Centre for Homelessness Impact

The Impacts of the Mockingbird Family Model on Homelessness for Young People Leaving Care

An Evaluation Using Matching and Difference-in-Differences

Michael Sanders, Kira Ewanich, Julia Ellingwood, Dr Vanessa Picker and Vanessa Hirneis



In Brief:

What we found:

Previous evaluations of Mockingbird found some positive impacts on care leavers' outcomes such as peer relationships and foster carer retention, but remained inconclusive in others such as educational attainment and transitions to permanence.

This evaluation found some evidence that Local Authorities implementing Mockingbird saw an increase in the number of care leavers experiencing homelessness, at least in the short term.

The exact level of the increase is not precisely calculated by our evaluation, but the signs are consistent across a number of approaches.

We hypothesize that the process of setting up Mockingbird could have drawn resources away from other areas, which might have led to this temporary increase in the number of care leavers experiencing homelessness. However, this explanation is highly speculative.

Recommendations:

What we recommend:

Local authorities be mindful of this potential risk, and that support for care leavers should be reinforced.

Further research should look at the longer term effects of Mockingbird following larger scale rollouts, including the hypothesis that its set-up might draw resources away from other areas.

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About the Centre for Homelessness Impact

The Centre for Homelessness Impact champions the creation and use of better evidence for a world without homelessness. Our mission is to improve the lives of those experiencing homelessness by ensuring that policy, practice and funding decisions are underpinned by reliable evidence.

About the Policy Institute at King's

The Policy Institute is based at King's College London, an internationally renowned University based in the heart of London. We work to combine the rigour of academia with the practical implications of a think tank and the nimbleness of a consultancy. As we have mixed methods expertise, our research draws on many disciplines and methods, making use of the skills, expertise and resources of the Institute, as well as the university and its wider network. We work across the following seven key research areas, many of which overlap with our **Staying Put evaluation**: 1) trust, facts and democracy; 2) communities and opportunity; 3) health systems and delivery; 4) the value of evidence; 5) cities, growth and innovation; 6) children and young people; and 7) defence and security policy. Within the Policy Institute, the Experimental Government Team is deeply passionate and highly motivated about using innovation, experimentation, and data-driven measurement to help create a fairer society for all.

Person-first language
This report uses person-first language, putting a person before their circumstances. This is to avoid defining an individual by homelessness, which should be a temporary experience.

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About this series of studies on care leavers

This study is one of a series of quasi-experimental evaluations focused on analysing the effectiveness of interventions for care leavers which may plausibly have an impact on homelessness. This evaluation work seeks to address the paucity of evidence-based interventions (and dearth of robust impact evaluations) focused on improving housing outcomes for young care leavers, a cohort known to experience poor outcomes compared to their peers.

Through this work, which has been funded by the UK Cabinet Office, we are seeking to evaluate existing interventions which may have influenced housing outcomes, and to identify more interventions to test and potentially scale up. We have focused on interventions in the children's social care domain, particularly those funded through the Children's Social Care innovation programme waves 1 and 2. The project, as a whole, seeks to address calls, in the existing literature, for more impact evaluations of housing interventions, for young care leavers.

We previously published the results of our **Lifelong Links evaluation**, identifying a 10% reduction in the risk of a young care leaver being owed a homeless prevention or relief duty. Following on from this publication, **DfE** announced £30 million to support the expansion of Lifelong Links by local authorities. We have also published an **evaluation of Staying Put**, an intervention to allow young care leavers to remain with their foster carers, which found a significant reduction in homelessness risk for young people in those local authorities that made wider use of the intervention. We will, in the future, also be evaluating the Bradford B model, as noted in our pre-specified research protocol, published on the **Open Science Framework**.

We intend to then progress to an additional suite of evaluations, which will focus on investigating interventions to reduce homelessness among care leavers in Greater Manchester. We will evaluate the following interventions: 1) Housing First; 2) A Bed Every Night; and 3) The Young Persons Prevention Pathfinder.

Acknowledgements

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Executive Summary: Evaluation of Mockingbird

Background

Young people leaving care can experience multiple sources of vulnerability, yet often lack vital support, at a crucial transitional period[1]. While young care leavers are at a significantly higher risk of homelessness than their peers who have not experienced care, there remains a paucity of studies which have quantitatively assessed interventions aimed at reducing this risk. The quality of existing studies has been critiqued[2]; and many have not analysed housing outcomes into adulthood[3], despite the fact that homelessness is considered a critical issue to address in this context[4] and a range of interventions have been introduced in the UK, which may have impacted housing outcomes. While this has made it difficult to recommend one particular approach for improving housing outcomes for care leavers, there are some approaches which hold promise and should be further explored. For example, ensuring that young care leavers have access to a stable family home is vital and aligned to calls in the existing evidence, to ensure that care leavers have a gradual, rather than accelerated, transition to adulthood.

This report forms a part of a wider project focused on understanding how to reduce homelessness for young people leaving care. At the outset of the project, evaluations from the Children's Social Care Innovation Programme were reviewed to identify projects where a reduction in homelessness among care leavers was a plausible potential outcome, and where the independent evaluator agreed with this characterisation. The Mockingbird Family Model, which expands and enhances the social network of young people in care was selected as one intervention to be evaluated

Mockingbird exemplifies a policy shift designed to establish a stronger, broader, and more diverse social network for young people in foster care throughout their childhood. Moreover, this initiative is postulated to result in better outcomes during both childhood and adulthood.

Understanding the impact of the Mockingbird Family Model on housing outcomes — specifically the likelihood that a young person leaving care is owed either a homelessness prevention or relief duty — is the purpose of this evaluation. Specifically, to identify causal impacts, we assess the number of young people in a local authority who are owed a prevention or relief duty and who are identified as being care leavers in a given local authority in a given year.



About Mockingbird

The Mockingbird Family Model (MFM) is delivered in the UK by The Fostering Network, a charity that supports foster carers. The model aims to change the structure of fostering services, by creating a 'hub and spoke' model of foster carers, where a hub foster carer can offer support for the network of foster carers around them. This aims to create an 'extended family' network for young people in care — giving them somewhere to go if they have a disagreement with their foster carers, allowing them to be part of a wider network of young people in care, and meaning that even after they leave care they have a wider network of relationships that they could turn to for support.

Methods and findings

This evaluation uses a combination of coarsened exact matching and difference in differences. First, local authorities which made use of the Mockingbird Family Model as a part of the Children's Social Care Innovation Programme are matched to local authorities which do not make use of the intervention, but which are statistically similar in terms of their children's social care system and underlying levels of homelessness. Second, the differences in outcomes in these two groups of local authorities are compared before, and after the implementation of Mockingbird. For additional robustness we make use of a triple differences approach in which the outcomes for a cohort within the same local authorities, subject to the same housing market but not eligible for Mockingbird Family Model — older adults — are additionally compared.

