, namely that services:

- Prioritise the best interests of children, recognising their needs, capabilities, rights and potential;
- Build on their strengths and capabilities to support a pro-social identity;
- Collaborate with children and their parents or carers and encourage children's active participation, engagement and social inclusion; and
- Promote prevention, diversion and minimal intervention.

There is an emerging body of evidence supporting the potential promise of ‘Child First’ approaches in youth justice (J. Adler et al., 2016; Byrne & Case, 2016; Case & Browning, 2021; Haines et al., 2013; Haines & Case, 2012; Koehler et al., 2013; Pooley, 2021; Rhoden et al., 2019; Zettler, 2020).

## **SHiFT<sup>1</sup>**

The SHiFT model has emerged in this context. Aligned with the four core components of the ‘Child First’ approach and inspired by the ‘Breaking Cycles’ model developed originally for the Pause programme, which works with women in England to break the cycle of repeated child removal (Boddy et al., 2020; *Pause*, 2021), SHiFT aims to support vulnerable children to break out of destructive cycles of offending and build towards productive and meaningful future lives. The SHiFT model was developed by a group of social innovators led by Sophie Humphreys, and the licence is held by SHiFT Organisation Ltd.

SHiFT involves a dedicated local team, or ‘SHiFT Practice’, recruited and employed by a local authority children's service or other local body (the ‘Host Organisation’) to deliver SHiFT,

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<sup>1</sup> Information about the SHiFT model in this section is taken from the SHiFT Practice Framework Autumn 2021 (SHiFT, 2021). This was produced and shared with sites during the course of the evaluation.



overseen and supported by the 'SHiFT (national) team'. The SHiFT Practice involves four Guides, a Lead Guide and Practice Coordinator and works intensively with 20–25 children selected for SHiFT for approximately 18 months. Lead Guides manage the SHiFT Practice team and oversee the way the Practice is embedded in the Host Organisation. Lead Guides are line managed within the Host Organisation and work closely with the Director of Practice and Practice Lead with the SHiFT (national) team to support practice development. The SHiFT Practice Coordinator supports the collection of data for the evaluation and ensures the smooth running of the Practice, as well as supporting the maintenance of records.

The Host Organisation takes a key role in managing and supporting the SHiFT Practice team and provides access to resources, systems and infrastructure required for the set-up and day-to-day operations of the SHiFT programme at the local level, including risk management and oversight of safeguarding procedures. Funding for the first two SHiFT sites has been split between SHiFT and the local authority, with a ratio of 75% contribution from SHiFT and 25% from the local authority.

SHiFT (national) also take an active role in supporting the SHiFT Practices through initial mobilisation, implementation and on an ongoing basis. The SHiFT Practice Framework (SHiFT, 2021) describes their role as the *'hub for all the relationships, partnerships and practices nationally'*. They support ongoing shared learning through several means, including (but not limited to) representation at the quarterly Local Boards and regular visits from the National Practice Lead and Director of Practice, who are trained in coaching and providing quality assurance and support. At the time of the evaluation, SHiFT (national) had also started a quarterly Practice and Learning Forum that combines peer learning, masterclasses and exposure to leading practice from outside of SHiFT.

The SHiFT Practice Framework encourages SHiFT Practices to embrace an 'insider/outsider' position within the local service context. Specifically, SHiFT Practitioners at the local level are encouraged to adopt a SHiFT identity, to innovate and to bring fresh perspectives to local ways of working, with the aim of influencing change and improvement across services at the local level.

The evaluation was undertaken with the first two SHiFT sites, both London local authorities. These sites were selected partly because of existing relationships with senior leaders, including with the Chief Executives and Directors of Children's Services, and because of the sites' interest in systems change and innovation. One of the sites had successfully implemented Pause, and they were both inspired by the credibility of the Pause and SHiFT's founders. SHiFT (national) reported that senior leaders had confidence in the SHiFT practice model and were able to commit to 'SHiFT's commitments' (as outlined in the SHiFT Practice Framework). More generally, these sites were also interested because there is underlying need for this provision, e.g. Pilot Site 2 was one of last year's serious violence 'hot spots' within London. They saw SHiFT as an opportunity to bring about some real change for children

and families and to influence practice more broadly in their area. The partnership proposal that developed following initial conversations evaluated the strength of opportunity in each local area and was considered and signed off by the Board. Initial conversations with potential sites include, as a minimum, the Chief Executive/Director of Children's Service plus Heads of Service and local partners – police, public health and education. This full range of professionals is then also reflected in the local SHiFT Board (governance arrangements).

### **The 'who': vulnerable children caught in destructive cycles of offending behaviours**

SHiFT is designed to work with *'children and young people aged 11–25<sup>2</sup> who are caught in a destructive cycle of crime or associated behaviour where things are getting worse, not better, and who would benefit from an intense therapeutic relationship with a skilled Guide utilising the Breaking Cycles ingredients such as time, tenacity and flexibility'* (SHiFT, 2021, p. 7). SHiFT's focus is on children who are considered at highest risk of being caught in a cycle of offending behaviours, many of whom will have been in custody or known to the police and youth justice for some time, have worked with several professionals over a number of years and have multiple and complex needs. Children to be offered SHiFT are identified by the Host Organisation, in collaboration with SHiFT (national), through analysis of Host Organisation case data and discussion with practitioners.

### **The SHiFT Model**

#### **Intensive flexible work**

Two central features of the SHiFT model are the small number of children that each SHiFT Guide works with (around five, fewer for the Lead Guide) and the 18-month intervention period.

The work that SHiFT Guides undertake with children is intended to be flexible and fully tailored to each child, based on a therapeutic relationship and working systemically, with the aim of doing 'whatever it takes' to support them to break out of offending behaviours and reach their potential. The SHiFT Practice Framework does not prescribe or outline explicitly the work that a Guide should undertake with a child, nor the frequency with which the Guides meet with the children and their wider network.

Host Organisations currently retain overall responsibility for statutory work with the child, but SHiFT Guides are required to liaise with local colleagues to explore which aspects of this

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<sup>2</sup> The current focus of work has been with children aged 12–19. The programme team also acknowledge that for the purposes of any YEF funded work, they will maintain a focus on 11–18-year-olds in recognition that this is YEF's age group of interest.

work they might effectively take on. SHiFT are aiming to take over statutory responsibilities as their practice model is strengthened and demonstrated to work in the field.

### Engaging and building relationships: the 'Breaking Cycles' approach

Once a child has joined SHiFT, Guides liaise with them and with professionals, parents and carers or others who know the child; read existing assessments, reports and plans; and piece together an understanding of the child's history and existing networks of support. It is expected that this initial period of engaging and building relationships with the child will take up to three months.

### Using the 'Breaking Cycles' approach

Guides are expected to use the 'Breaking Cycles' approach, initially developed for the Pause programme (Pause, 2021). The 'core ingredients' of the 'Breaking Cycles' model are:

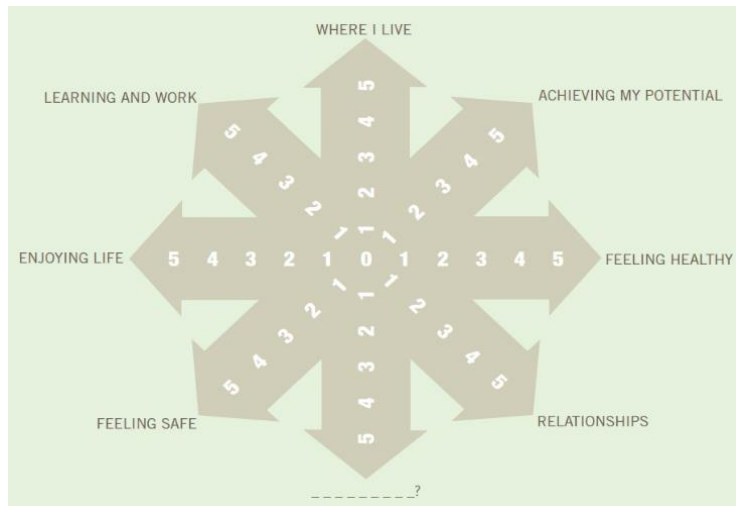
- **The 'hook':** The premise is that every person has a 'hook', namely something that can motivate them to think, reflect and start to take steps towards a better life, and that this is key to their engagement with SHiFT and to the work undertaken.
- **Identify:** Identify refers to the idea that a practitioner must identify the right time to engage with a child and, crucially, that the child must be ready to and willing to engage at that point in time.
- **Invest:** Invest refers to the time that SHiFT Guides must take to build relationships and work with the children in the programme.
- **Tailor:** Tailor refers to the individualised approach that SHiFT Guides must take in their work with each child. In recognition of the fact that each child is unique and has their own set of needs, experiences, strengths and future aspirations, engagement should be flexible and designed to suit each participating child.
- **Persist:** Persist refers to the emphasis within the SHiFT model on Guides having the tenacity needed never to give up. The model recognises that children and young people who have had a history of disappointment and failure often expect professionals to give up on them.

As well as the 'Breaking Cycles' core ingredients, SHiFT Guides are expected to make use of their own skills and expertise and to use evidence-informed resources and approaches.

### Exploration and planning

Exploration and planning are expected to be supported by the 'Exploration Tool' developed by SHiFT (national) to assist Guides to identify and track children's needs, strengths and aspirations. It covers seven domains (where I live; achieving my potential; feeling healthy;

relationships; feeling safe; enjoying life; and learning and work) and one additional 'open' domain that the child can select themselves. Goals such as a reduction in offending/reoffending are among the main outcomes that the SHiFT intervention aims to help children achieve, but the Exploration Tool gives greater emphasis on positive outcomes such as improved mental health and wellbeing, engagement with education and employment and an increase in self-esteem. The child and Guide are expected to work together to identify three goals during the engagement stage and to check in on progress against them at quarterly intervals thereafter.



**Figure 1: The SHiFT Exploration Tool ('domains' rating page)**

### Child and Young Person's Resource

There is a budget of £2,000 ('Child and Young Person's Resource') for SHiFT Guides to spend on their work with each child. SHiFT Guides can spend the budget flexibly and creatively depending on the needs and goals of each individual child, with information about use recorded and reviewed regularly by SHiFT (national). This budget is ringfenced within the SHiFT Practice budget and is not to be given as cash. This resource is part of the core Practice cost and is split as per the ratio for the overall delivery costs, i.e. 75/25 to SHiFT and the local authority. The amount decided upon was a practice-led decision and was agreed to be generous enough to enable creativity and persistence, as well as supporting aspiration and behaviour change over the 18-month period.

### Partnership and systemic work

Informed by systemic theory, the SHiFT model also recognises the importance of a child's relationships with the wider network of professionals, family and friends around them. In the early stages of their work with a child, SHiFT Guides are expected to meet and engage with parents, carers and friends and continue to do so over the course of the intervention. Similarly, the SHiFT Practice is expected to work closely with the individual professionals and key agencies locally that interact with the child and to influence the way that family, friends and professionals in partner agencies respond to these vulnerable young people.

### Supervision of Guides

One-to-one supervision is provided by the Lead Guide and is referred to as 'line management and case supervision', typically weekly. Clinical supervision is to be provided by a Systemic Therapist, monthly at a minimum, in groups or one-to-one.

### **SHiFT (national)**

The SHiFT (national) team provide implementation support to new SHiFT Practice sites during the mobilisation period:

- **Data collection systems:** documents, tools, and training to implement the SHiFT data collection process and analysis to inform delivery and adaptation
- **Strategic activity:** support around the commissioning and strategic oversight of SHiFT
- **Partnership/pathways:** supporting the effective set-up of partnerships and ongoing partnership working
- **Recruitment:** providing SHiFT job descriptions and taking an active role in the selection process
- **Readiness planning and troubleshooting:** a SHiFT 'Readiness Checklist' is in development
- **Selecting children and young people to participate in SHiFT:** supporting the SHiFT Practice team and Host Organisation in a 'scoping' process to select children whose needs are aligned with the SHiFT programme

SHiFT (national) provides oversight and quality assurance. The SHiFT Director of Practice meets with SHiFT Practices at least once a month for reflective supervision and problem solving. A training programme is set out in the Practice Framework, including induction, quarterly 'Practice and Learning Forums', masterclasses, training on topics such as complex mental health challenges and opportunities for shadowing colleagues in other SHiFT Practices.

As well as the SHiFT Practice Framework, SHiFT (national) have produced communications collateral, documentation on the 'Breaking Cycles' model and articulation of how SHiFT links with the Pause model.

The SHiFT Programme Model, developed as part of the evaluation, is shown in Table 1.

## **The evaluation**

### **Background context to the commissioning of the evaluation**

The project was initiated outside what have since become YEF's usual evaluation processes. SHiFT (national) initially approached CEI with a view to commissioning an evaluation of SHiFT, and the original design work was undertaken directly between SHiFT and CEI.

YEF subsequently agreed to fund the evaluation as designed, shortly before work was due to begin. A version of the proposal that had been agreed with SHiFT formed the basis of the YEF grant. The budget remained the same, hence the reason why the project was funded as a formative evaluation rather than spanning the entirety of the 18-month delivery cycle. The original project plan was broadly aligned with YEF's guidance on feasibility studies, although it is important to note that it had not been developed to conform with this guidance. The evaluation team continued to work closely with SHiFT in planning and undertaking the evaluation.

The evaluation was undertaken with the first two SHiFT sites, both London local authorities. Site 1 began working with children in January 2021 and Site 2 in July 2021. The evaluation has therefore covered only part of the 18-month cycle of work in each site – the first 10 months in Site 1 and the first four months in Site 2.

### **Objectives and research questions<sup>3</sup>**

The objectives of the evaluation were to capture learning from early stages of implementation (both for the evaluation and to provide rapid feedback to SHiFT to support their work) and to support SHiFT to establish routine child outcome monitoring. The research questions are:

- **Implementation-focused research questions:**
  - a) Is SHiFT acceptable to key stakeholders, including SHiFT practitioners, organisational leaders and representatives from partner organisations?
  - b) Is SHiFT perceived as feasible to implement by these same key stakeholders?
  - c) What implementation barriers can be identified during the early implementation of SHiFT, and how are these addressed?
  - d) Are adaptations needed to SHiFT to increase its fit with local service conditions – and if so, what adaptations are necessary?

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<sup>3</sup> A feasibility study plan was set out and agreed by YEF.

- e) Do children and young people supported by SHiFT perceive the intervention as acceptable?
- **Child outcomes-focused research questions:**
  - f) Can the selected child outcome measures be administered and routine outcome data be collected as intended?
  - g) What are the barriers to this data collection, and how are they addressed?
  - h) What are the trends in routinely collected outcome data for children and young people supported by SHiFT?

