



## CONTENTS

2	Foreword
4	The social context
8	Overview
9	The Essex SIB structure and investors
12	Essex perspective
16	Multi-systemic Therapy – an overview
18	Referral mechanism
19	Tracking and payment mechanism
22	Action for Children
24	Case study: John
25	Case study: Sam
27	Life as an MST therapist
32	Lessons learned
35	Looking forward
37	About the authors

In the first year of the Essex  
Edge of Care Social Impact Bond,  
there were:

75 referrals to the service

50 cases opened

24 MST cases completed

19 children who remained  
with family at home

3 outcomes payments to  
investors confirmed



## FOREWORD

It has been enormously exciting to work on the Essex Social Impact Bond which funds the Multi-systemic Therapy service for adolescents on the edge of care. I am proud of what we have achieved to date.

We have finished the first year in a strong position. The delivery teams are well embedded in the local services environment, young people and their families are engaged with the service and we have already confirmed three outcomes' payments which reflect early positive impact. Our strong working relationships with both Action for Children, our service delivery partners, and Social Finance, who is managing the SIB, give me great confidence in our ability to continue delivering a high quality service to Essex's vulnerable young people.

We have had to learn quickly and adapt the service to make sure we are achieving the desired impact. Due to delayed starts for both teams, we have remodelled our caseload assumptions, and Social Finance and Action for Children have worked together to build plans for generating the required referrals and case volumes. We have also seen the staff turnover commonly experienced within MST teams, and so strived to understand how best to support our teams and account for this in operational planning.

As we move into the second year of the service, we move from the start-up phase to steady-state operations. As more and more cases close, we will shift our focus onto monitoring both the care days saved and wider outcomes and assessing how we can adjust our service to improve these for young people and their families.

We recently held a One Year On Event involving Action for Children, Essex County Council, Social Finance and investors in the Social Impact Bond (SIB) to reflect on the previous year. One of the most striking

reflections from the day was the strength of the relationships which have been built over the past year. Since this was the first SIB launched in a local authority, we were unsure whether the social motivation of the investors in the programme would be recognised. It was therefore hugely encouraging to hear the confidence in the service and its governance expressed by everyone at the event, and the quality and transparency of dialogue between the different parties.

As a Board, we have always been entirely clear with our investors and staff that if the best interests of the young people who engage in the service were ever to come into conflict with the interests of the investors, then the needs of the young people would always come first. It is with this ethos that we will continue overseeing the programme.

**David Burnett**  
***Chairman of Essex Social Impact Bond***  
***Children's Support Services Limited***

# 1 The social context

There were over 68,000 looked after children (children in care) in England in 2013, a 12% rise since 2009. Children over the age of ten make up 56% of this total.

Much has been done to reduce the gap in attainment between looked after children and all young people, and there have been some improvements in recent years. The gap is still large however, and outcomes for looked after children remain poor:

- Only 15% attain 5 or more A\*–C or equivalent GCSEs including English and Maths, compared to 58% of non-looked after children
- 6.2% of 10–17 year old looked after children were convicted or subject to a final warning or reprimand for the year ending March 2013, compared to 1.5% of all 10–17 years olds in the year before
- 67.8% have special educational needs, compared to 18.8% of all children
- 3.5% are identified as having a substance misuse problem, rising to 10.5% of 16 and 17 year olds
- Over half of all looked after children have emotional and behavioural difficulties

## ESSEX

Once a child in Essex, aged 11–16, goes into care, it is likely they will spend more than 80% of the rest of their childhood in care.

When initial feasibility work was undertaken in Essex, there were 1,600 looked after children. This number had been growing by around 28% over the previous five years. Given the average costs of care range from approximately £40,000–£200,000 p.a. per child, depending on the type of care placement, this represents a significant cost to Essex County Council. More importantly, staying in care is associated with poor outcomes for the children in areas such as education, offending and wellbeing.

### Percentage of children entering care who are aged ten or over



In Essex, as in many English local authorities, 10–17 year olds remain the largest age group to be looked after, representing approximately 50% of all looked after children. This proportion has been increasing in Essex over the last few years, whereas it has been declining at a national level.

The high level of need, high cost, and poor outcomes for this group led Essex to consider services which shifted towards prevention by building family strengths and resilience which in turn would reduce future dependence and demand.







## 2 Overview

The Essex Edge of Care Social Impact Bond (SIB) was contracted by Essex County Council (ECC) to provide therapeutic support and improve outcomes for adolescents at risk of going into care.

Eight investors provided a total commitment of £3.1m to fund for five and a half years an intervention which would support 11–17 year olds who are at risk of entering care or custody. The financial return for these investors is linked to the success of the programme in helping children remain out of care and safely at home with their families.

The national children's charity Action for Children was selected to deliver the funded intervention, Multi-Systemic Therapy (MST), an intensive evidence-based family therapy. The service aims to work with 380 young people over five and a half years. We hope to divert approximately 100 young people from entering care, with investor returns determined by the reduction in days spent in care amongst the service users compared to a historical baseline. Essex County Council repays investors if these outcomes are achieved. Investor capital is entirely at risk.

As with other Social Impact Bonds, this service places emphasis on outcomes measurement and using performance management to drive continual improvement. Rather than taking a snapshot of the outcomes for the young person immediately after the conclusion of the intervention, progress of the child is tracked for a total of 30 months from the point of engagement with MST.

Focusing on the number of care days saved as opposed to a binary measure of whether a young person has gone into care or not means that the service is incentivised to work with even the most challenging of cases. Wider outcomes such as the rate of offending, educational outcomes and emotional wellbeing are also being monitored in order to understand the broader impact of the service.

