

# EVALUATION OF THE ESSEX COUNTY COUNCIL FAMILY INNOVATION FUND: AN EARLY HELP PROGRAMME

Autumn 2017. This is an interactive PDF. To reach a specific section, click on the titles and icons within the document. Right-click over video to open in a new window.



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# Introduction

Increasing financial pressures on Local Authorities have seen Early Intervention services deprioritised and under-funded. This has left a gap in service for those families who do not qualify for statutory or specialist services but who do need support.

There is now a substantial body of evidence to support the argument that meeting the needs of these children, young people and families at the earliest opportunity will develop the resilience and self-efficacy for good outcomes and, as a result, there will be a reduction in demand and therefore financial benefit for a range of public services such as Social Care, Education, Health and Police<sup>1</sup>.

The Family Innovation Fund (FIF) was launched in Essex in 2015 and was designed to provide Early Help interventions and support for children, young people and parents/carers with low level (level 2) additional needs (see Figure 1).

OPM Group was commissioned by ECC to evaluate the FIF programme, to provide practice-based evidence for what works in Early Help, and to provide the economic case for further investment. This report summarises the findings at the end of the two-year evaluation. Where quotes are attributed in this report, all names have been changed.



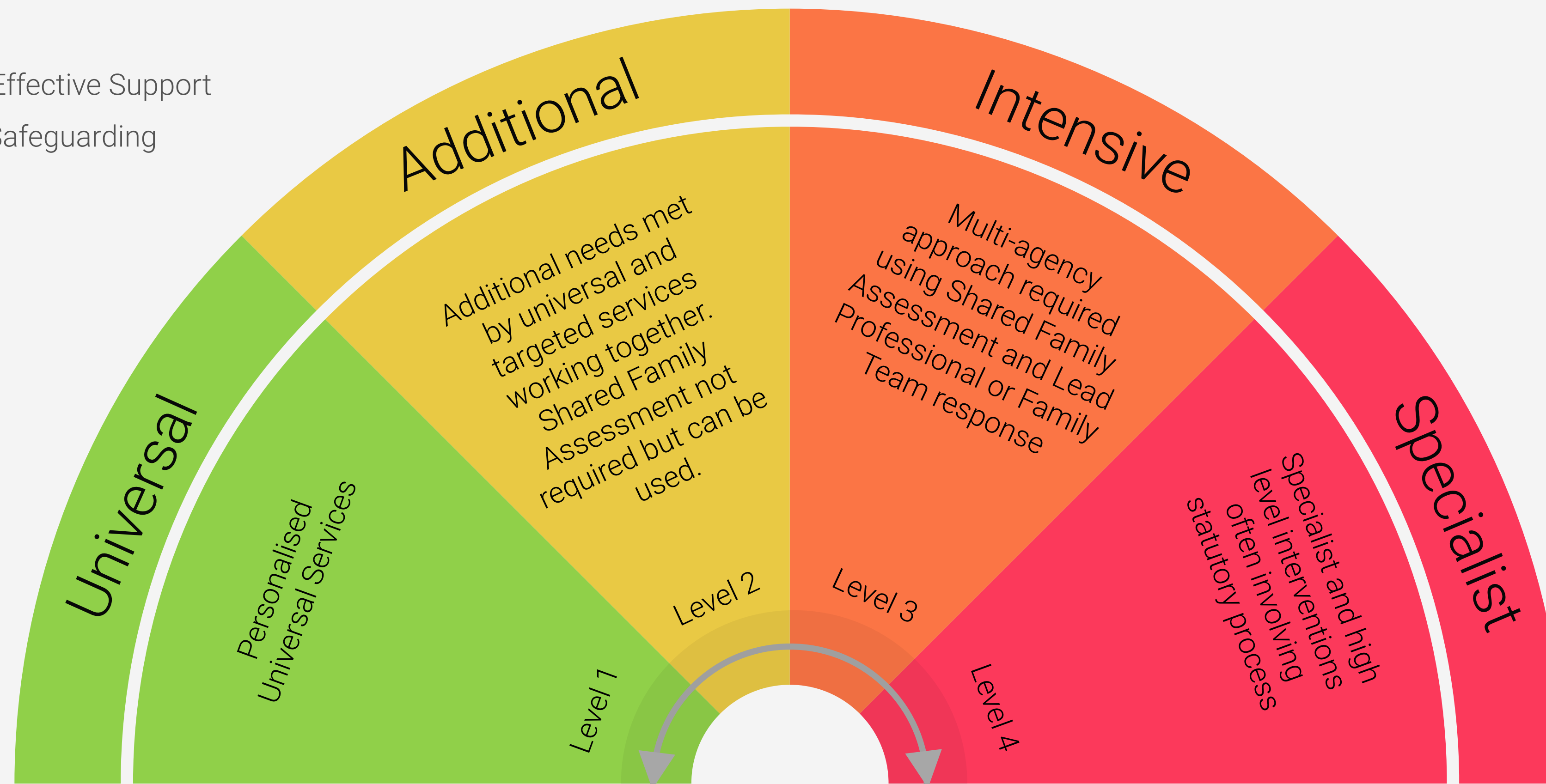
<sup>1</sup> Allen, G. 2011. Early Intervention: Smart Investment, Massive Savings, The Second Independent Report to Her Majesty's Government.

Field, F. (2010) The Foundation Years: preventing poor children becoming poor adults. The report of the Independent Review on Poverty and Life Chances.



# Introduction

Figure 1: The Essex Effective Support  
Windscreen (Essex Safeguarding  
Children Board)



Examples of services delivered across the windscreen of need:



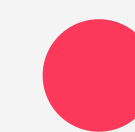
Universal:  
Schools  
GPs  
Dentists



Additional:  
Family Innovation Fund  
Child & Family Wellbeing Service  
Emotional Health & Wellbeing Service



Complex/Intensive:  
Family Solutions



Specialist:  
Social Care



# Introduction: Programme Aims

Early Help is about taking action as soon as possible to tackle problems for children and families before they become entrenched and more difficult to reverse. Early Help is not just about the early years but also about young people, and their parents and carers. Early Help provides the right support at the right time and, done well, supports children, young people, and their parents and carers to build their resilience, so that problems do not escalate and they are able to thrive and live happily in their communities<sup>2</sup>.

The FIF programme focuses on delivering outcomes that will:

- a) improve family stability and resilience by enabling positive behaviour and relationships and connecting people with their communities<sup>3</sup>; and
- b) reduce the likelihood of difficulties escalating that might result in demand on costly specialist or statutory services.

Individuals and families might come to the FIF programme for a variety of reasons (see Figure 2). The only restriction is that the person being referred is not already receiving specialist or statutory support.

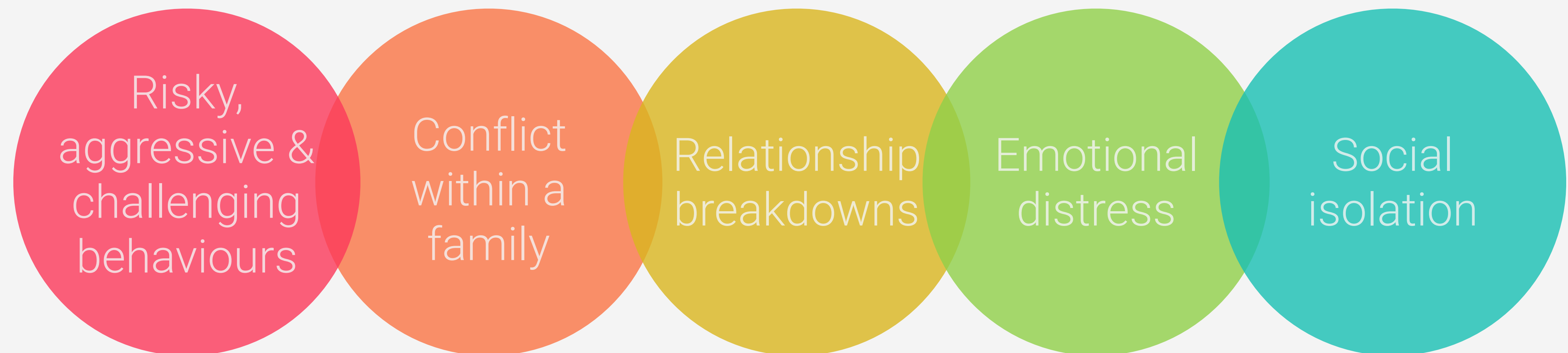


<sup>2</sup> Essex Early Help Offer, Essex County Council 2015: <http://dnn.essex.gov.uk/Portals/49/Documents/Home/EssexEarlyHelpSeptember2015.pdf>

<sup>3</sup> Outcomes and interventions were determined by ECC through a robust needs assessment and a review of the evidence of what works to deliver those outcomes.

# Introduction: Programme Aims

Figure 2: FIF provides helps for the following issues:





# Introduction: Programme specifications

The FIF programme is delivered via four specifications (see Figure 3). The specifications were designed to provide flexible and accessible support that is embedded in local areas, as well as taking a whole family approach, not just providing support for the member of a family referred. This approach recognises that behavioural and emotional problems in children and young people are often a product of their environment, experiences and relationships rather than an intrinsic issue with the child themselves<sup>4</sup>. All services are available to the parents and carers of children and young people and, in some cases, their children may never need to be seen by practitioners.



<sup>4</sup>Field, F. (2010) The Foundation Years: preventing poor children becoming poor adults. The report of the Independent Review on Poverty and Life Chances.

# Introduction: Programme specifications

Figure 3: Four specifications of the FIF programme







# Introduction: Programme delivery

The total contract value for FIF for 2015-2017 was £2,542,000 across 16 contracts with six third sector service providers (see Figure 4), four of which operated in partnerships or sub-contracting relationships with other providers.

Although third sector providers have been provided with grant funding from ECC in the past, this was the first time for most that they had entered into legally binding contracts. This involved a significant learning curve for the providers and commissioners alike to ensure the providers met the requirements of the contracts. This learning is captured in pages 66-74.

Figure 4: FIF Specifications and Providers

Specification: Quadrant:	Parenting Support	Counselling & Mediation	Coaching & Mentoring	Young People (risky behaviours)
South	The Children's Society	Open Door Thurrock	YMCA Southend	The Children's Society
Mid	The Children's Society	Kids Inspire	Kids Inspire	The Children's Society
West	The Children's Society	Kids Inspire	Open Door Thurrock	The Children's Society
North East	Colchester YES	Colchester YES	Home-Start Colchester	The Children's Society

# Methodology

Figure 5: Methods

Evaluation area	Methods
Scoping	Workshop with the six provider organisations. Focus group with young people (Young Essex Assembly). Scoping interviews with 6 senior leaders at provider organisations and 2 strategic stakeholders. Identifying outcomes tool.
Immediate impact of the programme	Outcomes Star (impact measurement tool) readings pre- and post-FIF for 1,970 individuals. In-depth interviews with 46 service users, 16 practitioners and 6 referring schools. Two video case studies.
Sustainability of the impacts 6-12 months post-FIF	Outcomes Star readings 6-12 months post-FIF for 87 individuals who consented to being tracked beyond the end of the support. Tracking statutory and specialist service use among 179 individuals who consented to being tracked beyond the end of the support.

# Methodology

Figure 5: Methods (contd)

Evaluation area	Methods
Sustainability of the impacts 6-12 months post-FIF (contd)	Follow-up in-depth interviews with 31 service users, and 9 practitioners and 6 senior leaders at provider organisations. Interviews with 4 stakeholders.
Economic assessment of the programme	Identifying costs and benefits of delivering the programme. Estimating costs avoided as a result of the programme.
Learning to inform future development	In-depth interviews with practitioners, senior leaders within provider organisations, commissioners, and other key stakeholders.

# Headline Findings

- Over **11,000** individuals entered the FIF programme in 2015-2017.
- Over **90% of service users experienced increased resilience** following Early Help, as evidenced by the Outcomes Star.
- The main **areas of progress for children and young people** were: ability to manage their feelings and behaviour; emotional wellbeing; and more positive relationships with family and friends.
- The main **areas of progress for parents** were: feeling less alone, adopting strategies to better cope with their children's behaviour; and improved relationships across the whole family.
- Evidence from the Outcomes Star and qualitative research demonstrates that, at the time of checking, **positive changes were sustained 6-12 months after receiving Early Help**.
- The average **cost per FIF service user is £240**, which is significantly lower than the cost of the statutory and specialist services from which service users could be diverted.





# Headline Findings

- One in five (21%) of a sample of 179 service users went on to access **statutory and specialist services** after receiving FIF Early Help.
- Based on our economic modelling, **FIF Early Help needs to enable a minimum of 15.6% of service users to avoid use of statutory and specialist services** in order to have a positive budget impact. If this is achieved, it would have a net budget impact of £712k, with a 128% return on investment<sup>5</sup> and a payback period of 8 years<sup>6</sup>. If in fact a higher proportion of service users avoid using statutory and specialist services as a result of FIF, then the programme would deliver a positive return more quickly.



<sup>5</sup> Over a period of 10 years

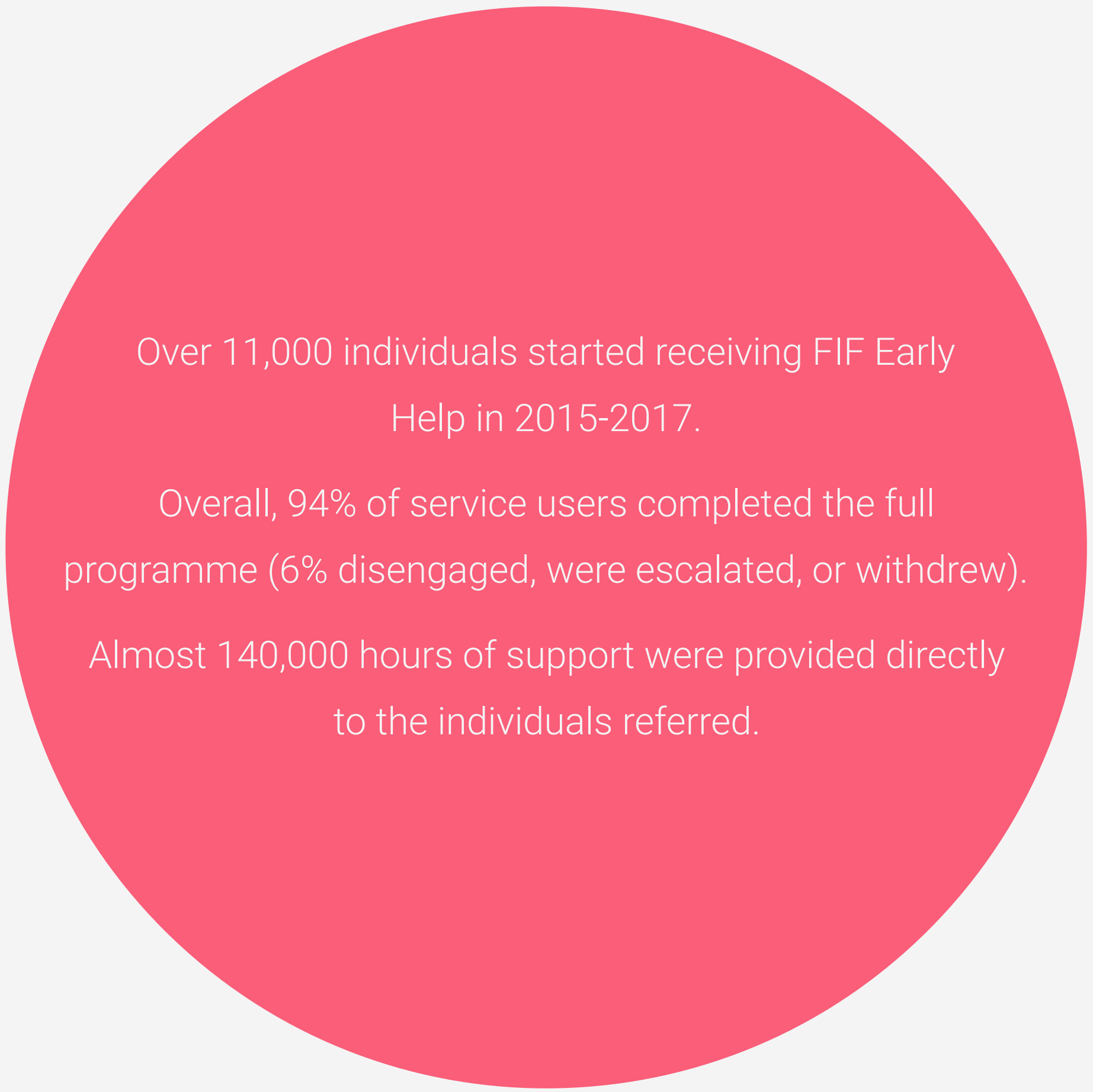
<sup>6</sup> These figures are without optimism bias applied

# Programme delivery

By the end of year two, 10,834 individuals had either completed or were mid-way through their FIF support. Over half received support through the Young People (risky behaviours) service specification, which is delivered predominantly via group work (see Figure 6)<sup>7</sup>.