**Table 1: SHiFT Programme Model**

TARGET	EVIDENCE	INPUT	SHIFT COMPONENTS	OUTPUT	IMP OUTCOMES	SERV OUTCOMES	CHILD OUTCOMES	IMPACT (3–4 YRS)
<p><b>Children and young people:</b> No firm inclusion/exclusion criteria apply. Intake decisions will be nuanced and based on the entirety of risks and challenges in a young person's life. They will be made on a case-by-case basis, in close collaboration with the local Youth Offending Team (YOT) and Child Safeguarding Service.</p> <p>Characteristics of CYP supported by SHiFT:</p> <p>(1) They are in contact with services that target offending by children and/or children affected by child criminal exploitation and gang affiliation and linked to other serious violence.</p> <p>(2) They are part of families with</p>	<p><b>THE CHALLENGE: Reoffending rates and service approaches in England/Wales:</b></p> <p>69.3% of children released from custody in 2018 became reoffenders in the following 12 months (+ 4.7% 2008–2018). Of the approx. 28,400 CYP in the 2018/2019 aggregated cohort, 38.4% reoffended within 12 months.</p> <p>Children who did reoffend committed 44,100 reoffences (avg.: 4.05 reoffences/ reoffender). Youth offending services currently remain dominated by risk- and offender-focused approaches to assessment and care, with the result that many existing services risk (a)</p>	<p><b>The 'Breaking Cycles' approach</b></p> <ul style="list-style-type: none"> <li>• <b>Principle 1:</b> <i>The hook</i> = Identify what motivates the young person to think, reflect and begin taking steps towards change.</li> <li>• <b>Principle 2:</b> <i>Investing</i> = Take the time required to build a relationship and support the young person.</li> <li>• <b>Principle 3:</b> <i>Tailoring</i> = Tailor interactions so that they are flexible and suit each child.</li> </ul>	<p><b>SHIFT SERVICES:</b> In using the 'Breaking Cycles' approach,</p> <ul style="list-style-type: none"> <li>• SHiFT Guides begin to work with a young person with a focus on identifying hope and aspirations that the child or young person might have.</li> <li>• SHiFT Guides maintain a focus on promoting child agency throughout the work with a young person.</li> <li>• SHiFT Guides work directly with a young person by providing support to, e.g. set goals, develop daily routines, solve problems, keep appointments/ agreements, collaborate with others, build life skills or maintain</li> </ul>	<p><b>SHIFT SERVICE OUTPUTS:</b></p> <ul style="list-style-type: none"> <li>• A SHiFT team works with a maximum of five young people at a time.</li> <li>• The rate of children per team per year dropping out of SHiFT before having fully completed their process should not exceed TBD [this number/% to be determined following completion of the first two pilot sites]</li> </ul>	<ul style="list-style-type: none"> <li>• <i>SHiFT is acceptable to children/young people. It makes a meaningful difference to their lives.</i></li> </ul> <p><b>Measures:</b> Implementation interview - Administrative (programme) data, e.g. engagement/drop-out rates</p> <ul style="list-style-type: none"> <li>• <i>SHiFT is acceptable to key stakeholders</i></li> </ul> <p><b>Measure:</b> Implementation interview</p> <ul style="list-style-type: none"> <li>• <i>SHiFT is perceived as feasible to implement.</i></li> </ul> <p><b>Measure:</b> Implementation interview</p> <ul style="list-style-type: none"> <li>• <i>SHiFT practitioners' self- and</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Change in non-SHiFT practitioners' perceptions of offending by children.</i></li> </ul> <p><b>Measure:</b> SHiFT stakeholder survey</p> <ul style="list-style-type: none"> <li>• <i>Change in non-SHiFT practitioners' acknowledgment of children's needs.</i></li> </ul> <p><b>Measure:</b> SHiFT stakeholder survey</p> <ul style="list-style-type: none"> <li>• <i>Change in service structures: Enhanced service integration.</i></li> </ul> <p><b>Measure:</b> - Administrative data - SHiFT stakeholder survey</p>	<ul style="list-style-type: none"> <li>• <i>Self-esteem of CYP supported by SHiFT improves.</i></li> </ul> <p><b>Measure:</b> Rosenberg Self-Esteem Scale (RSES)</p> <ul style="list-style-type: none"> <li>• <i>CYP supported by SHiFT display higher levels of self-efficacy.</i></li> </ul> <p><b>Measure:</b> General self-efficacy scale (GSES)</p> <ul style="list-style-type: none"> <li>• <i>Improved wellbeing: The mental health of CYP supported by SHiFT has improved.</i></li> </ul> <p><b>Measure:</b> Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)</p>	<p>SHiFT will contribute to communities experiencing:</p> <ul style="list-style-type: none"> <li>• Decreasing crime rates</li> <li>• Decreasing rates of school exclusions</li> </ul> <p>SHiFT will inspire local system change, leading to services that target offending by children being truly person centred:</p> <ul style="list-style-type: none"> <li>• Tailored and adaptive to young people's needs</li> <li>• Easily accessible</li> <li>• Seamless</li> </ul>



TARGET	EVIDENCE	INPUT	SHIFT COMPONENTS	OUTPUT	IMP OUTCOMES	SERV OUTCOMES	CHILD OUTCOMES	IMPACT (3–4 YRS)
<p>ingrained intergenerational continuity in harmful/challenging behaviour and repetitive cycles of abuse, trauma and neglect.</p> <p>(3) Their needs align with those described for tier 3 or 4 services for children in social care.</p> <p>(4) They may be on a statutory/youth justice order.</p> <p>CYP supported by SHiFT may also have experienced or be at risk of out-of-home care and school suspension/expulsion.</p>	<p>remaining purely interventionist and (b) stigmatising/labelling children. More child-facing prevention or diversion interventions are needed (Haines &amp; Case, 2018).</p> <p><b>WHAT WORKS:</b> Interventions shown to be effective in reducing reoffending:</p> <ul style="list-style-type: none"> <li>• Build on an evidence-informed theory of change.</li> <li>• Consider the wider offending context, including family, peers, school and neighbourhood/community.</li> <li>• Take into account factors in the life of a child likely to contribute to offending and reoffending behaviours – with services then being targeted</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Principle 4: Timing</b> = Identify the right moment to intervene.</li> <li>• <b>Principle 4a:</b> Identify clear theoretical assumptions, best current evidence and potential risks when planning to intervene.</li> <li>• <b>Principle 5: Persistence</b> = Have the tenacity needed to never give up, i.e. do whatever it takes.</li> </ul> <p><b>The Host Organisation:</b></p> <ul style="list-style-type: none"> <li>• A local authority, school or third sector organisation</li> <li>• A local SHiFT board providing</li> </ul>	<p>education and/or employment.</p> <ul style="list-style-type: none"> <li>• Building and maintaining a strong relationship with a young person is a key attention point in this work. SHiFT Guides work towards genuinely hearing and incorporating the voices of children in their work and promote close collaboration and co-creation with them. They provide an unconditional and consistent presence in the life of the young person.</li> <li>• SHiFT Guides involve the entire life system of a young person, including, e.g. parents, siblings, extended family members, peers, schools, community groups and other professionals (in</li> </ul>		<p><i>collective efficacy.</i></p> <p><b>Measure:</b> SHiFT practitioner survey</p> <ul style="list-style-type: none"> <li>• <i>SHiFT Guides successfully engage children in SHiFT within the first three months.</i></li> </ul> <p><b>Measure:</b></p> <ul style="list-style-type: none"> <li>- Administrative (programme) data, e.g. engagement/drop-out rates</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Change in service structures: Human and financial resources are freed up.</i></li> </ul> <p><b>Measure:</b></p> <ul style="list-style-type: none"> <li>- Administrative data</li> <li>- SHiFT stakeholder survey</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Improved behaviour: The rate of (re-) offending by CYP supported by SHiFT decreases.</i></li> </ul> <p><b>Measure:</b> Administrative (YOT/LA/police) data</p> <ul style="list-style-type: none"> <li>• <i>Improved behaviour: CYP supported by SHiFT display increasing rates of engagement in education/employment</i></li> </ul> <p><b>Measure:</b> Administrative (LA/school data), e.g. enrolment, attendance, exclusion rates</p>	<p>SHiFT will be used as a blueprint for developing and improving youth justice services both at the local and the national level:</p> <ul style="list-style-type: none"> <li>• A substantial number of UK local authorities utilise SHiFT.</li> <li>• SHiFT has led to policy change at the national level.</li> </ul>

TARGET	EVIDENCE	INPUT	SHIFT COMPONENTS	OUTPUT	IMP OUTCOMES	SERV OUTCOMES	CHILD OUTCOMES	IMPACT (3–4 YRS)
	<p>towards these needs.</p> <ul style="list-style-type: none"> <li>Interventions are tailored to the learning style, aspiration and motivation, abilities and strengths of the child.</li> <li>Have a therapeutic component, e.g. in the form of skill building, counselling, mentoring and restorative practice.</li> <li>Enable the coordinated and accountable involvement of multiple services to meet the multiple needs of a child (e.g. through service integration / brokerage).</li> <li>Emphasise intervention implementation, i.e. the degree to which the intervention is implemented at</li> </ul>	<p>strategic oversight – chaired by a director-level leader and including senior-level members representing local education, police and children’s social care services, as well as services targeting offending by children. The local SHIFT Guide is part of the local SHIFT Board.</p> <p><b>Financial resources:</b></p> <ul style="list-style-type: none"> <li>£16,000 per young person a year/ £24,000 per SHiFT process</li> <li>A SHiFT team budget of £2,000</li> </ul>	<p>particular services targeting offending by children but also other services such as housing).</p> <ul style="list-style-type: none"> <li>SHiFT Guides approach their decision making based on a thorough analysis of the situation and the question, ‘What might really help?’, using the best and broadest knowledge base available.</li> <li>At the organisational and service system level, SHiFT Guides work to influence others’ perceptions and understanding of offending by children. They build positive relationships with others, allowing them to reflect on and question services as usual; provide gentle disruptions; co-</li> </ul>					

TARGET	EVIDENCE	INPUT	SHIFT COMPONENTS	OUTPUT	IMP OUTCOMES	SERV OUTCOMES	CHILD OUTCOMES	IMPACT (3–4 YRS)
	<p>high quality (e.g. considering fidelity, dosage, etc.).</p> <ul style="list-style-type: none"> <li>Build on positive, collaborative working relationships between child and practitioner (e.g. warm, open, non-judgemental).</li> <li>Utilise continuous evaluation as a strategy to monitor outcomes and tailor services to child needs.</li> </ul> <p>Cognitive-behavioural techniques have persistently shown to be effective in reducing trauma symptoms, including in populations of children engaging in offending behaviours (Rhoden et al., 2019; Zettler et al., 2021).</p>	<p>per young person – approx. £50,000 per team)</p> <p><b>SHIFT team roles and qualifications:</b></p> <ul style="list-style-type: none"> <li><b>SHIFT Guides:</b> trained as teachers, social workers or youth workers – with min. two years of experience working in policing, probation or health services or in services targeting offending by children. Expertise with using evidenced approaches in supporting CYP is a requirement. Professional</li> </ul>	<p>create change; and model a child-centred approach to decision making.</p> <ul style="list-style-type: none"> <li><b>Service duration:</b> 18 months (2 months contact + 12 months intervention + 4 months transition). The first 6–9 months have a stronger focus on scaffolding, followed by more strongly preparing the young person for transition.</li> <li><b>Service intensity:</b> No targets for the intensity of SHiFT delivery have been defined. SHiFT Guides regularly spend time with the young person and continuously work ‘with the young person in mind’.</li> </ul>					
			<b>SHIFT IMPLEMENTATION:</b>	<b>SHIFT IMP OUTPUTS:</b>				

TARGET	EVIDENCE	INPUT	SHIFT COMPONENTS	OUTPUT	IMP OUTCOMES	SERV OUTCOMES	CHILD OUTCOMES	IMPACT (3–4 YRS)
		<p>registration if relevant.</p> <ul style="list-style-type: none"> <li>• <b>SHIFT Lead Guide:</b> Same as for SHIFT Guides plus leadership experience</li> <li>• <b>SHIFT Admin</b></li> </ul> <p><b>SHIFT Org./Admin Support:</b></p> <ul style="list-style-type: none"> <li>• <b>SHIFT operational subgroup:</b> practical support to navigate day-to-day bureaucracy and facilitate SHIFT integration into local structures and services</li> <li>• <b>Referral mechanisms /structures</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Training:</b> Three-day training on (a) systemic working, (b) motivational Interviewing and (c) tutoring (1:1 educational practice)</li> <li>• <b>Educational materials:</b> Will be developed with the first SHIFT team</li> <li>• <b>Teamwork:</b> SHiFT teams meet weekly. They are self-organising and managing, with decisions being made based on the Buurtzorg model of decision making.</li> <li>• <b>Case supervision:</b> Weekly group + ad hoc 1:1 building on the Frontline model of case supervision</li> <li>• <b>Clinical supervision:</b> Monthly</li> <li>• <b>Local organisational support:</b> Team budget, needs assessment</li> </ul>	<p><b>SHIFT team:</b></p> <ul style="list-style-type: none"> <li>• A team of 1 SHiFT admin + 4–5 SHiFT Guides is in place per site.</li> <li>• One SHiFT Guide has taken the role of team lead and works with 2–3 young people.</li> <li>• All other SHiFT Guides work with 5–6 young people at a time.</li> <li>• The SHiFT team is multidisciplinary.</li> <li>• Relevant management tasks have been distributed across team members.</li> </ul> <p><b>Training:</b> One three-day basic training per team</p> <p><b>Supervision:</b> One group supervision per week per team</p>				

TARGET	EVIDENCE	INPUT	SHIFT COMPONENTS	OUTPUT	IMP OUTCOMES	SERV OUTCOMES	CHILD OUTCOMES	IMPACT (3–4 YRS)
			<p>approach, care plan template, safeguarding policy and risk management approach.</p> <p>Strategic support from local SHiFT board.</p> <ul style="list-style-type: none"> <li>• <b>Other support:</b> The central SHiFT team provides the following resources to local partners: MoU (including communications agreement), SHiFT position descriptions (Guide and Lead Guide).</li> </ul>					

## **Success criteria and/or targets**

Success criteria or targets were not set as it is the first implementation of the SHiFT model.

## **Ethical review and data protection**

Ethical review was not required for this evaluation. No fieldwork was undertaken with children and young people as part of the evaluation.

The demographic and attendance data shared by SHiFT for the evaluation were anonymised and held confidentially in accordance with Section 5 of the Data Protection Act and the General Data Protection Regulation (GDPR)<sup>4</sup>. No identifiable information was shared, with further de-identifying steps taken, e.g. removing date of birth and replacing with month/year of birth and current age. A Data Sharing Agreement between CEI and SHiFT was produced that set out the appropriate technical and organisational measures for sharing and protecting evaluation data. Anonymised data were held in a secure research folder (accessible only by the evaluation team members) and stored on an encrypted server. CEI uses Egress for secure email transfer of any personal and/or special category data.

Consent to data collection and data sharing by SHiFT Guides and partner agencies is covered in the enrolment of children and young people into the SHiFT programme. The legal basis for processing personal data is legitimate interests as per GDPR Article 6 (1) (f): 'processing is necessary for the purposes of the legitimate interests pursued by the controller or by a third party except where such interests are overridden by the interests or fundamental rights and freedoms of the data subject which require protection of the personal data'. Processing of any special category data is under Article 9: 'processing that is necessary for the performance of research being carried out in the substantial public interest' (Paragraph 13, Schedule 1).

Additional data protection steps were put in place for the evaluation interviews, which were tracked via a unique identifier, with data kept separately from any contact information. No information about individual study participants was available to anyone outside of SHiFT or the CEI evaluation team. Names and other identifiers of staff have not been used in this report.

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<sup>4</sup> The Privacy Notice is available at:  
[https://www.ceiglobal.org/application/files/4816/0989/9284/CEI\\_UK\\_Privacy\\_Policy\\_Dec\\_2020.pdf](https://www.ceiglobal.org/application/files/4816/0989/9284/CEI_UK_Privacy_Policy_Dec_2020.pdf)

## Project team/stakeholders

The evaluation team<sup>5</sup> consisted of:

- Jane Lewis, Director, CEI: principal investigator, undertook fieldwork, analysis and reporting
- Dr Stephanie Smith, Senior Advisor, CEI: project manager, undertook fieldwork, analysis and reporting
- Georgina Mann, Research Assistant, CEI: undertook fieldwork, analysis and reporting

Delivery of SHiFT for the project was overseen by SHiFT (national):

- SHiFT Co-founder and Chair, Sophie Humphreys OBE
- Chief Operating Officer, Jenny Couper
- Director of Practice, Alice Deacon
- Research and Evaluation Lead, Kirstine Szifris
- National Practice Lead, Antonia Ogundayisi
- Development Officer, Ella Armstrong
- Former Development Officer, Amber de Freitas
- Former Chief Executive, Michael Steele
- Former Director of Practice, Michael O'Connor
- Former Head of Practice Development, Lucy Knell-Taylor

Delivery of SHiFT in Sites 1 and 2 was funded jointly by SHiFT and the Host Organisations. The evaluation was funded by the Youth Endowment Fund. There are no known conflicts of interest.

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<sup>5</sup> Dr Bianca Albers (formerly Associate Director, CEI) was project manager during the early stages of the evaluation and led the Programme Model work. Professor Stephen Case provided advice to the evaluation team.

## Methods

### Overview of methods

The evaluation has involved:

- Development of a Programme Model
- Three cycles of interviews exploring implementation with SHiFT (national), SHiFT Practices and Host Organisation leaders and managers in Sites 1 and 2
- Rapid feedback of findings to SHiFT (national). Fortnightly check-ins on implementation were held with SHiFT (national), and the evaluation team attended Practice Committee meetings as observers.
- Work to support the establishment of routine outcomes monitoring
- Initial analysis of selected programme administrative data

### SHiFT Programme Model development

The SHiFT Programme Model was developed by the evaluation team with key SHiFT stakeholders in three collaborative workshops between February and April 2021. The complexity of the model reflects the holistic and child-centred nature of the intervention and its embedding in existing local systems. The development of the model was supported by a rapid, focused evidence dive. Key texts reviewed are listed in Appendix A.