## 3 The Essex SIB structure and investors

Whilst much of the Social Impact Bond structure is similar to other SIBs, the Essex SIB includes a number of distinctive features:

### FIRST SOCIAL IMPACT BOND COMMISSIONED BY A LOCAL AUTHORITY

Essex County Council did not offer an MST service prior to the implementation of the Social Impact Bond. This funding structure offered Essex the opportunity to target investment into a preventative intervention to support a group with complex needs which, more often than not, placed a great strain on the care system, and in doing so deliver direct financial savings. The skill, knowledge and evidence built up from the programme may also support the embedding of MST into the local authority for the long term.

### RECYCLED PAYMENTS

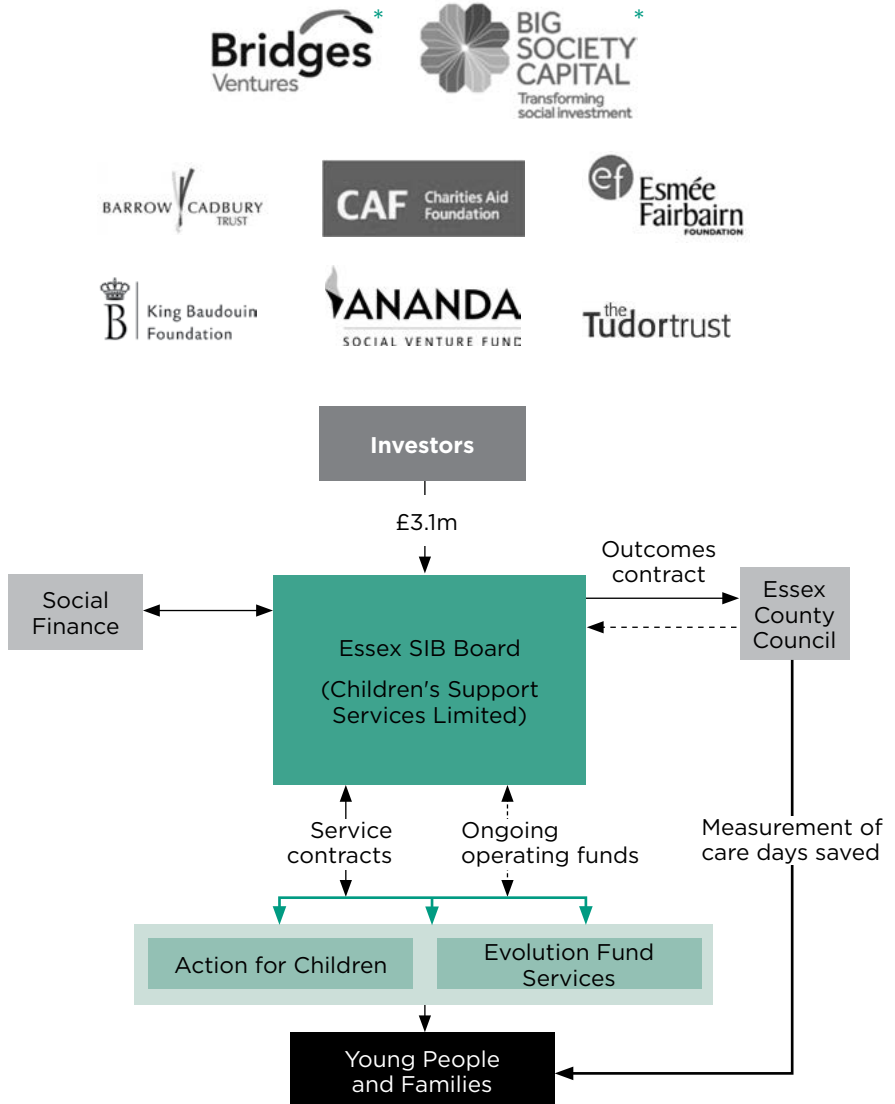
In the Essex SIB, outcome payments are made from the first year on so that the programme is cost-efficient for Essex County Council and investors can recycle their payments to pay for the ongoing MST service. Through a series of quarterly assessments of outcomes, investors also have a much clearer idea early on of the success of the programme, and therefore have more time to adapt the service delivery model if required.

### SERVICE FLEXIBILITY

Incorporated into the budget of the Essex SIB is an Evolution Fund, a discretionary and flexible resource that will be used to sustain the positive outcomes of the MST intervention for families. This is a unique resource which gives the Essex service the ability to address in a more practical way the individual needs of a young person and their family, and thereby improve the chances of achieving sustainable impact.

## INVESTORS

The Essex SIB was funded by eight investors from the UK, Belgium, and Germany.



\* Represented on the Essex SIB board

AT BRIDGES WE BELIEVE THAT  
CONTRACTS WHERE COMMISSIONERS  
PAY FOR SOCIAL OUTCOMES  
(INSTEAD OF PROCESS INPUTS) CAN  
DELIVER BETTER OUTCOMES FOR  
YOUNG PEOPLE. A YEAR ON, WE  
ARE DELIGHTED TO SEE THAT THIS  
STRUCTURE IS ALREADY DRIVING  
SUPERIOR OUTCOMES FOR THE  
CHILDREN AND FAMILIES IN ESSEX

Andrew Levitt, Non-Executive Director,  
Children's Support Services Limited.  
Investment Director, Bridges Ventures Social Sector Funds.

## 4 Essex perspective

We are impressed and pleased with the way that the MST service has embedded itself in the Essex services environment. Based on the progress and outcomes achieved in the first year of service we have every confidence that it will continue to be a success.