The number of service users starting an intervention and the number of hours provided increased as the programme progressed to the second quarter of year two of the programme, and then levelled off.

There were two exceptions to this trend, occurring due to mobilisation difficulties in year one, which were resolved at the end of year two. For Young People (risky behaviours) the highest numbers of individuals started the support in Q2 and Q4 of year two. For Parenting Support, the highest number of hours was delivered in the last three quarters of year two.



Over 11,000 individuals started receiving FIF Early Help in 2015-2017.

Overall, 94% of service users completed the full programme (6% disengaged, were escalated, or withdrew).

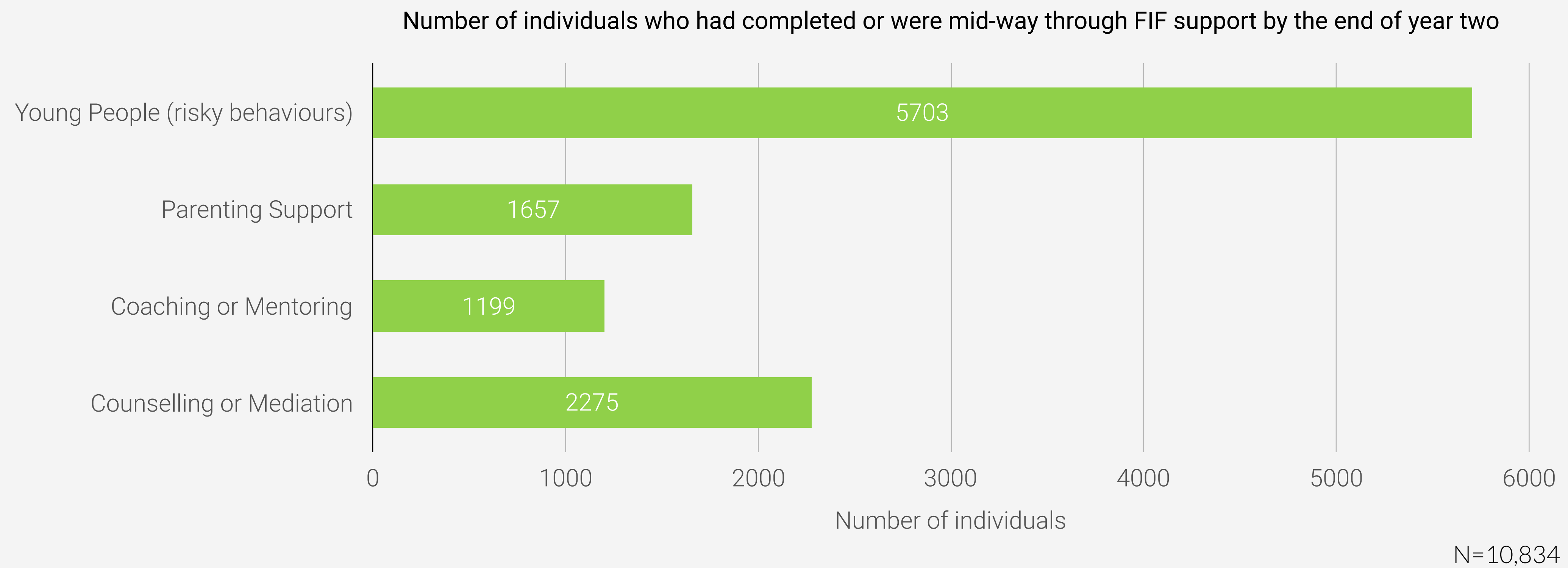
Almost 140,000 hours of support were provided directly to the individuals referred.

<sup>7</sup> Each specification had different targets (and contract values) proportional to the need in the area of delivery.



# Programme delivery

Figure 6: Number of individuals receiving FIF support by specification



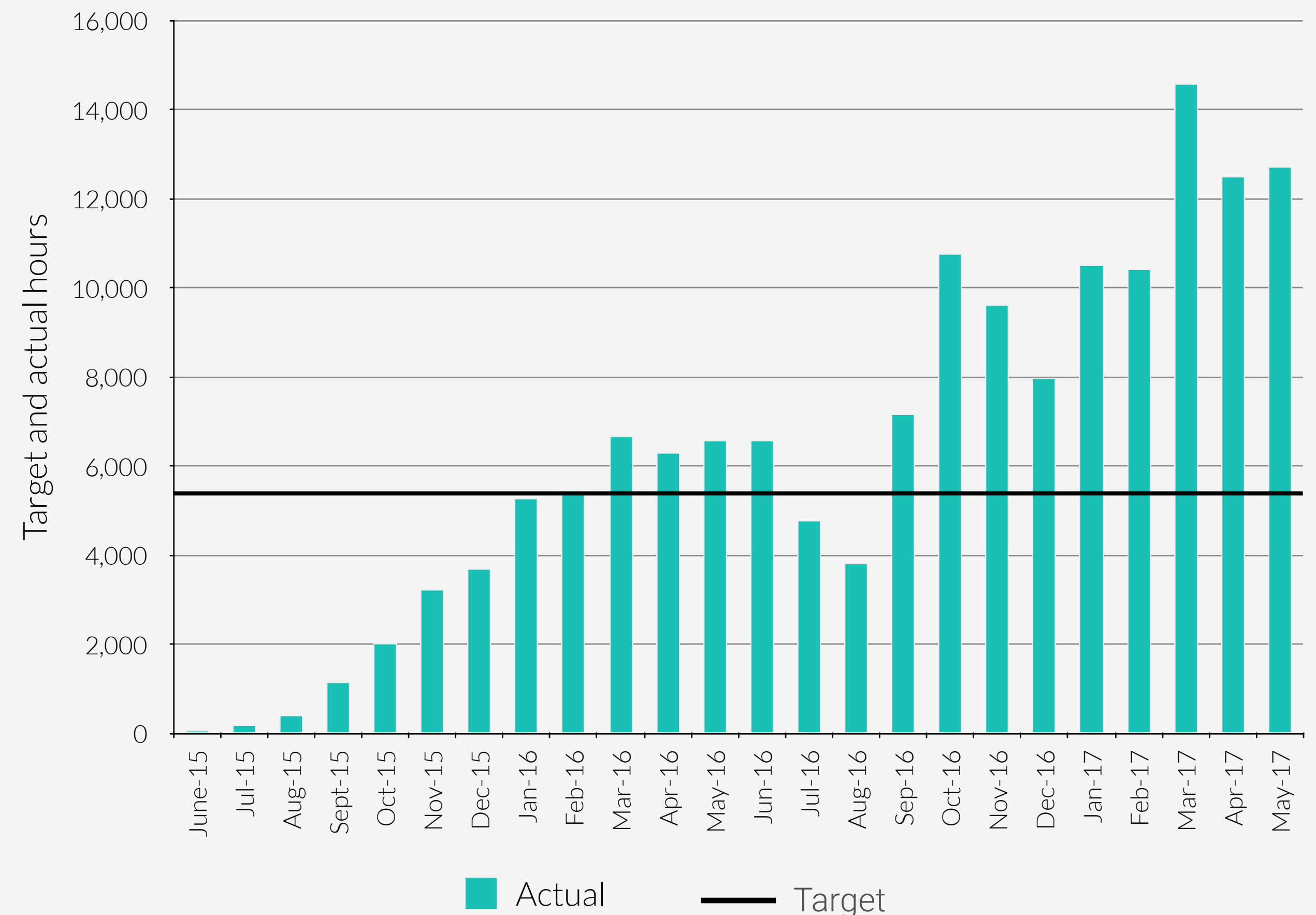


# Programme delivery against targets

The overall target hours for the programme per month was 5,393. This monthly target was met from January 2016 (end of Q2-Y1) onwards, except for a slight dip in July and August 2016 due to school holidays. Hours were typically 50% higher than target since October 2016 and more than double the target in the final few months (see figure 7)<sup>8</sup>.

The programme overall has met the targets for hours of service provision, despite a slow start due to mobilisation difficulties. The percentage of target hours being delivered increased in each quarter for all quadrants. However, there were variations by specification in how quickly they met their targets. In particular, Parenting Support experienced significant mobilisation difficulties in year one that were resolved by the end of year two.

Figure 7: Programme delivery against targets per month



<sup>8</sup> Where target hours were exceeded, these hours were paid for within the overall contract rather than at additional cost.



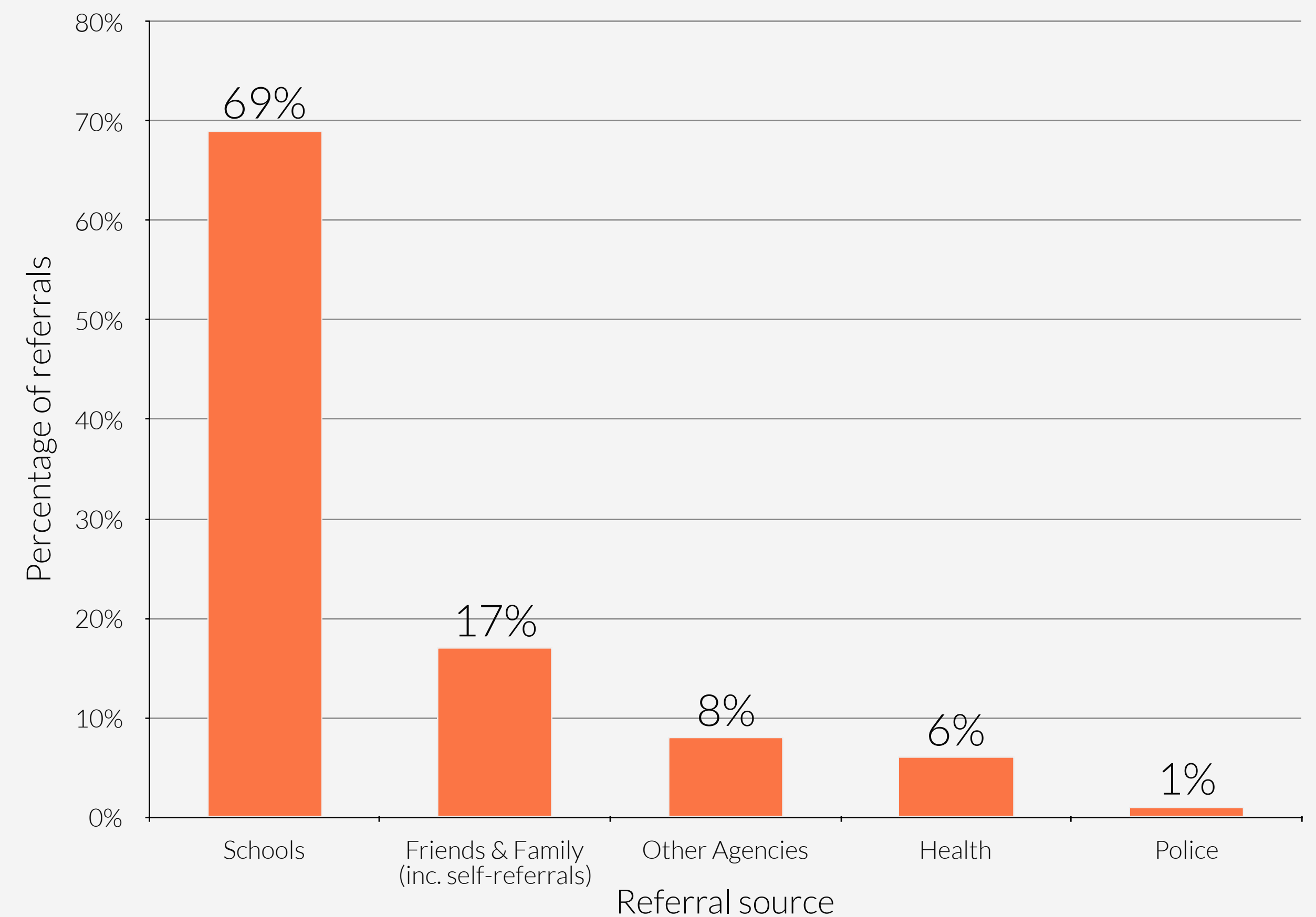


# Referral routes

Overall, one in three referrals (69%) came from schools and one in five (17%) were through family and friends (including self-referrals) (see figure 8). This was consistent across all four quadrants and all four specifications.

Nine in ten (90%) of referrals were accepted into the relevant FIF service. Of the 10% that were not accepted, just under half were signposted to other services (including other FIF services). For the others who were not accepted, either the service requested was not appropriate for the identified need, or the individual had an existing mental health issue and was eligible for the Emotional Wellbeing and Mental Health Service (EWMHS) for young people and families.

Figure 8: Sources of referral



N=12,777

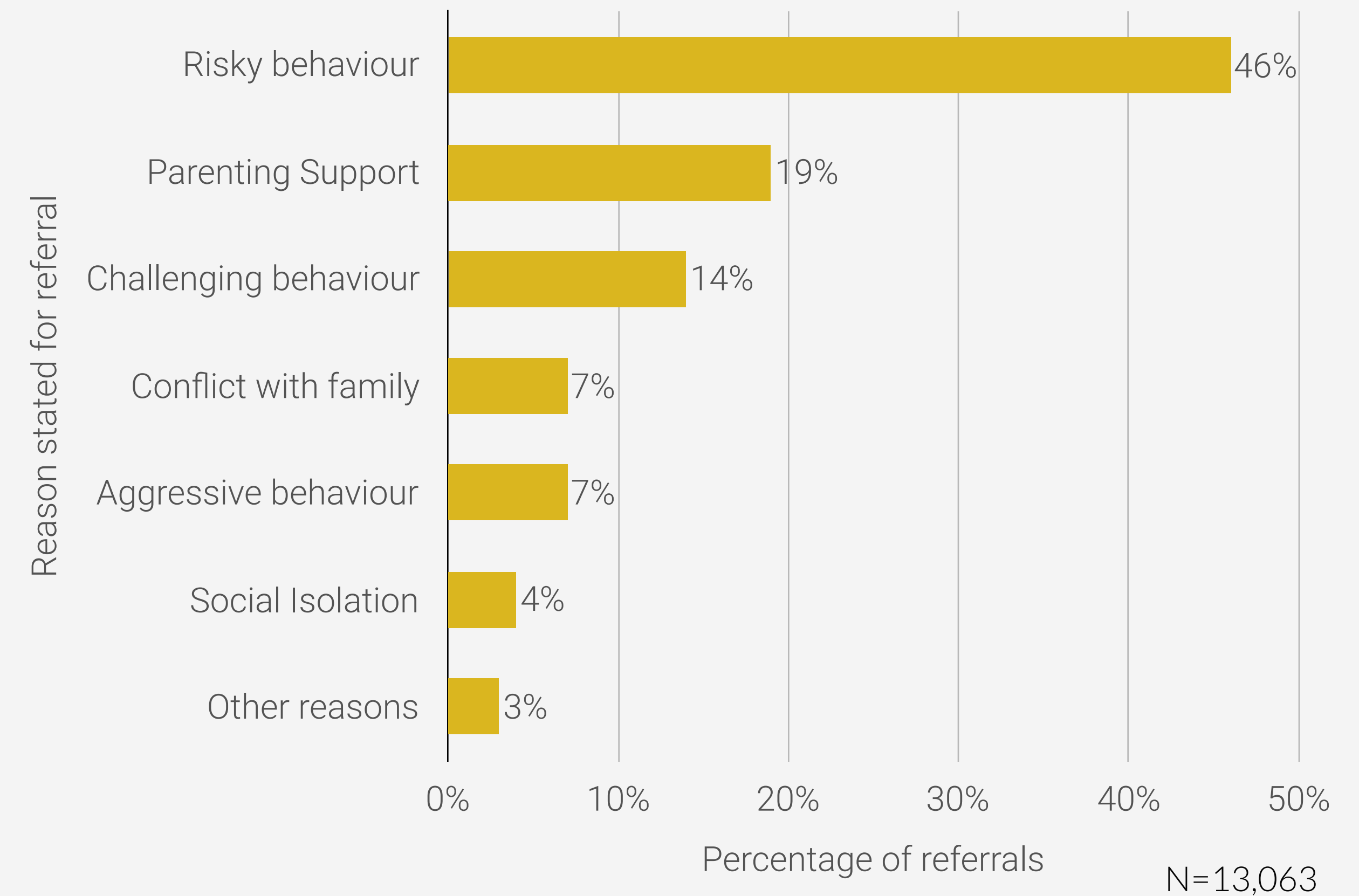
# Referral reasons

Overall, the main reason for referral<sup>9</sup> was risky behaviour (46%), followed by emotional distress (19%) and challenging behaviour (14%) (see figure 9). The high proportion referred for risky behaviour overall is because the Young People (risky behaviours) programme is mainly group work, so there are more individuals entering that service compared to the other FIF services (see Page 15).