The five main child-level outcomes identified in the programme model are:

- Children's self-esteem improves
- Children display higher levels of self-efficacy
- Children's mental health and wellbeing improves
- The rate of (re)offending by children decreases
- Children's engagement in education and employment increases

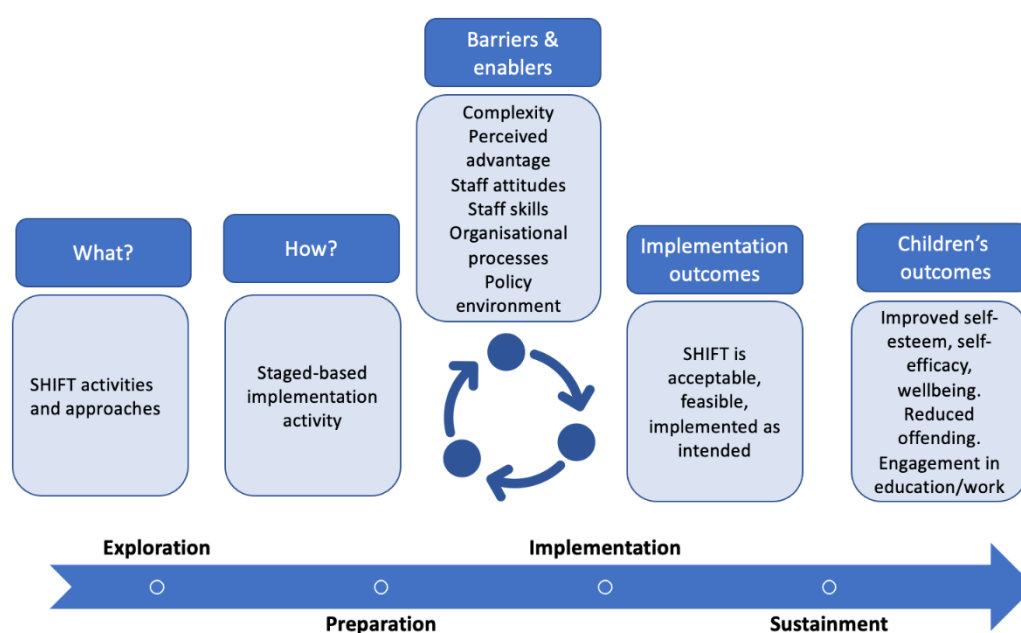
### An approach informed by implementation science

The evaluation design was informed by implementation science, which is concerned with how to close the gap between research and practice by studying and applying methods to promote the uptake of evidence-informed programmes and practices into 'business as usual', with the aim of improving service quality and service users' outcomes (Eccles & Mittman, 2006). Implementation focuses on 'how' a programme or practice will fit into and improve a service (Burke et al., 2012). Implementation evaluation focuses on understanding what has been implemented and how well, in the context of an organisation and service system. This focus is important because evidence consistently shows that effective programmes are dependent



on effective implementation, and positive intervention effects are dependent on good implementation outcomes (Proctor et al., 2011).

The assumption reflected in this approach to the evaluation is that to achieve positive outcomes for young people, an intrinsically effective service needs to be implemented well, with appropriate strategies for different phases of implementation, and that a range of factors or 'determinants' influence the success or otherwise of implementation.



**Figure 2: Conceptual model for assessing the implementation of SHiFT**

The evaluation was informed by several models from implementation science.

- First, the evaluation questions focus on selected implementation outcomes that are particularly salient early in implementation:
  - **Acceptability:** whether SHiFT is perceived by stakeholders as agreeable or palatable in terms of its values, content, structure and modes of delivery
  - **Feasibility:** whether SHiFT is perceived by stakeholders as able to be successfully used within the local service setting, whether SHiFT (national)'s requirements can be met and the approach implemented with reasonable effort and whether SHiFT Guides have a sense of self- and team-based efficacy
  - **Adaptation:** whether adaptations are needed to increase fit and enhance alignment within the local setting

Outcomes such as cost, penetration and sustainability, as well as service user outcomes, would be important considerations in later stages of evaluation.

- Second, our exploration of implementation determinants, or the facilitators and barriers to implementation, was informed by the Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009). CFIR is a meta-theoretical framework that synthesises evidence about the influences on implementation success and identifies five 'domains' or sets of implementation determinants. We used these to guide data collection in discussing implementation with the various groups involved in the evaluation:
  - **Practice or intervention itself**, i.e. SHiFT: because factors such as its relative advantage, adaptability and (low) complexity will influence how easily it can be taken up
  - **Individuals involved in implementation**, i.e. the SHiFT Practice teams, managers and SHiFT (national): because their knowledge, beliefs, self-efficacy and readiness to try something new will affect how they engage in implementation and with the new intervention
  - **Inner (or organisational) setting for implementation**, i.e. the host agencies: because their processes, systems, network and culture will influence how easily SHiFT is taken up and embedded
  - **Outer setting**, i.e. wider local and national systems that touch on support for young people: because funding, legislation, inspection and policy agendas can influence implementation
  - **Implementation process**, i.e. the strategies used to implement SHiFT: because activities such as planning and engaging are key early processes that will enhance or undermine the likelihood of success.
- Third, our approach also recognised that implementation happens in stages or phases, with different implementation activities relevant during different stages, although it may not move in a linear way through each phase. Implementation involves multiple decisions, actions and corrections to create the conditions in which organisations and systems can support a new intervention. We describe the phases of activity, using the EPIS model (Aarons et al., 2011), as:
  - **Exploration:** This stage involves defining a need, selecting an approach, putting initial arrangements in place and identifying what will be needed to implement the programme. In SHiFT terms, this would involve the decision to use SHiFT and initial assessment of the readiness of a Host Organisation for it.
  - **Preparation:** In this stage, readiness is built through engagement and mobilising of people and systems. In SHiFT terms, this means ensuring the necessary stakeholders are aware of and ready to work with SHiFT and identifying how the

Host Organisation's processes and systems need to be engaged to support SHiFT. This is also the stage at which the children for SHiFT would be identified.

- **Implementation:** This stage involves starting to use the approach, monitoring and refining implementation, and making any necessary corrections. In SHiFT terms, it means Guides working with children, families and partners, supported by the Host Organisation and SHiFT (national).
- **Sustainment and scaling:** This stage involves supporting staff competency and embedding the programme. In SHiFT terms, it means ongoing work to support quality implementation, embedding of SHiFT in the Host Organisation, and decisions about whether SHiFT will be retained in the Host Organisation and scaled up there and/or in other settings.

We used this model to understand the sufficiency of pre-implementation work and how the implementation stage itself was approached.



**Figure 3: Implementation of SHiFT as a phased activity**

## Data collection

Table 2 below sets out the data collected to address the research questions.

**Table 2: Methods overview**

Research question	Approach	Data collection planned	Data collection undertaken
(1a) Is SHiFT <b>acceptable</b> to key stakeholders, including SHiFT practitioners, organisational leaders and representatives from partner organisations?	Semi-structured SHiFT Implementation Interview Guide informed by the Consolidated Framework for Implementation Research (CFIR)	Three rounds of group interviews involving four different participant groups: <ul style="list-style-type: none"> <li>• SHiFT Guides (n = 4)</li> <li>• Host Organisation leaders (n = up to 4)</li> <li>• Representatives of key partner organisations (n = 4)</li> <li>• SHiFT (national) staff (n = 5)</li> </ul>	Three rounds of group interviews involving four different participant groups: <ul style="list-style-type: none"> <li>• SHiFT Practice Guides, Lead Guides, Coordinators (n = 13)</li> <li>• Host Organisation leaders (n = 2)</li> <li>• Host Organisation managers (n = 8)</li> <li>• SHiFT (national) staff (n = 6)</li> </ul>
(1b) Is SHiFT perceived as <b>feasible</b> to implement by these same key stakeholders?			
(1c) What implementation <b>barriers</b> can be identified during the early implementation of SHiFT, and how are these addressed?			
(1d) Are SHiFT <b>adaptations</b> needed to increase its fit with local service conditions – and if so, what adaptations are necessary?			
(1d) Do <b>CYP</b> supported by SHiFT perceive the intervention as <b>acceptable</b> ?	Child and Young Person Interview Guide (CYP-IG) combining open and closed questions	Three rounds of interviews each involving two to three children	Child interviews not carried out on advice of SHiFT (national) and Practices.
(2a) Can the selected child <b>outcome measures</b> be administered and routine outcome data be collected as intended?	Identify existing or new tools for routine outcome data collection and analysis		Guidance given on administrative data to be collected. Selection of three validated outcome measures to be used. Discussions and workshop with SHiFT Practices and SHiFT (national)
(2b) What are the <b>barriers to this data collection</b> , and how are they addressed?			
(2c) What are the <b>trends</b> in routinely collected <b>outcome data</b> for CYP supported by SHiFT?	Administrative data Rosenberg Self-Esteem Scale (RSES) The General self-efficacy scale (GSES) The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)	Review of data collected by SHiFT Practices	Data collection is incomplete, and no analysis of trends has been possible.

Additional fieldwork with stakeholders was carried out due to the number of individuals involved and the complexity of implementation. However, also of note is that the intended

small number of child interviews were not undertaken during this early stage of the implementation. This decision was made based on the advice of SHiFT (national) and SHiFT Practices in recognition of the vulnerability of the children SHiFT works with, their sometimes fragile engagement with services and professionals around them, and the importance of allowing Guides space to develop and sustain trusting relationships between Guides and children. This means that the evaluation does not have data from children on their experiences of SHiFT and its acceptability to them.

Challenges to establishing data systems are discussed below.

### **Data collection processes**

Participants for the implementation interviews were identified in discussion with SHiFT (national) team members and managers within the Host Organisations. The SHiFT (national) team supported in the recruitment and set-up of Round 1 interviews. The evaluation team carried out recruitment and set-up of Round 2 and Round 3 interviews. The sampling strategy was largely pragmatic and based on participant availability and willingness to take part.

A study information sheet and consent form, which outlined the purpose and scope of the evaluation as well as core information to enable participants to provide informed consent (including information around data handling and confidentiality and the voluntary nature of participation), was shared with participants in advance of their interviews. Consent was confirmed either by participants signing and returning signed information/consent forms or verbally at the start of the interview.

The three rounds of interviews involved the same staff categories (SHiFT Practice staff, Host Organisation leaders, Host Organisation managers and SHiFT (national) staff), although the numbers and personnel varied. Further information is available in Table 3 below. Sixteen implementation interviews were carried out over the course of the evaluation period, involving a total of  $n = 27$  unique participants. Interviews were carried out online via Zoom or Microsoft Teams, recorded via encrypted audio recording devices and transcribed for the purposes of analysis. Interview length ranged from 30 minutes to 1 hour 15 minutes, with an average duration of 1 hour.

### **Participants**

Data collection began when only Site 1 was in operation, with Site 2 involved in the two later rounds of interviews.

**Table 3: Overview of participants for the implementation evaluation**

Round	Dates	SHiFT Practice staff	Host Organisation leaders	Host Organisation managers	SHiFT (national) staff
Round 1	May–June 2021	Site 1: 5 team members	Site 1: 1 leader	Site 1: 2 managers	6 team members
Round 2	August 2021	Site 1: 4 team members Site 2: 4 team members	Site 2: 1 leader	Site 1: 3 managers Site 2: 1 manager	2 team members
Round 3	October 2021	Combined interview, 7 members across Site 1 and Site 2	Site 2: 1 leader	Site 1: 2 managers Site 2: 1 manager	Not included

SHiFT (national) staff interviewed were: Chief Executive, Chief Operating Officer, Head of Practice Development, National Practice Lead, and Development Officers. SHiFT Practice staff were Lead Guides, Guides and Coordinators. Host Organisation staff were Directors of Children's Services and Associate Directors and heads of service in areas including youth offending, targeted youth support, children's social care, exploitation, missing children, contextual safeguarding, early help and leaving care.

### Validated outcome scales

Three validated outcome scales were proposed by the evaluation team and agreed by SHiFT (national), based on their relevance to the outcomes identified as core to the SHiFT Programme Model, their psychometric properties and validation with children, likely ease of completion and burden on young participants. SHiFT Practices piloted the use of these measures, as paper or online self-completion by children, aiming to have a baseline measure completed within the first three months of engagement and follow-up measures completed at a mid-point in the programme (between months 9 and 10 of engagement with the Guide) and at the endpoint of the intervention (in month 17 or 18).

The three measures are:

- **Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965)**

The Rosenberg Self-Esteem Scale (RSES) was selected to assess SHiFT participants self-esteem at baseline and any changes over time. The RSES is the most widely used measure of self-esteem and was developed to gather information about adolescent feelings of self-esteem and self-worth. The measure is comprised of 10 statements, and respondents are asked to rate how strongly they agree or disagree with the statements using a four-point Likert scale.

- **The General Self-Efficacy Scale (GSES; Schwarzer & Jerusalem, 1995)**

The GSES assesses a general sense of perceived self-efficacy, such as ability to cope with daily hassles and adapt following stressful life events. It was designed for use in a general adult population, including adolescents aged 12 and above. The measure is comprised of 10 statements and, much like the RSES, respondents are required to rate how much those statements are 'true' for them, using a four-point Likert scale.

- **The Warwick Edinburgh Mental Wellbeing Scale – short version (WEMWBS; NHS Scotland et al., 2006)**

The SWEMWBS is the short (seven-item) version of the original (14-item) Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). It covers feelings and thoughts related to functioning and wellbeing with a five-point scale and has been validated for use by young people aged 15–21.

Guides found it challenging to use the validated outcome scales with children (see later section for details). In response to this, in August 2021, the evaluation team convened a data workshop for all SHiFT staff across the SHiFT (national) and two SHiFT Practice teams to explore barriers to, and possible solutions for, the effective administration of outcome scales.

Data collection is incomplete, and no data is yet available for analysis, so it has not been possible to review early indications of trends in outcomes data.

### **Administrative data**

The evaluation also involved advising on key indicators to be captured from administrative data. A process for collection of administrative data was set up by SHiFT (national) and is currently being reviewed by SHiFT (national) with the evaluation team. The report includes some initial analysis of administrative data, but full datasets are not yet available for analysis.

Current data arrangements are described in more detail in a Data and Measurement Guide, provided by the evaluation team to SHiFT (national) and YEF in October 2021.

### **Analysis**

Data from the implementation interviews were analysed using a rapid analysis approach. This involved initially deriving a series of data themes based on the research questions and the CFIR domains, following which a thematic summary of each interview from verbatim transcripts using the data themes as a format was then produced. This approach was used because of the need for rapid sharing of learning and the relatively small number of individual and group interviews at each stage. These interview summaries, along with programme documentation and notes from regular check-ins with SHiFT (national) team members, were synthesised for feedback to SHiFT (national) in two feedback sessions to inform implementation and form the basis of this report.

## Timeline

Mobilisation for SHiFT begin in Site 1 in November 2020. Children were selected for SHiFT in January 2021. Recruitment of the SHiFT Practice team took place between November–December 2021. Engagement and work with children begin in late January 2021.

In Site 2, mobilisation for SHiFT began in January 2021. Children were selected for SHiFT in July 2021. Recruitment of the SHiFT Practice team took place between May and July 2021. Engagement and work with children began in late July 2021.

**Table 4: Timeline**

Dates	Evaluation activity	Implementation support activity
<b>January–April 2021</b>	Workshops to develop Programme Model Selection of validated outcome scales and support for the development of administrative data collection systems	
<b>April–May 2021</b>	Establishment of evaluation plan and implementation monitoring arrangements	
<b>May–June 2021</b>	Round 1 implementation interviews	Ongoing implementation check-ins Feedback session on implementation learning to SHiFT (national)
<b>July–September 2021</b>	Round 2 implementation interviews	Ongoing implementation check-ins Feedback session on implementation learning to SHiFT (national)
<b>August–October 2021</b>	Work with SHiFT (national) and SHiFT Practices to identify barriers to, and solutions for, data collection, including a half-day data workshop event SHiFT Data and Measurement Guide produced	
<b>October–November 2021</b>	Round 3 implementation interviews Summary administrative data analysis Drafting of evaluation report	Ongoing implementation check-ins



## Findings

The following sections set out the study findings, exploring in turn:

- Whether SHiFT is being implemented as intended and viewed as feasible to implement, and whether any adaptations needed to be made
- Whether SHiFT is acceptable to key stakeholders and children
- Implementation barriers and how they have been addressed, implementation enablers and learning from implementation so far
- Whether routine data collection is being carried out and barriers to data collection

### Is SHiFT being implemented as intended?

This section assesses whether SHiFT is being implemented as initially intended, by reference to the SHiFT Practice Framework (SHiFT, 2021) and the Programme Model developed as part of the evaluation. It considers implementation in terms of the set-up of the SHiFT Practice and governance, selection of children and fidelity to the practice model.

#### Are the local SHiFT Practices set up as intended?

The makeup of the two local SHiFT Practices reflects the recommendations given in the SHiFT Practice Framework, and each local Practice consists of four Guides, a Lead Guide and a Practice Coordinator. Recruitment was viewed as a success in both sites, and interviewees praised the diversity<sup>6</sup>, calibre and experience of the selected Guides and Lead Guides. However, there were inefficiencies in the induction process due to staff starting their roles at different times.

The Lead Guides report to and are line-managed by a head of service in both sites. The local Practice is intended to be self-managing, with the Practice Coordinator undertaking meeting facilitation and budget management and other relevant management tasks distributed across team members. There were contrasting views heard from SHiFT (national) around the degree of self-management that is feasible or optimal, given that the programme is new, being piloted and has the added challenge of management lines to SHiFT (national) and the Host Organisations. There was a view that the Guides should not be asked to stick rigidly to a manual in terms of their practice, but there were differences of opinion in the way that other

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<sup>6</sup> Diversity in this context refers to a range of ages, genders and ethnicities of the Guides. It also includes a range of personal and professional backgrounds.

aspects of the programme should be mapped out, e.g. around governance, management and team finances.

