BERRI™

Improving Outcomes for Children

Delivering Better Outcomes for Children Throughout Their Care Journey

A Comprehensive Guide to
Evidence-Based Assessment and Support

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Executive Summary

The Opportunity:

Every child deserves the right support at the right time. When we understand children's psychological, emotional, and developmental needs holistically, we can transform their life trajectories while creating sustainable, cost-effective care systems.

Evidence:

Across **over 18,000 assessments, BERRI** has consistently demonstrated the value of structured assessment of children's psychological needs and strengths. Case studies, staff feedback, and an independent social and economic evaluation suggest using **BERRI** can lead to significantly improved outcomes and more effective care at every stage of their care journey, from preventing family breakdown to supporting successful transitions from residential care to family-based care.

Child Outcomes Achieved:

- **140 'step-down moves' from residential to family-based care,** with only 2 placement breakdowns.
- Successful early intervention and evidence-based planning at the edge of care.
- Transformed the life path of many children, from placement breakdown to stability and success.

System and Financial Outcomes:

- **Estimated over £91.5 million in saved to the public purse across local authority projects.**
- £7.3 million saved by Sandwell Children's Trust through better placement decisions in less than 2 years.
- Multi-agency collaboration improved through shared assessment framework.
- Evidence-based decision making replacing subjective judgments.
- Exceptional staff retention in partner organisations due to clinical support.

The Approach:

This guide shares practical learnings from successful implementations across the care journey, offering commissioners and practitioners a roadmap for transforming outcomes in their own contexts.

Understanding BERRI

The Framework:

BERRI evaluates five domains that influence services and care arrangements needed, as well as outcomes in later life:

- B **Behaviour:** Understanding what the child does in context of underlying needs.
- E **Emotional Wellbeing:** Identifying emotional needs, mental health and trauma responses.
- R **Relationships:** Assessing attachment and social skills.
- R **Risk:** Evaluating risk to self, external vulnerability, vulnerability through use of technology and the internet and risk to others.
- I **Indicators:** Screening for signs of neurodevelopmental and psychiatric conditions.

Understanding the Care Journey: Where BERRI Makes a Difference

The Complete Care Journey

Children's needs evolve throughout their care experience. **BERRI** supports decision-making and outcomes at every stage:

1. Edge of Care & Family Preservation

- Early identification of underlying needs.
- Evidence-based intervention planning to address root causes.
- Family engagement through strengths-based approaches.
- Providing evidence of the child's needs to support care proceedings where required.
- Prevention of unnecessary entries to care.

2. Entry to Care & Initial Care Arrangements

- Comprehensive assessment to inform appropriate placement type.
- Matching children's psychological profiles with carer capabilities.
- Baseline measurement for tracking progress over time.
- Multi-agency alignment on support needs.