The reasons for referral varied by specification, because different services meet different needs:

- For Young People (risky behaviours), risky behaviour was the most common reason for referral.
- For Counselling or Mediation, emotional distress was the most common reason for referral.
- For Parenting, challenging behaviour was the most common reason for referral.
- For Coaching or Mentoring, both emotional distress and challenging behaviour were the main reasons for referral.

Figure 9: Reasons for referral



<sup>9</sup> These figures are from all referrals, including those who were not accepted.

# Service user demographics

Demographic data was available for almost 12,000 of all referrals, of which 54% were female and 46% male (see figure 10). However, this varied between the services with Parenting Support being accessed by more female service users (76%) and Young People (risky behaviours) support being accessed by marginally more male service users (52%). The majority of referred individuals (82%) were aged between 5 and 19 (see figure 11), although the support was often provided to family members in addition to the referred individuals. Individuals with learning difficulties made up 7% of referrals, and 2% of referred individuals had a disability.

Figure 10: Gender of individuals referred to FIF

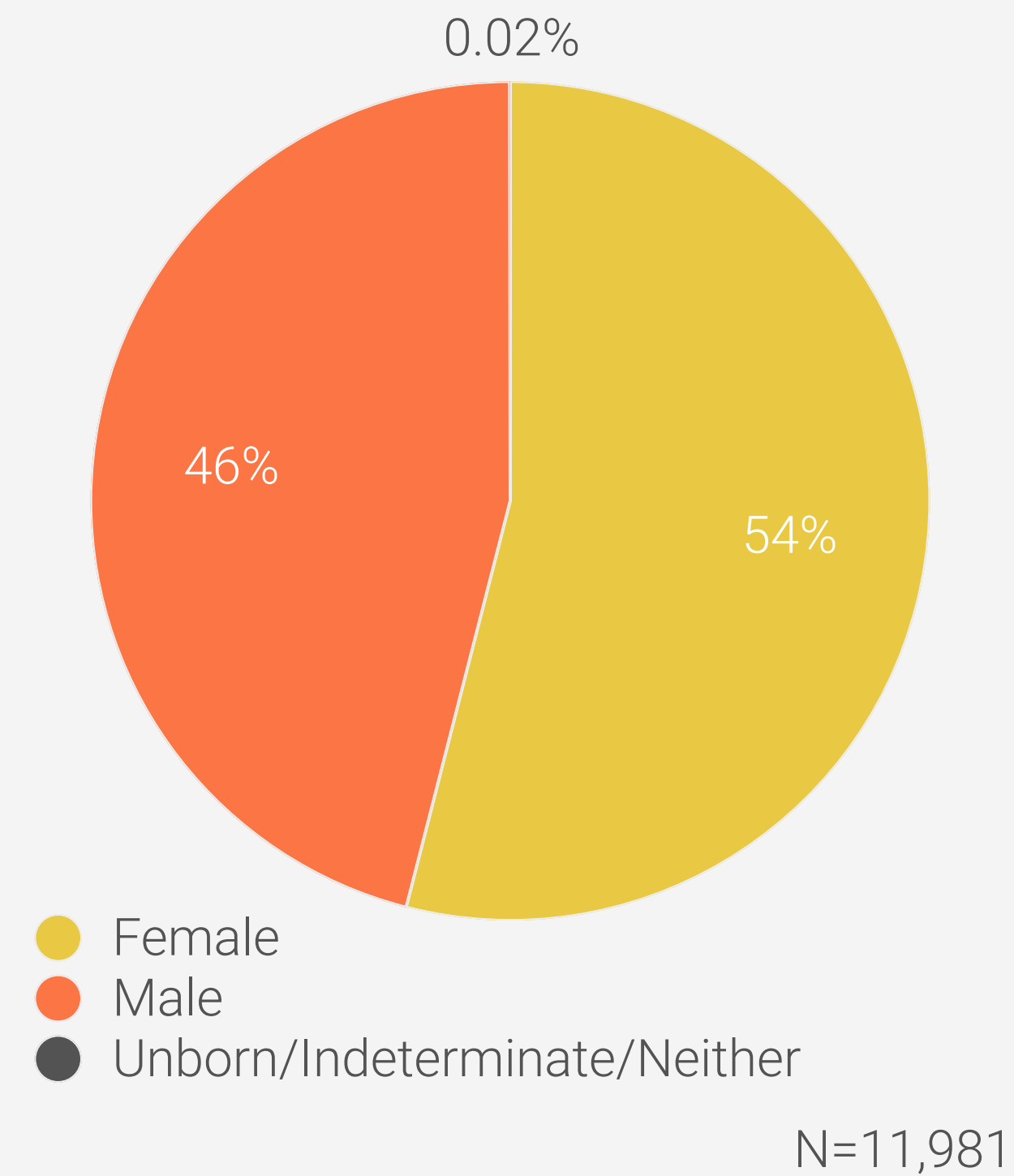
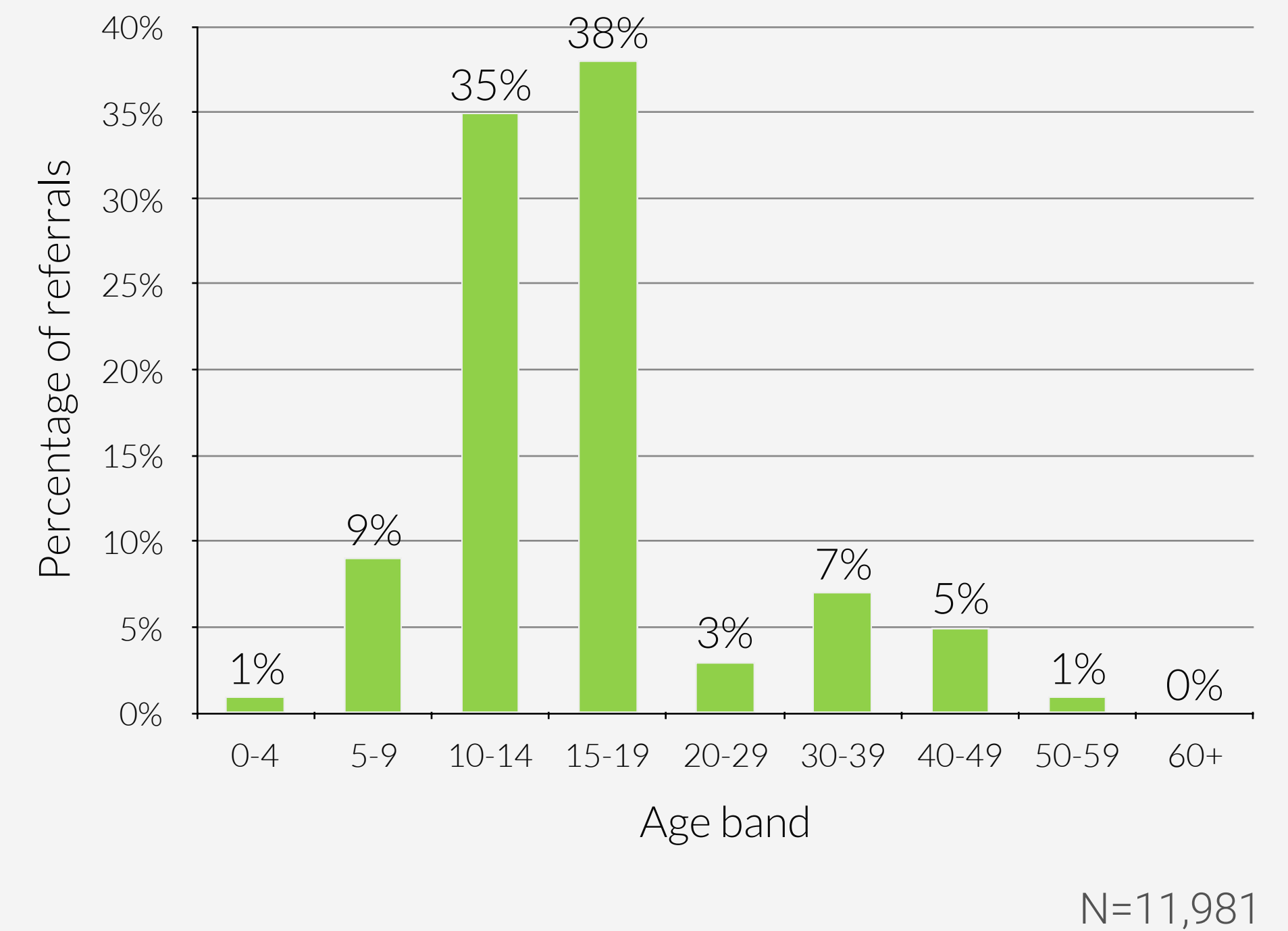


Figure 11: Ages of individuals referred to FIF



# Introducing the Outcomes Star

The Outcomes Star (produced by Triangle Ltd<sup>10</sup>) is an evidence-based assessment tool for both supporting and measuring change. It is designed to be used by practitioners in collaboration with service users, as an integrated part of the support being provided. Two versions of the Outcomes Star were introduced across the FIF Programme: My Star which is designed to be used directly with children and young people (see page 26) and the Family Star Plus which is designed to be used with parents (see page 34). Both Stars incorporate several outcome domains, which are each assessed by the service user with their practitioner on a scale that corresponds to the following journey of change:

- Stuck (lowest numbers on the scale)
- Accepting help
- Trying
- Finding what works
- Effective parenting (Family Star Plus) / Young people's resilience (My Star) (highest numbers on the scale)



<sup>10</sup> <http://www.outcomesstar.org.uk/>



# Introducing the Outcomes Star

A Star reading was carried out collaboratively between service users and their practitioners at the start and end of their support. For the 179 individuals who gave consent to be tracked beyond the end of their support, a follow-up reading was attempted 6-12 months later, resulting in 87 follow-up readings.

After using the Stars for several months, most practitioners reported that the tool had helped them to explore service user's needs holistically and to agree on the goals and priorities which should be addressed during the sessions. Similarly, most parents, children and young people enjoyed using the tool, finding it fun, interactive, and a positive record of their progress.



# Immediate impact: Overview

Evidence from the Outcomes Star data and in-depth interviews both demonstrate that Early Help is having a positive immediate impact on the resilience and wellbeing of children, young people and parents.

For children and young people, the largest progress evidenced through the Outcomes Star was seen in the outcome domains of 'feelings & behaviour' and 'confidence & self-esteem'. Similarly, in-depth interviews highlight particular progress in children and young people's ability to manage their feelings and behaviour, as well as emotional and mental health improvements linked to having more positive relationships.

For parents, the largest progress evidenced through the Outcomes Star was seen in the outcome domains of 'boundaries & behaviour' and 'meeting emotional needs'. In-depth interviews also demonstrate that parents had adopted the tools and developed the strategies needed to better manage their children's behaviour, and improve relationships and communication with their children and across the whole family. In some cases, although a child may be referred initially, when the parents receive support they have a significant positive impact on their child's situation and behaviour.

The findings relating to sustainability of these impacts are mixed for a variety of reasons (see pages 41-56).



# Immediate impact: Key themes

The key themes relating to the immediate impacts of Early Help are listed below and discussed in more detail in the following pages.

For children and young people:

- Self-managing behaviour and emotions (page 28)
- Improvements at school (page 29)
- Improvements at home and in family relationships (page 30)
- Social networks and friendships (page 31)
- Safety and understanding risk (page 32)
- Emotional wellbeing and confidence (page 33)

For parents:

- Feeling less alone (page 36)
- Strategies and knowledge to manage behaviour (page 37)
- Improved family relationships (page 38)
- Emotional wellbeing and confidence (page 39)



# Immediate impact: Key themes

The improvements shown in self-management, emotional wellbeing, relationships and communication lay important foundations for parents and children alike, to help them become more resilient to the challenges that arise in the future<sup>11</sup>. The positive changes that occur when the whole family is involved in Early Help are illustrated by two video case studies presented on the following pages.



<sup>11</sup> Margo, J. and Sodha, S. (2007) Get happy: children and young people's emotional wellbeing, Action for Children



# Case Studies

## Lewis's Story

Twelve-year old Lewis was referred to Counselling through the FIF programme, due to extreme behaviour at home that was affecting relationships throughout the whole family. The support helped Lewis to manage his feelings, and helped Lewis' parents to modify how they responded to and managed his behaviour. The family is now able to enjoy quality time together, with improved communication, and Lewis' sister feels less tense and nervous than she did before.



## Liam's Story

Fourteen-year old Liam was offered Mentoring through the FIF programme, to help build his confidence after experiencing severe bullying. The support helped Liam to be more independent, make friends, overcome his shyness, and cope with his feelings. By involving the whole family, the mentor also identified that a FIF Parenting course could help Liam's mother to support Liam more effectively. Liam now feels happy and relaxed, and recently came runner-up in a national gardening competition.

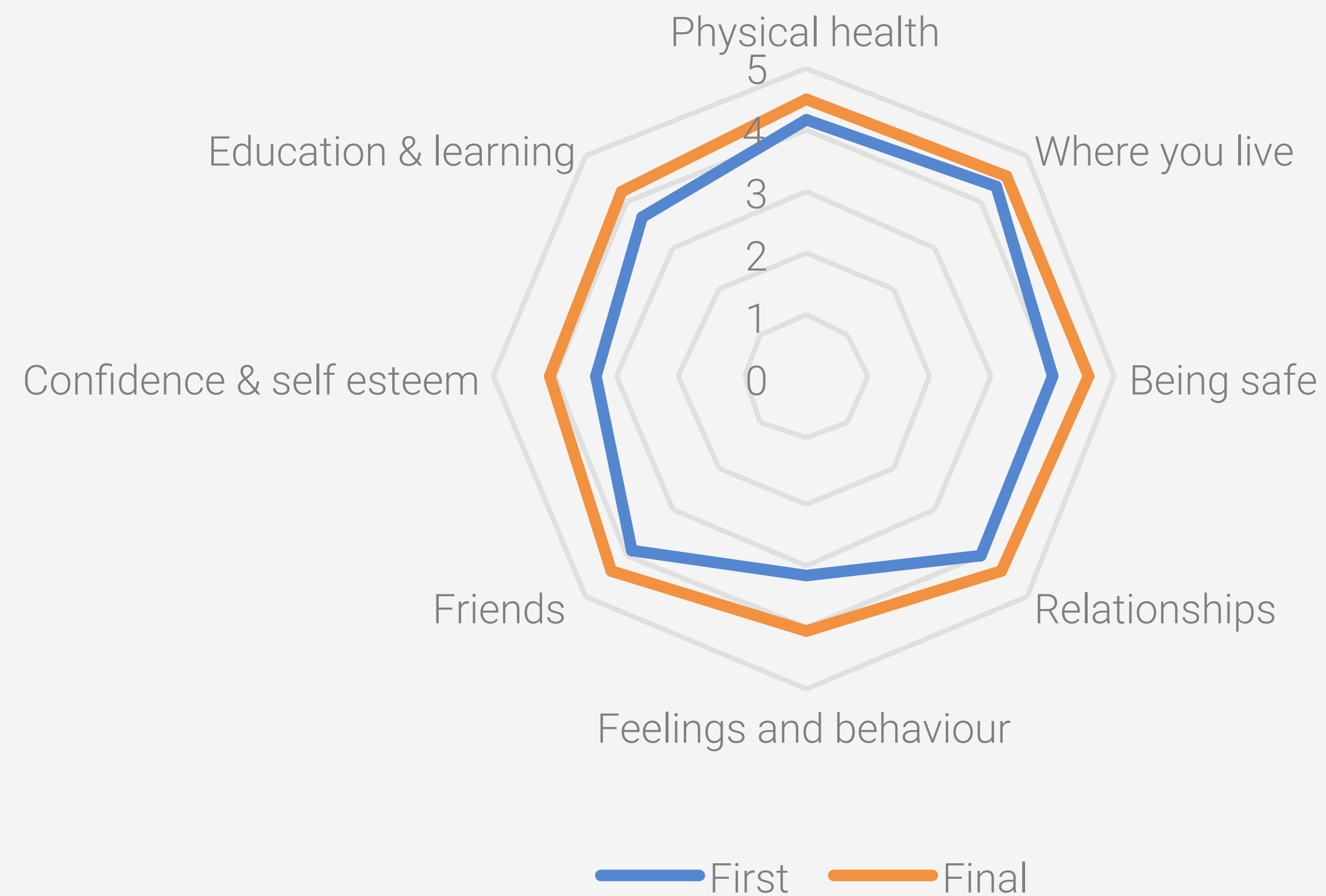




# Impact on children and young people: My Star data

An explanation of the Outcomes Star data below is provided on the next page.