These aspects were further clarified and agreed within the SHiFT Practice Framework, which sets out requirements for governance by Host Organisations, including a Local SHiFT Board to provide strategic support within the local context. The Local SHiFT Board is expected to meet on a quarterly basis to discuss any risks arising to the programme, provide expertise and challenge, and plan for the long-term sustainability of the programme. The SHiFT Practice Framework suggests that some local areas may find it useful to have both a strategic Local SHiFT Board and a separate operational group (SHiFT, 2021). However, this aspect can still be flexed by local Practices.

Site 1 has implemented the governance procedures as intended, with both a strategic Local SHiFT Board and a separate operational group in place. Interviewees described these mechanisms as working well for the most part. In Site 2, SHiFT is attached to the existing Youth Offending Team management board, chaired by the Director of Children's Services, and did not have a Local SHiFT Board or operational group at the time of the study. However, it was recognised that separate strategic and operational boards for SHiFT would likely be needed in time.

The SHiFT Practice Committee has been established as an advisory committee to advise SHiFT Trustees on standards of practice, administrative aspects and learnings from research and evaluation, meeting quarterly and including representatives from both sites.

### **Training and supervision**

A training programme is set out in the Practice Framework, which has been developed since delivery began in both sites. It includes a three-day basic training programme covering systemic working and motivational interviewing and supporting reengagement with education. Other training plans include quarterly practice and learning forums that combine peer learning, masterclasses and exposure to leading practice from practitioners outside of the SHiFT family. The Practice Framework also refers to an annual SHiFT conference. These training arrangements were introduced towards the end of the evaluation period and are only beginning to be put in place.

Supervision arrangements, both case supervision and clinical supervision, are in place as intended and seen as working well. Case supervision is a regular one-to-one session that takes place between the Guides and Lead Guide and includes case planning and reflections on SHiFT children's progress. In Site 1, the Guides benefit from having the Practice Coordinator attend the first part of the case discussion as this helps with the maintenance of accurate case notes.

Clinical supervision is intended to be regular (minimum of monthly), provided by a Systemic Therapist, and can be done in one-to-one or group sessions. Sessions can focus on navigating

practice issues and staff's own wellbeing. In Site 1, the approach to clinical supervision matched what is intended and set out in the Practice Framework, and in Site 2, their approach to clinical supervision was further enhanced. In Site 2, clinical supervision is provided fortnightly by the Systemic Therapist based in children's social care. The therapist was also involved in the initial allocation of SHiFT children and has a close understanding of the local context.

### **Is SHiFT reaching the intended young people?**

Currently, the Site 1 SHiFT Practice is working with 24 children, and the Site 2 SHiFT Practice is working with 20 children (with a small number of additional children still to be added). Both the administrative data collected by the SHiFT pilot sites (collated from a combination of referral information and youth justice and social care case notes) (presented in Table 5 below) and our interviews with staff across both Host Organisations confirm that the profile and needs of the children that SHiFT is reaching align with what was intended.

As Table 5 shows, the majority of children engaged in SHiFT are boys aged between 13 and 19 who are open to youth justice services and are known to have committed a number of offences. Most children engaged with SHiFT are also known or open to children's social care, and many are on child protection or child in need plans or are looked-after children. Consistent with the population of children in contact with the YJS more broadly, children from black and minority ethnic groups are overrepresented in the SHiFT cohorts compared to the general population.

Staff in the Host Organisations described the children engaged with SHiFT as being highly vulnerable and the highest-risk young people in the local area. Staff described children with histories of multiple offences, sometimes increasing in frequency or in gravity. The types of offending behaviours referenced included drug possession or use, gang-related crime (including county-lines drug activity), weapon-carrying or weapon-related crimes, and physical or sexual assault causing significant harm to others. Children were also described as being at significant risk, including risk of physical harm and of criminal or sexual exploitation. A significant proportion of children participating in SHiFT go missing on a regular basis, and many were not in education, employment or training (NEET) on enrolment into the programme and had histories of exclusion from educational settings.

Other types of need identified in the data and in our discussions with staff included significant unmet needs and dysfunction within the family, mental health and substance-use difficulties and a high level of special educational needs, particularly of attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder and speech and language difficulties.

Overall, the data suggest that SHiFT is working with the children that it is intended for, with high levels of vulnerability and need. The scoping process has helped to identify children who already have a strong relationship with one or more professionals or where, for other reasons,

SHiFT may not add value, and continued implementation will generate more understanding of where and how SHiFT adds value to the existing system of professionals around vulnerable children.

**Table 5: Demographics and needs of children participating in SHiFT**

		Site 1	Site 2
	Number of children in cohort	24	20
Age	Range	12.3–19.2 years	13.9–17.8 years
	Mean	16.6 years	16.2 years
Gender	Male (including transgender male)	22	16
	Female (including transgender female)	2	4
Ethnicity	White	5	10
	Mixed ethnicity	11	5
	Black or black British	4	4
	Asian or Asian British	1	0
	Other	3	1
Care status	Child protection (CP)	4	4
	Child in need (CIN)	9	4
	Child looked after (Section 20)	7	3
	Child looked after (Section 31)	0	3
	Leaving care	1	0
	No care plan or status	2	6
	Missing data	1	0
Accommodation status	Living with parents	15	10
	Semi-independent living	3	5
	Residential placement	5	1
	Living with other family	0	2
	Youth detention accommodation	0	1
	Foster care	0	1
	No fixed abode	1	0
Youth justice statistics	Open to youth justice	Yes	15
		Missing	0
	Reoffences per reoffender	Mean	5.7
		Median	2
		Range	0 - 23
		Missing	4
	Gravity of offence score*	Mean	4.4
		Range	2 - 7
		Missing	7
Education/Employment status	NEET	12	5
	Alternative provision	5	6
	In school or college	6	5

		Site 1	Site 2
	Missing data	1	3
	Other	0	1
Other needs	Mental health/emotional needs	Yes	15
		Missing	3
	Substance misuse	Yes	21
		Missing	3
	Risk of criminal or child sexual exploitation (CSE)	Yes	24
		Missing	3
	History of being a missing person	Yes	18
		Missing	5
	SEND diagnosis	Yes	8
		Missing	4
	Speech and language difficulty (no diagnosis)	Yes	11
		Missing	5

Table notes: For some children, the data provided in this table represent the baseline (specifically, within the first three months of allocation to a SHiFT worker); however, for others, the data were only available some months after allocation.

\*Gravity scores are based on the ACPO Youth Gravity Matrix, which provides most offences with a score of 1, 2, 3 or 4 depending on their seriousness (1 = low; 4 = high). The score may be raised or lowered by one level according to aggravating and mitigating factors, which are set out in the Matrix (ACPO, 2013)

## How are children identified for SHiFT?

The 'scoping' process of identifying children to take part in the SHiFT pilots varied between the two sites, and learning from Site 1 was applied in the processes used in Site 2. Across both settings, the early stages of the process were described as 'data driven'. Specifically, the first stage in both sites involved using data analytics to identify children at very high risk whose needs were aligned with SHiFT intervention, using data points such as the level and nature of offending behaviours, local authority assessment of the risk of exploitation, and the number of missing episodes documented (indicative of potential involvement in county lines).

The scoping process in the first pilot site was based primarily on the data analytics work, and decision making was largely at the senior level, with limited involvement of other practitioners or services working with children. The Guides then contacted other practitioners working with the child to introduce themselves and SHiFT and explain that they would now also be working with the child. They met with some resistance from other practitioners and felt that there had not, at this stage, been sufficient work to socialise SHiFT and work through with other services how it would be implemented (see below).

*'There was the young people scoped amongst managers, and [managers] said, "Okay, these are the young people that would be good," but actually, when it came time for*

*practitioners to come on board, you had social workers being like, “Well, who are you? What do you do? Why are you here?”’*

*(SHiFT Guide, Site 1)*

In Site 1, the SHiFT Practice began engaging with three children before a decision that it was not appropriate for SHiFT to be involved – either because of the involvement of another service with which the child had a close relationship or a decision being made that another service would be more appropriate for the child. In addition, three children (out of a total of 30 to whom SHiFT was offered) declined support from SHiFT.

In the second site, the data analytics process was used to generate an initial long list of children. This was followed by wider consultation with frontline professionals across the local service context, including children’s social care and the youth offending service, as well as partner organisations including the police, to discuss children identified in the data processes and whether SHiFT intervention was appropriate or not. This refined approach was a result of the learning from Site 1. For the most part, there was agreement that the data analytics process had identified the most high-risk, vulnerable children locally, and discussions concerned the network of support that already existed around the child and whether SHiFT would add sufficient additional value. Practitioners were also able to nominate other children in this process.

This refined approach appears to have been well received by most stakeholders and appears to have supported buy-in to the SHiFT programme among other professionals at the local level. The SHiFT Practice Framework reflects that the intention is to take the combined data and consultative approach in future pilot sites.

In Site 2, the SHiFT Practice began engaging with one child before a decision was made that it was not appropriate for SHiFT to be involved due to difficulties in engaging with the network of professionals already working with the child. In addition, the parents of one child (out of a total of 22 to whom SHiFT was offered) declined support from SHiFT for their child; as such, SHiFT withdrew support.

Overall, SHiFT appears to be reaching the intended children, and there has been valuable learning about the importance of collaboration in determining the children for whom SHiFT is most appropriate and will add value.

### **Are the Guides working with children as intended?**

The evaluation was only able to assess to a limited extent whether how SHiFT Practices are working with children is in line with original intentions, given limited administrative data and

because SHiFT is deliberately not a manualised programme with clear indicators against which practice can be measured. The work is flexible and tailored to each child, and so it is not feasible to conduct a traditional assessment of fidelity. Instead, we have assessed whether qualitative descriptions of practice from the implementation interviews are in line with the principles for how SHiFT will work with children. As outlined in the introduction, SHiFT practice is to use the 'Breaking Cycles' model and involves working flexibly, intensively and systemically with children, families and other professionals. We have also reviewed summary information provided by SHiFT Practice from case records about frequency of contact. Based on this information, Guides in both pilot sites appear to be working with children as intended. It is important to note here again that the evaluation covers only the first 10 months of delivery in Site 1 and four months in Site 2 – not the full 18-month programme cycle.

The interviews with the Guides confirmed that they kept the 'Breaking Cycles' model and the 'hook' in mind when working with SHiFT children. Guides see the 'hook' as anything that cements the engagement and builds the relationship with the child, which may be a broader ability to deliver on promises or supporting the child when they are at '*rock bottom*'.

There are also strong signals that Guides tailor their interactions with SHiFT children and are responding to their needs and circumstances. Summary information from case records identifies a wide range of engagement work (see Figures 4 and 5 for a description of the types of work that Guides do with the SHiFT children, based on activity undertaken in two to three months between July and October 2021, early in SHiFT's engagement with children in the case of Site 2). Activities included supporting children's reengagement with education and employment and organising sports activities and other hobbies. There were descriptions of advocacy support and liaising with social care, police and mental health services. There was also evidence of systemic working with the children's family members and Guides building relationships with parents, grandparents, foster carers and wider family contacts.

**Figure 4: Examples of engagement work with SHiFT children, Site 1**

**Child 1 (Site 1) - male, 16 years, mixed white and black Caribbean**

- Weekly face-to-face contact at the family home
- Joint working with a systemic psychotherapist to support with PTSD
- Support with attending mixed martial arts group

**Child 2 (Site 1) – male, 16 years, other mixed background**

- Therapeutic work around healthy relationships
- Support with transition to college
- Education around exploitation

**Child 3 (Site 1) – male, 18 years, white British**

- Support with making transition to full-time college timetable
- Teach independent life skills through cooking sessions
- Positive male role-modelling, teaching how to deal with emotions and feelings

**Figure 5: Examples of engagement work with SHiFT children, Site 2**

**Child 1 (Site 2) - male, 16 years, white British**

- Regular visits to child's foster care placement to start relationship-building
- Advocating on behalf of child to follow-up outstanding CAMHS referral
- Succeeding in arranging an urgent phone triage from CAMHS and an initial clinical assessment
- Shared concerns with social care about child's current placement
- Arranged a meeting with virtual school to start making education plans for the child

**Child 2 (Site 2) – male, 17 years, white British**

- Guide attended court on two occasions and visited child at Young Offenders Institution
- Since child's release, Guide has supported them to attend a training programme and escorted them to and from sessions
- Co-written a Safety Plan for the child due to risk concerns around the location of current placement

**Child 3 (Site 2) – male, 13 years, black British**

- Supported child to enrol on a summer holiday football course and escorted child to and from sessions
- Liaised with police on child's behalf to keep child informed on their outstanding case
- Regular phone calls and text messages with child and their mother
- Requested for child's curfew to be varied so child can attend evening boxing sessions



To provide an initial indication of whether Guides are working with SHiFT children intensively (recognising that this is not defined further), the evaluators reviewed a summary snapshot of activity provided by SHiFT Practices based on case records. The analysis was restricted to *face-to-face contacts with children* only as data about other contacts (telephone contact with young people, contact with other professionals, etc.) were incomplete. It covers one example month only (September 2021; see Table 6). In Site 1 (n = 24), the average number of face-to-face contacts per child per month was 5.42 and ranged between zero and 12 contacts. In Site 2 (n = 11), the average number of face-to-face contacts per child per month was 4.27 and ranged between zero and 10 contacts. Zero contacts in this month were due to children being missing, severe mental health episodes and children having only recently been allocated to SHiFT. These children are still on the SHiFT caseload.

**Table 6: Frequency of face-to-face engagement per SHiFT child – a monthly snapshot for September 2021**

SHiFT Child Site 1	Month allocated	Total number of face-to-face contacts, per month
1	Jan 2021	4
2	Jan 2021	12
3	Feb 2021	0 <sup>7</sup>
4	Feb 2021	8
5	Feb 2021	4
6	Feb 2021	8
7	Feb 2021	4
8	Feb 2021	4

SHiFT Child Site 2	Month allocated	Total number of face-to-face contacts, per month
1	Jul 2021	10
2	Jul 2021	7
3	Jul 2021	5
4	Jul 2021	0
5	Jul 2021	3
6	Jul 2021	6
7	Jul 2021	0
8	Jul 2021	5

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<sup>7</sup> As noted above, zero contacts were in cases when children were missing, had severe mental health episodes or had only recently been allocated to SHiFT.

SHiFT Child Site 1	Month allocated	Total number of face-to-face contacts, per month
9	Feb 2021	2
10	Feb 2021	4
11	Feb 2021	8
12	Feb 2021	8
13	Feb 2021	0
14	Mar 2021	8
15	Mar 2021	4
16	Mar 2021	4
17	Mar 2021	4
18	Mar 2021	4
19	Apr 2021	4
20	Apr 2021	8
21	Sep 2021	8
22	Sep 2021	4
23	Oct 2021	8
24	Oct 2021	8

SHiFT Child Site 2	Month allocated	Total number of face-to-face contacts, per month
9	Aug 2021	3
10	Aug 2021	7
11	Sep 2021	1

### **Are the Guides working with other services as intended?**

The Practice Framework acknowledges that SHiFT cannot be effective in isolation. The local Practice must work in partnership with the Host Organisation and other agencies, and the Guides themselves noted that social care and the police are their '*biggest and best partners*'. These relationships require a careful balance and are intended to be supportive but also gently challenging.

There is limited information about the extent of relationships with other professionals, but Guides describe investing time in building relationships with other professionals and now being embedded and developing these relationships further through support and challenge. Wider agency staff have begun to recognise both teams' progress with the SHiFT children and the benefits of a more flexible and intensive approach. SHiFT Guides also discussed their confidence growing in terms of challenging other professionals, and they spoke of reframing uncomfortable exchanges as a chance to learn and grow. Challenges include confronting other professionals' perceptions of SHiFT children, re-examining existing systems and processes and considering ways of doing things differently that may be more beneficial for the child.

*'This is naturally very uncomfortable work, and the work is in the discomfort. I think it took me a little while to – okay, when it's discomfort, it's not because anything's gone wrong, it's because that's where the work is, that's where the challenge is, and that's where the biggest reward will be when we come over from that challenge.'*

(SHiFT Lead Guide, Site 1)

### **Have any adaptations needed to be made to support implementation?**

Interviewees were asked whether any adaptations were needed to be made to the model to help improve implementation, and none were identified as needing to be made.

Overall, at this stage in the delivery of SHiFT, the data suggest that SHiFT is being implemented as intended in terms of the local set-up and governance, the children involved and the nature of work with children and other professionals.

## Is SHiFT acceptable to key stakeholders?

This section reviews evidence about the acceptability of SHiFT to key stakeholders. It begins by considering whether SHiFT is acceptable to the professionals involved and then considers early indications of its acceptability to children.

### Acceptability of the SHiFT model to professionals

There were strong and consistent indications that the SHiFT model is acceptable to senior organisational leaders and managers in the Host Organisations and to staff in SHiFT Practices, and reasons for acceptability are discussed further below. The same features of the SHiFT model were assessed across these three groups, and these features were seen to align with local values and priorities across both pilot sites. These features were also contrasted with existing approaches to working with the vulnerable children who are the focus of SHiFT. The innovative nature of SHiFT was viewed by managers across both pilot sites as providing an opportunity to test new child-centred ways of working.