We find statistically significant increases in young people being owed a homelessness prevention or relief duty after the intervention was introduced in their local authority. This effect is the equivalent of an increase of 6 care leavers being owed a prevention of relief duty, or a rise of 61%. This finding is robust to specifications, and to all attempts to invalidate the results, although the magnitude of the effect is more variable depending on the approach taken analytically. Reflecting the challenging nature of these findings, they have been subject to additional robustness checks. This includes changing the assumed start date of Mockingbird to reflect the time and effort taken to set the programme up- that is, assuming a later start than the 'official' start date. This analysis reduces the negative effect estimated, suggesting again that negative effects may be short-lived. These effects need to be placed into the context of other benefits from Mockingbird identified by local authorities and other evaluations.

Recommendations

The nature of the Mockingbird Family Model and the timing of our evaluation does not suggest that it increases the risk of homelessness for those young people involved in it, but rather suggests that the increase in care leavers facing homelessness is concentrated in other young care leavers in those local authorities. The negative effect appears to decline over time, suggesting that the impact may be temporary, and this should be considered in future research. This in turn implies that Mockingbird delivery, and in particular its setup, might draw attention and resources away from other important activities undertaken by the local authority, in particular fostering and leaving care teams. We recommend first that local authorities and central government consider carefully any trade-offs when thinking about implementing Mockingbird, particularly under circumstances of fiscal tightening. We also recommend that further qualitative research is commissioned to try and uncover the mechanisms behind the effects we have identified.



Introduction

Conventional wisdom in children's social care is that relationships, above all, are key to the success of young people. This includes relationships within the family; relationships with trusted professionals; and for young people in care, relationships with their foster carers and the other professionals in their lives.

The deterioration of these relationships when young people leave care and transition to a more independent or interdependent life in young adulthood, is thought to contribute to the fact that young people leaving care are considered among the most vulnerable in society, and are at risk of substantial negative outcomes. It is hoped that by increasing the number of relationships that young people have, at the same time as increasing their strength, some of these outcomes can be prevented.

Examples of the outcome domains in which care leavers experience poor outcomes compared to their peers include homelessness[5], substance abuse[6], low educational attainment[7], poor mental and physical health[8], and unemployment[9]. The poor outcomes experienced by care leavers may be linked to pre-existing psychological and/or developmental problems, along with trauma experienced prior to or whilst in care. They are often exacerbated by a lack of support at a vital time, with many facing an accelerated, rather than gradual transition to independence[10].

While outcomes differ across a wide array of policy areas, homelessness is widely regarded as a prominent domain to address, particularly as housing outcomes significantly impact upon outcomes in other areas, such as health and employment[11]. Existing studies have underscored the need for an "urgent research agenda" focused on addressing housing and homelessness issues for this cohort[12].

Data quality and availability, regarding the correlation of care experience and homelessness, remains mixed. Regardless, multiple studies have provided insights on the prevalence of the problem, for example, with the then Ministry of Housing, Communities & Local Government (2018) noting that approximately 10% of people sleeping rough in London in 2018 were in care as a child[13]. Additionally, the charity Centrepoint highlighted that 26% of young people leaving care had 'sofa surfed' and 14% had slept on the street[14].

Young people who have not experienced care can typically draw upon support from their families as they navigate the pivotal transition to adulthood, whereas young people transitioning from out-of-home-care (OOHC) often lack the equivalent support and have insufficient life skills, knowledge and/or training to transition to independent living[15]. As some forms of institutional support are withdrawn at the age of 18, in England, the type and amount of support provided to this vulnerable cohort is not sufficient for preventing adverse outcomes[16]. Although the responsibility of the state to

their wards extends until the age of 25, the extent of this support is reduced compared to when they were children in care[17]. Consequently, the transition to independence is often accelerated, rather than gradual, despite the evidence base highlighting that it is important for this to be a gradual process[18].

There are various reasons as to why young people in care are a particularly vulnerable cohort upon entering care and why their poor outcomes are often exacerbated by the care system. The most common reason for a child to be removed from their home and placed into the care system is due to abuse and/or neglect[19]. This underscores the fact that the majority of the young people taken into care in England have experienced substantial hardship and trauma in their life prior to entering the care system[20] and are thus already highly vulnerable. Upon entering a highly complex, underfunded system, they often receive varying quality and levels of care, while too often confronting systematic inequality in accessing vital support from the wider system[21]. Existing studies have highlighted that the vast majority report having a small support network and higher levels of stress and chronic loneliness than their peers, highlighting the importance of interventions aimed at enhancing the level of support available, particularly at vital transition points[22]. Additionally, while in care, young people tend to experience substantial instability, with one third of young people in care experiencing more than one placement per year, in England[23]. Concerningly, those who tend to experience more placement breakdowns (with a significant toll on their mental health), are typically the young people with the most severe psychological difficulties[24].

Poor psychological outcomes for children in care are thus very common; for example, with one survey of over 1,000 children looked after by local authorities in Britain, finding they were five times more likely to meet criteria for a psychiatric disorder compared with their peers[25]. Ultimately, the care system itself often inflicts further harm on young people, rather than preventing further hardship, thus meaning that care leavers are particularly vulnerable and in need of enhanced support, to navigate the often turbulent transition to adulthood and independent living[26].

Various policies and interventions have been introduced in the UK, across many years, to address the issues and barriers highlighted above. Yet, just as there are data limitations in regards to the correlation of care experience and homelessness, significant data limitations have been highlighted in regards to the impact of interventions aimed at reducing homelessness for young care leavers. The underdeveloped evidence base has made it difficult to recommend a particular approach to improving housing outcomes for care leavers, although some recent studies have identified promising results[27]. The approach of extending care appears aligned to the evidence base, which has led to calls for bolstered support for young care leavers transitioning to adulthood[28]. However, more rigorous effectiveness research is required for this intervention type, a gap which this study aims to fill.

In order to identify interventions that were plausible candidates for this evaluation, we first reviewed the 94 published evaluation reports from the multiple rounds of the Children's Social Care Innovation programme. This review focused on interventions where;

- There was a theory of change within the evaluation that suggested homelessness might be reduced by the intervention
- Delivered at sufficient scale that they could be suitable for evaluation
- Where intervention local authorities were identified in the evaluation

Having undertaken this review, we identified several interventions that were target candidates, we then spoke with the interventions' original evaluators to gather their reflections on whether the intervention might have an effect on homelessness. Mockingbird was selected on the basis that it aimed to increase social capital of young people in care through broadening their networks of foster carers, and anecdotal experience of professionals indicating that they thought this might be a long term consequence.

About the Mockingbird Family Model

The intervention being evaluated is the Mockingbird Family Model, an intervention in which foster carers are grouped together into a 'constellation' of foster carers to provide an 'extended family' to young people in care; to provide foster carers with more support; and to enhance and expand the social networks of young people in care. Mockingbird is described in further detail using the TIDieR framework in Table 1.

Table 1: TIDieR framework — overview of Mockingbird

Item No	Item
Brief name	
1	Mockingbird Family Model
Why	
2	Burnout and turnover are high among foster carers, who often do not have access to the same familial support networks that birth parents benefit from. Similarly, young people growing up in care do not experience the breadth of social networks that might be available to their peers. These factors contribute to higher placement instability, less social support, and worse outcomes for care leavers. The Mockingbird Family Model aims to address these challenges by grouping foster households into 'constellations', and providing them with support from a 'hub' home, which is operated by an experienced foster carer.
What	
3 (materials)	There are no specific materials relevant to this intervention except for training delivered to foster carers.