Essex is a large and culturally diverse county, with very different demographics between districts. Long term trends such as educational changes, increases in domestic violence and substance misuse, and people moving from metropolitan areas with very different expectations of service provision have made for an increasingly complex population. On top of this, Local Authorities have been looking to reduce the number of inappropriate care placements by improving their intensive family support. Back in 2011, when discussions about launching a SIB first started, Essex Children's Services was in a challenging position, compounded by unfavourable Ofsted inspection reports. It was clear that new approaches were required to service provision. Essex had developed a successful in-house evidence-based programme, D-BIT, to work with children on the edge of care, but budgetary constraints limited the ability to commission additional services. It was in this environment that Essex developed the first Social Impact Bond commissioned by a Local Authority.

Whilst there were initial some reservations about how the service would fit in, these fears were quickly proved unfounded, largely due to collaborative approach taken by Action for Children, Social Finance and ECC operational staff to ensure professional integrity in the service – vital with this type of funding structure. In particular, the huge amount of engagement made by the MST Supervisors has helped overcome questions of the ability of MST to navigate around existing services. In the first few months of the service there were challenges with the referrals coming through to the service as MST was seen as a last-line defence as opposed to an early intervention. However, persistent engagement has helped to build understanding of the service amongst Social Workers, which has allowed more of the right cases to be referred.

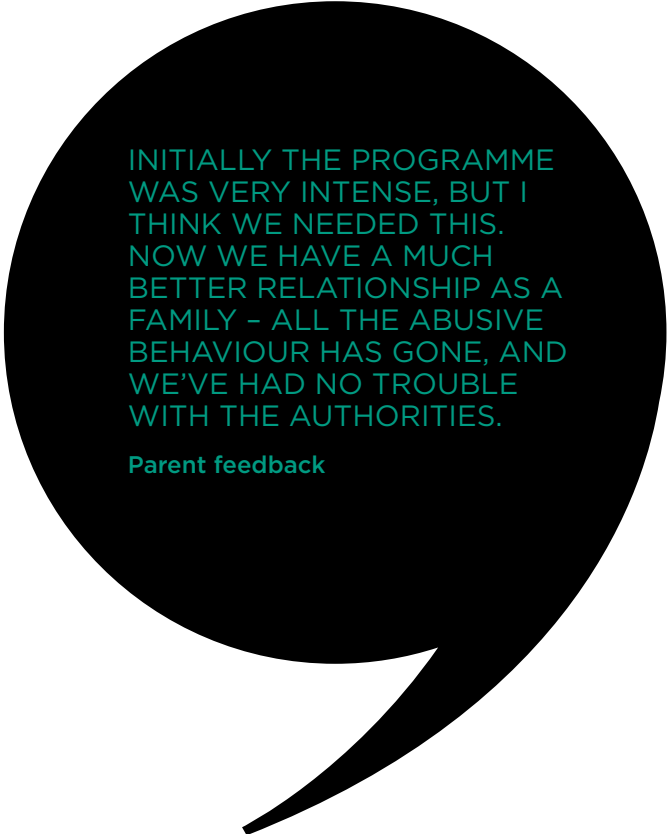
We have also learnt some really important lessons from the process of setting up this SIB and its first year of service delivery. For example, involving operations early on in the SIB development can help ensure that what is being designed on paper is practically implementable on

the ground. Similarly, it quickly becomes apparent how important clear definitions and protocols for data management and sharing are.

Building on the lessons we have learned, and acknowledging that it is still early days for the service, we are pleased with the progress so far.

**Tanya Gillett**

***Head of the Youth Offending Services,  
Essex County Council***



INITIALLY THE PROGRAMME  
WAS VERY INTENSE, BUT I  
THINK WE NEEDED THIS.  
NOW WE HAVE A MUCH  
BETTER RELATIONSHIP AS A  
FAMILY - ALL THE ABUSIVE  
BEHAVIOUR HAS GONE, AND  
WE'VE HAD NO TROUBLE  
WITH THE AUTHORITIES.

**Parent feedback**





## 5 Multi-systemic Therapy – an overview

Multi-systemic Therapy (MST) is an intensive evidence-based therapeutic treatment which aims to promote positive social behaviours in adolescents who demonstrate significant behavioural issues and are at risk of out-of-home placement.

The therapists work with family members and carers to give them the confidence and skills to manage the young person more effectively. With the family, they develop treatment plans designed to target specific problems and break negative cycles, focusing on positive behaviours and strengths of the individual and family to encourage long-lasting change.

Therapy sessions with the young person and their family are delivered in the home, reducing barriers to service access. However, the whole environment of the young person is considered as part of MST, including school, family, peers, and community. Therapists engage with participants outside of the young person's home to improve behaviours across all aspects of their individual environment.

### MST THERAPIST

**24 / 7** therapist availability

**4 - 6** cases per therapist at a time

**4.5 month** average treatment



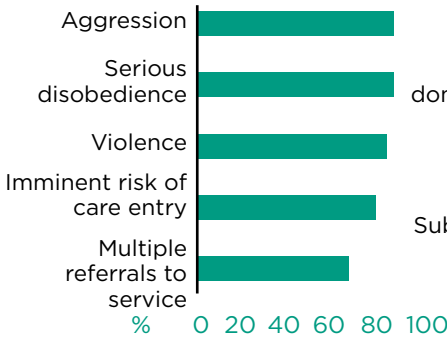
MST has a global footprint – more than 500 teams in 14 countries working with over 23,000 families per year. It was first established in the UK in 2001 and there are now over 35 teams in operation. Therapists undergo intensive training and are supported by weekly consultations with an MST expert, and the service is underpinned by a rigorous assessment of adherence to the treatment model and the outcomes achieved.