For an introduction to the Outcomes Stars, see page 20.





# Impact on children and young people: My Star data

There were 1,213 individuals with at least two My Stars completed (see page 26). These were from children and young people accessing Counselling or Mediation, Coaching or Mentoring, and the Young People (risky behaviours) support. **Overall, 93% of individuals experienced an increase in their My Star scores from the start to the end of the support.**

The average starting score was 3.8 (out of 5). These scores indicate the support is reaching those who would benefit from early help with 3 representing 'Trying' and 4 representing "Finding what works" (see page 20). Lower starting scores would indicate cases being more complex with a higher level of need. The lowest average starting point was in the outcome domain of 'feelings & behaviour' (3.2), followed by that of 'confidence & self-esteem' (3.4), reflecting some of the common reasons for referral into the programme (see page 18).

**All scores show a statistically significant positive change from the start to the end of the support** with an average overall average increase of 0.5 points for each of the three relevant service specifications. For each of the service specifications, the largest progress was made in the outcome domain of 'feelings & behaviour' and 'confidence & self-esteem'. These were also the domains with the lowest starting scores, demonstrating that the support provided addressed the key areas of need for those individuals. These patterns reflect the qualitative evidence, where key outcomes for children and young people included self-managing their behaviour and emotions, improvements in behaviour at school and home, and improved emotional wellbeing.



# Impact on children and young people: Self-managing behaviour and emotions

A key theme from in-depth interviews, and underpinning the improvements seen in the Outcomes Star data, was that the support provided enabled many children and young people to develop coping skills and strategies for:

- Managing their behaviour and challenging situations; and
- Better understanding their emotions and experiences.

Tools such as resource books on anxiety or strategies like journaling, reflection, and mindfulness helped young people better manage aggressive or reclusive behaviours and deal with challenging experiences.

Having better coping skills and strategies, and learning to apply them consistently resulted in positive changes in behaviour at school, at home, and with friends, and resulted in an improved ability to cope with their emotions. Learning these skills and strategies for managing behaviour and emotions early on lays a solid foundation for a young person's future and is shown to be a prerequisite for academic success<sup>12</sup>, suggesting that there could be longer-term benefits of this impact. See pages 41-56 for the sustainability of these impacts.

*"I can control my anger better...I go and talk to my student officer when I'm feeling angry or upset. I would have punched the wall before or started a fight with another student."*

*– Jamie, young person*

<sup>12</sup> Snyder, H. (2001). Child delinquents. In R. Loeber & D.P. Farrington (Eds.), Risk factors and successful interventions. Thousand Oaks, CA: Sage.

# Impact on children and young people: At school

In addition to developing strategies for self-managing behaviour and emotions, there were several areas of impact for children and young people in their experience and success at school. These were:

- Enjoyment of school and improved attendance;
- Improved behaviour; and
- Development of goals and aspirations.

After the Early Help support, school attendance improved for some children and young people, while others who were attending felt more at ease about going to school. These changes led to children and young people being more engaged in classroom content and to cause fewer classroom disruptions. In some cases, positive relationships with FIF practitioners created space for children and young people to consider, discuss, and take action towards their goals and future aspirations, rather than focusing on immediate challenges such as detention for poor behaviour or issues with friends at school. If these impacts were to be sustained, they could have far-reaching positive consequences for young people's education and future prospects<sup>13</sup>, both for the FIF service users directly and for their classmates who experience less disruption.

*"He would go to school and wasn't kicking and screaming anymore. He said he was looking forward to school."*

*– Sarah, parent*

*"They helped me think I can achieve what I want. Before, I didn't know what I wanted to do... [the support] made me clearer and more confident."*

*– Chloe, young person*

<sup>13</sup> Chowdry, H. and McBride, T. (2017). Disadvantage, Behaviour and Cognitive outcomes: Longitudinal analysis from age 5 to 16, Early Intervention Foundation.



# Impact on children and young people: At home and with family

Similarly, the support had positive impacts on many children and young peoples' experiences at home and with family relationships. Early Help led to them feeling:

- More supported at home; and
- More confident, calm, and happy at home.

The support enabled children and young people to develop effective strategies for managing family relationships. Children and young people were encouraged and supported to be more open with their parents/carers and developed the ability to communicate better with them. As a result, they felt better understood and supported at home, and less alone and disconnected in their relationships. These positive changes were especially apparent where the whole family had received support, rather than just the child or young person that had been referred, because all family members were then able to adapt how they communicated with each other. Overall, as a result of Early Help, children and young people often felt happier at home, which lays an important foundation for the development of life skills in the future<sup>14</sup>.

*"I was close to my dad, but not as close as we used to be. Since the sessions, it's helped me open up more to him again."*

*– Yasmin, young person*

*"[My daughter] is more upbeat and helpful around the home since the sessions."*

*- Neil, parent*

<sup>14</sup> Bernier, A., Carlson, S. M., Deschênes, M., & Matte-Gagné, C. (2012). Social factors in the development of early executive functioning: A closer look at the caregiving environment. *Developmental Science*, 15, 12–24.

# Impact on children and young people: Social networks and friendships

In-depth interviews indicated that children and young people can come to Early Help experiencing iexperiencing social isolation or, in contrast, socialising with friends who encouraged risky behaviour. The support they received enabled them to develop positive social networks and friendships, and they learnt to:

- Choose supportive friends;
- Trust and connect with friends; and
- Feel less alone and isolated.

With support, children and young people learned the importance of, and how to build, supportive relationships. To facilitate this, practitioners sometimes took proactive approaches to helping the children and young people to make new friends, such as taking them to play sports at clubs or putting them in contact with places they could volunteer.

By developing healthy relationships with peers, children and young people started to feel more comfortable sharing emotions with people who could help, rather than hinder, their progress. In the future, if this impact is sustained, these healthy friendships can help children and young people avoid risky behaviours or negative outcomes in their education as well as future relationships, ultimately supporting their emotional wellbeing and mental health in the longer term<sup>15</sup>.

*"Before I was quite closed off...Now I have friends I know I can trust."*

*– Jade, young person*

*"[My daughter] is now meeting like-minded girls and volunteering, it's giving her something to focus on outside of school."*

*– Janine, parent*

<sup>15</sup> Gifford-Smith, M. E., & Brownell, C. A. (2003). Childhood peer relationships: social acceptance, friendships, and peer networks. *Journal of School Psychology*, 41(4), 235–284.

# Impact on children and young people: Safety and understanding risk

Where Early Help focussed specifically on addressing risky behaviours, this helped children and young people:

- Understand the impacts of risky behaviour and make safer choices; and
- Be safely independent.

Among children and young people who accessed Early Help for support with risky behaviours, activities such as using drugs and alcohol, and risky sexual behaviour were common. While the support did not always completely reverse risky behaviour in the short-term, it enabled more informed decision making and often resulted in minimising the behaviour and therefore the associated risks. The support was especially effective when parents and young people were both involved, as they were encouraged to communicate more openly with each other and to find strategies together to help the young person avoid the risk-taking behaviours in future.

In many cases, these behaviour shifts resulted in parents feeling more confident in allowing their children greater independence, creating more trust and ease in relationships and opportunities for children to develop independence safely. This journey for parents was not always easy, because it involved coming to terms with their child's risk-taking behaviour, so the support of practitioners for this emotional journey was vital.

*"Before I was doing weed, but with their help and advice, I don't do it as much now...I know the dangers of it and everything. Understanding the dangers made me decide not to do it so much."*

*- Jackson, young person*



# Impact on children and young people: Emotional wellbeing and confidence

Overall, these changes in their ability to manage their emotions and behaviour and improve their relationships had a positive effect on children and young people's emotional wellbeing and confidence, helping them:

- Feel less stressed and worried; and
- Feel more confident, positive, and happy.

By developing coping skills and strategies, many children and young people reported feeling less stressed and worried about challenging situations at school, home and beyond. This gave children and young people the space to develop confidence.

Building confidence enabled many children and young people to try new activities such as sports clubs or walking home from school safely on their own. By being more involved with activities and healthy friendship groups, children and young people said they felt happier, more independent, and often had a more positive outlook on their future. Evidence shows that emotional wellbeing is linked to improved social mobility and future prospects for children and young people<sup>16</sup>, suggesting that these positive changes could have long-lasting consequences.

*"I see the world in a better light.  
I always used to see the bad in  
things. But now, I see everything a bit  
more clear."*

*– Charlie, young person*

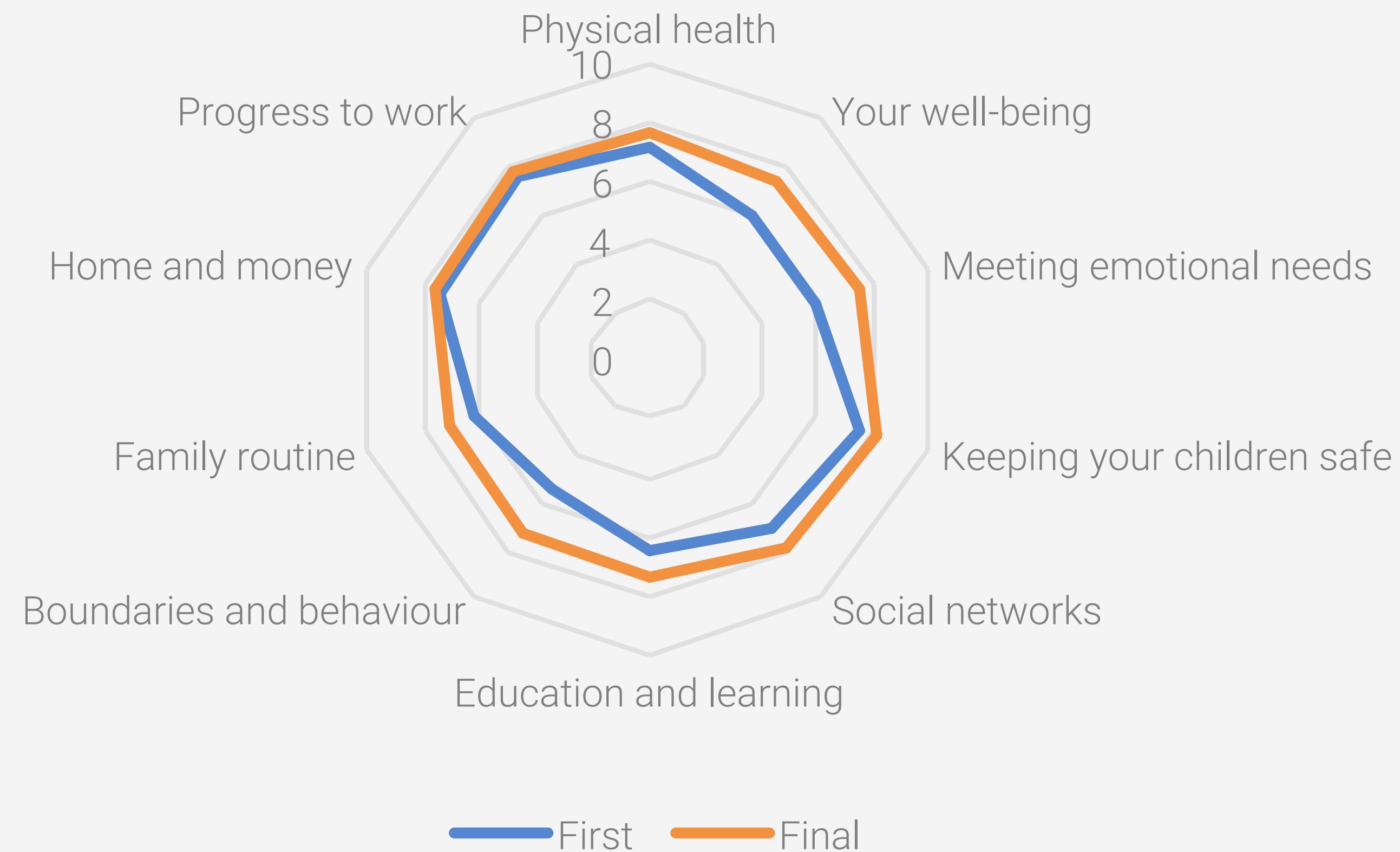
*"I used to be quite shy - I'm a little  
more confident in myself. Now I'll  
give everything a go!"*

*– Katie, young person*

<sup>16</sup> Margo, J. and Sodha, S. (2007) Get happy: children and young people's emotional wellbeing, Action for Children



# Impact on parents: Family Star data



N=757





# Impact on parents: Family Star data

There were 757 parents with at least two Family Stars completed (see page 34). These were predominantly from those who accessed the Parenting Support (79%), with some who accessed Counselling or Mediation (15%), and Coaching or Mentoring (6%). **Overall, 92% of individuals experienced an increase in their Family Star scores from the start to the end of the support.**

The average starting score was 6.7 (out of 10). These scores indicate the support is reaching those who would benefit most from Early Help with scores 5/6 representing 'Trying' and 7/8 representing "Finding what works" (see [page 20](#)). Lower starting scores would indicate cases being more complex with a higher level of need. The lowest average starting point was in the outcome domain of 'boundaries & behaviour' (5.5), followed by 'meeting emotional needs' (5.9) and 'your wellbeing' (5.9). It is surprising that 'keeping your children safe' (7.6) did not have a low starting score, since parents do receive support to reduce risky behaviour in their children through the FIF programme. However, practitioners reported that parents had difficulty talking openly about this domain, fearing judgement if they were to say they struggled to keep their children safe.

**All scores show a statistically significant positive change from the start to end of the support.** Coaching or Mentoring saw the biggest average increase of 1.3 points, followed by Parenting Support (average increase of 0.9 points) and Counselling or Mediation (average increase of 0.7 points). For each of these service specifications, the largest progress was made in the outcome domains of 'boundaries & behaviour', 'meeting emotional needs', and 'your well-being'. These were also the domains with the lowest starting scores, demonstrating that the support delivered met the needs of parents. These patterns match the qualitative evidence where impacts for parents included self-reported improvements in ability to manage their child's behaviour, family relationships, and their own emotional wellbeing.

# Impact on parents: Feeling less alone

In-depth interviews revealed that the most immediate impact of Early Help for parents was that they felt less alone and isolated as a result of:

- Feeling listened to, supported, and relieved to be taken seriously; and
- Observing other parents experiencing similar challenges.

Several families we interviewed received Early Help after seeking support for a long time, because until FIF was launched there was gap in support at the right level for their needs. As a result, these parents felt relieved when practitioners and other parents offered empathy or shared similar difficult experiences.