#### Long-term intensive and relationship-based work

The long-term nature of the SHiFT intervention was considered a fundamental feature of the model and a significant departure from existing services for children in contact with youth justice and social care services, with references to typically short-term (often 12-week) interventions.

*‘We’ve all sat down and said, “Wow, imagine if we only had 12 weeks. We would have been done already. We would have made no impact. We would have just been another professional coming in with an entry point but having to create an exit strategy at the same time.” So yes, we actually get to block the work that we want to achieve with the young person, and I think it’s more child focused than tick-box focused, compared to other roles, if that makes sense.’*

*(SHiFT Guide, Site 1)*

The ‘relationship-based’ nature of SHiFT was also seen as core to its appeal. This referred not only to the *length* of the intervention, which enabled a long-term relationship to be established, but also to the idea of practitioners getting ‘*alongside*’ and *collaborating* with the child and being able to work in a more child-centred and child-led way.

*‘What attracts me to the programme at the moment is the relationship-based work. I’ve worked in youth justice for 30 years, and I know that relationship-based work is effective, particularly if it’s working alongside, getting alongside and working alongside, the young person and is on a long-term basis.’*

*(Manager, Site 1)*

*'For me, the child just directs everything, whereas previously, the school, the parents, anybody, really... but the child got to say what direction the intervention went in.'*

*(SHiFT Guide, Site 1)*

*'I think it's really important to get the voice of the child, so we just really listen to what the child is saying, what the family is saying, what their actual needs are, what do they want, not what professionals are saying that they want or what professionals are saying that they need. What are they saying with their own mouth? And then delivering that.'*

*(SHiFT Guide, Site 2)*

This also related to the systemic way of working adopted by SHiFT practitioners, specifically in engaging with the wider network of people, including family, friends and professionals, around the child. While this was a challenging aspect of practice (see next section), it was seen as an important and positive feature of the model.

*'There are some really big wins when we work together...'*

*(SHiFT Guide, Site 1)*

The small caseloads and, by extension, intensity with which Guides were able to work with children were highlighted as a key part of the acceptability of SHiFT. SHiFT Guides were also seen as being able to be much more available to children than other professionals. One example was given of a SHiFT Guide taking a child to enrol in college and spending four hours with them there.

*'[In SHiFT], you've got workers who are working intensively with your most vulnerable, highest-risk young people, and they shouldn't really be working with more than about four or five of them... they should be available to those young people as and when they're needed and should be a relatively constant and available support in their lives.'*

*(Manager, Site 1)*

### Creative and flexible ways of working

The scope for creative and flexible working was viewed by professional stakeholders as a key part of its acceptability. The 'looseness' in the model had presented some challenges in the early stages of implementation (see next section), but as the SHiFT Practice model was refined and clarified, appreciation for the flexibility afforded in their day-to-day work with children increased.

Senior managers and heads of services in both Host Organisations viewed the innovative, creative and flexible features of SHiFT as key to its appeal, with the promise of supporting the move towards therapeutic and child-centred ways of working with children who offend.

An important aspect of this was the ability to work in ways that were less constrained by traditional service remits and definitions. This includes more scope to work with children when they are outside the geography of the local authority (for example, when they are missing or placed outside the area).

*'That's where the beauty of having SHiFT maintain their relationship is... that hopefully, they can stick with that young person and help them come back [to the local area].'*

*(Manager, Site 1)*

It also meant scope to continue working with children when they transition from child to adult services, viewed by some local managers as a key point of differentiation from services as usual.

*'There was a few cases who are coming up to 18, they're all on [a] child in need plan. We know they've got outstanding matters, which had taken forever because of COVID, so they're not open to us, in terms of youth justice, and they were coming to a close. I was able to say, "Actually, SHiFT will continue working with them," and I think that's when we'll start seeing a real difference, that's 17- to 18-year-olds. We know in youth justice they go on probation if they're on a YRO [Youth Rehabilitation Order]. Thereafter, it's just a different world.'*

*(Manager, Site 1)*

SHiFT was described by one interviewee as enabling practitioners to work in the sphere of 'safe uncertainties', outside the confines of typical ways of working. This was seen as key to generating learning and as linked to potential for systems change.

*'I'm looking for real creative approaches so that we work in that sphere of safe uncertainty – this is a group of young people [where] their lives are filled with uncertainty, and it's difficult for professionals to know what to do best. I need them to operate in a creative way in that safe uncertainties sphere, providing really good intervention and support for those young people – which might not be what we would normally rely on.'*

*(Manager, Site 1)*

The flexibility of the model was also linked with the scope afforded to Host Organisations to adapt it to the local context and local needs. For example, in Site 1, there was interest in using it to reduce the number of older children going into care, as well as addressing offending. The opportunity to tailor SHiFT to local needs and contexts was valued.

*'I think part of the interest in the model is that it's not a "one-size-fits-all" enforced model; there's some guiding principles in it which you can flex for your local circumstances – because, as they roll out into (Site 2), (Site 2) is not going to want a model that is built around (Site 1) because they're entirely different local authorities. That will apply as you move across the country as well...'*

*(Manager, Site 1)*

*'I think that idea, that there's a basic shape to it but you can then morph to meet your local circumstances, is a good one.'*

*(Manager, Site 1)*

The £2,000 budget that SHiFT Guides can spend per young person was described as offering the opportunity to work creatively and do things beyond the scope of usual social work practice<sup>8</sup>. An example was given of a SHiFT Guide using the budget to accompany a child who was staying away with other family, to be able to mediate and support positive family interactions.

*'Doing those creative things, in an attempt to make change... I think that we have the luxury to do that, and it works; it does work.'*

*(SHiFT Guide, Site 1)*

### Dedicated administrative role

Both managers and SHiFT Guides felt that having a dedicated administrator was a valuable component of the model – particularly for their role in record keeping, which freed Guides up for direct work with children and partners – was important given the involvement of many professionals and helped to make the work of SHiFT visible. It also led to positive feedback from an internal multi-agency panel for risk and safeguarding for high-risk children.

*'What's been a key element of that is having a dedicated administrator for the Guides so that there's a clear record on the social carer file and on the youth justice file. Not only do you need to communicate, but workers need to be able to see what's happening and need to be able to see that quite easily. I think that's been a key element of the model... having this dedicated administrator. Again, that's something we'd have to learn from because that makes a huge difference when you've got multiple professionals. A lot of, where there's high-risk, there's high-anxiety. It helps to see the*

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<sup>8</sup> As noted earlier, information about the use of the budget has been recorded but has not been analysed for the evaluation.

*work that's happening, and that's come out of the feedback from that panel. It was very clear, the work that's happening, which is good.'*

*(Manager, Site 1)*

Overall, the data indicate that SHiFT is viewed as acceptable to SHiFT Practice and Host Organisation staff.

### **Acceptability of SHiFT to children**

It is important to note that the evaluation did not involve interviews with children involved in SHiFT, and so we do not have first-hand data on the acceptability of SHiFT to them. Therefore, it is not possible to corroborate whether the views expressed by SHiFT practitioners also mirror the children's experiences.

There is some indication of acceptability in the fact that only four children have not engaged with SHiFT or have withdrawn from it across both sites out of a total of 52 children to whom SHiFT has been offered – a relatively low non-participation rate given that SHiFT works with children at higher levels of vulnerability and risk. However, while this interpretation of acceptability appears positive, it was not possible to compare these engagement figures with comparable data. There is also indicative evidence of SHiFT Practices being able to engage with children intensively. These indications do not reflect the full 18-month cycle of delivery.

The SHiFT Guides described engaging children as being challenging, and it takes time for children to see the SHiFT Guide as different from other professionals. They viewed the initial engagement period as very important and felt that, over time, they were managing to establish '*strong relationships*' with children by tailoring their interactions and responding to their needs and circumstances and having time to build relationships with parents, grandparents, foster carers and wider family contacts.

In terms of possible differentiation from the SHiFT children's perspective, interviewees in both sites commented on the fact that many young people have been let down by professionals, and their view is that the SHiFT difference comes from being able to set a different precedent. For the SHiFT children, an initial resistance to engaging with SHiFT Guides is likely to be associated with previous professional relationships and the stigma attached to certain job titles, such as social workers and the police. However, the SHiFT Guides report being confident that the intensity and longevity of the SHiFT programme unlocks the potential to rewrite this narrative.

*'Unfortunately, there's a lot of our colleagues who are burnt out, who just don't have the time. They think by doing a five, ten-minute phone call, that's a visit, that's good enough. It's not... We have the time, for example, to really invest in that young person and build those relationships.'*

*(SHiFT Guide, Site 1)*



In the last round of implementation interviews, there was a real sense that that persistence, tenacity and being able to deliver on promises and do or provide things other agencies could not had begun to open doors to working with children on a range of issues, including education, health and mental health.

*‘Then, the next time I went back there, I’m showing him I’ve got a 12-month contract for you to go to gym, now it’s on to you, are you actually going to go? By that, that was just a bit of a shocker for him. That was my hook in, and that hook then allowed me to do things like education, some of the other things that he may not want to really do. The other things like the importance of doing health and going to your CAMHS appointment where you wouldn’t have wanted to do.’*

*(SHiFT Guide, Site 1)*

Not being part of formal statutory services was also seen as increasing the acceptability of SHiFT to children. Children were reported to also have appreciated the way that SHiFT Guides had integrated within, and helped to coordinate support from, their wider network:

*‘That partnership also helps the young person to feel like, “Everyone is supporting me in this same way.” For example, one of my young people called me today, and he just wanted to chat. It’s not his session day, but again he’s like, “Oh, I’ve already spoken to you, and now I’m going to speak to X, and now I’m going to speak to...” because he knows that all of us, collectively, care about his life. Not just one of us. So yes, when it works, it really does work really, really well.’*

*(SHiFT Guide, Site 1)*

Several of the features underlying the acceptability of SHiFT were also challenging in practice, particularly the looseness of the model, its differentiation from other services, bringing SHiFT into an existing set of professionals working with a child and engaging with partners. These aspects are further expanded in the following section on implementation barriers, enablers and early learning.

However, there was also clear evidence, at this stage in delivery, of the model being acceptable to professional stakeholders at all levels and a view among professionals that these features also help to make it acceptable to children.

## Implementation barriers, enablers and early learning

This section describes challenges or barriers to implementing SHiFT in the two sites, factors that supported implementation and early learning about what it takes to implement SHiFT. The section follows the structure of the domains of the Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009), which describes implementation barriers and enablers as relating to: intervention design, content and approach; the individuals involved in its implementation (e.g. their knowledge, beliefs and attitudes); and the inner setting of its delivery (e.g. the culture, processes and implementation of the Host Organisation). We also briefly discuss potential barriers and enablers relating to the wider system.

### The intervention

The CFIR model identifies potential barriers to and enablers of implementation in the features of an intervention, such as (low) complexity, credibility of source, evidence strength, relative advantage, adaptability and cost. This next section reflects on key lessons learnt during the early implementation of SHiFT, focusing first on the nature of the SHiFT intervention itself.

#### Flexibility

The flexibility of SHiFT emerged as the most important feature in relation to implementation. This was generally seen as an important aid to implementation. One of the Guides in Site 1 commented that *'it's just such a breath of fresh air to be able to work in such a more child-centred and holistic way'*. Flexibility was seen particularly by Host Organisation leaders as enhancing the adaptability of SHiFT and its ability to be flexed to local needs and systems. Being able to work flexibly was also seen as integral to securing 'the hook', a central element of the 'Breaking Cycles' model, although the experience of SHiFT Practice staff was that the hook was more likely to lie in being there with intensive support when they hit rock bottom than in a fun activity.

*'I think the way a lot of people think that SHiFT should have worked was, "Oh, you can find them a fun activity, and that'll be the hook". The hook's been when we're in custody. The hook's been when we've been at court. The hook's been when they've been at hospital. The hook is when they've been robbed, or ... literally when you're there 'til hours on end or you make yourself available when they're at rock bottom and they have no one to turn to. That has been the breakthrough, because then, the only way from there is up.'*

*(SHiFT Guide, Site 1)*

However, the flexibility of the model also brought some challenges. This was particularly apparent in early stages of implementation in Site 1, which began before the SHiFT Practice Framework had been developed and while the SHiFT model was, to some extent, still

evolving. The looseness of the SHiFT model made it more difficult for the SHiFT Practice to articulate sharply to other professionals and services how they would be working and how SHiFT would add value, in addition to also making it more difficult to manage expectations.

*'We were all in different meetings with different professionals, and then obviously, as human beings, we're all describing it slightly different. There's always going to be a, there's going to be differentiation, but then that opened up for random interpretation.'*

*(SHiFT Guide, Site 1)*

Resolving this required more clarity about and clearer documentation of the practice model, achieved through discussions between SHiFT (national) and Host Organisation managers, production of the SHiFT Practice Framework and the experience of delivery. The practice model was more developed when implementation began in Site 2, SHiFT was more clearly positioned there as a pilot and flexibility was more consistently seen as an aid and not a challenge to implementation. However, there were still mixed views among managers in both sites about whether the practice model needs to be set out in more detail, either now or as the model is consolidated through experience of delivery.

#### Credibility and evidence

The fact that SHiFT evolved from the Pause model and the leadership of the same innovators was viewed positively, particularly by senior managers. There was, however, a view that the evidence underpinning SHiFT, particularly how it draws on proven theory in youth justice (e.g. what leads children in and out of offending cycles), needed to be more explicit within the SHiFT Practice Framework. This could also help to increase buy-in amongst professionals by knowing that this innovation in practice is informed by proven theory and evidence.

#### Relative advantage and differentiation

Implementation was still at a relatively early stage in Site 2 by the time of the last evaluation interviews, but in Site 1, nine months into delivery, the SHiFT Practice and some Host Organisation managers were starting to see early evidence of its impact. The relative advantage of SHiFT over services as usual was seen as lying in its core features: flexibility and creativity (aided by the individual budget of £2,000, provided it is not used for activities already available in the service system), a strongly child-led approach, long-term support, small caseloads and intensity, and the ability to work across service boundaries.

The SHiFT Practice staff had a clear sense of working in a very different way from their previous roles.

*'It is about additionality and about can you provide an additional trusted relationship that allows you to do the work, actually, as a YOS for a long time – that you wish you could do, but you just don't have the capacity or the time to do.'*

*(SHiFT (national) staff member)*

However, across both sites, there were mixed views among managers about quite how clearly these features differentiate SHiFT from other services. Intensive mentoring, contextual safeguarding, interventions around gang involvement and 'good youth work' were seen to have some of the features of SHiFT and to use some of the same approaches. Differentiation was clearer to Host Organisation managers in Site 2, where it seemed there were fewer other projects and programmes, leaving clear space for SHiFT. The Host Organisation managers in Site 2 also discussed a recent Ofsted visit, which commented on the lack of child-led practice within other services offered by the host organisation, and this boosted the value of SHiFT within the current service structure.

Having the SHiFT Practice Framework, holding regular discussions between SHiFT (national) and Host Organisation managers and having more communications collateral in place were together helping to clarify differentiation and to describe SHiFT consistently to other practitioners. Differentiation was also becoming clearer for Host Organisation staff as the delivery progressed. The interviews also suggest that work to map services and more discussion is needed to clarify how SHiFT fits and can add value to the existing service system.

### The 18-month model

The general view was that the 18-months duration of SHiFT's work with children was likely to be a significant aid to implementation. The SHiFT Guides also had the flexibility to adjust the overall duration and could end the work with a child sooner if they felt the optimal timeframe had been reached. However, it is too early in the delivery to assess whether approximately 18 months is the optimal duration for this programme. The view was that this period may prove to be longer than needed for some children and too short for others, but that insight into this would emerge through experience of practice. The evaluation has observed only the first 10 (Site 1) and four (Site 2) months of delivery and so cannot comment on whether contact can be sustained and how the work of SHiFT Practices varies in later months.

### Statutory work

A key issue raised by both sites is whether SHiFT Practices should undertake statutory youth justice and children's social care work. The SHiFT Practice Framework leaves this open, saying that over time, where it is in the child's best interests and the Guide has the required skills and qualifications, they 'may begin to take on some statutory work' (SHiFT Practice Framework, p. 24). In Site 1, Guides have trialled undertaking some statutory activities,

including return home interviews after a child's missing episode and home visits as part of a Child in Need Plan.

Host Organisation managers were generally of the view that SHiFT Practices should take on some statutory work, both because a child may be more responsive when this is undertaken by someone with whom they have developed a trusting relationship and because this will be important for the sustainability of SHiFT longer term.

*'The small caseloads, child-led, the filling in the spaces, [is] great, but I think it ought to be as well as the statutory work, not around the statutory work... If they don't do the statutory work, there is no budget for them to continue post the innovation period... That's the simple truth of it.'*

*(Manager, Site 2)*

Activities such as pre-court duties for children, supporting children who receive a caution or a conditional caution, supporting a child to attend court and completing return home interviews after a missing episode were seen as potentially within scope for SHiFT Practices. There were more mixed views about activities such as breaching. SHiFT (national) were very clear that children will never be mandated to work with SHiFT, nor will SHiFT Practices hold full statutory responsibility for a child. From their perspective, it is about seeing where Guides may be better placed to do a piece of statutory work because of their relationship with the child.