3. Placement Stability & Therapeutic Support

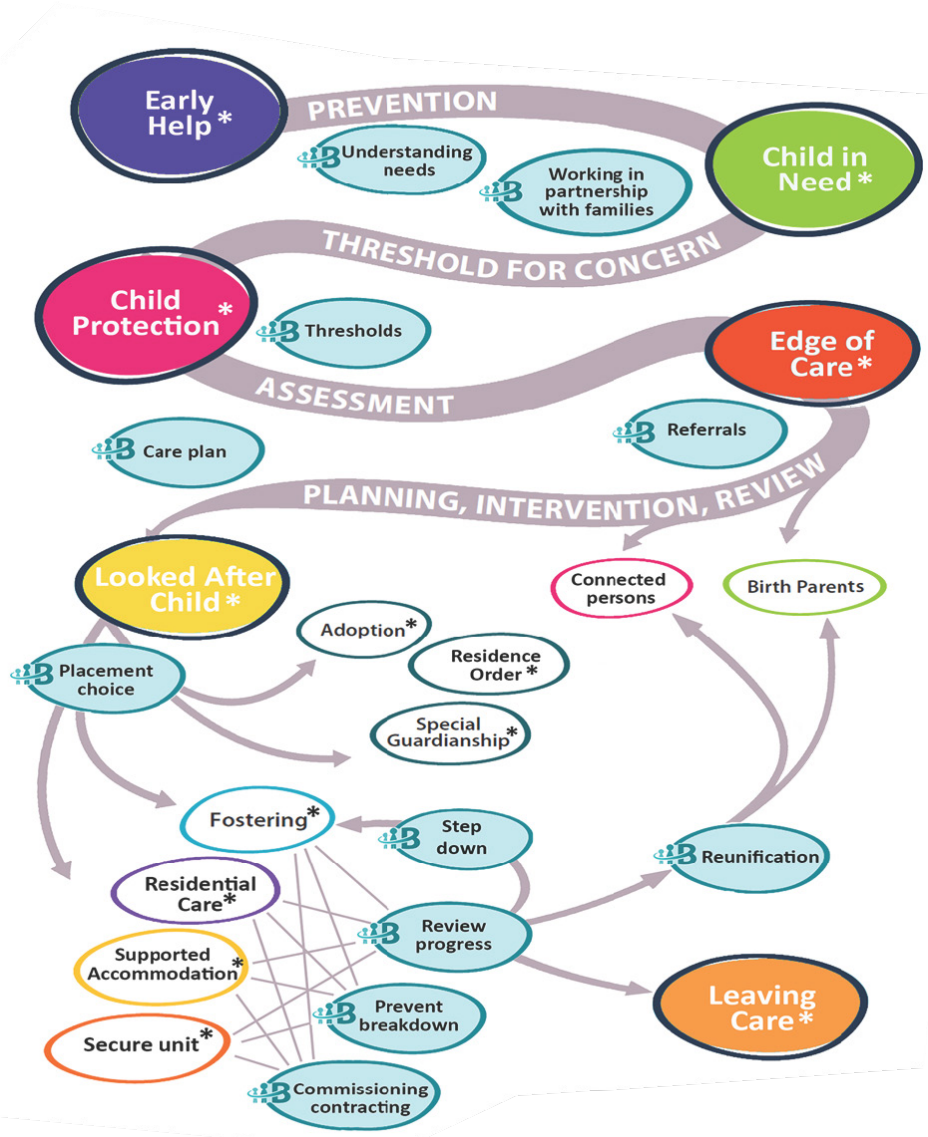
- Ongoing monitoring of children's psychological needs.
- Early identification of placement stress before breakdown occurs.
- Clinical consultations to support the team around the child.
- Reflective practice to build staff resilience and effectiveness.

4. Transitions & 'Step-Down' Planning

- Evidence-based assessment of readiness for different placement types through unique data.
- Supporting successful moves from residential to family-based care.
- Gradual transition planning with continued monitoring.

5. Independence & Leaving Care

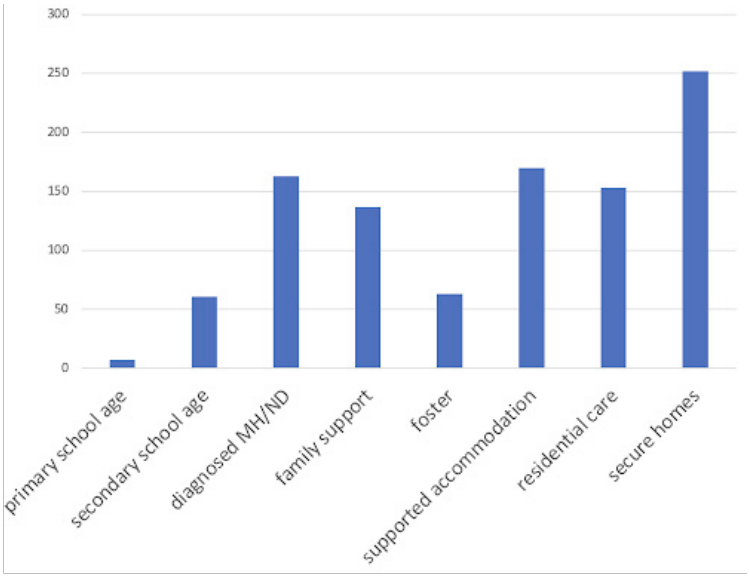
- Assessment of independent living skills and knowledge.
- Evidence-based decisions about supported accommodation readiness.
- Ongoing support during transition to adult services.
- Prevention of inappropriate placements that lead to poor outcomes.