When their children received support, parents felt relieved that their issues were taken seriously. This sense of relief was augmented when practitioners involved parents in their children's support because they had a sense of what changes they could expect and how to enhance the benefits of the support.

For those who attended group parenting sessions, knowing other parents experienced similar issues reassured them that they weren't alone or 'bad' parents. These discoveries helped parents to stop blaming themselves for their children's behaviour and to be more receptive to learning and changing their approach to supporting their children.

This sense of reassurance and feeling less alone laid an important foundation for other positive impacts to occur, which are outlined in the following pages.

*"I know I am not alone, I know more clearly other families have this problem, I know he is not abnormal despite this difficult time."*

*- Charlotte, parent*

# Impact on parents: Strategies and knowledge to manage behaviour

The most tangible impact for parents was that Early Help increased their ability to cope with their child's behaviour as they:

- Gained practical strategies and tools;
- Developed improved knowledge of issues affecting their children, for example drug use or special educational needs; and
- Received ongoing support to implement strategies consistently.

By learning to use tools such as behaviour charts and to implement routines, parents established clearer boundaries and more consistent parenting techniques, helping them to develop their parenting capacity and feel more capable to support their children.

Parents also gained knowledge and information. For example, by learning about signs and effects of drug use, parents felt more empowered to support their children to avoid or stop using drugs. Other parents who received support had children with a diagnosis of ADHD, and learning more about this condition helped them better communicate with and support their child.

However, learning strategies was not enough to enable positive change. The ongoing support from practitioners was considered to be vital in helping parents to embed their learning and cope with initial push-back from their children.

*"It helped with getting the bedtime routine. At least I can get them to go to bed at a decent hour. And I can use the same ideas to help with other times of day too."*

*- Lindsey, parent*



# Impact on parents: Improved family relationships

Relationships within the family improved for many parents because of the Early Help they received. We heard that:

- Communication at home improved; and
- Parents enjoyed more family time together.

For most families receiving Early Help, relationships throughout the family were strained. Some parents said problems were so bad they did not look forward to spending time with their child. By learning and applying strategies for managing their child's behaviour, and improving the way they communicate with their children, partners and other family members, Early Help enabled parents to enjoy spending time with their child. This had knock-on benefits for other children and family members and led to these families spending more quality time together and less time in conflict with each other.

Relationships between partners sometimes also improved, especially if both attended the support, and evidence shows that reduced inter-parental conflict improves long-term outcomes for children<sup>17</sup>. Parents said they argued less, were better at supporting and encouraging each other in their parenting roles, and were more consistent in how they adjust and cope with their child's behaviour. Having both parents involved in the support is also an important success factor for sustaining positive impacts in the future (see page 49).

The emotional support parents received from practitioners was vital in enabling these improvements, as some parents struggled to come to terms with their own role in the difficult relationships with their children.

*"The way he was before, it was ruining our household. But now, we have family nights on a Friday, which I could never do before."*  
- Michelle, parent

<sup>17</sup> Acquah, D., Sellers, R., Stock, L., and Harold, G (2017), Inter-parental conflict and outcomes for children in the contexts of poverty and economic pressure; Early Intervention Foundation.



# Impact on parents: Emotional wellbeing and confidence

As a result of the positive changes summarised in the preceding pages, many parents experienced an improvement in their emotional wellbeing, including:

- Feeling happier, more relaxed and less stressed; and
- Feeling more confident, resilient and able to cope.

Before Early Help, many parents said their emotional wellbeing was poor: many felt tense, stressed, desperate, isolated, and guilty. After the support, most of these parents said they felt happier, less stressed, and more confident, which was often due to the combination of other improvements they had experienced. This was especially true for mothers, who were often at the centre of Parenting Support.

Improvements in emotional wellbeing are also likely to reinforce other impacts of Early Help in a virtuous circle, helping parents to continue to implement the strategies they learnt, take positive actions to maintain positive family relationships, and reach out for help if they need it in the future.

*"I was in a desperate place before - I was suffering from anxiety and depression because of the behavioural difficulties with our son"*  
- Laura, parent

*"I'm more relaxed. I feel happier now. The sessions helped give me perspective and take a step back."*  
- Amina, parent

# Impact on parents: Negative impacts or little or no change

For 8% of parents and 7% of children and young people who completed the pre- and post-FIF Outcomes Stars, there was a small overall decline in the scores (an average decline of 1 point for parents and 0.5 points for children and young people).

Although no-one we interviewed described a decline in their resilience or ability to cope, a small minority of the service users we spoke to felt that the support had little to no impact on their situation. These service users gave a range of reasons as to why they thought they had not experienced a positive impact, including:

- The support not being tailored to their child;
- Not having received the full number of sessions (although in one case this was because the practitioners realised that Social Care were involved in the young person's case); and
- Believing that any positive impact they did experience was more down to themselves than the support e.g. their child having grown out of the behaviour.

In some instances, where parents reported little or no change, their focus was very much on a sense that the practitioner had not succeeded in improving the behaviour of their child. This suggests that the parents were not able themselves, or enabled by the practitioner, to take responsibility as a parent and to understand how they might influence the situation.

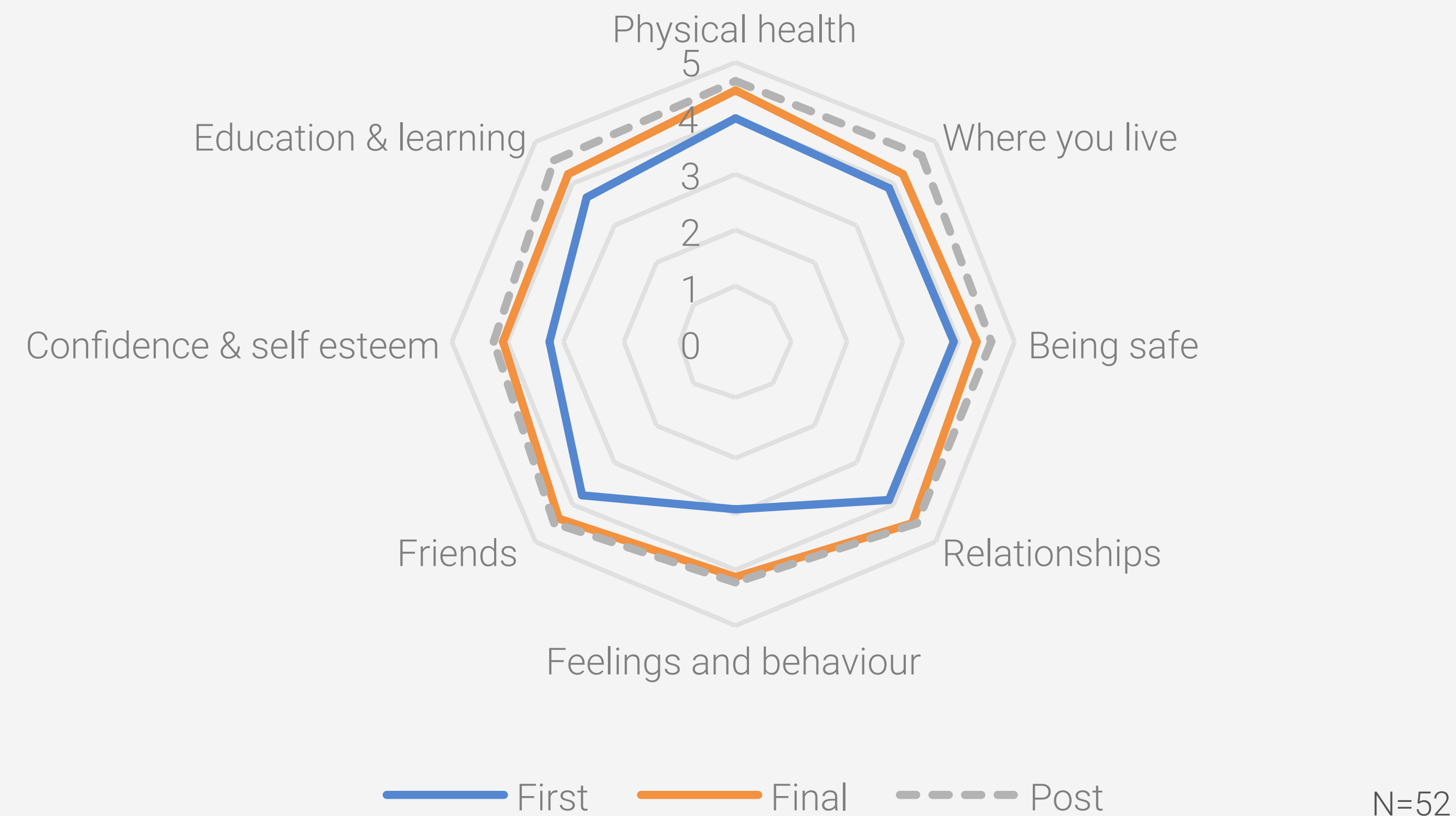
# Sustainability of impacts: Overview

The following pages provide an analysis of the sustainability of impacts, based on research with 179 individuals who gave consent to be tracked beyond the end of their support. The findings are as follows:

- The Outcomes Star data indicates that positive changes are sustained across all outcome domains after the support. For three outcome domains, not only are the positive changes sustained, but they continued to improve 6-12 months after the support (being the last point of tracking for this evaluation).
- In-depth interviews identified four main areas of sustained impact for children and young people: coping skills and strategies: emotional wellbeing and confidence; improvements at home; and social networks and friendships.
- For parents, the main area of sustained impact was in their continued use and effectiveness of strategies and knowledge to cope with their children's behaviour and maintain positive family relationships.
- There was an expectation that statutory and specialist services would be accessed by some service users following FIF support. Of the tracked service users, 1 in 5 (21%) did go on to use these higher-level services 6-12 months after the FIF support. The Essex Emotional Wellbeing and Mental Health Service (EWMHS) was the service accessed more frequently, with 13% of tracked individuals being accepted into this service after receiving Early Help. There are several possible reasons for these patterns, discussed in pages 51-56.



# Sustainability of impacts for children and young people: My Star data







# Sustainability of impact for children and young people: My Star data

For 52 of the children and young people who consented to being tracked there were at least two My Star readings completed during the support as well as one reading post-support.

A comparison of the first two Star readings for the 52 tracked individuals (see page 42) with the Star readings for the whole cohort of 1,213 individuals (see page 26), demonstrates that the tracked individuals had a slightly higher level of need at the start of the support, while the scores at the end of the support were very similar to the whole cohort. The tracked individuals received their support in the first year of the programme, and qualitative evidence indicates that practitioners were accepting individuals with a higher and more complex level of need than for which the service was intended, so this difference in starting scores is not surprising.

The average scores for the Star readings 6-12 months post-FIF are similar to the end of support readings, indicating that the positive changes achieved as a result of the support have been sustained. There is an increase in the average scores for 'where you live', 'education and learning' and 'being safe' in the post-FIF readings, indicating these aspects of the children and young people's lives have continued to improve beyond the end of the support. Evidence from the in-depth interviews, indicates that the progress in 'education and learning' and 'being safe' in particular could be attributed to the improvements in behaviour, relationships and wellbeing that laid a foundation for longer term progress to take place.

# Sustainability: What impacts are sustained for children and young people

## Self-managing behaviour and emotions

Children and young people often continued to draw on strategies to help them cope with difficult emotions, stressful situations and relationships, and this was noted both by parents and young people themselves. Practitioners also observed that the support they provided not only gave young people tools to manage life's ups and downs, but also increased the chance of them asking for help in the future. Having sustained this impact 6-12 months after the Early Help support suggests these strategies will stay with children and young people in the longer term, bringing benefits for their future, relationships, and education<sup>18</sup>. In some cases, however, there had been a deterioration in behaviour triggered by changes in personal circumstances (see page 41).

## Improvements at home

Many individuals reported that the immediate positive impacts on their family relationships lasted beyond the support. Children and young people continued to be more open with their family members about their feelings and able to seek support. Several people also reported spending more time together and doing more activities with their family, illustrating that family relationships have continued to improve and suggesting they will be sustained over the long-term, leading to positive outcomes for children and young people<sup>19</sup>.

*"I picked up a lot of coping mechanisms...whenever I feel down, I know what to do to boost my self-esteem and feel a lot better and it's going to help me in the long run."*

– Oliver, young person

*"I get on a lot more with my mum and my family [...] to have tips on how to communicate with my family more about how I'm feeling is really useful and helps in the long run."*

– Emily, young person

<sup>18</sup> Margo, J. and Sodha, S. (2007) Get happy: children and young people's emotional wellbeing, Action for Children

<sup>19</sup> Acquah, D., Sellers, R., Stock, L., and Harold, G (2017), Inter-parental conflict and outcomes for children in the contexts of poverty and economic pressure; Early Intervention Foundation.

# Sustainability: What impacts are sustained for children and young people

## Social networks and friendships

Several children and young people reported that Early Help helped them end detrimental relationships; form new, healthier friendships; and/or widen their social circle after the end of the support. These friendships tended to last and, in turn, this led to service users feeling happier and more supported. Friendships can have a significant impact on children and young people, so equipping them with the ability to choose their friends wisely lays a foundation for avoiding risky behaviours and having healthier relationships in the longer term<sup>20</sup>.

## Emotional wellbeing and confidence

The support enabled children and young people to feel more confident and to develop the self-belief to make other changes in their lives. As a result, since the end of the support, some children and young people had:

- Pursued their interests and become more involved with school and extra-curricular activities;
- Talked to their peers more and expanded their social networks; and
- Tackled challenges such as bullying.

*"I got out of a bad group of friends... I learnt that these people are not good for you, and have made better friends. It's made a big difference and I am out of an abusive relationship".*

*– Courtney, young person*

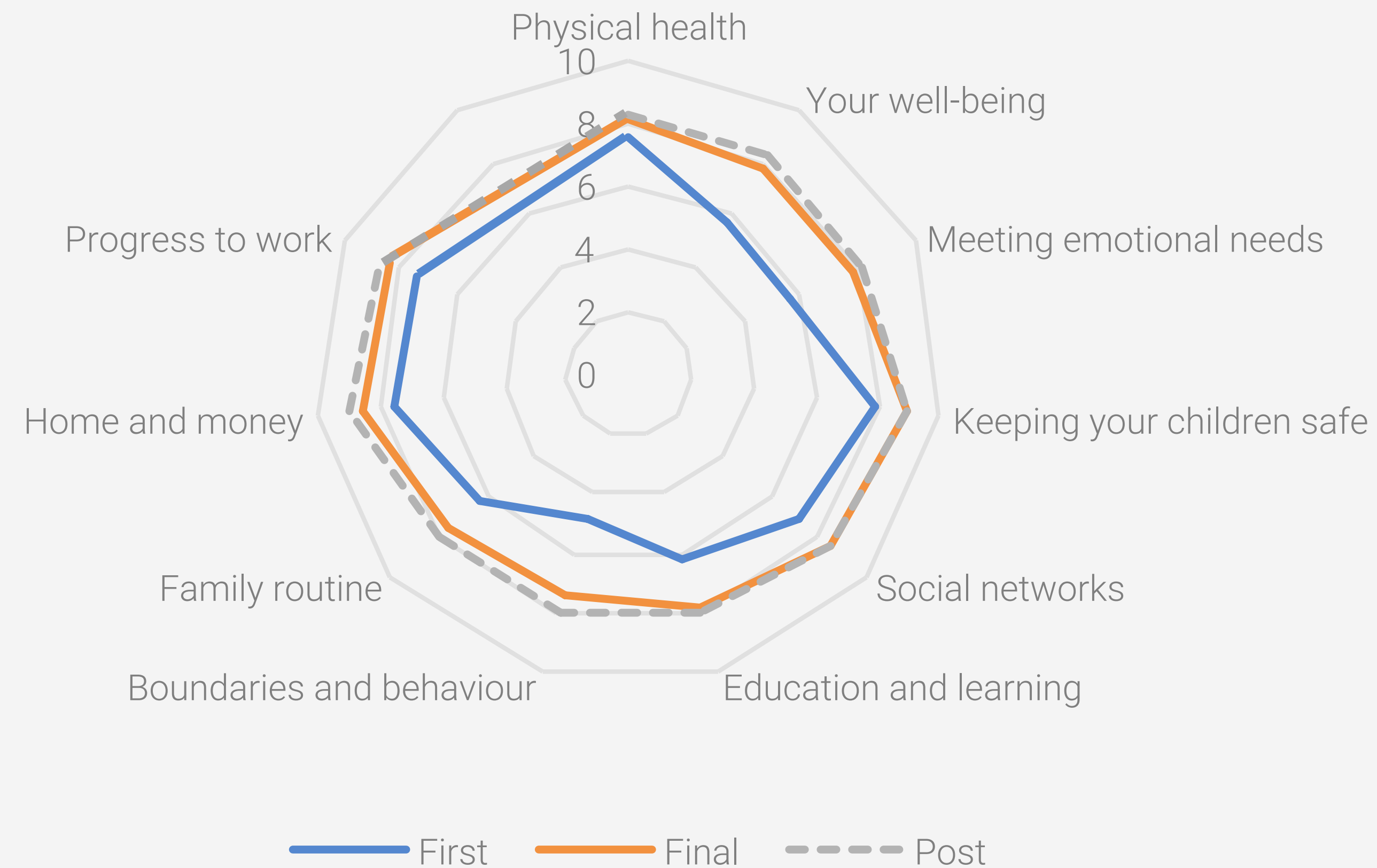
*"These changes have stayed with me – I'm not as nervous around people and am more talkative."*

*– Ruby, young person*

<sup>20</sup> Gifford-Smith, M. E., & Brownell, C. A. (2003). Childhood peer relationships: social acceptance, friendships, and peer networks. *Journal of School Psychology*, 41(4), 235–284.