*'There will be efficient pieces of statutory work that we can do on behalf of other professionals, but we're never going to have the full statutory responsibility for children solely within the SHiFT team.'*

*(SHiFT (national) staff member)*

There were more questions among Guides about the fit of statutory work, especially because of concerns that it would reduce the scope for creative, child-led work based on trusting relationships.

*'I do think having that non-statutory role, although it comes with its challenges as well, does allow you to either be more flexible in your approach because there's only so much flexibility you can do as a social worker, as a police officer. I think we've got more of an opportunity to think creatively.'*

*(SHiFT Guide, Site 1)*

## Costs

The cost of implementation of SHiFT was not highlighted as a challenge to implementation, but it was noted that the intensity of working makes it relatively high cost, and it would need to deliver significant cost savings to be sustainable.

## People involved

The CFIR model highlights that the characteristics of individuals involved in service delivery are potential barriers or enablers of implementation. Features such as their knowledge and beliefs about the intervention, self-efficacy, views about their own capabilities to carry it out, readiness for change, identification with the organisation and other personal traits are relevant.

The impact of the values, knowledge and skills of the delivery staff, i.e. the SHiFT Practice staff, and the operational staff, i.e. the SHiFT (national) team, is discussed below.

### The SHiFT Practices

The strong belief among SHiFT Guides in SHiFT as a radically different way of working came across very powerfully in the implementation interviews. They expressed their passion for and commitment to the SHiFT model and their belief in its potential impact.

*‘[SHiFT] was really different, and it felt like that would really allow an opportunity for impactful work and to get away from that sort of box-ticking and churning and actually make a meaningful impact.’*

*(SHiFT Guide, Site 2)*

Managers in both sites also commented on the clear commitment and motivation of SHiFT Practice staff, described as ‘*really strong*’ and ‘*very able, very capable staff*’ who were able to work proactively and intuitively.

The range of backgrounds that the SHiFT Practice team members have was seen as an aid to implementation by the SHiFT Practice and by Host Organisation managers, and the combination of staff with experience of working in the local authority services as well as those with different backgrounds was seen as helpful. This diversity of experience appeared to bring a collegiate and supportive atmosphere to the local SHiFT Practice.

Ensuring SHiFT Practice staff have the necessary skills and access to training will be important for effective implementation. The SHiFT Practice Framework (developed after implementation began in Site 1) now sets out the intended training activities to support the local SHiFT practice (see Introduction), but Host Organisation managers, particularly in Site 1, emphasised the need for initial training to be provided *before* work with children starts. Managers particularly viewed training in trauma-informed practice, contextual safeguarding, systemic practice, family dynamics, child development and youth justice practice and processes as important. Skills in engaging with professional networks, collaborative working, communication, advocacy, managing boundaries and modelling behaviours were also highlighted. But the personal qualities needed were emphasised more strongly, such as being child-led, values-driven, compassionate, open-minded, tenacious and hopeful and, above all,

having 'a relentless focus on children and improving their outcomes in an optimistic and enabling way.'

*'I think there's something in this role that ... is particularly around being able to understand and maintain some really clear boundaries because I think there is this asking people to go this extra mile, whatever it takes, being child-led and everything, there are risks around that as well, in terms of you're not their friend. You can be friendly, but you're not their friend.'*

*(Manager, Site 2)*

*'I think they have to be very persistent, tenacious, resilient, not afraid to try something different, but also be very risk aware and work within parameters of keeping themselves safe and young people safe.'*

*(Manager, Site 1)*

Managers and Lead Guides also highlighted that, as SHiFT requires new ways of working, Guides need to be supported, encouraged and pressed to work consistently in new ways and to unlearn some behaviours to avoid 'drifting back' to familiar territory, such as working in 'formulaic ways' that prioritise bureaucracy and hinder the ability to apply creative thinking to their practice. Sharing learning between the two Practices was seen as important to support this.

*'There's an element of [the Guides] wanting to break free from ... that way of working. [But] because it is so new and so different, there's an element of – I don't particularly want to say Stockholm syndrome, but going back to that way, that place of security and safety, because it's what they know ... Even though they know what they're supposed to be doing, they're gravitating back, gently.'*

*(SHiFT Guide, Site 2)*

*'I think it's very easy otherwise to just become completely sucked into the system that you're working in and just become a bit institutionalised and to stop thinking differently. I think it's that awareness that something else is going on might help us to maintain that kind of feeling of difference.'*

*(SHiFT Guide, Site 2)*

### SHiFT (national) team

The SHiFT (national) team are recognised as an important part of the SHiFT partnership and have played a vital role in supporting the establishment of SHiFT in the Host Organisations and the work of SHiFT Practices. There was also important learning about the need for consistent direct communication between SHiFT (national) and Host Organisations. This was not aided by several changes in personnel. Since implementation began in Site 1, three core members of SHiFT (national) – the Chief Executive, the Director of Practice and the Head of

Practice Development - left the organisation, and the degree of change was described as '*unnerving*' for delivery staff.

Two new staff members – a Director of Practice and an Evaluation and Research Lead – started in September 2021, the SHiFT Chair and Founder has become more involved and there is now an incoming Chief Executive. The recent closer involvement has been positively received and has helped to bring further clarity to the underpinning principles and ambitions of SHiFT, as well as to the structure of management roles.

### **Fit and alignment with the Host Organisation**

The CFIR model highlights features of Host Organisations as the 'inner setting' that are potential barriers and enablers of implementation. Of relevance to SHiFT are features such as culture, the degree to which stakeholders perceive change as needed, and fit and alignment with the organisation's infrastructure of policies, processes, resources, networks and communications. This is particularly key in the delivery structure adopted by SHiFT, where a dedicated SHiFT team is recruited and employed by the Host Organisation, but their work is overseen and quality assured by SHiFT (national). This structure, common in manualised programmes, has some clear advantages over an externally commissioned service or embedding a new programme in an existing team. For example, it aids scale-up and integration, enables a specific focus on the new practice and means the dedicated team can access the resources, systems and infrastructure of the Host Organisation.

At the same time, this structure presented challenges to implementation of SHiFT that needed to be addressed. The interviews do not indicate that SHiFT is a poor fit with Host Organisations, but they highlight the implementation strategies that are needed to support alignment, and there has been important early learning about what it takes to optimise this. The following sections address the factors of the Host Organisation that enabled and challenged successful implementation, as well as suggestions to improve the fit and alignment in future sites.

### **Securing buy-in from the Host Organisation**

In both sites, there was a supportive tension for change among leaders and managers, with a shared view that current systems do not sufficiently serve the most marginalised children. Leaders and managers referred, for example, to the rising number of older adolescents entering care and the challenge in reducing reoffending rates and the need to move from traditional 'punitive' and risk-oriented models of working towards therapeutic, child-centred interventions.



*'We want more creative solutions that cost us less money but, more importantly, deliver better outcomes for children and young people, particularly as they leave adolescence and move into adulthood.'*

*(Manager, Site 1)*

However, there have been clear lessons about the importance of early engagement and the need to secure buy-in from relevant leaders and services before implementation begins. This needs to involve management at all levels within the Host Organisation, but middle managers play a particularly important role in implementation as they hold both the strategic and operational knowledge and can understand how a new intervention will work best alongside existing provision (Birken et al., 2018).

This was particularly challenging in Site 1 for several reasons. There was a consistent view that there was too little time and focus on joint planning at the pre-implementation stage. Absences among key managers and staff changes within the Host Organisation and SHiFT (national) contributed to this. A key Host Organisation manager moved to the SHiFT (national) team as Director of Practice, which brought many benefits but also meant less involvement of other managers within the Host Organisation and less visibility of pre-implementation preparation. Key middle managers had not been engaged in the decision to bring SHiFT and were initially unclear about the rationale and the model. Mobilisation happened at the height of the COVID-19 pandemic, with virtual rather than face-to-face interactions slowing the development of more open, professional relationships. Finally, as noted earlier, decisions about the children SHiFT would work with were made by managers without consultation with other teams.

The SHiFT Practice staff felt that efforts to raise awareness and socialise SHiFT among other services and practitioners were insufficient, so the task of explaining and justifying their presence in the system fell to them, particularly challenging as the model and ways of working were still evolving.

The early engagement process was viewed as much more effective in Site 2, and it was clear that early learning had been applied. A phased approach was taken, as outlined below:

1. Senior and middle managers were bought into the approach before implementation began.
2. Practitioner teams were then engaged through the process of agreeing the children the SHiFT Practice would work with, allowing discussion and clarification of the SHiFT vision and ways of working.
3. Subsequently, there was an engagement meeting with the whole service, by which time there were engaged and supportive stakeholders at multiple levels.

A final point that may also be relevant is that SHiFT was clearly positioned as an innovation and pilot project offering collaborative learning opportunities. The SHiFT launch event at Site

2 was also a key engagement strategy. For the Site 1 staff involved, it was a turning point and a chance to reset and stimulate more extensive discussions with SHiFT (national).

Overall, the findings point to the importance of engagement and mobilising and the need for a continuous cycle of repeated engagement work to protect against inevitable staff changes.

### **Clarifying management roles and structures**

Clarity about the respective management responsibilities of SHiFT (national) and the Host Organisation was also key for implementation. There needed to be clarity about intended management roles and lines of communication with the SHiFT Practice and between the two organisations and mechanisms for quickly resolving conflicting expectations.

This had been challenging in Site 1, where implementation had begun before roles and lines of communication were clear. SHiFT Practice staff and local managers described communication cutting across management lines, and for SHiFT Practice staff, there was a real sense of tension between SHiFT (national) and Host Organisation managers. By the last implementation interviews, there was a view that management lines, roles and responsibilities, and communication were becoming clearer. Host Organisation managers were more closely involved in the SHiFT Practice's work, and the team really valued managers' expertise, practice advice and oversight, and their ability to leverage support from across the system. SHiFT (national) had recognised that their role needed to change, and communication was more consistent, with clearer management lines.

To increase the clarity around management roles and structures, this process included more frequent communication between SHiFT (national) and local managers and was also supported by solidifying of the SHiFT Practice Framework, which outlines management roles and expectations. There had been some helpful work between SHiFT (national) and managers in Site 1 on how to align the principles of SHiFT with aspects of work in the Host Organisation. By Round 2 of the implementation interviews (roughly six months into the delivery of Site 1), SHiFT Practice staff also noted feeling more integrated within internal networks and reported that attending more of the 'right' meetings, more face-to-face contact with other professionals and the success of the launch event had really helped to improve the internal communication.

*'It's more that our tone has changed, so originally it was more that we will have dual management of the lead Guides, we would be heavily involved in the actual safeguarding and, not day-to-day management, but just having more involvement in the actual day-to-day practice of the teams ... The tone has now changed in that we are outsiders but still are connected with the teams in a very much partnership, creative, flexible, coaching way instead of, like, quality assurance in-house, so we are very much led by them but still alongside them. So, it's a very kind of niche role that we're playing ... It's led by the local authority, but with us alongside it.'*

*(SHiFT (national) staff member)*

Although this was still work in progress and there were still some ambiguities and areas of tension, the situation was much improved. SHiFT (national) have acknowledged the need to set clear expectations in pre-implementation planning and preparation and for themselves and the local managers to be visibly in alignment in supporting SHiFT Practices.

### **Language, culture and identity**

SHiFT is seen to be a good fit with the culture of both sites. In Site 1, interviewees commented that there is a good alignment around the focus on relationship-based, trauma-informed and '*street-based*' practices shared by both the programme and the Host Organisation. In Site 2, SHiFT was viewed as a good fit with the organisational culture of openness and innovation. It was seen as in line with the more welfare-oriented, child-centred and therapeutic model of youth justice work that has been emerging in recent years.

SHiFT intentionally has a distinctive identity and deviates from the formal service language of 'cases', 'cohorts' and conventional job titles. This is a conscious attempt to break the mould of traditional service and promote child-led practice and is viewed positively by SHiFT Practice staff. Practice staff also commented that the deliberate change in language used to describe job titles, e.g. a Guide vs. a social worker, gave them space to describe themselves as individual practitioners. They also reflected that it may be less stigmatising for children and families. However, there were some challenges with this approach in terms of engaging other professionals and that unfamiliar or unclear job titles and roles could lead to confusion.

There were further challenges for Guides in identifying with both SHiFT and the Host Organisation. Part of SHiFT's mission is to positively challenge the system it operates within by being a positive and constructive disturbance. Guides occupy a unique 'insider/outsider' perspective within the host organisation. Inevitably, this is a challenging part of the SHiFT practice, and there was a sense of this being difficult at times, especially for practitioners who were previously employed by the host organisation.

*'What we're trying to do is very difficult; we're working effectively within the system, not against the system, but outside the system... Systemically, it's a very difficult concept to get your head round, and a lot of our work is counter-cultural.'*

*(SHiFT Guide, Site 1)*

### **Fit with policies, systems and networks**

The existing infrastructure within Host Organisations – policies, processes, systems, resources and networks – are potential enablers of implementation. However, in early implementation, there were instances where they had also been barriers. The learning from the implementation interviews was that it takes early planning and intentional focus to ensure that the infrastructure is engaged in support of SHiFT or modifications and exceptions are made where this is not possible. Early planning had been needed but was not always undertaken, in areas including:

- **Case recording:** As the later section on data monitoring highlights, case recording and access to existing administrative data were challenging aspects of implementation. In one site, there was a need for double entry of records in children's social care and youth justice systems, and it was difficult to find an alternative and more efficient solution to record keeping.
- **Targets and outcomes:** There is still a lack of clarity and consistency in terms of how SHiFT is expected to contribute to the Host Organisations' outcomes and targets. It was recognised that more clarity about the appropriate outcomes and targets for SHiFT will emerge through experience of practice and that they need to be aligned with those prioritised and monitored by the Host Organisation.
- **Decision-making forums such as resource allocation meetings and review or scrutiny groups:** Clarification had been needed around their role in overseeing and supporting SHiFT Practices' work.
- **Accessing internal expertise, e.g. those with specialist knowledge and experience in exploitation, gangs and participatory work:** Clarity was needed about what was available and how SHiFT Practices could access it.
- **Safeguarding, risk management and escalation decisions:** SHiFT Practices needed to be aware of and to work within Host Organisation policies, or for deviation to be agreed and managed.
- **Working conditions:** Despite job evaluations, salaries for SHiFT Guides in both sites were seen by Host Organisation managers as misaligned with internal practitioners, particularly if the Guides were not taking on statutory work. This had generated tension with other practitioners, and tensions remained ongoing.
- **Out-of-hours working:** There had also been a need to clarify expectations around out-of-hours working and to align it with out-of-hours policies and support arrangements. It is now agreed that Guides are expected to work with some flex, with out-of-hours

management support. One site has considered a duty rota for the weekends and introducing the children to more than one Guide to provide cover for out-of-hours working as well as annual leave and other absences.

### **Negotiating the space for SHiFT among other professionals and services**

Negotiating a place for SHiFT Guides among other professionals and services, in a way that will add value without duplicating or undermining the work of other practitioners, is a particularly nuanced area of work. Without sufficient planning and discussion, the existing service system was potentially a barrier to the implementation of SHiFT.

The local SHiFT Practice is also there to both challenge and support other services and professionals – which requires a careful balance, as well as strong relationships, and open communication.

*‘We’re sat alongside the system that we’re trying to challenge, but we also need to work very closely with the system that we’re trying to challenge ... It’s not just relationship-based with us and the young people, it’s relationship-based with us and the system, and developing a mutual respect that we should be having the same outcome, but the way that we do it is slightly different, and how do we achieve that without compromise on both parts.’*

*(SHiFT Guide, Site 1)*

Implementation was smoother when other services and practitioners were also engaged in decisions about the children SHiFT would work with and where there had been phased communications about SHiFT, with key stakeholders openly championing the model at various stages. It is within these fuller discussions and engagement with Host Organisation leaders and managers that tensions around pay and the overall added benefit of SHiFT could be resolved.

There was an initial sense among SHiFT (national) and SHiFT Practice staff that Guides would replace other practitioners, taking on their work as a consistent and more close lead practitioner. Over time, a more nuanced understanding has evolved, in which a Guide might be an additional person in a child's life or might allow other practitioners to step back, depending on the evolving needs of each individual child. Guides also recognised they could play an important role in linking with, supporting and advocating for other practitioners. The importance of acknowledging existing connections and considering the best approach for engagement if a child has a long-standing and good relationship with another professional was noted. The SHiFT (national) team also noted the need to be ‘culturally humble’ and not see the programme as replacing existing services, and to acknowledge that SHiFT is there not only to provide direct support to children but also support other professionals.

The message from the implementation interviews was that this work needs intentional consideration of how SHiFT aligns with the work of other agencies and practitioners. There

were also questions about where SHiFT fits within a tiered pathways structure of services, including as a child's level of need changes over time. Socialising SHiFT among other practitioners and services and skilful collaborative work by SHiFT Practices were seen as necessary. The Guides in both sites highlighted the need to overcome potential barriers by investing in relationships with other professionals.