Five Evidence-Based Insights: What the Data Tells Us

We have learnt a huge amount about children's psychological needs across 18,000 uses of **BERRI** within children's social care. Key sector-wide takeaways include:

1. Children's Psychological Wellbeing Differs Significantly Between Settings

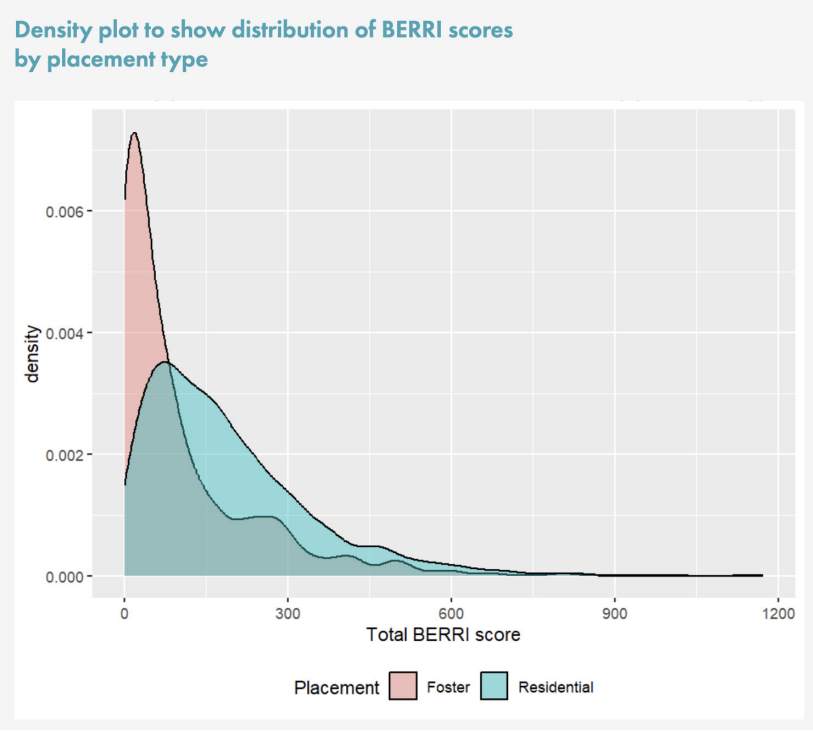


(Comparing BERRI scores across different samples, BERRI, 2024)

◀ Left is a graph comparing the mean level of psychological needs measured by **BERRI** across 2,500 children in different settings (the higher the score, the higher the level of need).

2. Needs do not determine placement type/ There is little relationship between the child's need and placement type

Whilst average scores differ between different placement types, there is also a huge amount of variability within residential care and fostering.



(BERRI, 2025)

The graph shows that:

- Children in residential care typically have a much higher level of need than children in foster care.
- There are a large number of children in residential care whose needs could be met within family-based care.
- There are children within foster care who have a very high level of needs who continue to be cared for within a family.

3. Risk Vulnerability in Residential Settings Differs by Placement Type, Age and Gender

A recent peer-reviewed study (Westlake et al., Child Abuse & Neglect, 2025) analysed **BERRI** data from **1,114 children aged 5–18 in residential settings**. Findings revealed:

- **Children in supported accommodation face significantly higher risk from external harm** (e.g. going missing, exploitation) compared to those in residential children's homes. 05
- **Age, gender, and stressful life events are critical predictors of risk**: Older age increases external risk; girls show higher risk of self-harm; and recent life events raise both external and self-harm vulnerability.

The paper recommended routine, structured risk assessments and targeted staff training are essential to safeguard children in these settings, and found it was helpful for these to be conducted within the context of a wider more holistic assessment like **BERRI**.