Item No	Item
4 (procedures)	The Fostering Network leads the national implementation of Mockingbird, and is responsible for activities including providing guidance for fostering services, delivering training, holding events, and collating data. The fostering agency leads the local implementation, and is responsible for recruitment, launching constellations, and managing the constellations operational policies. The hub home carers lead activities in their designated constellation, and are responsible for hosting sleepovers, taking over care duties for short breaks, running monthly social activities, supporting and training for foster carers, and helping sustain birth family relations for children and young people.
Who provided	
5	Within local authorities delivering Mockingbird, a constellation of foster carers is identified, with a hub foster carer, who is more experienced, at its centre. The decision of who to include considers factors such as geographical proximity; appropriateness of the foster carers to take part; and that the hub foster carer must have sufficient space, in the form of a spare room for example, to be able to provide respite.
How	
6	The project activities are typically carried out in person at a group level (e.g. constellation meetings, social activities, and sleepovers). Individual support is also provided for young people or foster carers on a needs basis.
Where	
7	The Mockingbird Family Model was originally developed in the United States, and is presently being implemented across England, Wales, and Scotland as well as Canada, Japan, Australia, and New Zealand. Project activities are delivered in foster carer homes, hub carer homes, or the fostering service agency.
When and how much	
8	The Mockingbird model was first administered in the UK in 2014. The focus of this study is the larger scale roll out of Mockingbird that was announced in 2016, and which began in 2017. As of January 2023, there are 117 Mockingbird constellations within 62 fostering services active in the UK. Mockingbird activities, such as meeting and social outings, are typically held on a monthly basis.

Item No	Item
Tailoring	
9	Within the fidelity framework, Mockingbird can be tailored to the needs of the young people and foster carers in the constellation. This includes adaptations such as providing support in times of allegations or bereavement, involving young people in residential homes or young people who have transitioned to permanency outside of foster care, and including more components of the foster service, such as attachment work, in project activities.
Modifications	
10*	During Covid-19, Mockingbird activities and meetings were delivered online, however, since March 2022, most project activities have transitioned back to in-person implementation.
How well	
11	The Fostering Network uses a Fidelity Assessment Form to certify the fidelity of new sites and conduct ongoing fidelity reviews. If they assess that model fidelity is not upheld and adaptations cannot be made, constellations are closed down.
12	In a programme evaluation of Mockingbird conducted in 2020[29], the Department of Education found that implementation of the programme widely varied across the 12 evaluated sites. Shared prerequisites to successful implementation included buy-in from all staff and stakeholders, reliable hub carers, a diverse mix of children and young people in constellations, and ongoing support from the Fostering Network. Difficulty in upholding fidelity emerged due to the creation of single-focused constellations (e.g. adopter-only) and circumstances when hub carers did not have the required amount of spare beds or when foster carers requested sleepovers for long periods.

The Mockingbird Family Model is delivered in the UK by The Fostering Network, a charity that supports foster carers. The model aims to change the structure of fostering services, by creating a 'hub and spoke' model of foster carers, where a hub foster carer can offer support for the network of foster carers around them. This aims to create an 'extended family' network for young people in care — giving them somewhere to go if they have a disagreement with their foster carers, allowing them to be part of a wider network of young people in care, and meaning that even after they leave care they are able to maintain relationships with the wider network.

An initial high-quality quasi-experimental evaluation of this intervention in the UK had positive but inconclusive findings[30] [31], and a second, larger evaluation[32] was ceased due to insufficient statistical power. In discussion with the original evaluators, we hypothesise that the intervention would support young people to establish longer term connections between networks of foster carers and young people. These networks could support them to have some of the same opportunities for support and housing in the event that they were at risk of homelessness that other young people have from their extended birth families.

The Mockingbird Family Model was developed in the United States by the Mockingbird Society. The model aims to group foster carers into 'constellations' of six to 10 foster carers, who can act as support for each other. In the initial UK pilot funded through the Department for Education's Innovation Programme, The Fostering Network, who hold the licence to administer the intervention in the UK, aimed to launch the Mockingbird Family Model in six top-tier English local authorities and one independent fostering agency (IFA)- this is the first 'wave' of Mockingbird sites, which launched in 2015. The second 'wave', which ran from 2017 to 2020, was part of a follow-on funding from the Innovation Programme, and funded an additional six local authorities and another IFA. Finally, a third wave, starting in 2019, was funded through the Supporting Families, Investing in Practice programme, which funded rollout to an additional 11 local authorities

These are summarised below:

Wave 1 began in September 2015 and included:

- Doncaster Children's Trust, Greenwich, Heath Farm (IFA), Leeds, Oxfordshire, Stockport, and Tower Hamlets.

Wave 2 ran from 2017 to 2020, working with the original 7 partners, with the inclusion of 5 new partners (in bold):

- Barking and Dagenham, Doncaster Children's Trust, Fostering People (IFA), Greenwich, Heath Farm (IFA), Hertfordshire, Leeds, North Yorkshire, Oxfordshire, Stockport, Suffolk, and Tower Hamlets.

Wave 3 ran from 2019 onwards, through Supporting Families, Investing in Practice (end of 2019 onwards) and included an additional 11 areas

- Barnsley, Cheshire East, Sheffield, South Tyneside, Wakefield, Warrington, Together4Children Regional Permanency Partnership (Shropshire, Staffordshire, Stoke-on-Trent, Telford and Wrekin)[33]



The same constellation model was developed in the UK, with each constellation having a 'hub', led by an experienced foster carer.

This hub provides support through:

- Planned and emergency respite care, including daytime care, sleepovers and short breaks
- Regular constellation meetings and activities
- Learning and development for foster carers
- Informal one-to-one advice and support
- Support for the maintenance of birth family relationships
- Support for transitions into permanence

The extent to which each of these activities takes place varies according to the needs of the foster carers within the constellation. Through these activities, MFM aims to:

- Increase the stability of foster care placements
- Create stronger birth family and sibling relationships
- Increase reunification with birth families
- Improve transitions to permanence options
- Increase the number of relationships with trusted adults experienced by young people in care
- Improved educational attainment of young people in care
- Increase connectedness, and reduce stress and turnover experienced by foster carers[34]

It should be noted that the start of constellations coming on stream in local authorities occurred one year prior to the Homelessness Reduction Act, which came into force in 2018. The act increased the number of people eligible for support by local authorities to prevent or relieve homelessness.

Methods

This study employs a quasi-experimental design, which combines a number of approaches, reflecting the complexity of the context, intervention and outcomes. We make use of a dataset generated from a combination of national and local datasets developed and designed during this project's protocolisation phase, which was published on the Open Science Framework[35]. Our main outcome measure is the number of young people in a local authority who are owed a prevention or relief duty and who are identified as being care leavers in a given local authority in a given year. Our primary outcome measure is the number of care leavers owed a homelessness duty aged 18–20. This outcome is selected as these are the young care leavers likely to be most affected by the intervention during the time period covered by our data.