# Sustainability of impacts for parents: Family Star data



N=35



# Sustainability of impacts for parents: Family Star data

For 35 of the parents who consented to being tracked there were at least two Family Stars completed during the support as well as one post-support.

A comparison of the first two Star readings for the 35 tracked individuals (see page 46) with the Star readings for the whole cohort of 757 individuals (see page 34), demonstrates that the tracked individuals are broadly similar to the whole cohort in terms of both level of need at the start of the support and the overall change by the end of the support. When comparing the different outcome domains, the only difference was that the tracked individuals had a higher score at the end of the support for 'keeping your children safe' compared to the whole cohort.

The average scores for the Star readings that took place post-FIF are similar to the end of support readings, indicating that the positive changes achieved through the support have been sustained 6-12 months later. The following pages summarise insights from the in-depth interviews to explain how and why these positive changes were sustained.



# Sustainability: What impacts are sustained for parents

## Strategies and knowledge to manage behaviour

Many of the parents we interviewed continued to make use of knowledge and strategies on how to cope with their child's behaviour beyond the end of the support, and this was echoed by practitioners. This had three sustainable benefits:

- Early help had increased parents' understanding of the reasons behind their children's behaviour, which enabled them to pre-empt and better support their children to deal with new challenges such as moving schools.
- Parents continued to use the strategies to better and more calmly manage episodes of bad behaviour, sometimes reducing the regularity and severity of outbursts and improving life at home.
- Parents continued to demonstrate positive, proactive behaviour, such as thinking about their own behaviour as role models and ensuring that the family spent enough time together.

Even in instances where their children's behaviour had deteriorated, parents still reported feeling calmer and more patient than before.

These encouraging findings demonstrate that, having received support to learn and embed strategies for dealing with difficulties, parents are now significantly better equipped to deal with new challenges as they emerge.

*"Where she used to have 'paddies' all the time, we've learnt how to rein them back and calm things down... we don't have anywhere near as many issues as we used to."*

*- Rob, parent*

# Sustainability of impacts: Enablers and barriers

Evidence from the qualitative research identified the following key factors for enabling sustainable impacts:

- **Involvement of both-parents:** several parents reported that attending Early Help sessions together gave them a common framework and reference point from which to support their child. Conversely, parents who did not attend together or support each other found it more difficult to sustain the impact of Early Help in their family.
- **Reinforcement:** it was noted that positive responses to improved behaviour both reinforced and encouraged further improvements.

Parents and practitioners alike noted that steps backwards were often due to a change in circumstances that challenged or reversed the positive impacts achieved through the initial support:

- **Changing schools:** some parents reported that their child's behaviour deteriorated after they moved to a different school, especially if they had been rejected from their preferred secondary school, separated from close friends, or were not as supported in the new school.
- **Bullying:** several parents reported that improvements in their child's self-esteem had been reduced by new incidents of bullying.
- **Changes in personal circumstances:** parents identified a range of ongoing difficulties which were felt to reduce the sustainability of positive impacts, including personal relationship issues, parental disputes and family bereavements.

However, even with these difficulties, parents often felt that either they or their child dealt with the situation better than if they hadn't received any support at all.

# Sustainability of impacts: What would have happened without Early Help?

The parents we interviewed identified a number of scenarios that they felt would have occurred without Early Help:

- **Relationships:** Several parents felt that their child would have continued to lack self-confidence, social networks and friends without Early Help, whilst one parent also believed that their relationship with their partner would have ended without the support.
- **School or work:** Several parents felt that their child would have struggled to settle in their new school or would have been excluded from their present school, while one parent would have struggled to go to work without the support.
- **Behaviour / child's behaviour:** A large number of parents felt that their child's negative behaviour would have continued without Early Help, including continued drug use and possible addiction. Significantly, several parents also felt that their child could have started self-harming or in some cases become suicidal without Early Help.

Most practitioners also felt that service users' needs would have escalated or reached crisis over the next few months or years, in part because they would not have been eligible for other forms of support. It was also noted that schools may have become 'overrun' in trying to form plans and support systems for their students.

*"In truth, I don't think  
she'd be here."*

*– Claire, parent (referring to  
her daughter)*





# Sustainability of impacts: Tracking statutory and specialist service use after Early Help

Although the data from the Outcome Stars and in-depth interviews indicates that positive impacts from Early Help are sustained over time, and that negative impacts are avoided, the data from tracking statutory and specialist services provides a mixed picture. This data is discussed in the following pages.

Consent was received from 179 individuals in order to track if they were accepted into specialist or statutory services after Early Help support. Of those tracked, 167 (93%) completed the programme, while the remaining 12 (7%) ended the support early for various reasons including being escalated to higher-level support because of the complexity of their needs.

Almost all (99%) of the tracked individuals who completed the Early Help support are reported by the providers of those services to have improved resilience.



# Sustainability of impacts: Tracking statutory and specialist service use after Early Help

Early Help service user access of the following statutory and specialist services was tracked following the FIF support, as well as reviewed retrospectively from before they received the FIF support<sup>21</sup>:

- ECC Delivered Family Solutions for families with complex needs
- ECC Delivered Social Care
- ECC Delivered Youth Offending Service
- Commissioned Adult Mental Health Services
- Commissioned Emotional Health and Wellbeing Service for children and young people (EWMHS)
- Commissioned Drug and Alcohol Services (adults and children/young people)
- Police high/medium risk Domestic Abuse cases referred<sup>22</sup>

<sup>21</sup> Statutory and specialist service use data goes up to 18 August 2017. Others may go on to use these services in the future

<sup>22</sup> Note Domestic Abuse is recorded in the tracking as a domestic violence event rather than a referral into a service so any record is taken as a referral into this service.

# Sustainability of impacts: Tracking statutory and specialist service use after Early Help

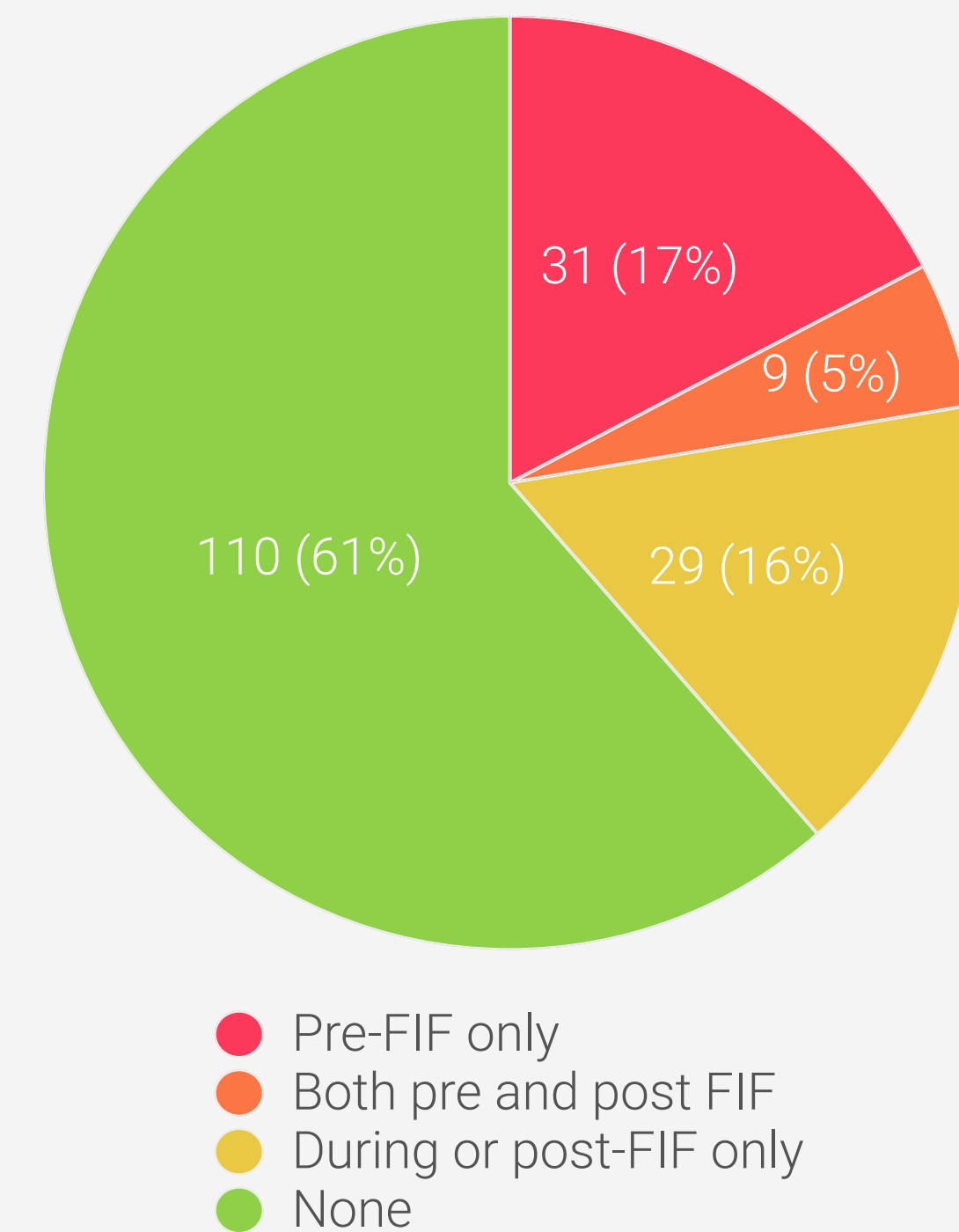
An objective of the FIF programme was to reduce demand on specialist or statutory services. Data indicates that one in five (21%) of the 179 tracked individuals went on to be accepted into one or more specialist or statutory service during or within 6-12 months of Early Help (2% were accepted into two or more services).

In comparison, one in five (22%) had been accepted into one or more of these services between 2013 and 2016 (prior to FIF), with 3% being accepted into two or more services. However, only nine (5%) of the 179 tracked individuals had accessed these services both before and after the Early Help (see figure 12), indicating that most of those accessing specialist and statutory services after receiving Early Help were not using these services before receiving Early Help. Further research would be necessary to understand these patterns.

It is important to note that nearly two thirds (62%) of the tracked individuals started their Early Help during the first year of the programme (2015-2016) at a time when providers were still adjusting to the criteria and were accepting some cases that were later understood to be too complex or entrenched for Early Help. It is probable that data for statutory and specialist service would look different for individuals accepted into the FIF programme in year two and we recommend further research is undertaken to substantiate this.

Figure 12: Acceptance into all specialist and statutory services before and after FIF

**FIF Service users accepted into any specialist or statutory service**



N=179

# Sustainability of impacts: Use of specific statutory and specialist services after Early Help

The patterns of specialist and statutory service use vary considerably between different services and notably only 2 individuals used the same service both before and after their FIF support (see Figure 13):

- More service users accessed the following services post-FIF than pre-FIF: Social Care; Family Solutions; and Emotional Health and Wellbeing Service for children and young people (EWMHS).
- Fewer service users accessed the following services post-FIF than pre-FIF: Adult Mental Health Services; and Domestic Abuse
- The same number of service users accessed Drug and Alcohol Services pre- and post-FIF.
- None of the tracked individuals were accepted into the Youth Offending Service pre- or post-FIF.

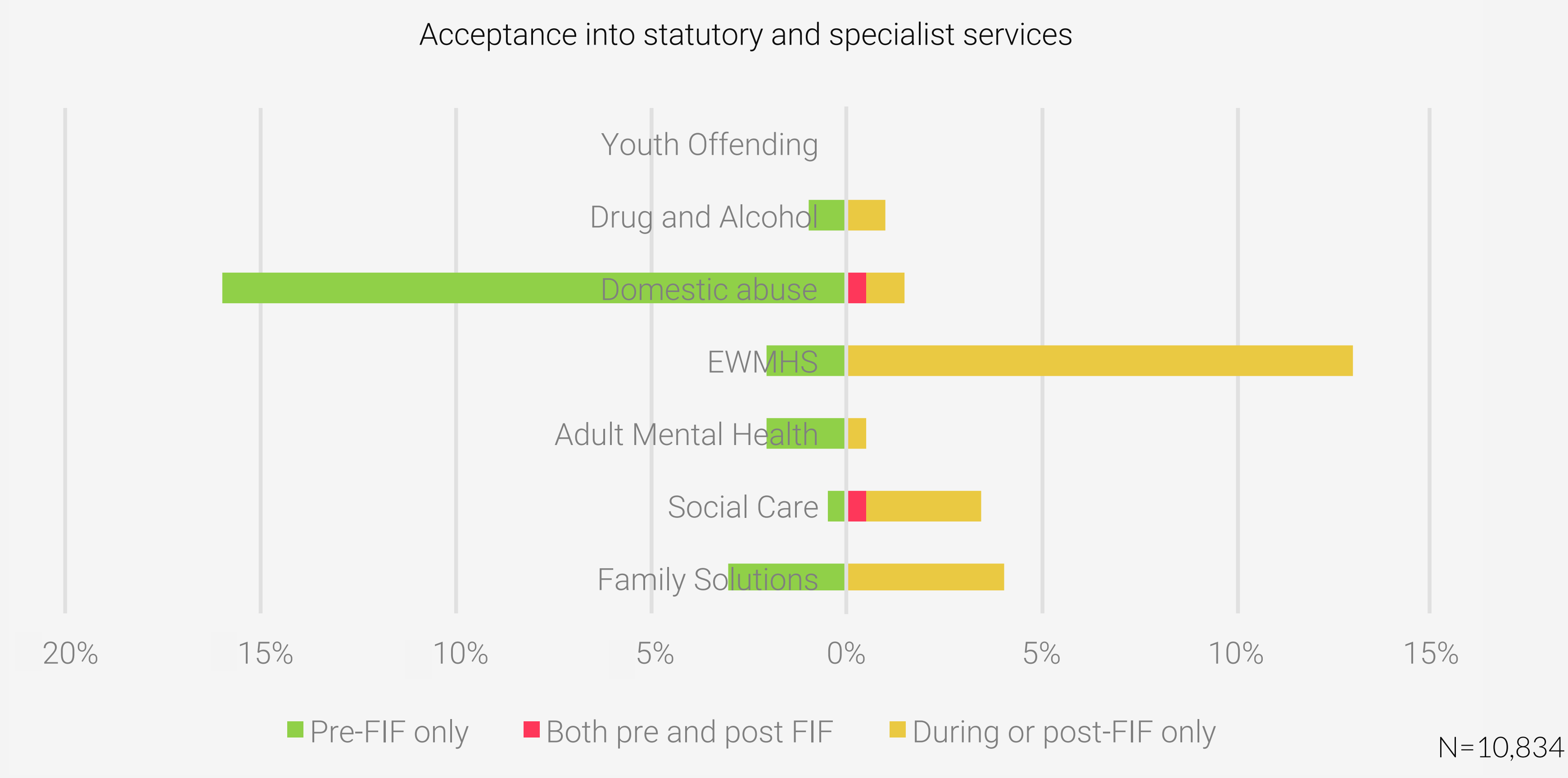
Further research would be needed to understand the reasons behind these patterns for each service, including whether the reason for accessing Early Help was the same as the reason for accessing the higher-level support.