This research underscores the importance of data-driven, nuanced assessments in safeguarding children appropriately based on specific placement types and personal circumstances.

4. Children within Independent Fostering Agencies have a Higher Level of Need than Children in In-House Fostering

A joint report with the Nationwide Association of Fostering Providers (NAFP, May 2024) analysed **BERRI** records since 2021 covering both local authority and Independent Fostering Agency (IFA) placements. Key findings include:

- Children in IFAs consistently showed significantly higher overall and domain-specific scores (Behaviour, Emotional Wellbeing, Relationships, Risk, Indicators) than children in in-house fostering, suggesting they have more complex needs .
- Even when ratings were completed by local authority staff, children in IFAs still had higher assessed needs than their in-house counterparts .
- Outcome trajectory: Among a subset of 127 children tracked over time, improvement and deterioration rates were similar across IFAs and in-house placements—indicating both settings can provide stable outcomes when appropriately matched.

Policy insights: These findings support the value of IFAs and emphasise the importance of placing children with the right providers for their needs.

5. Young People in Supported Accommodation Face Complex Risks

BERRI co-hosted a roundtable in 2024 to explore vulnerabilities facing young people in supported accommodation. Contributors highlighted:

- **Complex risks:** Young adults in support accommodation settings face unique challenges, including exploitation, mental health crises, and gaps in multi-disciplinary support .
- **Need for joined-up responses:** Experts advocated for ambitious, multi-agency safeguards and oversight frameworks to ensure young people's safety and resilience.

The roundtable outcomes amplify the need for sector-wide standards and policy reform in supported housing for care leavers.

Conclusion:

There is much more that we have learnt from BERRI. We have had doctoral research completed at the University of Leicester, Masters research at Canterbury Christ Church University and University of Birmingham, a PhD completed at UCL and another PhD underway with machine learning at University of Birmingham.

In addition, we have also had 10 master students complete dissertations with us, 5 published studies and 5 that are awaiting review.

For more information please visit our website.

Summary of Learning

The evidence is clear that assessing individual needs and system-level understanding of risk can significantly improve child outcomes. Key sector-wide takeaways include:

- **The significant differences in children's typical needs across placement and service type.**
- **There are a large number of children in residential care whose needs could be met within family-based care, and a number of children in foster care being held steady with a high level of needs.**
- **The importance of targeted assessment and training for children in high-risk settings.**
- **Recognition that IFAs typically care for children with a higher level of need, and both IFAs and in-house fostering can create stable outcomes when children are matched well, and the right support is in place.**
- **The critical need for policy-level frameworks to safeguard young people in supported accommodation.**
- **Academic validation that therapeutic relationships and environmental stability are central to child wellbeing.**

Together, these research outputs establish BERRI as a tool that not only assesses individual need but also informs sector-wide understanding.

Case Studies: Detailed Implementation Examples

Sandwell Children's Trust: Transforming Residential 'Step-Aside'

Context:

Sandwell Children's Trust are responsible for Sandwell Council's children's social care. As of April 2024, there were 808 children in their care. Sandwell pioneered using **BERRI** to support children transitioning from residential to family-based care through their Step Aside team.

The Challenge:

Identifying which children in residential care were ready for family-based care while ensuring transitions were child-centred and successful.

The Process:

1. **Initial Assessment:** Multi-agency team completes baseline **BERRI** looking at recent 8-week Period. Social workers, carers, schools, therapists, CAMHS, and IROs discuss each item to reach consensus.
2. **Needs and Strengths Profile: BERRI** creates comprehensive picture of child's needs, strengths, and this information is interpreted by the Step Aside team for readiness for transition, in consultation with the team around the child.
3. **Continued Monitoring:** Multi-agency team meets every 3 months the complete a new **BERRI** questionnaire, reviewing the development of the child's strengths and needs.
4. **Decision Making: BERRI** data consistently requested by resource panels and strategy meetings.
5. **Matching Process:** Sandwell share **BERRI** profiles, with a particular focus on the child's strengths, with potential fostering agencies to support informed placement decisions, and include identified foster carers in a follow-up **BERRI** assessment.
6. **Transition Support:** Continue **BERRI** assessments for 6 months post-move with 12-month monitoring.