### MST IN ESSEX

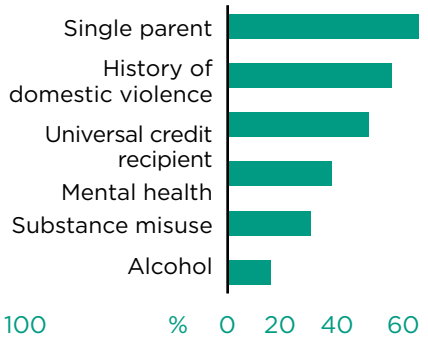
The MST service in Essex targets adolescents aged 11–17 who display anti-social or offending behaviour or other conduct disorders that put them at risk of an out-of-home placement.

Individuals referred to the MST service in Essex typically exhibit multiple high risk characteristics such as aggression, criminal behaviour, violence, and imminent risk of care entry. There are often common themes across families referred.

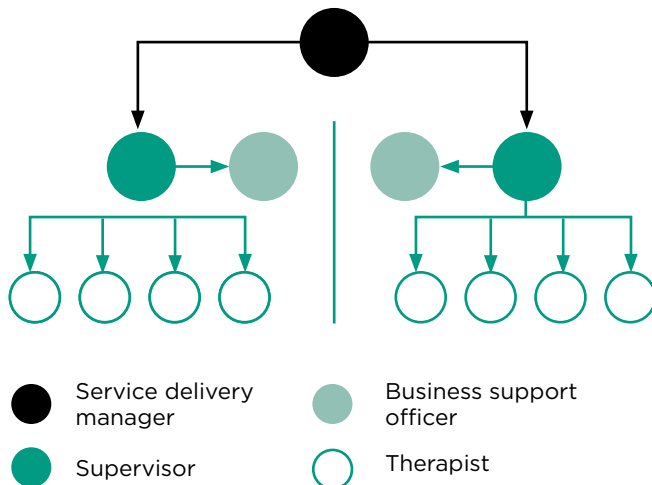
Top five referral criteria of open cases



Family profile characteristics



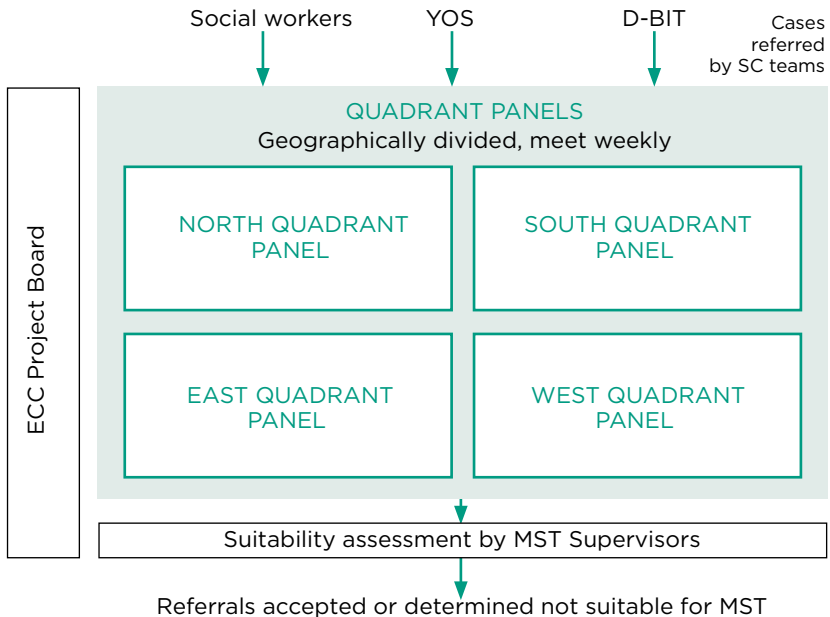
The Essex SIB is delivered by two teams of four therapists, each managed by a supervisor and supported by a business support officer. The overall service is overseen by a service delivery manager from Action for Children.



# 6 Referral mechanism

As MST is one of the external services delivered by ECC Children's Social Care, a crucial element of the project was establishing the referral mechanism for the SIB and ensuring that this remained independent. The service is therefore not susceptible to a perverse incentive not to refer a child to the care system if this was the appropriate course of action.

- 1 Referrals to the Essex SIB can come either directly from Social Workers, Youth Offending Services (YOS), D-BIT or other services.
- 2 Referrals are reviewed by Essex Children's Social Care Quadrant Panels, which have responsibility for allocating resources to meet the needs of the young people referred. As the gatekeepers to the service, the Quadrant Panels provide an independent assessment of which cases are suitable for MST.
- 3 The MST supervisors have final responsibility for discussing and accepting referrals endorsed by the Quadrant Panels.
- 4 The Essex County Council Project Board oversees the process to ensure the operating principles are adhered to.



# 7 Tracking and payment mechanism

The main aim of the outcome payments mechanism is to improve parenting skills of parents and carers which in turn impacts the behaviour of the adolescents so that they do not become looked after or the amount of time they spend in care is reduced.

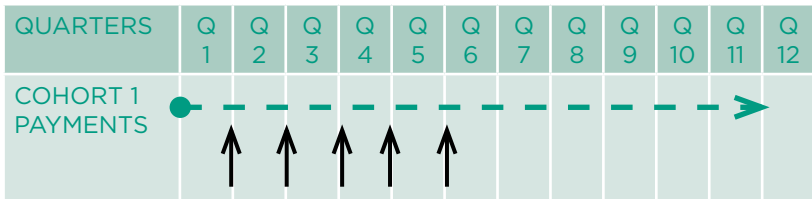
The primary outcome metric on which success is measured is the aggregate number of “care placement days saved” against a baseline historical comparison group. The payment mechanism reflects savings across a typical child’s care journey.

Payment is based as far as possible on observed days spent out of care. This is then compared to what would be expected without MST in place. Any improvement generates outcome payments.