We make use primarily of publicly available data published by the UK government, which is detailed in our protocol document. This data reports the number of care leavers who are owed a prevention or relief duty for homelessness. Prior to 2018, this data was not broken down in such a way as to allow us to identify the number of older care leavers (above 20 years old), who are owed a prevention or relief duty. As outlined in the protocol, these missing values are backwards imputed for the years for which data are missing. All of our results are robust to changes in the way that this missing data is handled, including null imputation, which sacrifices explanatory power while reducing the number of assumptions being made. Although this data is published quarterly, it is subject to censoring rules that means that when the number of people in a group is fewer than five, it is censored to zero. To avoid this skewing our data, we use annual data where the risk of censoring is much lower.

To maximise the robustness of our evaluation, we make use of two analytical approaches: coarsened exact matching — to identify local authorities that are most similar to those that took up Mockingbird, and difference-in-differences, to control for any time invariant differences between local authorities that are not mitigated by matching.

We take an iterative approach to matching. There is a trade off faced in matching between the "quality" of a match — that is, the number of variables on which treated units are matched, and hence the level of similarity of the matched groups — and the number of matches that are possible. Prioritising the former means that the quality of causal identification is higher, while prioritising the latter increases the statistical power of analysis. Most common (non-CEM) matching approaches require that researchers make decisions about the exclusion of values outside of the range of common support prior to conducting matching[36], using one of several methods (e.g. Heckman[37], 1997) — although Lacus et al (2012)[38] note that this step is not undertaken in much published work in this area. Coarsened exact matching does not require this 'trimming' as a first step, with it occurring automatically within the matching process. Nonetheless, we must select how many, and which, variables to include when conducting a match.

The more variables we choose (conditional on the coarsening algorithm), the fewer, but better matches we will achieve. This trade-off is particularly acute when we have a finite number of both treated and counterfactual units. Best practice for the use of a propensity score match (for example) requires the researcher to match, test for balance, and rematch (possibly several times) — see e.g. Crump et al (2009)[39]. There are two comparable 'best practice' approaches suggested by the analysis of Latus et al (2012)[40]. The first is to gradually increase the extent of coarsening as far as we are "comfortable" (p23), and the second is to reduce the constraint imposed by the number of variables, similarly until we arrive at a level of comfort. We take the latter approach, and iterate the matching process to achieve the best possible match (conditional on our data quality) for each treated unit.

To do this, we start with the broadest set of variables for matching (achieving the fewest, highest quality matches), and then gradually contract this set, for those units that are not yet matched. In doing so, we allow most, if not all, treated units to be matched, without compromising the match quality for those units for whom a better match is possible. We must choose how many rounds of iteration we will undertake, and select three as a number likely to yield many matches without reducing the quality of the matches to too great an extent. We recognise that this decision is, necessarily, largely arbitrary. We display the results of each stage of matching and the matches overall in our protocol, and in Table 1A in the Appendices. Full code and analytical output have been published as Stata Do Files and Log Files and can be found on GitHub[41].

Our analysis follows a matched difference in difference approach, in which the level of the outcome measure prior to the launch of the intervention is controlled for, allowing for us to control for any time invariant differences between local authorities, whether they are observed or unobservable.

Results

Primary analysis

Our primary analysis considers the effect of Mockingbird on the number (count) of young care leavers aged 18-20 owed a prevention or relief duty for homelessness in a given year. Our main analytical approach, following our published protocol, is a difference in differences approach.

Mockingbird was rolled out in three Waves as we have described above - one in 2015, one in 2017, and one in 2019.

Wave 1 predates the dataset used in our evaluation, and so is not included in the evaluation.

Wave 2 occurred after the beginning of the dataset. We exclude them because the timing only gives us one year of pre-treatment data; and because of other funding was awarded to several of the Wave 2 local authorities at the same time involved through other Innovation Programme projects and the Partners in Practice programme. Because IFAs are not tied to a particular local authority, it is also harder to identify which local authorities' young people were treated.

As such, our analysis only considers the effects of **Wave 3**, which was the largest wave.

This is a deviation from our original research protocol, which indicated that we would evaluate wave 2, when in fact we have evaluated wave 3. This error was made due to changing evaluation plans during the initial phase of the evaluation, and staff turnover at the evaluator . The protocol incorrectly stated that Local Authorities in the third wave started in 2017 when they in fact started in 2019. This was due to an error drafting the protocol. This has been corrected in the analysis, but the protocol itself was not updated. Upon further investigation, we can confirm that the right Local Authorities have been included for Wave 3 and that matching was conducted on the basis of pre-2019 data.

The regression table below shows the results of our primary analysis. This analysis consists of four models of increasing complexity. The first is a fixed effects regression of the outcome measure on whether or not a local authority has Mockingbird active in the period in question. This does not account for time trends, but does account for baseline levels of the outcome measure in each local authority through the fixed effects, and as such is equivalent to a 'standard' difference in difference model. Model 2 includes a time trend (in years), which accounts for time linearly as well as the dichotomous distinction within local authorities and their matched comparators as to when the intervention started. Models 3 and 4 take a triple differences approach, in the first by including homelessness among older people as a covariate, and the second including homelessness among older care leavers aged 21 and above. In all models, the coefficient on "Mockingbird" is the estimated treatment effect - in columns 1 and 2, this is the DID coefficient, while in columns 3 and 4 it is the triple differences coefficient.

Table 2: Fixed effects regression of effects of the Mockingbird Family Model on absolute number of 18–20 year olds owed a homelessness prevention or relief duty, all Wave 2 Matches

	(1)	(2)	(3)	(4)
Mockingbird	9.087***	4.148	3.736	4.739*
	[2.248]	[2.218]	[2.102]	[1.951]
Time trend		1.646***	1.086***	1.086***
		[0.235]	[0.239]	[0.221]
Old aged			0.432***	0.315***
			[0.0681]	[0.0649]
Older care leavers				0.343***
				[0.0454]
Constant	7.095***	2.276*	1.181	-2.172*
	[0.596]	[0.885]	[0.855]	[0.908]
N	411	411	411	411

Standard errors in brackets
* p < 0.05, ** p < 0.01, *** p < 0.001

Table 3, shown below, modifies the models in table 2, to include an interaction term between the year that a datapoint relates to and the intervention. This aims to capture whether the intervention might have a 'bedding in' period and become more effective over time.

Table 3: Fixed effects regression of effects of the Mockingbird Family Model on absolute number of 18–20 year olds owed a homelessness prevention or relief duty, with interaction effects

	(1)	(2)	(3)
Mockingbird	4.003	3.695	2.687
	[3.228]	[3.057]	[2.831]
Time trend	1.640***	1.084***	1.000***
	[0.255]	[0.257]	[0.238]
Mockingbird x Time trend	0.0409	0.0116	0.582
	[0.659]	[0.624]	[0.582]
Old aged		0.432***	0.313***
		[0.0682]	[0.0650]
Older care leavers			0.349***
			[0.0457]
Constant	2.294*	1.186	-1.974*
	[0.932]	[0.899]	[0.929]
N	411	411	411

Standard errors in brackets
* p < 0.05, ** p < 0.01, *** p < 0.001

The findings presented in table 2 and 3 are challenging, and difficult to reconcile with the intended effects of the Mockingbird intervention. In table 2, we find consistently large, if inconsistently statistically significant, increases on our outcome of interest. In particular, our most robust model of absolute effects (model 4 in table 2) suggests a statistically significant increase of 4.73 young care leavers being owed a prevention or relief duty in an average local authority where Mockingbird is taking place in an average year — this is shown in Figure 1 below.