Outcomes Achieved:

- **66 children** screened since February 2024.
- **48 children supported** through successful transitions.
- **£7.3 million savings in total**
  - £3.4 million in savings delivered in 24/25
  - £3.9 million in savings expected in 25/26
- **Staff confidence increased** in making complex placement decisions.

> ***People see the value in the assessment and the multi-agency format. I do not think our success would have been anywhere near as positive without the use of BERRI.***
>
> Project Lead, Sandwell Children's Trust

Critical Success Factors:

- Multi-agency engagement brings diverse perspectives to assessments.
- Regular communication with **BERRI** team and monthly catch-ups ensure responsive support.
- Referencing **BERRI** within internal home finding forms.
- Senior leadership buy-in demonstrated through consistent use in decision-making.
- Buy in from external agencies: CAMHS have requested the assessments, education have used as part of EHCPs, **BERRI**s requested regularly.

Key Learning:

Providing professionals with objective evidence, through tools like BERRI, not only brings consistency but also significantly reduces professional anxiety. This enables them to improve child outcomes, make decisions more confidently and achieve financial savings. The project itself has benefited from being led by a social worker and IRO with hands-on experience and an understanding of children's psychological needs and care planning, ensuring consistency.

St. Helens: Preventing Family Breakdown Through Early Intervention

Context:

St. Helens children's services integrated **BERRI** into their Families Staying Together (FaST) service, providing intensive 12-week interventions to families at risk of children entering care.

The Challenge:

Understanding children's underlying needs quickly enough to design effective interventions within the 12-week timeframe.

The Process:

1. **Baseline Assessment: BERRI** completed at start of FaST intervention to understand child's Psychological needs.
2. **Intervention Planning: BERRI** findings directly inform support plans developed by FaST team.
3. **Multi-agency Coordination: BERRI** reports shared across social care, health, education, and other professionals.
4. **Family Engagement:** Strengths-based approach embedded in **BERRI** helps families engage positively with support.
5. **Progress Monitoring:** Follow-up assessments track changes throughout 12-week intervention.

Outcomes Achieved:

- **Improved planning:** Interventions more focused and responsive to specific needs.
- **Better family engagement:** Families respond positively to strengths-based approach.
- **Avoided delays:** **BERRI** removed need for external psychological assessments in some cases.
- **Cost savings:** Supported in preventing unnecessary entries to care and reduced assessment costs.
- **Stronger collaboration:** Multi-agency teams work more effectively with shared understanding.

> ***The tool itself makes you think differently about the children, makes you think about their experiences and the impact, and why they present in a way that they do.***
>
> Manager, St Helens

Key Learning:

Early identification of underlying needs (like unrecognised mental health needs or trauma responses) enables targeted interventions that address root causes rather than just presenting behaviours.

Rubix Care: Therapeutic Residential Care Model

Context:

Rubix Care provides specialist residential support for children with severe emotional and behavioural difficulties stemming from early trauma.

The Challenge:

Creating genuinely therapeutic environments that support both children's healing and staff wellbeing.

Comprehensive Therapeutic Approach:

1. **Relationship Building:** Clinical psychologists begin with individual staff sessions to build trust and psychological safety.
2. **Detailed Assessment:** Comprehensive histories synthesised into clinical formulations that inform care planning.
3. **Formulation:** Together with staff, information is developed into a clinical formulation to build a clear map of the young person's therapeutic needs, identifying strengths, gaps and opportunities for therapeutic support.
4. **Ongoing Consultation:** Monthly clinical consultations allow teams to review interventions and plan next steps.
5. **Leadership Support:** Fortnightly reflective sessions for managers support organisational wellbeing.
6. **Progress Tracking:** **BERRI** assessments demonstrate improvements in children's psychological wellbeing.

Outcomes Achieved:

- **Dramatic improvements:** One young person's **BERRI** score decreased by nearly 50%.
- **Staff retention:** Exceptionally low turnover attributed to clinical support model.
- **Placement stability:** Proactive identification of issues prevents escalation and breakdown.
- **Better decision-making:** Evidence-based reports improve communication with commissioners.
- **Organisational resilience:** Reflective practice culture supports staff wellbeing.