Young people are tracked for 30 months – two and a half years – post referral into the MST service. Outcomes are measured quarterly to generate small regular outcome payments, rather than waiting for a bullet payment at the end of the programme.

Wider child and family outcome metrics are collected across the 30 month tracking period to reflect wider wellbeing. These include education, offending and emotional wellbeing outcomes

## Essex tracking and payment process



--- ➔ Period of time over which care days is tracked (Quarterly)

↑ Outcome measurement which generates payment

There are a number of reasons for using this measure of success and the tracking and payment mechanism described:

- The use of a frequency metric rather than a binary one encourages the service to work with all cases, and reduces perverse incentives to keep individuals out of care (where this is the best option);
- Each individual is tracked over a 30-month period to measure days spent in care, thereby providing incentives for sustained success in reducing care, not just for the initial period post MST intervention;
- The 30-month tracking period for individuals both in the comparison group and in MST cohorts helps ensure that ECC is paying out as much on observed impact as possible, and reduces the likelihood that ECC pays for days out of care which would have occurred regardless of whether or not MST was provided;
- “Care placement days saved” represents cashable cost savings to ECC; and
- The timeline for outcome payments is designed so that payments are made as soon as possible, allowing early outcome payments to be “recycled” to fund the SIB intervention in later years.



  
action for  
children

## 8 Action for Children

Action for Children is proud to have delivered two Multi-Systemic Therapy (MST) teams as part of the world's first Social Impact Bond to fund children's services.

We have campaigned long and hard for longer-term contracts and outcomes-based commissioning so that we can provide longer-term services without the interruptions caused by regular tendering exercises. A Social Impact Bond provided us with opportunity to achieve just this.

The measures of success are defined in terms of children's well-being and particularly in relation to educational outcomes and care status while the contract can run for five years.

At the same time, we are conscious of an on-going agenda of reducing national debt through public expenditure restrictions. The need for social investment is all the greater to ensure our on-going ability to improve the lives of children and is one of our key strategies for the future.

We are really pleased with the results which we have achieved in the first year. In our first year, we worked on 50 cases with young people and their families. Through our services we:

- Reduced physical and verbal aggression
- Reduced fire setting incidents
- Reduced damage to property
- Increased school attendance and positive behaviours at school
- Built an age-appropriate peer group
- Reduced smoking and drug taking
- Reduced inappropriate sexualised behaviour
- Enabled young people to remain within their family environment

The services are increasingly valued by other professionals working in Essex and have given hope both to young people and families and other professionals about finding effective solutions for this group of service users.



We have learned to adapt to working with more stakeholders than normal – we have good working relationships with the local authority, Social Finance, CSSL which was set up to oversee arrangements and with investors. We have learned the significance of a greater focus on data collection and analysis than is usually the case in the sector.

We have been reassured by the unflinching commitment of investors and all parties in improving the lives of young people as the first and foremost consideration.

We look forward to continuing to provide services to young people and families in Essex. We are also pursuing plans to provide MST and other evidence-based programmes for young people and to achieve the funding of these through social investment. The scale of financial savings available is second only to the improved outcomes achievable for these young people and their families. With the savings, we hope to help local authorities to be able to concentrate more focus on preventing crisis through effective early help schemes.

**David Derbyshire**  
***Director of Practice Improvement,***  
***Action for Children***



## JOHN

When John\* was referred to the MST service at the age of 13, he was at high risk of care or custody for a number of reasons: assaulting a teacher and three years of school absence; daily cannabis misuse; association with drug dealers and members of the English Defence League; and threatening family and neighbours with knives and swords.

John's family were unable to provide him with the structure and care that he needed. His mother, who has ongoing alcohol dependency issues, was balancing the need to manage his behaviour with looking after his severely autistic younger brother. His step-father, part of the local travelling community, was largely absent.

When the MST therapist started working with the family and the initial hurdle of engaging with them was overcome, the first priority for the therapist was to put in place a safety plan due to the risk of physical aggression and access to weapons. As part of this, the mother now does a daily check for weapons and drugs, and has established a de-escalation plan for difficult situations.

Additionally, the therapist and mother have worked together on setting boundaries and encouraging positive interactions with John. Putting incentives and consequences in place have been particularly effective in getting John back into school, and multi-agency involvement has proved invaluable in supporting this.

Simple changes in the mother's parenting style, such as giving clear and consistent expectations, and committing to spend at least 30 minutes a day with John and have led to great improvements in their relationship and in John's behaviour over the last few months. He has not taken drugs or been aggressive in the community, has stopped hanging out with antisocial peers, and has taken up a positive activity, fishing.

*John is due to finish the MST intervention shortly, and there are currently no plans for him to enter care.*

\* Names have been changed



## SAM

Sam\* is an 11 year old boy living with his mother. He was initially referred to MST for a variety of reasons including verbal and physical aggression, poor school attendance, mugging another pupil, and anti-social behaviour such as smashing windows.

The mother initially found it difficult to work alongside another person in her home, as she was used to raising Sam on her own as a single parent. However she soon established a high level of trust with the therapist as she began to see the value of additional support and another perspective.

When the therapist and mother began working together, Sam's peer group was identified as a driver of his anti-social behaviour, and so they started by establishing which individuals were a bad influence. This allowed Sam's mother to exert more influence over his peer group. Although this was not popular at first, Sam soon noticed the positive effect this had on his behaviour and is now independently choosing to associate with peers who don't get in trouble. No issues of anti-social behaviour have since come up, and he has also started engaging with positive activities such as football and the army cadets.