Table 4: Shorter time window results (2017-2021), Mockingbird evaluation, All Wave 3 Matches

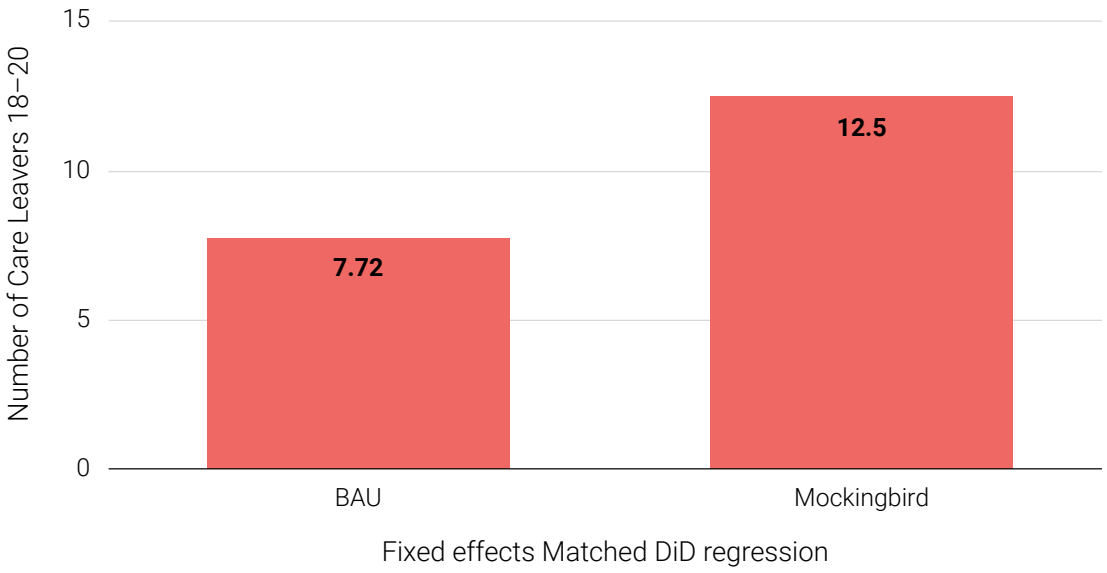
	(1)	(2)	(3)	(4)
Mockingbird	5.719***	2.615	2.698	3.830**
	[1.459]	[1.461]	[1.395]	[1.295]
Time trend		1.241***	0.815***	0.753***
		[0.171]	[0.173]	[0.160]
Older adults			0.336***	0.239***
			[0.0451]	[0.0429]
Older care leavers				0.326***
				[0.0334]
Cons	7.417***	2.654***	1.710*	-0.337
	[0.261]	[0.704]	[0.684]	[0.666]
N	343	343	343	343

Standard errors in brackets
* p < 0.05, ** p < 0.01, *** p < 0.001

As we have described above, the Homelessness Prevention Act came into force in 2018, which resulted in an increased number of people eligible for support from local authorities to prevent or relieve homelessness. This coincides with the increase in the number of care leavers owed a homelessness duty in the Mockingbird local authorities in our data. This might explain a part of the secular increase across both treated and counterfactual local authorities in the number of care leavers owed a duty, on the basis that these changes spread the resources of local authorities more thinly. However, there is no clear logical reason to believe that local authorities that took up Mockingbird would be affected more strongly by these national changes than counterfactual local authorities. Moreover, the inclusion of our triple differences, which controls for the changes in duties owed to other groups who would plausibly be affected by the HPA, but not by the Mockingbird intervention, further strengthens the argument that we are identifying impacts of Mockingbird (possibly in interaction with the contextual change of the HPA), and not the HPA itself.

Similarly, the occurrence of the 2020 Covid pandemic happened a year after the initial introduction of Mockingbird Wave 3, introducing additional noise into the data - however, as with the HPA, we have no strong reason to expect that the effect of Covid would be greater in local authorities that use Mockingbird than those that do not. .

Figure 1: Primary analysis main effects of Mockingbird on the number of young care leavers owed a prevention or relief duty.



This finding suggests a large detrimental effect of Mockingbird on the outcomes in question. However, we might reasonably question the robustness of this finding, particularly given the fact that relatively modest rollout of Mockingbird might have been possible immediately after the launch as recipients of the intervention will not have aged out of care in great numbers, and the considerable time it takes for Mockingbird Constellations to be set up. Given the speed with which the negative impacts are observed, and their magnitude, and the finding from the original evaluation of Mockingbird that constellations take time to set up, a likely causal story is that setting up a Mockingbird constellation could have drawn resources away from other potential uses, rather than Mockingbird per se influencing homelessness risk for care leavers. This evaluation was not designed to explore this assertion, so we treat this as a hypothesis that could be tested by future research.

As we have discussed above, the rollout of the Mockingbird sites that we study happens at a similar time to the introduction of the Homelessness Prevention Act (2018), which increases the number of people eligible for support for local authority - potentially also drawing resources away from supporting young care leavers. We note as well that the difference between treated and matched areas narrows over time, suggesting either that the effect is transitory (perhaps focused during the extensive set-up work for Mockingbird) or that, as young people who have benefited from Mockingbird begin to leave care, they do not experience the same negative consequences as their predecessors. As such, we now proceed to our robustness checks.

Robustness checks

We conduct a number of robustness checks as pre-specified in our analytical protocol. These can be found in the appendices, and are:

- Making use of the closest (iteration 1) matches in our analysis instead of iterations 1–3
- Making use of the two closest (iteration 1 and iteration 2) matches in our analysis, instead of iterations 1–3
- Using Poisson regressions which may be better suited for analysis of data that takes the form of a ‘count’, as is the case in our data

Alongside these pre-specified robustness checks, we also conduct a series of additional, exploratory robustness checks in the interest of further checking the sensitivity of our analysis. These are;

- Placebo tests, in which we simulate our analysis 'as if' Mockingbird had been implemented in a different year. These tests essentially assess the natural volatility of the data for our treated local authorities compared to the comparison groups to see whether this is such that any or many interventions tested with the same approach would yield similarly large effects.
- Analysis from the data of each treated local authority.
- Analysis of data from Wave 1 local authorities

These analyses are described in more detail, including results, in Appendix B. Taken together, these analyses support our initial findings, with the exception of analysis of Wave 1 local authorities, which is less robust (due to not being able to utilise a difference in differences approach), finds no effect of the intervention.

Conclusions

Young care leavers, a particularly vulnerable cohort known to be at risk of poor outcomes[42], have typically faced an accelerated transition to adulthood, in which they have a distinct lack of support, upon turning 18, compared to their peers who have not experienced care. This is despite the fact that the evidence base emphasises the importance of ensuring that this is a gradual process. The toll of this is well evidenced, with young care leavers experiencing poor outcomes across a number of policy areas. A particularly prominent area, which has been receiving increased attention is homelessness[43]. This impacts outcomes in other domains, such as unemployment[44], health[45], education[46] and substance abuse[47].