The Therapeutic Model Components:

- **Trust and safety:** Staff feel supported in their roles.
- **Clinical formulation:** Understanding behavior in context of trauma history.
- **Reflective practice:** Regular opportunities to process difficult experiences.
- **Skill development:** Ongoing training in trauma-informed approaches.
- **Outcome tracking:** Regular measurement of progress validates interventions.

> ***In my 29 years of working within the sector, I've never come across a tool as good – there really isn't anything out there.***
>
> Katie, Owner of Rubix Care

Key Learning:

When staff feel clinically supported and equipped with understanding of children's trauma responses, they can create genuinely therapeutic relationships that transform outcomes.

Daniel's Story: Individual Transformation

Background:

Daniel had experienced 6 foster placements and 2 children's homes by age 14. Professionals saw his destructive behaviour and feared he would enter the criminal justice system.

The Turning Point:

A **BERRI** assessment revealed that underneath challenging behaviours was unrecognised depression stemming from unresolved grief about his mother's death.

The Process:

1. **Recognition: BERRI** identified depression masked by destructive behavior.
2. **Historical Analysis:** Review of Daniel's file revealed mother's death occurred shortly after argument that led to him coming into care.
3. **Understanding:** Recognised Daniel's behaviour as grief response and guilt about mother's death.
4. **Medical Support:** Daniel initially did not want talking therapy but accepted antidepressants to stabilise mood.
5. **Therapeutic Work:** Daniel became open to therapy and bereavement therapy helped Daniel understand his mother's death wasn't his fault.
6. **Relationship Building:** Reduced guilt enabled Daniel to form relationships with caregivers.
7. **Educational Re-engagement:** Daniel made new friends and started engaging in education.
8. **Placement Transition:** He successfully moved to foster care with appropriate support.
9. **Reaching adulthood:** Daniel reached adulthood within this fostering family and now is on track to receive a professional qualification from university.

Outcomes:

- **Personal transformation:** From multiple placement breakdowns to stable care.
- **Educational success:** Making academic progress and attending university.
- **Relationship healing:** Ability to form meaningful connections with carers.
- **Cost savings:** £120,000+ annual savings for 4 years from transition to foster care (savings would now likely be 30% higher, given the increase in cost for residential children's homes since 2018).

Key Learning:

When we understand the psychological drivers behind behaviour that functions to draw caregiver attention, we can address root causes rather than just managing symptoms, leading to profound transformations in children's life trajectories.

Conclusion:

These case studies clearly demonstrate that delivering better outcomes for children in care is not only possible, but achievable when systems are underpinned by psychologically informed tools, consistent multi-agency collaboration, and a genuine commitment to understanding each child's unique experiences and needs.

Across Sandwell Children's Trust, St. Helens, and Rubix Care, the integration of **BERRI** has provided a shared language and framework that helps professionals truly understand children's needs. Whether transitioning children from residential care to family-based care, preventing care entry through early intervention, or creating truly therapeutic environments, **each initiative shows that well-supported staff and well-understood children thrive.**

The consistent themes: early identification of need, strengths-based approaches, ongoing progress monitoring, and multi-agency collaboration have led not only to more stable placements and improved wellbeing for children but also to increased staff confidence, reduced professional anxiety, and significant cost savings.

Ultimately, these examples show that when children are seen in the context of their histories, strengths, and psychological needs, we can deliver better outcomes.

Supporting Independence: Introducing the SKILS Tool

As children and young people approach adulthood, one of the most important and challenging decisions professionals must make is whether they are truly ready for greater independence. Moving into supported accommodation or transitioning to adulthood is a critical step that requires both psychological wellbeing and practical capability, yet many existing systems lack the tools to assess these areas in a structured, evidence-based way.