The therapist helped the mother to develop a time management system so that she can keep better track of where Sam is and give him clear expectations. This has particularly helped with his school attendance, and over the last few weeks he has not had any unauthorised absences. It has also had a knock-on effect on his behaviour in school, and, with the therapist's support, relations with the school have become much more positive and Sam is no longer at risk of another exclusion.

*Sam has remained at home with his family since finishing the programme.*

\* Names have been changed



## 9 Life as an MST therapist

When starting as an MST therapist I was immediately struck by the direct, practical application of the intervention. Having previously worked as a psychotherapist in schools, prisons, and substance misuse settings, I have often found that clients show signs of adapting their behaviour in the structured setting of individual or group counselling but lapse again when they go back to their less structured day-to-day environment.

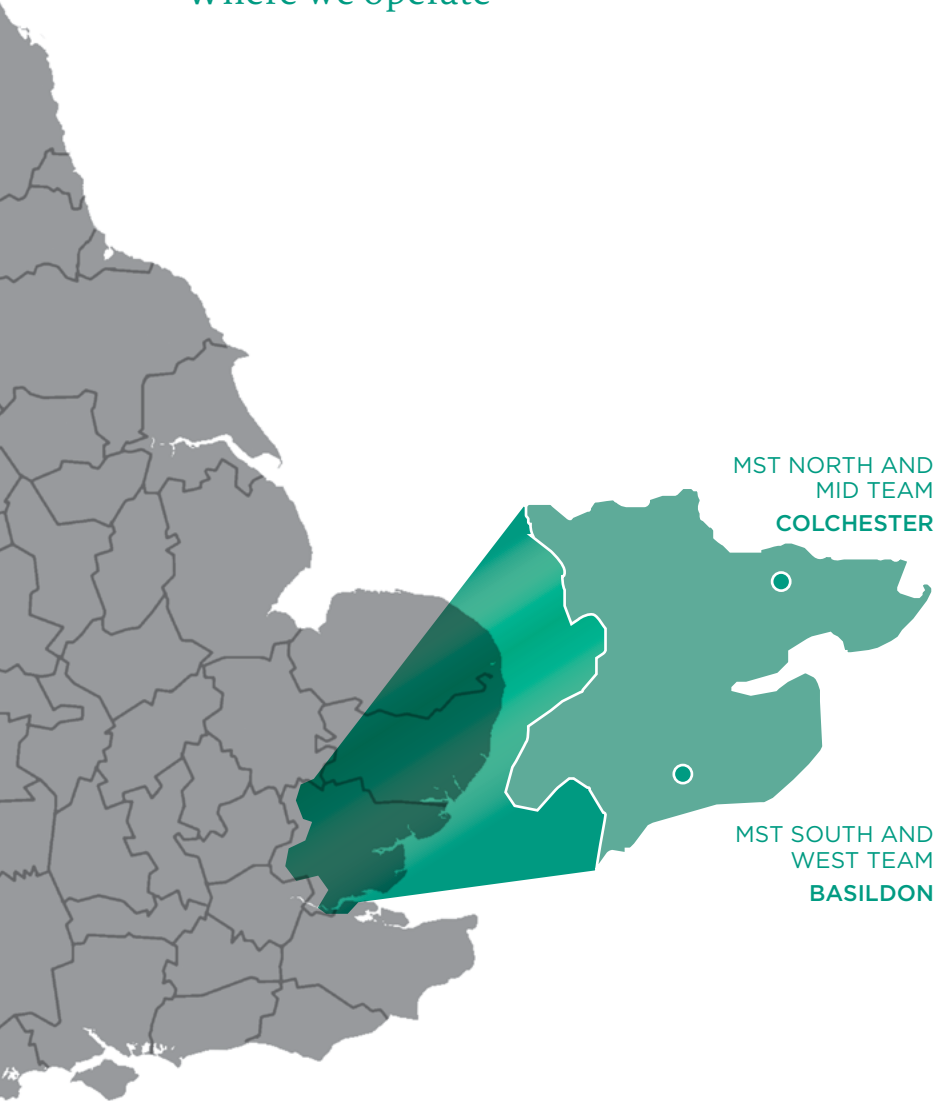
Working in the family home, as you do with MST, is different. You get to see the challenges that the family are facing first-hand, and help them manage them as they arise. For example, I was recently in a therapy session when I observed the young person being disrespectful to her mother. Through role-play and direct intervention I was able to help the mother drop her anxiety and frustration and resolve the situation calmly. It is this kind of at-home support which gives parents the confidence to change their parenting style.

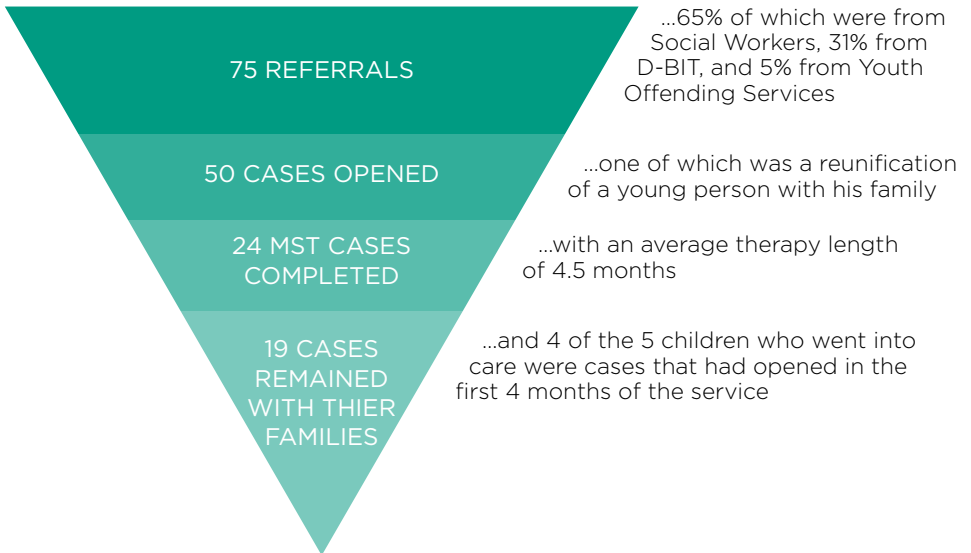
One of the biggest challenges with MST is getting the family to trust and open up to you. It is an intensive intervention and many families initially see it as intrusive, especially if they have had negative experiences with other services. I have often been told to leave the home, and once had to make an exit when subjected to physical aggression by the young person. But one of my favourite aspects of the job is seeing the attitudes and engagement of families change as they see that MST's focus on collaboration and working together is different to what they are used to. Given that MST is a voluntary service, I feel privileged and honoured with each family that lets me into their lives.