*'I think because it's now being embedded, we are now able to have those conversations because we now know who the workers are, etc., etc. I think because we are communicating more effectively, we can have those quite frank discussions in terms of actually what is in the best interests of the young person.'*

*(Manager, Site 1)*

## **Wider settings and systems**

The final domain of CFIR recognises that implementation success is also influenced by the fit of a programme with the 'outer setting', where external policies, incentives and funding are particularly relevant. Part of the role of SHiFT (national) is to provide a collective voice for the SHiFT family to influence policymakers, opinion formers and mainstream practice and to champion SHiFT with potential supporters and funders (SHiFT Practice Framework, p. 13). In addition, SHiFT aims to influence the wider system in support of radical change for child-centred practice.

As the programme is still at an early implementation phase, the extent to which features of the wider system are barriers or enablers has not been explored. At this stage of the evaluation cycle, interviewees did not raise issues about potentially poor fit with wider policies and initiatives. In brief comments that were made, SHiFT was seen as a potentially good fit with the Child First approach, and the Youth Justice Board (YJB) was seen as a key stakeholder. It was noted that it would be important for inspection and regulation of social care and youth offending to be supportive of SHiFT.

Future evaluations could include interviews with, for example, police and education practitioners to further understand impacts on the wider local system (such as decreasing crime rates and rates of school exclusions), as well as with policymakers and the YJB to assess potential impacts at a national level if/when a substantial number of local authorities in the UK are utilising the programme.

Overall, the analysis of barriers to and enablers of implementation highlight the importance of pre-implementation planning and preparation and clarity of expectations and the need for close communication between SHiFT (national), Host Organisations and SHiFT Practices to identify and address issues as they arrive.

## **Is the data collection progressing as intended?**

This section addresses the research questions relating to child outcomes. The intended data collection involves the three validated outcome scales and administrative data, as well as the Exploration Tool developed by SHiFT (national).

### **Validated outcome scales**

In both the evaluation interviews with Guides and a specific data workshop (more detail given below), Guides reported finding the use of the validated outcome scales quite challenging. In Site 1, out of a total cohort of 24 children, less than 50% (n = 11) have completed the outcome scales, and of those 11, only 5 children have both baseline and midpoint reviews completed. In Site 2, none of the children have yet completed a baseline assessment, although the recommended window for baseline completion has not yet elapsed and Guides are in early stages of engaging children.

Barriers to the use of the scales include misunderstanding certain items, the wording of the questions, the length and style of the questionnaires and children having already completed similar assessments with another professional network. Guides also noted that children were reluctant to complete assessments in general, and their resistance was not limited to the outcome scales.

A workshop was held between the evaluation team and the sites to discuss the challenges around data collection and identify possible solutions (see below for more information). A decision was made to continue trying to implement the scales. Since the workshop, Guides in Site 1 have been working to address these gaps by introducing the tools to the SHiFT children early on in their introductory sessions so that the child can become familiar with them and ask questions in advance of the assessment being completed. At a minimum, the Guides are encouraging the more reluctant children to complete a baseline and an endpoint review so that pre/post outcomes can be tracked.

Some of the possible solutions discussed by the SHiFT Practices and the evaluation team at the data workshop are listed below. The Guides made a commitment to trial some of these approaches and assess the impact on subsequent data collection attempts:

- Involving children in making recommendations to improve data systems
- Highlighting to children the reasons why monitoring progress is important through visual materials and in contacts with children
- Making paper copies of outcome scales visible in SHiFT Practice offices and elsewhere to increase familiarity
- Guides and children completing outcome scales collaboratively
- Producing more visually appealing and child-friendly versions of the outcome scales

- Completing outcome scales digitally using Survey Monkey or another electronic data capture system (as opposed to pen and paper collection) to make the questions more user-friendly
- Including a voice recorded system to read out questions and response options (possibly recorded by a SHiFT child)
- Agreeing definitions of frequently misunderstood words
- Changing order to place more sensitive items in the middle of the assessment
- Setting team targets for data completion
- A staff poster of data collection activities and timepoints

### **Administrative data**

The administrative data spreadsheet was developed by SHiFT (national), based on initial advice from CEI that identified relevant information to be inputted from Host Organisation case recording systems and from SHiFT records. This includes background demographics, engagement, data on youth justice involvement, data on professional involvement, current accommodation and care status, education, wider contextual information and family background. The intention is for these datasets to be updated every quarter by the Practice Coordinator to monitor changes in status during the SHiFT programme and outcomes such as re-engagement in school, achievement of qualifications, reduced offending, stability of placements, etc.

At this stage, there are challenges in the collection of administrative data relating to data access and accuracy. Administrative data collection began before all indicators had been sufficiently defined. In neither site are there centralised records portal, so Practice Coordinators are searching for information from at least two different record systems within children's services. For Site 2, where there is not an existing YOT record, the coordinator has manually created a record for that child. There have been inevitable consequences for data quality, and relying on information that (for the most part) other people have collected or provided has resulted in substantial missing information and issues with reliability around data interpretation.

The evaluators are working closely with SHiFT (national), and SHiFT (national)'s capacity to improve the accuracy and completion of administrative data has increased with the arrival of the new Evaluation and Research Lead. The team has recommended focusing on a smaller set of key variables and ensuring that these are collected consistently and accurately, including youth justice outcomes, mental health, substance misuse, care status, ethnicity, education status, missing from school, permanent exclusions, date of first successful contact with SHiFT Guide and closure reason. The SHiFT Evaluation and Research Lead is taking this forward with sites and reviewing how data can be better aligned with Host Organisations' systems and reporting.



## **Exploration Tool and goal setting**

Feedback from the Guides indicates that children are more receptive to this measure than the outcome scales, and it is more easily embedded in contacts with children. Children have found the Exploration Tool to be more approachable and accessible, and the tool has prompts for the Guide to ask additional questions and open a discussion. In Site 1, out of a total cohort of 24 children, 12 have completed the Exploration Tool, and 9 out of 12 have both a baseline and midpoint entry, which suggests a preference for this type of measure. In Site 2, just one child has started completion of the Exploration Tool, with support of their Guide.

The challenges encountered mean that no analysis has been possible of trends in routine outcomes data. The implications of the data collection challenges for future evaluations of SHiFT are discussed later in recommendations for future evaluations.

## **Recent progress on the implementation of validated outcome scales and administrative data (update from December 2021)**

Since the interim evaluation report was produced, SHiFT (national) have responded to the concerns regarding data collection and have progressed with the following activities:

- Set up a Practice Coordinators' Network to meet monthly. Key points of discussion will be to standardise data collection methods, particularly around contact and activities of the Guides (dosage/frequency/content) and to redevelop the administrative data capture tool so that it is more streamlined, consistent, accurate and therefore more meaningful.
- Developed a clear six-month research/evaluation plan along with starting a three-year evaluation strategy document. The first stage involves developing a clear outcomes framework that will provide direction and clarity around data that need to be collected, thereby assisting with streamlining the administrative data quarterly returns.
- Set up a Research and Evaluation Committee. This has involved developing terms of reference, setting up a research ethics and governance policy and processes document, and developing a consent form to be included in the Exploration Tool.
- Begun to pilot an online version of the validated tools through Bristol Online Survey so that data capture can occur automatically and be done online or in paper form, depending on what engages the child more.
- Conducted individual visits to each pilot site to meet with each Practice Coordinator. In depth discussion around how the extraction of data from local authority databases to input into SHiFT databases currently takes place (and the accuracy/complexity/reliability of this).

## Conclusion

### Summary of main findings against research questions

Table 7 sets out a summary of the study findings against each of the research questions.

**Table 7: Summary of feasibility study findings**

Research question	Finding
Is SHiFT <b>acceptable</b> to key stakeholders, including SHiFT practitioners, organisational leaders and representatives from partner organisations?	<p>There were strong indications of the acceptability of the SHiFT model – both to those delivering it and the local managers in the Host Organisations. Its appeal lies in the long-term, intensive, relationship-based, child-centred and systemic approach and in the ability to respond flexibly and creatively in ways that are not constrained by service remits.</p> <p>These aspects were seen to stand in contrast to existing approaches used in children’s services. SHiFT is viewed as a promising radical alternative to effect positive change with a group of highly vulnerable young people.</p>
Is SHiFT perceived as <b>feasible</b> to implement by these same key stakeholders?	<p>Stakeholders had experienced challenges in implementing SHiFT, but at this stage in SHiFT delivery, there was nothing to indicate that they do not view it as feasible.</p> <p>Overall, the model is seen to align well with local values and priorities and is perceived as feasible to implement.</p> <p>The two local Practices have been set up as intended, with recruitment going well and interviewees praising the calibre of the delivery team. The intended management and governance structures, as well as supervision arrangements, are also in place. The Guides have received basic induction training, and a plan for further training and development has been outlined.</p> <p>SHiFT appears to be reaching the intended young people – the profile and needs of the children reflect a group that is highly vulnerable, with multiple and complex needs and at highest risk of being caught in repeat cycles of offending. Collaboration with other services and teams in determining whether SHiFT should be involved is important.</p> <p>There are some early indications that Guides are working with SHiFT children as intended – practice is based around the ‘Breaking Cycles’ model, and they describe working flexibly, intensively and systemically, tailoring their support to individual needs and circumstances.</p>

Research question	Finding
	There is limited information about the extent of relationships with other professionals, but there is a sense that partnership is strengthening over the course of the implementation through supportive and challenging interactions.
What implementation <b>barriers</b> can be identified during the <b>early implementation</b> of SHiFT, and how are these addressed?	<p>Some features of the SHiFT model were potential barriers. The flexibility of the model made it difficult to articulate the ways of working and the added value. Differentiation from other services was not always clear. The development of the Practice Framework and dedicated meetings has brought more clarity to these issues. There are mixed views about the need for more work to specify the model and ways of working, and more explicit description of underpinning theories was sought.</p> <p>Implementation was challenging in Site 1 because of insufficient investment in pre-implementation planning and engagement, together with absences of key managers, staff turnover within the SHiFT (national) team and mobilisation happening at the height of the COVID-19 pandemic. Closer involvement of the SHiFT (national) team and the appointment of new staff members has brought more stability.</p> <p>In Site 2, phased engagement and more involvement of other services and teams in the decision to use SHiFT and in selecting children for SHiFT were helpful. Pre-implementation also needs to include mapping services to review how SHiFT fits and will add value.</p> <p>Insufficient clarity in Site 1 about management lines and responsibilities hindered implementation. This was clarified through discussion and the SHiFT Practice Framework.</p> <p>There were also some challenges arising from lack of preparation of the infrastructure in Host Organisations (policies, processes, systems and resources) to support SHiFT. Early planning was needed but not always undertaken in areas including case recording, review and scrutiny groups, identifying relevant expertise, safeguarding and risk management processes, and out-of-hours working.</p> <p>Given the stage of delivery, the evaluation has not considered implementation barriers and enablers in later periods of the 18-month cycle.</p>
Are <b>adaptations</b> needed to SHiFT to increase its fit with local service conditions – and if so, what adaptations are necessary?	There were no significant suggestions raised in terms of adaptations to the model. The only issue flagged was the need to clarify whether SHiFT Practices would take on statutory duties.

Research question	Finding
Do children and young people supported by SHiFT perceive the intervention as <b>acceptable</b> ?	<p>No child interviews were carried out as part of this phase of the implementation evaluation, so there is no first-hand data on the acceptability of SHiFT from the children's perspectives.</p> <p>Indirect indications of acceptability can be seen in the fact that three children in Site 1 declined the intervention, which translates to an 11% refusal rate. To date, one child in Site 2 has refused support, which translates as 5% refusal rate in this site. The descriptions given by Guides indicate that children are engaging with SHiFT.</p>
Can the selected child <b>outcome measures</b> be administered and routine outcome data collected as <b>intended</b> ?	<p>The collection of the validated outcome scales has been challenging. Less than 50% of children have completed the scales in Site 1, and no children have completed in Site 2, although they are still very early in their engagement of children.</p> <p>Administrative data collection has also been challenging to collate from local record systems. There is substantial missing data and issues with reliability.</p>
What are the <b>barriers</b> to this <b>data collection</b> , and how are they addressed?	<p>Barriers to use of the validated outcome measures include the length of the measures, presentation style and children's fatigue with the assessment process. The decision was made to continue to pilot the measures. Solutions being considered include introducing the tools sooner, reducing data to baseline and endpoint, exploring more child-friendly presentation of the measures and raising awareness of the need for data among staff and children.</p> <p>Barriers to collection of administrative data include the need to collate data from across at least two record systems. Solutions being pursued are clarifying and prioritising administrative data items and aligning with Host Organisation recording and reporting.</p>
What are the <b>trends</b> in routinely collected <b>outcome data</b> for children and young people supported by SHiFT?	Data are insufficient for analysis of trends at this early stage in implementation.

## **Feasibility of SHiFT and recommendations for improvement**

Overall, the evaluation team's judgement, based on the evaluation data, is that SHiFT is feasible for implementation. However, as we have noted, we have not observed a full cycle of SHiFT delivery, and we have not been able to interview children about their experience of SHiFT. The lack of data from children involved in SHiFT needs careful consideration when/if scaling up the intervention to future cohorts.

Since the original draft of this report, SHiFT (national) have devised an immediate six-month plan for internal research and evaluation plus thoughts for longer-term evaluation. These plans echo the evaluator's recommendations and include:

- In-depth interviews with SHiFT children about their experiences of the programme, drawing out insights for practice regarding the most important 'ingredients'
- An initial visualisation of the impact and cost savings SHiFT can potentially offer
- A refined Theory of Change/Logic Model
- An outcome framework grounded in practice and children's experience

We also make the following recommendations for improving implementation in the first two sites and in future sites:

1. Prioritise work, supported by Host Organisations and the evaluation team, to strengthen case recording and monitoring data systems.
2. Consider further work to specify the SHiFT practice model in more detail, without limiting the scope for highly flexible and adaptive work that varies between individual children. This should involve surfacing and describing the underpinning theories and links with effective approaches in youth justice and wider literature and describing key features of the approach such as trauma-informed practice and systemic working. This should be based on discussions with Guides and Host Organisation partners about current strengths and weaknesses in practice and on learning from the experience of delivering SHiFT, and it may be most useful to allow experience to build for a few months first.
3. Ensure that a full programme of training is provided to SHiFT Practices, in collaboration with Host Organisation managers, including ongoing opportunities for reflective learning and shared practice development across sites. Carry out analysis of skills and training needs within the SHiFT Practices and of training available within Host Organisations. For future sites, put in place an expanded induction programme before implementation begins. Further refinement work of the practice model may indicate additional training and skills development needs.

4. Allow more time for pre-implementation planning and preparation and invest more SHiFT (national) time in this, working collaboratively with Host Organisations. SHiFT is intended to constructively disturb and challenge Host Organisations, but this should be intentionally focused on aspects of working that are incompatible with SHiFT and with a child-first approach. There is no value in initiating an intentional disturbance and misalignment, where aligning with the Host Organisation would be a positive aid to the implementation of SHiFT.
5. Consider setting up a specific implementation team within the Host Organisation and identifying champions for SHiFT at multiple levels of responsibility. Key aspects to consider in the pre-implementation stage include:
  - Phased engagement with and mobilisation of organisational and service leaders, managers and staff. Middle managers are key people to involve in initial negotiations and to engage and reengage
  - Analysis of the existing service system and where and how SHiFT can most add value
  - Analysis of the Host Organisation infrastructure of policies, processes, systems and resources and how they can support implementation of SHiFT, including efficient access to relevant administrative datasets
  - Ensuring clarity in management responsibilities and lines of communication
  - Assessing readiness for implementation, analysing potential barriers and enablers of implementation and planning strategies to address them
  - Putting in place data monitoring systems to enable improvements to implementation as well as monitoring outcomes
6. Clarify and gain consensus on whether SHiFT is being tested as an innovation with an approach involving iterative test-and-learn work and co-production with SHiFT Practices and Host Organisations. If this is the intention, it will be important to ensure there are shared expectations, the time and resources for co-production are available and there is a methodology for deciding which features of SHiFT are being tested (and how they are being tested) and how learning will be reviewed. Ideally, include the children involved or eligible to be involved in the programme.
7. Keep under review where SHiFT is best located in a Host Organisation. In the first two sites, SHiFT is within the youth offending service. There are views that it may be better located in adolescent safeguarding/exploitation, leaving care or early help, with a clear remit to work across these and other service areas and to continue work with children in adult services.

8. Agree with Host Organisations the circumstances under which SHiFT Practices will take on statutory work, agree the tasks they should take on and ensure alignment between the SHiFT model and the requirements of this work, and build this into future recruitment and skills development.
9. Take a systemic approach to understanding how SHiFT fits in the existing service system, mapping existing services to identify where and how SHiFT adds value, and clarifying its differentiation from other services. Continue to learn about how SHiFT can work systemically with children and with other professionals.