That's where SKILS (Skills and Knowledge for Independent Living Scale) comes in. Designed to complement the psychological insights provided by **BERRI**, SKILS provides a practical framework for evaluating a young person's day-to-day readiness for independence. Together, these tools ensure that placement decisions are not only compliant with regulatory guidance, but also set young people up for genuine, sustainable success.

The Skills and Knowledge for Independent Living Scale (SKILS), alongside BERRI, assesses young people's life skills and readiness for independence across:

Money, finance and the law: Budgeting, banking, legal rights and responsibilities.

Housing: Understanding tenancy agreements, maintaining accommodation, dealing with landlords.

Food: Cooking, nutrition, food safety.

Community: Accessing services, understanding local resources.

Education: Continuing learning, accessing education, skill development.

Employment: Job searching, interview skills, workplace expectations.

Personal and social development: Self-care, relationships, communication skills.

Health and wellbeing: Healthcare access, mental health management, healthy lifestyle choices.

Emergency and safety: Risk awareness, emergency procedures, personal safety.

Aligning with Ofsted Requirements

Ofsted Guidance:

"Where young people of this age have needs that would best be met in a children's home or foster care placement, that is where they should be placed... Supported accommodation caters for children aged 16 and 17 who have relatively high or increasing levels of independence."

Evidence-Based Decisions:

By combining **BERRI** (psychological readiness) with SKILS (practical readiness), local authorities and providers can make evidence-based decisions about appropriate placement types.

Implementation Benefits:

- **Appropriate placements:** Young people placed in settings that match their actual readiness level.
- **Better outcomes:** Reduced placement breakdowns due to mismatched expectations.
- **Cost effectiveness:** Avoiding expensive residential placements for young people ready for independence.
- **Regulatory compliance**: Clear evidence to support placement decisions during inspections.

If you would like to learn more about the SKILS assessment please contact:

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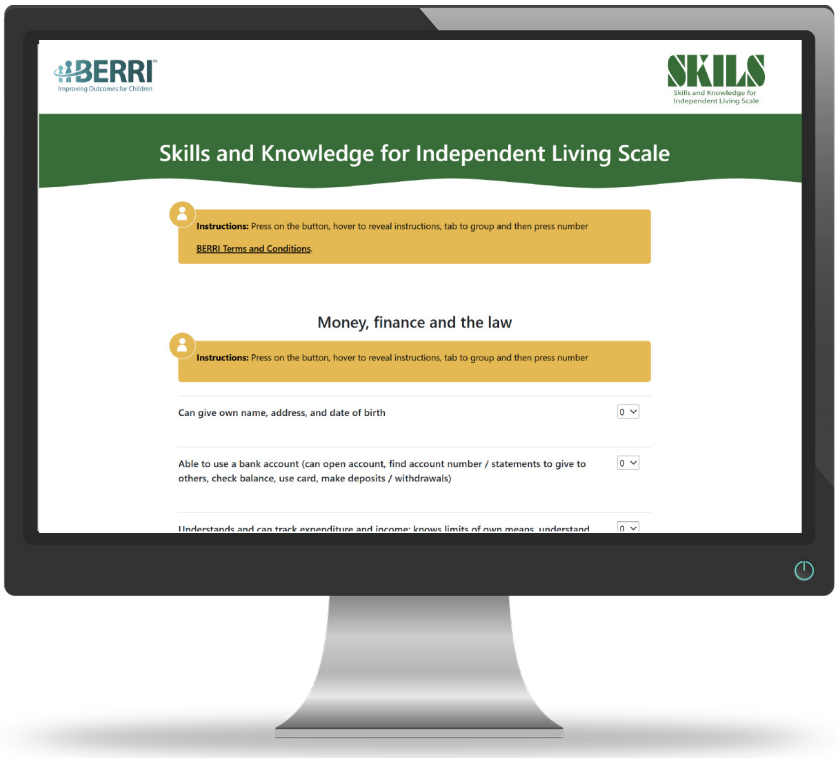
01629 828668



Conclusion: Understanding Children's Needs Improves Outcomes Throughout Their Care Journey

The evidence is clear: when we understand children's psychological, emotional, and developmental needs holistically, delivering better outcomes throughout their care journey while creating more effective and cost-efficient care systems.