Noting that existing studies in this field have highlighted the poor quality of the evidence base in this area[48], it has been too early to recommend one particular approach to improving housing outcomes for care leavers transitioning into adult living arrangements[49].

Our previous research in this area - in particular the evaluations of Lifelong Links; a model that aims to improve connections with birth families for young people in care; and Staying Put, that allows young people to remain with their foster carers until they are 21 - have found generally positive evidence supporting these interventions. From this, we have postulated that stronger relationships between children in care and either their birth parents, or their foster carers, should lead to reduced homelessness among care leavers.

The evidence produced in this paper shows a significant increase in homelessness risk in local authorities that are making use of the Mockingbird Family Model.

The immediacy with which the effects occur, as shown in our interaction analysis, suggests that the effects of Mockingbird on homelessness risk are not being manifested among those young people who are treated with it, but possibly among those who are older within the same local authority. Speculatively, we suggest that the implementation of Mockingbird, which requires considerable staff time and resources even if funding itself is coming from an outside source, might divert energy and focus away from outcomes for older young people in care and young care leavers within the same local authority - however, we caution against over-interpretation as we lack firm evidence to back this assertion.

We also note that any negative effects do attenuate over time. Our various robustness checks have not disproven our estimated effects, but have softened them.

On the basis of our findings in the round, we are confident that Mockingbird does not, on the timelines we have studied, lead to any reduction in homelessness, and we are fairly confident that there is a negative impact in the short run which is robust to specification.

There is also, as we have described above, a coincidence of the introduction of new Mockingbird sites and the introduction of the Homelessness Prevention Act in 2018 (one year before the Mockingbird rollout that we study). We believe that our analysis is robust to the influence of the Act itself - by comparing local authorities with and without Mockingbird constellations but which are all subject to the Act, and by controlling statistically for changes in homelessness duties owed to other groups within the same local authorities to further account for local changes. It remains possible, however, that what we are detecting is an interaction effect between the HPA and the introduction of Mockingbird.

Similarly, the implementation of Mockingbird in earnest in local authorities coincides with the onset of the Coronavirus pandemic. As for the Act, we do not expect areas who implement Mockingbird to be more affected by Covid but we also cannot rule out the possibility of interactions between the pandemic and the effects of Mockingbird, which might not be present in any new roll-out. Further research could consider the introduction of Mockingbird in new sites that have launched since the introduction of the HPA and the pandemic.

Endnotes

1. Briheim-Crookall et al., 2020; Mendes & Rogers, 2020; Parsons et al., 2022a; Sacker et al., 2021; Sanders et al., 2021; Sanders et al., 2022
2. Sanders et al., 2022; Taylor et al., 2021
3. Sanders et al., 2021; Sanders et al., 2022
4. Cross et al., 2022
5. Sanders et al., 2021; Sanders et al., 2022
6. Parsons et al., 2022a
7. DfE, 2022; Parsons et al., 2022a; Parsons et al., 2022b
8. Briheim-Crookall et al., 2020; Tarren-Sweeney & Vetere, 2013
9. Mendes & Rogers, 2020; Sanders et al., 2021
10. Sanders et al., 2021; Sanders & Whelan, 2022
11. Cross et al., 2022; Sacker et al., 2021; Taylor et al., 2021
12. Cross et al., 2022
13. Ministry of Housing, Communities & Local Government, 2018
14. GIll & Daw, 2017
15. Briheim-Crookall et al., 2020; Heerde et al., 2018; Taylor et al., 2021
16. Parsons et al., 2022b; Sacker et al., 2021
17. NAO, 2014; NAO, 2015; Sanders et al., 2021; Sanders & Whelan, 2022
18. Baker, 2017a; Baker et al., 2017b; Stein, 2008; Stein, 2012
19. Hiller & St Clair, 2018
20. Briheim-Crookall et al., 2020; Sanders et al., 2021
21. Taylor et al., 2021
22. Briheim-Crookall et al., 2020
23. Department of Education, 2022; Hiller et al., 2020
24. Hiller & Clair, 2018; Rock et al., 2015
25. Ford et al., 2007
26. Taylor et al., 2021
27. Sanders & Picker., 2023
28. Sanders et al., 2021; Taylor et al., 2021

29. https://assets.publishing.service.gov.uk/media/5fa412dfd3bf7f03a40fe598/Fostering_Network_Mockingbird.pdf
30. https://bit.ly/GOV-Research-and-analysis-Mockingbird
31. https://bit.ly/Summaries-Childrens-Social-Care-Innovation-Programme
32. https://bit.ly/what-works-childrens-mockingbird-programme-evaluation
33. These 11 top tier local authorities comprise 16 local authorities that deliver housing services (district local authorities where those exist), which is the level at which data exist in HCLIC.
34. The Forstering Network notes that 'Increase reunification with birth families' and 'Improved educational attainment of young people in care ' are no longer considered as key objectives for the intervention.
35. https://bit.ly/EAF-Homelessness-QED
36. Lacus et al., 2012
37. Heckman et al., 1997
38. Lacus et al., 2012
39. Crump et al., 2009
40. Lacus et al., 2012
41. https://github.com/michaelsanderskcl/QED_Homelessness_Careleavers
42. Briheim-Crookall et al., 2020; Mendes & Rogers, 2020; Parsons et al., 2022a; Sacker et al., 2021; Sanders et al., 2021; Sanders et al., 2022
43. Cross et al., 2022; Sacker et al., 2021; Taylor et al., 2021
44. Mendes & Rogers, 2020; Sanders et al., 2021
45. Briheim-Crookall et al., 2020; Tarren-Sweeney & Vetere, 2013
46. DfE, 2022; Parsons et al., 2022a; Parsons et al., 2022b
47. Parsons et al., 2022a
48. Sanders and Whelan, 2022
49. Taylor et al., 2021

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Appendix A

Table 1A: Iterated Matches

Iteration	Treated pool	Matched treated (Iteration 1)	Comparators (Iteration 1)
1	17	6	24
2	11	11	47
Total		17	69

Appendix B: Robustness Checks and Additional Analyses

Closer matches

For Mockingbird we have made use of a three stage matching process to arrive at our matches sample for all local authorities delivering Mockingbird in Wave 2. Each wave of matching is less precise than the previous, increasing the number of matches by reducing the average quality of a match. To test whether match quality is an important determinant of our findings, we tighten our match assumptions here and present in table 1B the results of our main analyses, respecified only to cover those local authorities with matches from the first round of matches and, in table 2B, the first two rounds of matches.

Table 1B: Fixed effects regression of effects of the Mockingbird Family Model on absolute number of 18–20 year olds owed a homelessness prevention or relief duty, Round 1 matches only.

	(1)	(2)	(3)	(4)
Mockingbird	8.933*	4.548	4.770	4.649
	[3.465]	[3.492]	[3.513]	[3.530]
Time trend		1.462***	1.296**	1.391**
		[0.398]	[0.458]	[0.487]
Old aged			0.162	0.149
			[0.220]	[0.222]
Older care leavers				0.179
				[0.304]
Constant	6.500***	2.380	1.981	0.633
	[1.037]	[1.491]	[1.589]	[2.791]
N	132	132	132	132

Standard errors in brackets

* p < 0.05, ** p < 0.01, *** p < 0.001

Table 2B: Fixed effects regression of effects of the Mockingbird Family Model on absolute number of 18–20 year olds owed a homelessness prevention or relief duty, Round 1 and 2 matches only.