FIF providers referred 11 (6%) of the tracked individuals to EWMHS and 11 (6%) to Social Care, demonstrating that the FIF providers had recognised that Early Help was not sufficient for these cases, by the time the support was completed. The other referrals into statutory and specialist services were initiated through routes other than the FIF providers themselves.



# Sustainability of impacts: Use of specific statutory and specialist services after Early Help

Figure 13: Tracking acceptance into statutory and specialist services



# Sustainability of impacts: Use of specific statutory and specialist services after Early Help

There was a large increase in individuals accepted into EWMHS after receiving FIF support (23 individuals or 13%) compared to before (3 individuals or 2%), and none accessed the service both before and after FIF. The post-FIF referral routes were most frequently GPs or paediatricians, followed by parents and schools.

Reasons for the higher number of post-FIF referrals could include:

- FIF providers accepting cases that were too complex for Early Help. Where FIF providers referred to EWMHS directly we asked them why the referral was accepted for Early Help in the first place. Responses included:
  - the case being borderline and the parents feeling in desperate need of support
  - lack of information in the referral form leading to the individual being accepted
  - an agreement with EWMHS that Early Help would be provided first and would be escalated if needed
- Service users feeling more comfortable asking for higher-level help having had a positive experience of receiving support through FIF.
- These service users may have gone on to access EWMHS anyway, but Early Help meant they accessed EWMHS at the earliest point of need.
- EWMHS being less willing to accept referrals until an individual had received Early Help.
- Referrers going to FIF providers as a first port of call if an individual had not previously accessed services, even if a higher-level service might be more appropriate.



# Economic Assessment: Approach

In the absence of data about the proportion of service users that would have gone on to use statutory and specialist services without FIF, an economic model was used to calculate what proportion would need to avoid these services in order to have a small surplus when a correction for optimism bias is applied<sup>23</sup>. Further detail about the methodology is provided in the annex (pages 80-81).

The summary of the analysis presented in the following pages provides details on:

- **Costs:** the total and the unit costs of the FIF services.
- **Service users:** the total number of service users and, for the tracked cohort, how many went on to access specialist and statutory services within the tracking period.
- **Benefits received by the service users:** observed through changes in their Outcomes Star assessment readings.
- **The reduced use of specialist and statutory services** required to obtain a positive budget impact.

A combination of Essex true costs and national estimates for unit costs of the specialist and statutory services have been used, depending on Essex data availability and data accuracy. If the Essex true costs are higher than the national estimates we have used, then a lower number of FIF service users would need to be diverted in order to achieve a positive budget impact. Likewise, if the true costs are lower, then a higher number of FIF service users need to be diverted.

The qualitative benefits received by the service users are not monetised or included in the calculations (see, for example page 50) and nor are the wider benefits to their families. Therefore, the economic assessment presents a conservative estimate of the potential impact of the programme.

<sup>23</sup> Optimism bias provides a correction for any uncertainty around the available evidence.



# Economic Assessment: Overview

Based on our modelling, FIF Early Help needs to enable a minimum of 15.6% of service users (1,685 individuals) to avoid using statutory and specialist services, in order to have a positive budget impact. Based on the outcomes data from this evaluation, and the conservative nature of the modelling, this seems like a realistic minimum for FIF to achieve.

If this is achieved, it would lead to a **positive net budget impact of £712k<sup>24</sup>, with a 128% return on investment and a payback period of 8 years<sup>25</sup>**. If in fact a higher proportion of service users avoid using statutory and specialist services as a result of FIF, then the programme would deliver a positive return more quickly.

The average cost per FIF service user is £240, which appears cost effective in comparison to the statutory and specialist services from which service users could be diverted (see figure 14).

<sup>24</sup> Over a period of ten years.

<sup>25</sup> Without optimism bias applied.



# Economic Assessment: Overview

Figure 14: Summary of economic assessment for FIF programme overall

Inputs	Activities	Known benefits	Economic modelling
<p>Overall service cost: £2,587,102</p> <p>This includes: Provider contracts: £2,548,609 Council costs: £38,412</p> <p>Cost per service user: £239.80</p>	<p>FIF saw 10,834 service users.</p> <p><b>Demographics:</b> 83% aged under 20. Estimated average age of 14 years (for those under 20), and 37 years (for those aged 20 and over).</p> <p><b>Accessing other services:</b> 21% went on to use services including Family Solutions (£1,891), Social Care (£2,355), Mental Health (£2,197), Drug and Alcohol (£2,071) and Domestic Abuse (£2,836) services.</p> <p><i>Brackets show the unit cost of the service.</i> <i>21% is based on a small sample: 38 out of 179 individuals accessed these services either during or within 6-12 months of receiving FIF support.</i></p>	<p><b>For service users:</b> Mental well-being &amp; confidence (1.1) Physical health (0.6) Education &amp; learning (0.9) Social networks, family &amp; friendship (1.4) Safety &amp; understanding risk (0.7) Economics &amp; employment (0.3)</p> <p><i>Brackets show the improvement in the scores from the first to the last Outcome Star assessment.</i></p>	<p><b>Avoiding statutory and specialist services for 15.6% of service users</b> (1,685 individuals).</p> <p>Net budget impact of £712k, with a 128% return on investment and a payback period of 8 years.</p> <p>This would include avoidance of the following:</p> <p>8.2% for mental health services 5.4% for Family Solutions 1.9% Social Care 0.8% Domestic Abuse 0.2% for Drug and Alcohol Reduced truancy (0.6%)</p>

# Economic Assessment: Overview

Overall, the costs per FIF service user range from £67 for Young People (risky behaviour), to £512 for Parenting Support (see figure 15). These services are low-cost compared to the statutory and specialist services from which the service users may be diverted (average cost per service user of £2,647). Even the highest cost for Parenting Support is lower than national estimates for the median cost of parenting programmes: £1,093 per person for a group intervention and £2,243 per person for an individual family intervention<sup>26</sup>.

Figure 15: Summary of FIF unit costs and the minimum service avoidance needed to achieve a positive net budget impact

Specification	Unit cost	Observed use of statutory / specialist services after Early Help	Avoidance of statutory / specialist services required	Positive net budget impact	Return on investment	Payback period
Counselling or Mediation	£360	22%	24%	£221k	128%	8 years
Coaching or Mentoring	£450	25%	21%	£137k	126%	8 years
Parenting Support	£512	7%	39%	£220k	127%	8 years
Young People (risky behaviour)	£67	37%	4%	£135k	136%	7 years
<b>FIF programme overall</b>	<b>£240</b>	<b>21%</b>	<b>16%</b>	<b>£712k</b>	<b>128%</b>	<b>8 years</b>

<sup>26</sup> Unit costs of health and social care, PSSRU 2016



# Economic Assessment: Specification-level overview

For each of the FIF specifications, the level of avoidance of statutory/specialist service use required to achieve a positive net budget impact varies (see Page 60).

For Parenting support, a higher level of avoidance (2 in 5, or 39%) would be required. However, we only looked at statutory/specialist service use among the parents registered with the programme, but the support is also likely to lead to the children avoiding service use. Therefore, the percentage of avoidance required could be similar to the other services when divided by a larger denominator including children.

The requirement for avoiding statutory/specialist service use is similar for Counselling or Mediation and Coaching or Mentoring (24% and 21% respectively).

For the Young People (risky behaviours) specification, due to the low cost of the service, only 1 in 23 (4%) service users would need to be diverted from using statutory or specialist services as a result of FIF. However, they are also the service users most likely to go on to use statutory/specialist services, with over a third of our tracked sample doing so within 6-12 months of FIF support.

Note that the observed statutory/specialist service use data is based mostly on those who accessed FIF in the first year of the programme, when providers were accepting cases that were more complex. This data is likely to be different for those who accessed FIF later in the programme.

# Economic Assessment: Counselling or Mediation

Based on our modelling, FIF Counselling or Mediation services would need to enable a minimum of 24% of service users (539 individuals) to avoid using statutory and specialist services in order to have a small positive net present budget impact. If this is achieved, it would lead to a **positive net budget impact of £221k, with a 128% return on investment<sup>27</sup> and a payback period of 8 years<sup>28</sup>.**

Figure 16: Summary of economic assessment for the Counselling or Mediation FIF specification

Inputs	Activities	Known benefits	Economic modelling
<p><b>Overall service cost: £818,248</b></p> <p>This includes: Provider contracts: £806,105 Council costs: £12,143</p> <p><b>Cost per service user: £360</b></p>	<p>Counselling and Mediation saw <b>2,275</b> service users.</p> <p><b>Demographics:</b> 58% aged under 20 with an estimated average age of 12 years.</p> <p><b>Accessing other services:</b> 22% went on to use services including Family Solutions (£1,891), Social Care (£2,355), Mental Health (£2,197) and Domestic Abuse (£2,836) services.</p> <p><i>Brackets show the unit cost of the service.</i></p> <p><i>22% is based on a small sample: 9 out of 41 individuals accessed these services either during or within 6-12 months of receiving FIF support.</i></p>	<p><b>For service users:</b> Mental well-being &amp; confidence (0.8) Physical health (0.7) Education &amp; learning (0.8) Social networks, family &amp; friendship (1.5) Safety &amp; understanding risk (0.9) Economics &amp; employment (0.1)</p> <p><i>Brackets show the improvement in the scores from the first to the last Outcome Star assessment</i></p>	<p><b>Avoiding statutory and specialist services for 24% of service users (539 individuals).</b></p> <p>Net budget impact of £221k, with a 128% return on investment and a payback period of 8 years.</p> <p>This would include avoidance of the following:</p> <ul style="list-style-type: none"><li>15.8% for mental health services</li><li>2.6% for Family Solutions, Social Care and Domestic Abuse</li><li>Reduced truancy (0.6%)</li></ul>

<sup>27</sup> Over the course of ten years.

<sup>28</sup> Without optimism bias applied.



# Economic Assessment: Coaching or Mentoring

Based on our modelling, FIF Coaching or Mentoring services would need to enable a minimum of **21% of service users** (254 individuals) to avoid using statutory and specialist services in order to have a small positive net present budget impact. If this is achieved, it would lead to a **positive net budget impact of £137k, with a 126% return on investment<sup>29</sup> and a payback period of 8 years<sup>30</sup>.**

Figure 17: Summary of economic assessment for the Coaching or Mentoring FIF specification

Inputs	Activities	Known benefits	Economic modelling
<p><b>Overall service cost: £539,196</b></p> <p>This includes: Provider contracts: £521,426 Council costs: £7,771</p> <p><b>Cost per service user: £449.71</b></p>	<p>Coaching and Mentoring saw <b>1,199</b> service users.</p> <p><b>Demographics:</b> 82% aged under 20 with an estimated average age of 13 years.</p> <p><b>Accessing other services:</b> 25% went on to use services including Family Solutions (£1,891), Social Care (£2,355), Mental Health (£2,197), Drug and Alcohol (£2,071) and Domestic Abuse (£2,836) services.</p> <p><i>Brackets show the unit cost of the service.</i></p> <p><i>25% is based on a small sample: 19 out of 75 individuals accessed these services either during or within 6-12 months of receiving FIF support.</i></p>	<p><b>For service users:</b> Mental well-being &amp; confidence (0.7) Physical health (0.9) Education &amp; learning (1.0) Social networks, family &amp; friendship (1.4) Safety &amp; understanding risk (0.6) Economics &amp; employment (0.8)</p> <p><i>Brackets show the improvement in the scores from the first to the last Outcome Star assessment</i></p>	<p><b>Avoiding statutory and specialist services for 21% of service users</b> (254 individuals).</p> <p>Net budget impact of £137k, with a 126% return on investment and a payback period of 8 years.</p> <p>This would include avoidance of the following:</p> <ul style="list-style-type: none"><li>14.5% for mental health services</li><li>8.9% for Social Care</li><li>2.2% for Family Solutions, Drug and Alcohol and Domestic Abuse</li><li>Reduced truancy (0.6%)</li></ul>

<sup>29</sup> Over the course of ten years.

<sup>30</sup> Without optimism bias applied.

# Economic Assessment: Parenting Support

Based on our modelling, FIF Parenting support would need to enable a minimum of 39% of service users (646 individuals) to avoid using statutory and specialist services in order to have a small positive net present budget impact. If this is achieved, it would lead to a **positive net budget impact of £220k, with a 127% return on investment<sup>31</sup> and a payback period of 8 years<sup>32</sup>.**

Note that this is based on the parents only – in fact we could expect that service use would also be avoided by their children, in which case the service avoidance required would be lower when divided by a larger denominator including children.

Figure 18: Summary of economic assessment for the Parenting Support FIF specification

Inputs	Activities	Known benefits	Economic modelling
<p><b>Overall service cost: £848,862</b></p> <p>This includes: Provider contracts: £836,030 Council costs: £12,832</p> <p><b>Cost per service user: £512.29</b></p>	<p>Parenting Support saw <b>1,657</b> service users.</p> <p><b>Demographics:</b> 32% aged under 20 with an estimated average age of 28 years.</p> <p><b>Accessing other services:</b> 7% went on to use services including Family Solutions (£1,891) and Mental Health (£2,197).</p> <p><i>Brackets show the unit cost of the service.</i></p> <p><i>7% is based on a small sample: 3 out of 44 individuals accessed these services either during or within 6-12 months of receiving FIF support.</i></p>	<p><b>For service users:</b> Mental well-being &amp; confidence (1.6) Physical health (0.5) Education &amp; learning (0.9) Social networks, family &amp; friendship (1.2) Safety &amp; understanding risk (0.5) Economics &amp; employment (0.2)</p> <p><i>Brackets show the improvement in the scores from the first to the last Outcome Star assessment</i></p>	<p><b>Avoiding statutory and specialist services for 39% of service users (646 individuals).</b></p> <p>Net budget impact of £220k, with a 127% return on investment and a payback period of 8 years.</p> <p>This would include avoidance of the following:</p> <p>26% for Family Solutions, Social CareDrug and Alcohol and Domestic Abuse</p> <p>13.0% for mental health services</p> <p>Reduced truancy (0.6%)</p>

<sup>29</sup> Over the course of ten years.

<sup>30</sup> Without optimism bias applied.

# Economic Assessment: Young People (risky behaviours)

Based on our modelling, FIF Young People (risky behaviours) services would need to enable a minimum of **4% of service users** (246 individuals) to avoid using statutory and specialist services in order to have a small positive net present budget impact. If this is achieved, it would lead to a **positive net budget impact of £135k, with a 136% return on investment<sup>33</sup> and a payback period of 7 years<sup>34</sup>.**

Figure 19: Summary of economic assessment for the Young People (risky behaviours) FIF specification

Inputs	Activities	Known benefits	Economic modelling
<p><b>Overall service cost: £380,795</b></p> <p>This includes: Provider contracts: £375,130 Council costs: £5,666</p> <p><b>Cost per service user: £66.77</b></p>	<p>Young People (risky behaviours) saw <b>5,703</b> service users.</p> <p><b>Demographics:</b> All aged under 20 with an estimated average age of 15 years.</p> <p><b>Accessing other services:</b> 37% went on to use services including Family Solutions (£1,891), Social Care (£2,355) and Mental Health (£2,197) services.</p> <p><i>Brackets show the unit cost of the service.</i></p> <p><i>37% is based on a small sample: 7 out of 19 individuals accessed these services either during or within 6-12 months of receiving FIF support.</i></p>	<p><b>For service users:</b> Mental well-being &amp; confidence (1.1) Physical health (0.5) Education &amp; learning (0.9) Social networks, family &amp; friendship (1.3) Safety &amp; understanding risk (0.8) Economics &amp; employment (N/A)</p> <p><i>Brackets show the improvement in the scores from the first to the last Outcome Star assessment</i></p>	<p><b>Avoiding statutory and specialist services for 4% of service users</b> (246 individuals).</p> <p>Net budget impact of £135k, with a 136% return on investment and a payback period of 7 years.</p> <p>This would include avoidance of the following:</p> <ul style="list-style-type: none"><li>2.5% for mental health services</li><li>1.2% for Family Solutions</li><li>0.6% for Social Care</li><li>Reduced truancy (0.6%)</li></ul>

<sup>33</sup> Over the course of ten years.