The Child at the Centre: Every assessment, every intervention, every placement decision should be guided by a deep understanding of what each individual child needs to heal, grow, and thrive. **BERRI** provides the framework for this understanding.

A System That Cares: Organisations that embrace reflective practice, evidence-based decision-making, and continuous learning create environments where both children and staff can flourish. The partnerships described in this guide demonstrate what's possible when systems commit to transformation.

The Future We're Building: By investing in structured approaches that centre children's needs and track their progress over time, we can build a care system that is both more compassionate and more effective. This isn't just about improving outcomes for individual children – it's about creating sustainable systems that support all children to be understood, supported and reach their potential.

Conclusion:

The tools, knowledge, and support systems exist to transform care for children.

We believe that every child deserves to be understood and supported.

The question isn't whether change is possible – it's whether we have the courage and commitment to make that change reality.

Getting started with BERRI: 5 simple opportunities to deliver better outcomes

1. **Pilot program development:** Start using **BERRI** with a small cohort of children today to evaluate the difference it could make in your organisation.

2. **Cost-benefit analysis consultation:** Meet with the **BERRI** team to discuss your challenges and how **BERRI** might be able to help.

3 **Introduction to successful implementations:** Speak to Project Leads in other organisations with real-life experience of **BERRI** in practice.

4 **Clinical services:** Clinical oversight of **BERRI** screenings, training, consultation, assessment/therapy packages, or full clinical service package.

5 **Research collaboration possibilities:** We regularly have research collaboration opportunities for organisations looking to pioneer innovative practice.

Implementation Planning and Estimated Timeline

Phase 1: Foundation Building (Months 1-3)

- Establish multi-agency commitment and engagement.
- Complete baseline training for key staff.
- Pilot **BERRI** with small group of children.
- Develop local protocols and procedures.
- Create data collection and analysis systems.

Phase 2: Skill Development (Months 4-6)

- Expand to larger cohort of children.
- Develop expertise in assessment and formulation.
- Integrate **BERRI** into decision-making processes.
- Build relationships with clinical support team.
- Begin tracking outcome improvements.

Phase 3: System Integration (Months 7-12)

- Embed **BERRI** in all relevant care planning processes.
- Develop local expertise and sustainability.
- Create continuous improvement processes.
- Measure and report on outcomes achieved.
- Plan for long-term sustainability and expansion.

Appendices

Appendix A: Research and Academic Validation

Peer-Reviewed Publications:

- Westlake et al. (2025). Risk vulnerability in residential settings. Child Abuse & Neglect

Academic Partnerships:

- University College London (UCL) collaboration.
- Anna Freud Centre partnership.
- PhD research validating BERRI framework and outcomes.

Sector Reports:

- Nationwide Association of Fostering Providers (NAFP) joint report (May 2024).
- Analysis of in-house vs. IFA fostering outcomes.
- Supported accommodation risk assessment findings.

Appendix B: Contact Information and Next Steps

Clinical Team:

- Dr. Miriam Silver, Founder and Consultant Clinical Psychologist.
- Dr. Lucy McGregor, Clinical Lead and Clinical Psychologist.
- Dr. Lucky Ganatra, Clinical Psychologist.
- Dr. Wanda Fischere, Clinical Psychologist.

Partnership Opportunities:

- **Pilot program development:** Start using **BERRI** with a small cohort of children today to evaluate the difference it could make in your organisation.
- **Cost-benefit analysis consultation:** Meet with the **BERRI** team to discuss your challenges and how **BERRI** might be able to help.
- **Introduction to successful implementations:** Speak to Project Leads in other organisations with real-life experience of **BERRI** in practice.
- **Research collaboration possibilities:** We regularly have research collaboration opportunities for organisations looking to pioneer innovative practice.

BERRI™

Improving Outcomes for Children

This guide represents real outcomes from **BERRI** partnerships with local authorities and care providers. All case studies are based on actual results, with identifying details changed to protect confidentiality.

For more information about implementing **BERRI** in your organisation, please contact:

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