Being an MST therapist requires flexibility, an open mind, a non-judgemental attitude, and a great deal of persistence. It undoubtedly has its challenges, but the opportunity to meet new families and help them lead more stable, supportive lives together makes it worth it.

**Rose Amado-Taylor**  
*MST Therapist, Essex North & Mid Team*

## Where we operate





## Of the 50 cases which opened in the first year of the service:

**10** children had previously been in care, for an average of 810 days each

**23**

children had prior offences, with an average 4.4 offences each

**90%**

scored as having 'abnormal' behaviour as rated by Strengths and Difficulties Questionnaire, a brief behavioural screening questionnaire for 3-16 year olds, compared to approximately 10% of national samples

**3x**

more likely to have free school meals than the wider Essex population

**4x**

more likely to have a Statement of Educational Needs



ESSEX IS LEADING THE WAY IN USING OUTCOMES-BASED FINANCE MODELS TO ENABLE INNOVATION AND IMPROVEMENT IN CHILDREN'S SERVICES.

AS A RESULT, NOT ONLY ARE WE SEEING FEWER VULNERABLE YOUNG PEOPLE ENDING UP IN CARE OR IN PRISON, BUT WE ARE ALSO LEARNING VALUABLE LESSONS ABOUT WHAT DOES AND DOESN'T WORK IN THE DESIGN AND STRUCTURE OF SOCIAL IMPACT BONDS.

THIS WILL HAVE WIDE RANGING IMPLICATIONS FOR CHARITIES, COMMISSIONERS AND SOCIAL INVESTORS IN THE FUTURE.

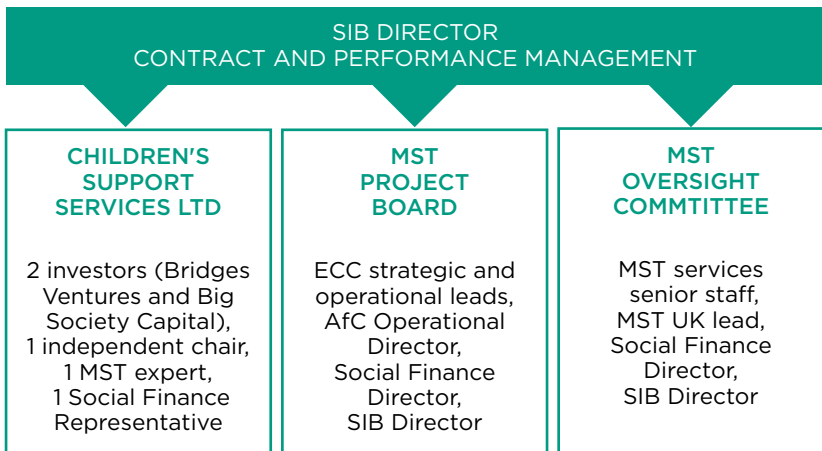
Nick O'Donohoe, Chief Executive, Big Society Capital

# IO Lessons learned

## GOVERNANCE AND SCRUTINY

As SIBs put a much greater emphasis on measuring outcomes achieved than traditional contracts or grants, it is essential that data is at the centre of the governance process. Data collection has proven to be challenging due to the level of detail and accuracy required for measurement purposes. However, the establishment of a robust data recording process, independently managed by Social Finance, has improved the quality of this over the year, and to date there has been agreement between Essex and the Social Impact Bond Board on each calculated outcomes payment. Additionally, data has provided a strong foundation for forecasting future operational performance for both Action for Children and the Board.

The Social Finance SIB Director role has been critical in underpinning the governance of the service, in particular by bridging relationships between commissioners, investors and delivery organisations. A range of project boards and oversight committees give the service a high level of scrutiny to ensure that the service is working in the best interests of the young people it engages. In particular, having a range of perspectives and backgrounds represented on the Board has been highly beneficial.



### STAFF TURNOVER

By nature MST is intensive – therapists are put in challenging situations and are accessible 24 / 7 by the young person and their families. This means that it is common to see a relatively high staff turnover within MST teams, as there has been in Essex. Due to the small size of each team, this has the potential to be disruptive to service delivery and can be compounded by absences such as sick or annual leave.

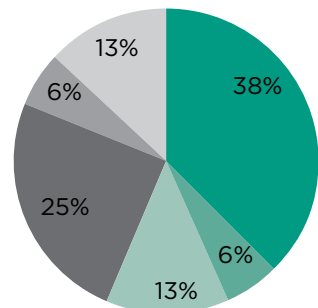
In order to support staff and prevent them being overworked, the SIB Board monitors and reviews caseload per therapist and out of hours contact time on a monthly basis which allows quick assessment of capacity issues.