	(1)	(2)	(3)	(4)
Mockingbird	8.473***	4.273	4.565*	4.609*
	[2.304]	[2.268]	[2.219]	[2.189]
Time trend		1.400***	0.975***	1.040***
		[0.234]	[0.260]	[0.257]
Old aged			0.349***	0.251*
			[0.0998]	[0.105]
Older care leavers				0.322**
				[0.116]
Constant	6.361***	2.246*	1.537	-0.544
	[0.593]	[0.885]	[0.888]	[1.154]
N	294	294	294	294

Standard errors in brackets
* p < 0.05, ** p < 0.01, *** p < 0.001

Our findings across these tables do not suggest that our findings are driven by the quality of the matches, with point estimates of treatment effects remaining similar to those in our main analyses, declining slightly in magnitude with the addition of less close matches.

Poisson Regressions

Our main outcome data is a count variable, and so arguably it is appropriate to make use of poisson regression to assess the impacts of the intervention on the relative likelihood of a care leaver being owed a prevention or relief duty. We approach this in tables 3B and 4B, below, which replicate the analysis from tables 1B and 2B, but with the use of a poisson fixed effect regression. These findings are aligned with our main analyses, and show a statistically significant increase in the likelihood of an individual care leaver becoming owed a prevention or relief duty.

Table 3B: Fixed effects poisson regression of effects of the Mockingbird Family Model on absolute number of 18–20 year olds owed a homelessness prevention or relief duty, all Wave 2 Matches

	(1)	(2)	(3)	(4)
Mockingbird	1.105***	0.480***	0.398**	0.454***
	[0.122]	[0.127]	[0.128]	[0.128]
Time trend		0.196***	0.156***	0.159***
		[0.0108]	[0.0118]	[0.0118]
Old aged			0.0220***	0.0154***
			[0.00258]	[0.00275]
Older care leavers				0.00713***
				[0.00117]
	411	411	411	411
Constant				

Standard errors in brackets
* p < 0.05, ** p < 0.01, *** p < 0.001

Table 4B: Poisson fixed effects regression of effects of the Mockingbird Family Model on absolute number of 18–20 year olds owed a homelessness prevention or relief duty, with interaction effects

	(1)	(2)	(3)
Mockingbird	0.810***	0.807***	0.747***
	[0.153]	[0.154]	[0.154]
Time trend	0.218***	0.183***	0.178***
	[0.0124]	[0.0132]	[0.0132]
Mockingbird * Time trend	-0.0939***	-0.118***	-0.0863***
	[0.0250]	[0.0254]	[0.0261]
Old aged		0.0231***	0.0170***
		[0.00258]	[0.00280]
Older care leavers			0.00623***
			[0.00121]
N	411	411	411

Standard errors in brackets
* p < 0.05, ** p < 0.01, *** p < 0.001

Additional analyses

We have conducted all of our pre-specified analyses and robustness checks above, and now consider additional analyses. We do this in this report on the basis that our findings are both surprising and suggest a large detrimental effect of the intervention on our outcome of interest, and this effect appears to persist across our analyses.

Placebo Effects

First, we consider the 'effect' of our intervention on outcomes that we argue it should not be able to influence — specifically, the impact on the number of older people, and older care leavers, who are owed a homelessness prevention or relief duty.

For each of these two outcomes, we replicate the analysis of table 1B, omitting our 4th column (triple difference controlling for both groups), and replacing our third column in the table relating to outcomes for older people with numbers of older care leavers who are owed a prevention or relief duty. These results can be found in tables 5B and 6B.

Table 5B: Replication of main effects with number of older people owed a prevention or relief duty as the outcome measure.

	(1)	(2)	(3)
Mockingbird	4.850**	0.954	1.386
	[1.705]	[1.673]	[1.630]
Year		1.299***	1.225***
		[0.177]	[0.173]
Older Care Leavers			0.166***
			[0.0369]
Constant	6.336***	2.535***	0.767
	[0.452]	[0.667]	[0.758]
N	411	411	411

Standard errors in brackets
* p < 0.05, ** p < 0.01, *** p < 0.001

Table 6B: Replication of main effects with number of older care leavers owed a prevention or relief duty as the outcome measure.

	(1)	(2)	(3)
Mockingbird	-1.275	-2.599	-2.923
	[2.278]	[2.395]	[2.330]
Year		0.441	-0.000611
		[0.253]	[0.265]
Old Aged People			0.340***
			[0.0755]
Constant	11.93***	10.64***	9.780***
	[0.604]	[0.955]	[0.949]
N	411	411	411

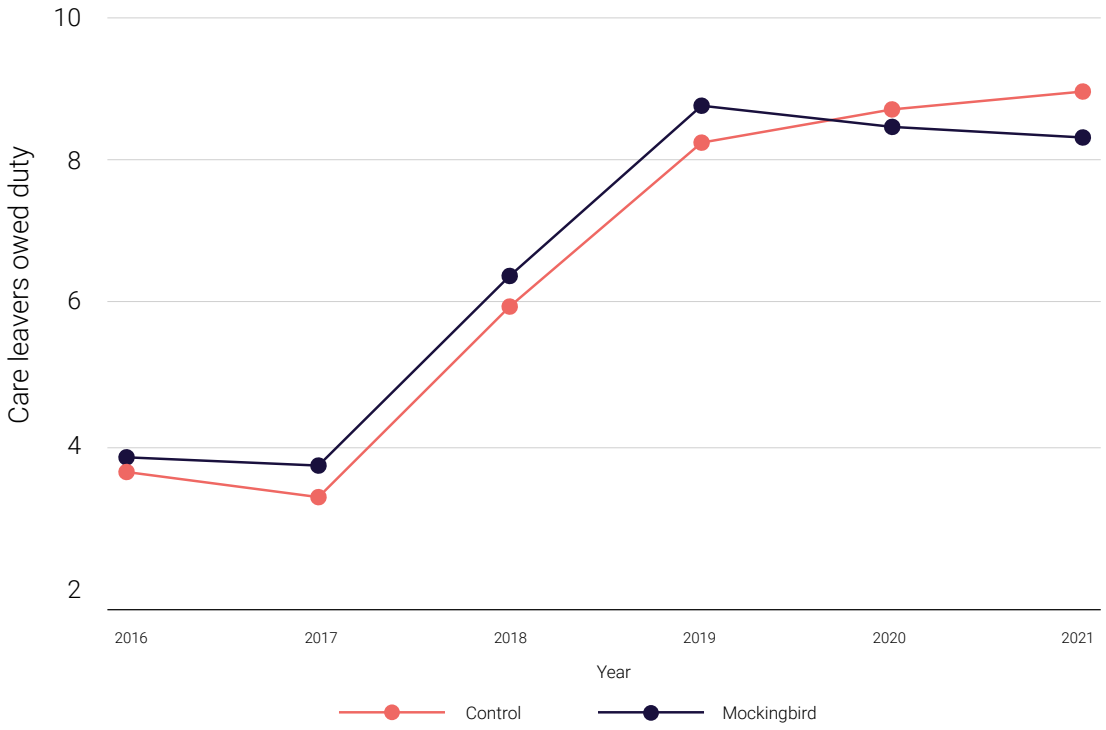
Standard errors in brackets
* p < 0.05, ** p < 0.01, *** p < 0.001

Tables 5B and 6B show a pattern of null results across the board. Older care leavers, who are closer to our target group, see “effects” in the opposite direction although not statistically significant. This suggests, in line with our earlier triple differences analyses, that whatever is occurring for our group of interest is not happening across the board in the local authorities we are interested in, but appears focused on our cohort of interest.