## **Revisions to the programme model**

No revisions to the SHiFT programme model are proposed at this stage.

## **Strengths and limitations of the evaluation**

The key strengths have been the use of theories and models from implementation science to frame data collection and analysis and the fact that early findings were fed back to SHiFT (national) via regular feedback sessions and fortnightly implementation check-ins. These processes informed continued reflective implementation and influenced the set-up in the second site, especially the increased focus on early engagement and socialisation and the refined scoping process to identify SHiFT children. The use of repeated cycles of qualitative interviewing meant that data collection reflected participants' priorities, perspectives and changes over time.

The key limitations are that the evaluation has not explored the full cycle of delivery of SHiFT and captures the early stages of implementation in Site 2. It has not included interviews with children, quantitative measures with stakeholders or research with wider partners beyond the Host Organisation. There may also be biases and perspectives represented by the staff that chose to take part in the evaluation interviews who may be more supportive of the model, hence the importance to widen the pool of participants as much as is feasible in future evaluations. Very little administrative data were analysed, and it has not been possible to analyse trends in outcome data. Despite the strengths afforded by the rapid feedback of findings to the programme team, this did also impact upon the depth and breadth of the qualitative analysis.

From a research design perspective, the baseline outcome scales were proposed to be collected within the initial three-month period of engagement with the Guides. However, although it was not possible to successfully collect outcome data, future evaluations should

consider whether this approach to baseline collection is the most appropriate given that it could lead to smaller impacts being detected, i.e. collecting the baseline measures after starting SHiFT may be influenced by (any) initial engagement or communication with the Guides, and any measure of impact could be diluted. It is recommended that other alternatives to baseline collection are considered and piloted, e.g. assessing the feasibility of data collection at the point of referral and facilitated by referral partners who have an existing relationship with the young person.

There are further important learnings to take into future evaluations, including the need to negotiate and prioritise interviews with children. Children have a right to be involved in making decisions about their care, and this includes their right to be involved in evaluation interviews to ascertain their views on the support they have received. The SHiFT Practices shared valid concerns around vulnerability and engagement, but this negotiation between evaluator and deliverer is important to explore further in future iterations of the intervention, for example, piloting ways in which SHiFT Guides could help children feel comfortable to engage in research interviews and gain further understanding of any specific concerns around children's involvement in research.

## **Recommendations for future evaluation**

The next steps in evaluation would be to move to a further feasibility study that includes a small pilot evaluation to test the feasibility of randomisation (or other design), trial processes and data collection; to assess the support required by SHiFT (national) and the Host Organisations; to undertake a more rigorous impact evaluation; and to produce early estimates of impact size. We recommend a strong focus on assessing whether it is possible and what it takes to run a trial of SHiFT.

### **A two-site RCT**

The most robust method would be a randomised controlled trial (RCT). Our recommendation is that this should involve establishing a SHiFT Practice in two local areas, each of which would need to recruit 50 children in total. The intervention group (n = 25 in each site) would be offered SHiFT and the control group (n = 25 in each site) would receive services as usual<sup>9</sup>. Given that there are not pre-specified eligibility criteria, eligibility should be defined through the scoping process used in Site 2, with initial identification of children through analysis of agreed data analytics followed by discussion with teams to agree whether SHiFT is suitable for the child and their current practice network. Randomisation would take place *after* this,

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<sup>9</sup> We do not recommend employing a wait-list design due to the length of the SHiFT programme



i.e. once a set of 50 children for whom SHiFT would be suitable has been agreed (to avoid instances of SHiFT withdrawing following early engagement work, which would undermine the comparability of intervention and control groups).

To ensure the trial has the best chance of success, we also recommend that the design includes implementation support to the sites, alongside the input from SHiFT (national) (see previous section on recommendations for improving implementation in future sites).

The recommended sample size for a pilot evaluation is an increase in the number of children identified in the scoping stage, but implementation so far suggests this would be feasible, particularly in a local authority of reasonable size.

If there are significant concerns about randomisation and excluding children who most need SHiFT, it would be possible to exclude from randomisation a small number of children with the highest needs and providing SHiFT to them. However, this group may be the children who stand to benefit most from SHiFT and so could underestimate the potential effect size of the pilot trial.

### **Outcome measures**

SHiFT aims to work with children at the high end of risk and vulnerability, and data completion will be a challenge to address in the pilot trial. Clear expectations need to be set and agreed by the sites, SHiFT Practices and SHiFT (national) from the start and integrated into early planning with the sites. It will be important to test, with a similar group of children and with staff, the acceptability and feasibility of using validated outcome scales and to build in work to address potential difficulties this evaluation has highlighted. This might, for example, influence the selection of measures, child-friendly ways of presenting instruments, possible use of incentives, and training and support for SHiFT Practices. Data collection will be integrated into trial consent procedures. It may be that some services in the pilot sites are already using validated measures as part of their monitoring and evaluation, e.g. the SDQ or WEMWBS, and therefore this may not be as big a barrier as initially anticipated.

In principle, it would be possible to rely on administrative data only to assess primary outcomes in the RCT, assessing top-line descriptive statistics, e.g. change in number of offences, extent of re-engagement with education and employment and entries to the care system. It would probably be feasible to use this design without seeking consent for the RCT from children and families as this information is collected as part of standard care. However, this would not provide a more nuanced assessment of outcomes, such as changes in self-esteem and overall wellbeing and whether aspirations and goals have transformed over the course of the programme. If a trial proceeded with administrative data alone, SHiFT Practices and Host Organisations could continue to collect additional outcome measures for SHiFT children for their own research and evaluation. However, this would weaken the scope to

understand intermediate outcomes, the potential mechanisms of change, and where and how the programme may need to be strengthened to optimise outcomes.

### **Alternatives to an RCT**

Early consultation with Host Organisations and SHiFT (national) is also critical to assess their willingness to take part in an RCT. It is important that sites understand and accept this approach, i.e. that they will not have control over which children receive SHiFT and which do not. If the prospect of randomisation is not acceptable to prospective Host Organisations, then an alternative design to an RCT, which would not involve the randomisation element, is a quasi-experimental design (QED). For this approach, delivery staff would select 25 children to receive SHiFT as per their usual allocation process. These 25 children would then be matched to a similar set of 25 children known to children's services using a propensity score matching technique (PSM). The matching process would be performed using administrative data to match on pre-determined variables, which could include age, gender, ethnicity, care status and youth offending history.

However, if the trial was relying on administrative data only, then there is no real advantage of PSM over an RCT in terms of the ease of data collection. If the pilot included validated outcomes measures, it would still be very challenging to collect data from a comparison group identified via PSM. Furthermore, a QED would not give estimates of impact that are as robust as an RCT, simply because it would not be possible to demonstrate that the comparison group is similar enough to the intervention group on all variables that are predictive of outcomes.

### **Monitoring adherence and contamination**

Regardless of whether an RCT or QED approach was taken, early design work will be needed to establish approaches for assessing whether the work undertaken in each case is consistent with the SHiFT model. This will need to recognise that the SHiFT model is flexible, but it will be important to assess whether what is delivered is consistent with intentions. This could, for example, involve short regular feedback from children and staff, as well as systematic collection of information about casework and how the personalised budgets are being allocated. Future research could also assess the nature of a successful 'hook', e.g. examining the Guides' perceptions of the hooks thematically to explore potential patterns in what works to engage SHiFT children. It will also be necessary to establish treatment as usual through analysis of work undertaken across services with children in the control group.

The scope for contamination should be limited, given that SHiFT is delivered by a dedicated group of staff who would not be working with other children, with a breadth of activities and practices that is outside the remit of other services.

## **Timescales**

In terms of timing, it will be important to allow time for pre-implementation engagement, mobilising and set-up. We recommend that the pilot trial covers a six-month delivery period, with sufficient time (two to three months) allowed for scoping and decisions about which children to include and for completing baseline assessments. Follow-up outcomes data would be collected after each child has received six months of SHiFT support. This would give a total of eight to nine months for data collection. The local Practices would continue to deliver SHiFT past the initial six months and complete the full 18-month programme, but the trial data collection would stop at this point. The pilot would still give some early estimates of impact size, which would then be used in formal power calculations for a full trial. Both for reasons of ethics and cost-effectiveness, we believe it is important to ensure that the programme is trialable and that there is evidence of promise before moving to a longer trial that spans the full delivery period and beyond.

## **Implementation evaluation and cost effectiveness analysis**

Implementation support should be provided by the evaluation team as part of the trial to ensure learning from early implementation is incorporated in preparation for SHiFT and the trial. We recommend an implementation evaluation is undertaken alongside the RCT to continue to understand implementation barriers and enablers and to assess how far SHiFT was implemented successfully as intended. It will be important to include interviews with SHiFT children as part of this. Noting the objections to completing child interviews in the early phases of delivery, these could be scheduled around the mid-point of delivery, i.e. from nine months onwards and once the Guides have built up a sufficiently trusting relationship.

Given that the pilot trial, and this implementation evaluation, will not have covered the full cycle of SHiFT delivery, there may be value in undertaking further research with the current study's two sites to check the programme can be delivered for the full cycle, understand implementation issues in later stages of delivery and particularly transitions at the end of 18 month, and to review trends in outcomes data.

We also recommend that the pilot trial includes a cost effectiveness component, given that the intensity of SHiFT work means the unit (per child) costs are relatively high, e.g. a threshold analysis of the savings that would be required for it to be cost effective and a cost-analysis justification for the £2,000 personal budget per child.

## **Advantages and disadvantages of proceeding to pilot evaluation**

The advantages of proceeding now to a pilot evaluation would be that the feasibility study indicates that SHiFT can be delivered as intended, there is strong support for the model, it is seen as holding promise and a pilot evaluation would accelerate learning about the effectiveness of the SHiFT intervention in an area where it is widely recognised that radical change in approaches and improvement in children's outcomes is needed. A pilot evaluation

would build on the learnings from this feasibility study and maintain existing momentum. SHiFT (national) now has more capacity to support high-quality data collection, and this would be integrated into pre-implementation planning and set-up with the pilot sites from the start.

The disadvantages, or the arguments against proceeding, are that SHiFT has not yet been delivered for a full programme cycle of 18 months. Challenges in data collection in the first two sites have not yet been resolved. The flexibility of the programme will make it challenging to assess adherence and whether it is being delivered as intended, and this will require a high standard of record keeping.

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## Appendix A

Key texts reviewed for the rapid evidence review:

- Adler, J. R., Edwards, S., Scally, M., Gill, D., Puniskis, M. J., Gekoski, A., & Horvath, M. A. (2016). What works in managing young people who offend? A summary of the international evidence, <https://eprints.mdx.ac.uk/18848/>
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## Appendix B

### CEI SHiFT Implementation Interview Guide (IIG)

#### Introductory notes

The Interview Guide sets out the key issues for exploration and links them with the research questions and key implementation constructs. The guide will be used in a highly adapted way with different stakeholders and at different points in time. It will be used to build up a picture across time and across different stakeholder groups of implementation requirements, barriers, and enablers.

Construct/topic	Questions & Prompts	
<b>Role and involvement in SHiFT</b>	<p>First, I would like to ask you a few questions about your role(s) in your organisation(s), as it/they relate(s) to SHiFT.</p> <p>What is your job title and the organisation you work for? <i>If not obvious:</i> What is the work of the organization and how does it connect with SHiFT?</p> <ul style="list-style-type: none"> <li>- <i>How long have you been in the role?</i></li> </ul> <p>What are your main responsibilities in relation to SHiFT and associated work?</p>	
Outcome/CFIR Domain	Operational Definition	Questions & Prompts
<b>Acceptability/ Programme characteristics</b>	<p>Acceptability is the perception that a programme is agreeable, palatable, or satisfactory.</p> <p>Programme characteristics are key attributes or features of SHiFT model that influence adoption and implementation</p>	<p>Why did your organisation get involved with SHiFT? What <b><u>aspects of your work and aims</u></b> did you see it connecting with?</p> <p>What <b><u>features of SHiFT motivated you</u></b> to get involved?</p> <p><b>Prompt:</b> <i>Fit with what had been identified as needed internally; strength of evidence (e.g., Pause and intensive case management programmes); differentiation from or fit with usual ways of working; challenges locally in working with vulnerable young people that SHiFT is designed to address; diversionary/preventive rather than punitive etc.</i></p>
<b>Implementation processes</b>	The work involved to prepare for, take on and deliver SHiFT	<p>What has been involved so far in <b><u>setting up and implementing</u></b> SHiFT?</p> <p><b>Prompt as appropriate</b></p> <ul style="list-style-type: none"> <li>- <i>Training and ongoing support for practitioners</i></li> <li>- <i>Engaging children and families</i></li> <li>- <i>Engaging stakeholders</i></li> <li>- <i>Accessing or changing financing</i></li> <li>- <i>Changing infrastructure: roles, physical premises, equipment</i></li> <li>- <i>Adapting and tailoring</i></li> <li>- <i>Evaluating and refining</i></li> </ul> <p>What has helped implementation to <b>go smoothly</b>? What <b>barriers to implementation</b> have you encountered so far? How (and how well) have these been addressed?</p> <p>What <b>stage in implementation</b> do you feel you are at? How complete, stable, and secure is implementation?</p>
<b>Programme characteristics</b>	<p>Programme characteristics are key attributes or features of SHiFT model that influence adoption and implementation eg:</p> <ul style="list-style-type: none"> <li>- Source, evidence strength</li> <li>- Relative advantage</li> <li>- Complexity, adaptability</li> </ul>	<p>What <b><u>features of SHiFT</u></b> have enabled implementation and how? What <b><u>features of SHiFT</u></b> have made it challenging or need to be attended to?</p> <p><b>Prompt with domains below</b></p>

<b>Individual characteristics</b>	Individual characteristics of staff involved include - Knowledge/understanding - Experience - Beliefs/attitudes - Individual propensity/willingness for change	What <b>attributes of the individuals involved in SHiFT</b> have enabled implementation and how? What <b>attributes of staff involved in SHiFT</b> have made it harder to implement it or need to be attended to?  <i><b>Prompt:</b> fit of SHiFT with staff attitudes, values, skills, roles, ways of working, caseloads</i>
<b>Inner (organisation) setting</b>	Features of the organisation that influence implementation include: - Structure - Goals - Culture - Networks - Climate	What aspects of <b>your organisation</b> have enabled implementation of SHiFT and how? What aspects of <b>your organisation</b> have made it harder to implement SHiFT or need to be attended to?  <i><b>Prompt:</b> fit of SHiFT with priorities, values, capabilities, systems etc.</i>  How well integrated is SHiFT with the other work of your organisation? What are the implications of this? Is further work needed here?
<b>Wider setting</b>	Features of the wider system that influence implementation include: - Community needs - Policies - External incentives	What aspects of the <b>wider system</b> have enabled implementation of SHiFT and how? What aspects of the <b>wider system</b> have made it harder to implement SHiFT or need to be attended to?  <i><b>Prompt:</b> fit with other systems (youth justice, education, social care, housing etc), fit with families' needs or wider community, fit with policies and regulation</i>
<b>Acceptability</b>	Acceptability is the perception that a programme is agreeable, palatable or satisfactory.	Overall how <b>acceptable</b> would you say SHiFT is:  - To <b>your organisation</b> and <b>your staff</b> : do you and they believe in SHiFT?  - To the <b>children and young people</b> you work with: do they think it's the right approach? Do you and your staff think it's the right approach for them?  - To your <b>wider partners and stakeholders</b> : do they believe in and support SHiFT?  <i><b>Prompt:</b> implications, any future work needed</i>
<b>Feasibility</b>	Feasibility is the perception that a programme can be successfully carried out and is easy, convenient, and possible to implement given existing resources and context.	Overall how <b>feasible</b> would you say SHiFT is as an approach  - For your organization and staff  - For your key partners  - For the wider system  What is the <b>biggest challenge</b> to feasibility you face? (why/how overcome)  What has <b>gone more smoothly</b> than you expected?

<b>Adaptation</b>	To review adaptations made or perceived as needed	<p>What if any <b><u>adaptations</u></b> have you made to the SHiFT model?</p> <p>What if any adaptations do you think are needed?</p> <p>Do you feel like you have had enough flexibility or the ability to change aspects of SHiFT to work well at your site?</p> <ul style="list-style-type: none"> <li>- Why or why not?</li> <li>- What about SHiFT is flexible, not sufficiently flexible</li> </ul>
<b>Data collection</b>	In some interviews we will review and problem solve data collection and review what the data is showing so far	<p>What has been involved in setting up the <b><u>data collection</u></b>?</p> <p>What stage are you now at? Is data being collected? Are there any challenges or blockages?</p> <p>What is the data showing so far? What questions is it raising?</p>
<b>Other Questions/final</b>		<p>What do you <b><u>wish you had known or done sooner or differently</u></b>?</p> <p>What would you highlight if you were <b><u>advising another Local Authority area</u></b> (YOT team, or other stakeholder) in implementing SHiFT?</p> <p>Is there <b><u>anything else</u></b> about the implementation of SHiFT that you'd like to mention or expand upon?</p>





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