### REFERRAL PATHWAYS


A priority for the SIB is to ensure the quantity and quality of referrals coming through for the service. This requires close partnership and continued engagement with staff across Essex and in particular social workers to build an awareness and understanding of the service and which cases are best suited for it.

#### Reasons for referrals being deemed inappropriate

- Not living at home
- Case closed to social care
- Lack of engagement
- Behaviours not suitable
- Placed in care
- Gone to alternative service



One of the initial challenges of the service was that it was viewed and used as a crisis prevention service, whereby cases on the brink of entering care were opened. The severity of these cases turned out to be unsuitable for the preventative intervention focus of MST. As a result, four of the five adolescents who entered care in the first year of the programme were ones which opened in the first four months of the service.



AT FIRST I WAS SCEPTICAL  
ABOUT MST, BUT VERY  
QUICKLY AFTER STARTING  
THE PROGRAMME I REALLY  
SAW AN IMPROVEMENT IN  
AARON'S BEHAVIOUR.

Parent feedback

The ongoing performance management has allowed early identification of trends in referrals by geography and the reasons for rejection, meaning that stakeholder engagement plans by the service can be adapted quickly. Having built up a greater understanding in the local services environment, the MST service is now working with more of the cases that are likely to benefit most from it, with fewer referrals being turned away because they are considered unsuitable.

## II Looking forward

The Essex SIB has had a promising first year which has concentrated on operational set-up and embedding the service in the local services environment. In the second year and beyond we expect there to be some new areas of increased importance.

### FOCUS ON PRIMARY AND WIDER OUTCOMES

Initial assessments of the primary outcome of care days saved are positive, as demonstrated by the three outcomes payments confirmed in the first year of the service. As the volume of case closures increases, there will be increasing analysis of the outcomes achieved by different young people over the tracking period, and ways in which the service can be adapted to improve. Additionally, the service will continue to monitor a range of wider outcomes which, whilst not linked to payments or investor returns, will be used to evaluate the success of the service in improving the wellbeing of the young people. Wider outcomes which will be monitored and evaluated include:

- Youth offending records pre, during and post MST
- Educational attendance and where possible attainment
- Family outcomes, indicating 'distance travelled' by the family
- Satisfaction with the service as measured by qualitative family feedback post intervention
- Psychological wellbeing, measured through the Strengths and Difficulties Questionnaire completed by the young person and their carer pre- and post-intervention

## EVOLUTION FUND

The Evolution Fund is a flexible resource, unique to this SIB, which offers tailored step-down support post-MST in order to achieve maximum impact and sustain the positive outcomes of the MST intervention for families.

As a part of the Evolution Fund, the Flexible Fund will come into effect in the second year of the service. This is a financial resource that can be used to provide additional services and support to families, tailored to their specific needs in line with the goals identified as part of the MST intervention. Examples of potential applications include pro-social activities such as music lessons for the young person and the provision of equipment or tickets which encourage positive family interactions such as camping equipment for family holidays.



## About the authors

### **Beth Green, SIB Director**

Beth is an Associate Director at Social Finance, having joined the team in November 2013. Her work is focussed around improving outcomes for vulnerable children and young people.

Beth previously worked at The Children's Society, one of the UK's leading children's charities as an Assistant Operations and Business Development Director. There she was responsible for a portfolio of programmes including Children's Centres and Early Years, Family Support, Drug and Alcohol Services, Refugee Programmes, Sexual Exploitation and Missing from Home Services. Beth is a Clore Social Fellow and has a BSc in Maths from Bristol University and an MBA from Cranfield.

### **Nick Matthews, Performance Management Analyst**

Nick joined Social Finance in March 2014 and since starting has worked on the performance management of the Essex Edge of Care Social Impact Bond. He has also worked on the development of SIBs to reduce youth unemployment and the structuring of Community Energy projects.

Prior to joining Social Finance, Nick trained as a management consultant at PwC for two years where he specialised in operations and performance management, and at University set up and ran a student volunteering project with the Son-Rise Program, a home-based and parent-directed program for autistic children. He holds a BSc in Natural Sciences from Durham University.









#### **Disclaimer and Terms of Use**

This report is not an offering of any Notes for Sale and is provided by Social Finance solely for information purposes.

Neither Social Finance nor any of their respective affiliates, directors, officers, employees or agents makes any express or implied representation, warranty or undertaking with respect to this Document, and none of them accepts any responsibility or liability as to its accuracy or completeness. Social Finance has not assumed any responsibility for independent verification of the information contained herein or otherwise made available in connection to the Document.

**The text in this Document may be reproduced free of charge providing that it is reproduced accurately and not used in a misleading context. The material must be acknowledged as Social Finance copyright and the title of the document be specified.**



WE BELIEVE THAT  
IF SOCIAL PROBLEMS  
ARE TO BE TACKLED  
SUCCESSFULLY, THE  
ORGANISATIONS SEEKING  
TO SOLVE THEM NEED  
SUSTAINABLE REVENUES  
AND INVESTMENT TO  
INNOVATE AND GROW.

Our role is to devise the financial structures and raise the capital to enable this to happen.

Social Finance injects market principles into funding in a way that stands or falls on results – both social and financial. We support social organisations to raise and deploy capital; we work with government to deliver social change; and we develop social investment markets and opportunities.

Now more than ever, there is a pressing need to harness social investment to make a long-term difference to society.

This is our ambition.

**Social Finance Ltd**

131–151 Great Titchfield Street  
London, W1W 5BB  
T +44 (0)20 7667 6370  
[info@socialfinance.org.uk](mailto:info@socialfinance.org.uk)  
[www.socialfinance.org.uk](http://www.socialfinance.org.uk)

© Social Finance 2014  
Social Finance is authorised and regulated  
by the Financial Conduct Authority  
FCA No: 497568