Wave 1 local authorities

We have thus far not considered the local authorities which launched Mockingbird in Wave 1. This is because these local authorities launched Mockingbird prior to the beginning of the period covered by our data, and as such cannot be analysed within a difference in differences framework (because treatment and the local authority fixed effect are collinear). However, we can analyse them in the context of a more straightforward comparison without fixed effects. This cannot effectively alter the findings of our main analysis, but can be used to provide context. For simplicity, we show the graph of this analysis below, figure 1B. As can be seen we see none of the same relationship that we see in the main analysis, with the two groups tracking very close together throughout the period covered by the data.

Figure B1: Mockingbird pilot sites, their matched comparators, and care leavers owed homelessness duties



Assuming later implementation

Our next robustness check is to treat local authorities in 2019 as untreated, and re-run the analysis as if they were treated in 2020 instead. This is a sensible robustness check to conduct given the later implementation of Mockingbird in local authorities (although substantive work would have begun), although it does introduce simultaneity between the launch of treatment and the pandemic. However, the effects of the pandemic should in principle have been the same in the treatment and comparison local authorities. Tables 7B and 8B report the results for this analysis.

Here we see somewhat smaller average treatment effects than in the main analysis, particularly for the closer matched sample. We recommend including this robustness check in an annex to the main paper and adding additional caveats to the findings.

Table 7B: coarsened exact matching regression models; effects of staying put on risk of homelessness duty being owed to young care leavers aged 18–20

	(1)	(2)	(3)	(4)
Staying Put (binary, pilot sites)	-0.120	-0.120	-0.165	-0.444
	[0.310]	[0.310]	[0.304]	[0.291]
Year 2		-0.261	-0.279	-0.284
		[0.249]	[0.244]	[0.231]
Old Age			0.188**	0.160*
			[0.0591]	[0.0627]
Care Leavers 21 plus				0.0817***
				[0.0142]
Constant	3.558***	3.949***	3.322***	2.944***
	[0.139]	[0.398]	[0.438]	[0.433]
N	238	238	238	236

Standard errors in brackets
* p < 0.05, ** p < 0.01, *** p < 0.001

Table 8B: Treatment effects of Mockingbird assuming a 2020 start to the intervention, close matches

	(1)	(2)	(3)	(4)
Mock	3.472	0.438	0.770	1.040
	[1.854]	[1.831]	[1.838]	[1.840]
Year 2		0.867***	0.728***	0.725***
		[0.158]	[0.182]	[0.181]
Old Age			0.137	0.132
			[0.0885]	[0.0882]
Care Leavers 21 plus				0.191
				[0.122]
Cons	5.667***	2.821***	2.491***	1.410
	[0.305]	[0.593]	[0.629]	[0.932]
N	132	132	132	132

Standard errors in brackets
* p < 0.05, ** p < 0.01, *** p < 0.001

Additional data

An additional year of data has been published since the original completion of this evaluation report. Although out of scope for the original evaluation due to its funding window, we have now merged in this additional year of data to provide an additional robustness check. Tables 9B and 10B conduct this analysis, assuming that 2019 was the start of the treatment. As can be seen, we find positive effects of the intervention (i.e. an increase in the number of care leavers owed a homelessness duty).

Table 9B: Treatment effects of Mockingbird assuming a 2020 start to the intervention, close matches

	(1)	(2)	(3)	(4)
Mock	7.604***	4.135**	4.065***	5.235***
	[1.305]	[1.283]	[1.194]	[1.126]
Year 2		1.156***	0.619***	0.569***
		[0.116]	[0.118]	[0.111]
Old Age			0.425***	0.339***
			[0.0370]	[0.0356]
Care Leavers 21 plus				0.319***
				[0.0298]
Cons	6.685***	2.782***	1.611***	-0.474
	[0.210]	[0.440]	[0.421]	[0.441]
N	411	411	411	411

Standard errors in brackets
* p < 0.05, ** p < 0.01, *** p < 0.001]

Table 10B: Treatment effects of mockingbird assuming a 2019 start and with data continued until 2022, close matches

	(1)	(2)	(3)	(4)
	Care leaver aged 18- 20 years			
Mock	4.194*	2.246	2.704	2.973
	[1.973]	[2.010]	[2.001]	[2.000]
Year 2		0.779***	0.556*	0.562*
		[0.227]	[0.245]	[0.244]
Old Age			0.215*	0.200*
			[0.0925]	[0.0926]
Care Leavers 21 plus				0.319***
				[0.0298]
Cons	6.673***	3.662***	3.077**	1.896
	[0.337]	[0.937]	[0.962]	[1.201]
N	132	132	132	132

Standard errors in brackets
* p < 0.05, ** p < 0.01, *** p < 0.001

We combine this additional robustness check with that carried out previously to move the treatment start period to 2020, and the results of these analyses can be found in tables 11B and 12B. As previously, the effect of removing 2019 from the treatment period reduces the average size of the effect, but does not change the overall pattern.

Table 11B: Treatment effects of mockingbird assuming a 2020 start and with data continued until 2022, full sample

	(1)	(2)	(3)	(4)
Mock	5.885***	1.793	1.805	3.369**
	[1.436]	[1.394]	[1.298]	[1.248]
Year 2		1.169***	0.658***	0.569***
		[0.114]	[0.117]	[0.112]
Old Age			0.412***	0.359***
			[0.0403]	[0.0389]
Care Leavers 21 plus				0.306***
				[0.0361]
Cons	6.348***	2.505***	1.445***	-0.592
	[0.223]	[0.428]	[0.412]	[0.460]
N	411	411	411	411

Standard errors in brackets
* p < 0.05, ** p < 0.01, *** p < 0.001

Table 12B: Treatment effects of mockingbird assuming a 2020 start and with data continued until 2022, close matches

	(1)	(2)	(3)	(4)
	Care leaver aged 18- 20 years			
Mock	3.472	0.473	1.091	1.579
	[1.895]	[1.857]	[1.833]	[1.811]
Year 2		0.857***	0.593***	0.570***
		[0.142]	[0.160]	[0.158]
Old Age			0.269***	0.244**
			[0.0791]	[0.0782]
Care Leavers 21 plus				0.284**
				[0.0898]
Cons	5.764***	2.910***	2.208***	0.778
	[0.274]	[0.540]	[0.570]	[0.720]
N	132	132	132	132

Standard errors in brackets
* p < 0.05, ** p < 0.01, *** p < 0.001



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