<sup>34</sup> Without optimism bias applied.



# Programme learning: Success factors

Several factors that contribute to the success of Early Help were identified from the qualitative evidence and are summarised in the following pages.

## When it is genuinely Early Help

At the start of the programme, providers were taking on inappropriate cases where the issues were already deep rooted or complex, because this is what they had done in the past. Over time they have adjusted to the new boundaries for accepting referrals and become more adept and confident about identifying the cases that genuinely require Early Help, and as a result they are seeing improved and sustained outcomes for families.

## Collaboration with partners and referrers

Practitioners emphasised that the success of FIF was supported by referring agencies such as schools and specialist or statutory services who had, over time, developed a clear understanding of the criteria and process for referrals. Building trusted relationships with schools also helped providers to deliver support based on individual family needs, through sharing information, helping to schedule sessions during school hours, and helping to sustain positive outcomes.

The value of collaborating with other FIF services was also highlighted. For example, a young person might receive one type of support for their specific needs, while the parents might receive another for their individual needs, which supports positive impacts to be embedded throughout the family, increasing the likelihood of sustaining those impacts.

*“The main thing is to first check that it is definitely early help that the child needs and that it is [an intervention] that responds to that.”*

*- Practitioner*



# Programme learning: Success factors

## A flexible, service user-led, whole-family approach

This was one of the most common factors identified which supported delivery of positive outcomes. Rather than being prescriptive about the structure and approach it was felt to be crucial to tailor the types of support, locations, activities and ways of working to each service user's needs and preferences. In addition, having the flexibility to involve several or all members of the family, or school staff, in the support was a success factor to help achieve meaningful and lasting change.

## Practical and solution-focused support

Across the different service specifications – but particularly in Coaching or Mentoring, and Parenting Support – service users valued the fact that the sessions went beyond listening and reflection. Instead they came away with strategies and tips to help them to manage, thrive, and make positive changes in their lives. Practitioners also noted that the emphasis on building resilience helped families to sustain positive outcomes in the longer term.

*"She worked with me but she did meet my son too and did a few sessions as a family, so that she could see him and how he deals with things. She even gave me strategies for my little one too."*

*- Ashley, parent*

# Programme learning: Success factors

## Consistent and trusted source of support

Service users and practitioners alike felt that having a consistent source of support that was both separate and distinct from school and family life was a significant factor in achieving positive outcomes. Committing to confidentiality also helped children and young people to build trust in the relationship, although parents sometimes felt this excluded them from understanding how best to support their child. Qualities such as being non-judgemental, caring and accepting were felt to be particularly important for achieving positive outcomes in counselling.

## Fun, friendly and informal

Several families – particularly those who received Mentoring or Coaching support – said that the service had succeeded because of the fun, friendly and informal nature of the support. In a few cases parents contrasted this approach with the more formal and professionalised counselling support that the child or young person may have previously rejected. Again, this highlights the importance of providing different types of support in response to each individual's needs and preferences.

*"Giving young people space to speak openly is key. Some have so much to say, as no one has taken the time to listen to them. Giving them that time helps them open up and you can start to help them."*

*- Practitioner*

# Programme learning: Challenges

Several challenges were also identified, mainly from the set-up and mobilisation phase of the programme, summarised in the following pages.

## Managing demand

The volume of referrals was high for most services from the start of the FIF programme, when providers were still getting set up for delivery and adapting to new commissioning requirements. At the same time, other higher-level services were being reorganised, leading to more children and young people being referred to Early Help. Over time, this has become more manageable as staffing numbers increased to full establishment and providers adapted their approaches to administration, waiting lists, and delivery.

## Managing inappropriate referrals

At the start of the programme, providers struggled to deal with high numbers of inappropriate referrals. There were several implications of this challenge, including:

- The need to spend time educating referring agencies about appropriate referrals for Early Help.
- The ethical difficulty in turning people away from the service because Early Help was not appropriate due to the complexity of their needs.
- The need to push back when referrals were made on the basis that higher level services did not have capacity to provide support, effectively using Early Help as an interim service.

Over time, providers have learnt from these challenges and become more adept at identifying appropriate cases.

*“It's a hard thing to say 'you're not early intervention, so we can't help you under the FIF. But you've been turned down by high-level services, so I don't know what to suggest'.”*

*- Practitioner*

# Programme learning: Challenges

## Ending the support

The most frequent constructive feedback from service users was that the end of the support could be challenging for them. They described having to cope with feelings of sadness or disconnection after the loss of the positive relationship with the coach, councillor or mentor. Where this worked well, the practitioner and service user prepared for the end of the support together, for example by having a phased approach to the ending, or by being clear from the start about the short-term nature of the work.

## Parents feeling excluded

Some parents felt excluded from their child's support. These parents often understood the value of having confidential sessions for their child but felt they needed some insight into the support to increase the likelihood of it being successful. Conversely, involving the whole family in the support was found to be a key success factor (see page 67).

*"It's about working in a very collaborative way with the client. The best method is to make the client aware that this is short-term work: this is the maximum number of sessions we will have together, what do you want to get out of this?"*

*- Practitioner*

*"I didn't know who they were seeing, they never introduced themselves or got to know us as a family. I would recommend that practitioners have an initial chat with parents, to understand the family."*

*- Gemma, parent*





# Programme learning: Challenges

## Problems with information sharing

Poor communication and information sharing between the Early Help providers and referrers, schools or parents hindered positive outcomes being achieved in some cases. Lack of information by the referrer made it difficult for FIF providers to identify whether their service was appropriate, and FIF providers suggested that referrers could be encouraged to provide more detailed referral notes to help with this process. On the other hand, some referrers noted that they did not always know which provider was appropriate in each case, with mixed feedback about the usability of the directory of services. Some further work could be done to improve the pathways between these different services.

## Disruptions and cancellations

In a few cases, sessions being disrupted by school breaks, holidays and after school clubs could hinder the progress that was being made. A small number of service users also mentioned that their sessions were sometimes cancelled at short notice, which caused them to lose trust in the practitioner.

# Programme learning: Structure and commissioning

There were also learning points relating to the structure and commissioning of the FIF programme, as outlined in the following pages.

## Long-term commissioning in the voluntary sector

Providers reflected on the benefits of longer-term commissioning compared to short-term grants, and noted that commissioning provides greater stability, opportunities to set up and embed new services, as well as making staff recruitment easier to achieve due to longer employment contracts. Overall, this helps providers to reach and support more service users.

However, it was noted that commissioning can favour larger third sector providers over small local groups which would need more support to both respond to and deliver the requirements. Commissioners were aware of this challenge: the procurement was designed to ensure there was a mix of local providers and there was engagement with the voluntary sector before the procurement process began to help them prepare, as well as after contracts were confirmed, to help them adapt to the new expectations, contractual obligations and reporting requirements.

This supportive and collaborative approach to commissioning was acknowledged by providers who have learnt and developed from working with each other and with the commissioner.

*"We've taken a supportive, collaborative and flexible approach to contracts to make it happen and develop together".*

*- Commissioner*

*"Commissioners in the early days did FAQs, and that was really useful. With the provider days as well, the opportunity to say, 'how come you're accepting those referrals?' - we were able to have those discussions and it helped to make sure everybody was delivering in a consistent way."*

*- Practitioner*



# Programme learning: Structure and commissioning

## Time-limited support is effective

FIF contracts specified that the support should, on average, be provided across 12 hours, which was challenging for providers who had not worked in this time-limited way before. But by the end of the first two years of delivery, most providers felt that this timescale was effective and appropriate for those who needed Early Help. Furthermore, the timescale led to practitioners becoming more solution-focused in their approach to working with service users, supporting families to become resilient rather than creating service dependency.

For the Coaching or Mentoring specification, 12 hours was found to be adequate time for Coaching. However, for Mentoring, it was not usually long enough to develop a trusted relationship, so these cases have taken longer, as agreed with the commissioner. Overall, this indicates that time-limited provision is effective for Early Help, as long as there is some flexibility to respond to different needs.

## Monitoring and impact measurement

The reporting requirements under FIF contracts were more significant than some providers had previously experienced. Support from the organisational and intelligence team at the Council helped to build the capacity of the providers to respond accurately over time.

Although there was initial scepticism about using the Outcomes Star, providers soon found it could help them to deliver the support and engage service users in their own progress. Service users and practitioners alike found the tool valuable, rather than an additional administrative task.

Overall, the monitoring and impact measurement requirements of contracts built the capacity of providers in these areas. However, the administrative time needed to do so was challenging for some providers.

# Opportunities and barriers to expanding Early Help provision

Interviews with practitioners identified the following opportunities for expanding or scaling up Early Help provision:

- **County-wide awareness:** practitioners suggested making more schools and services aware of the FIF programme, what services are provided and how to refer in to those services.
- **Flexibility:** maintaining flexibility was seen to be important in several ways. It was noted that opportunity lay in continuing to flex the number of sessions based on the needs of the service user and the type of support. Similarly, services need to maintain the ability to respond flexibly to the needs of families within the localities they serve. Some practitioners emphasised the value in commissioning providers of different sizes and areas of expertise in order to respond to the diversity of local needs.
- **Consistency and clarity:** consistency in the models of and access to delivery and support, along with clear criteria for access would help address confusion relating to variations in service delivery in different quadrants of Essex.

The main barriers to expansion centred around:

- Receiving sufficient funding and volunteer/staff support to scale up programme delivery.
- Gaps in higher level services for those cases that are too complex for Early Help.
- The need for more robust pathways between services.



# Recommendations

The following pages summarise our recommendations for the development of the FIF programme and the implementation of similar programmes in the future.

## **Maintaining appropriate criteria for acceptance**

This evaluation found that the most positive outcomes are seen in those who genuinely need early help, rather than those who have more complex or entrenched issues. Over time, providers reported feeling more confident about knowing which referrals should be accepted and which should be referred elsewhere. This approach should continue in any future commissioning to ensure the support is reaching the intended beneficiaries.

## **Building on the whole-family approach**

The holistic approach to working with families has proved to be effective in delivering good sustainable outcomes. This should continue to be a feature of any future commissioning and through contract management this principle should be applied consistently across all providers.

## **Developing robust pathways between different services**

To ensure that people receive the right help at the right time from the right service, and to address any perceived gaps in service provision, robust pathways should be developed between FIF Early Help providers and specialist and statutory service providers. This should include clear and agreed rationales for referring between the services and adequately detailed referral information to enable effective decision making about the most appropriate service.



# Recommendations

## Allowing adequate time to mobilise new providers and services

Commissioners considering the implementation of a programme such as FIF should take into account that providers may need initial support to adapt to new ways of working, recruit new staff, adjust to the criteria for accepting service users, raise awareness among referrers, and understand and embed the necessary reporting requirements.

## Further tracking of statutory and specialist service use

We recommend that tracking statutory and specialist service use should take place for a second cohort of individuals who entered the FIF programme in year two. This would test our hypothesis that fewer people go on to use these higher-level services when Early Help is understood and well-targeted.

Similarly, on-going tracking of the existing cohort should take place to better understand the impact of FIF Early Help over a longer period of time.



# Recommendations

## Exploring other areas of impact

Three key areas of impact could warrant further research, namely:

- Capturing the impact of Early Help on siblings – the evaluation suggests that siblings of children and young people who are referred to Early Help experience positive outcomes, which would be a valuable area to explore further.
- Monitoring longer term impacts such as exam results or attendance rates of children and young people who receive Early Help to better understand how the support might affect their future resilience and prospects.
- Quantifying the indirect financial benefits of Early Help for family members, not only for the individuals who were referred.



# Conclusions

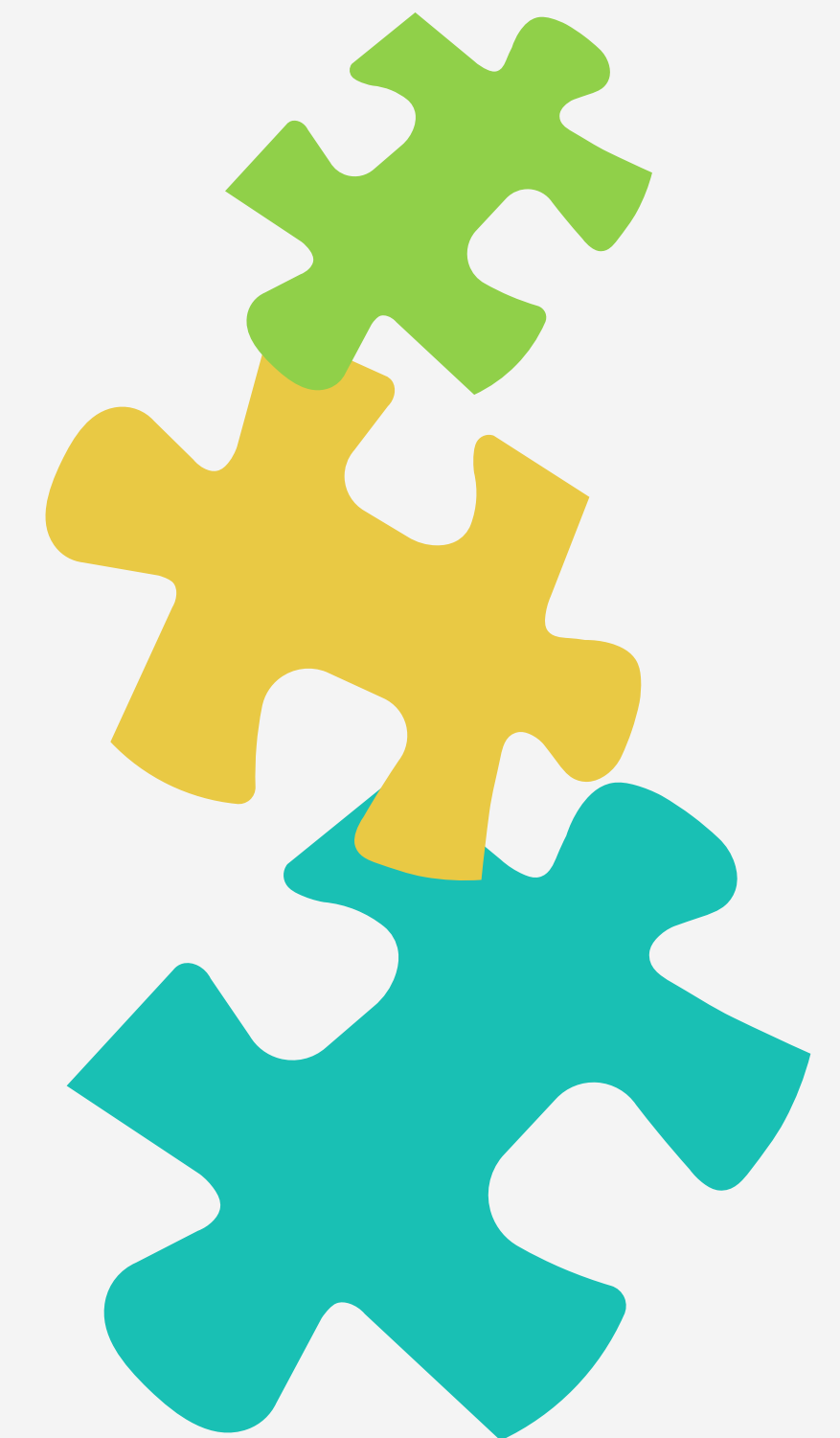
The FIF programme aims to deliver outcomes that will:

- a) improve family stability and resilience by enabling positive behaviour and relationships and connecting people with their communities; and
- b) reduce the likelihood of difficulties escalating that might result in demand on costly specialist or statutory services.

Overall, this evaluation demonstrates that the FIF programme offers a host of benefits to service users and their families related to their resilience, wellbeing, family life and social networks, as well as a potential positive net budget impact over time.

The evaluation demonstrates that the FIF service specifications have a positive impact on the resilience of children, young people, parents and whole families, as evidenced by both the Outcomes Star assessment tool and in-depth qualitative research. Progress is especially strong in the areas of increasing confidence and self-esteem, decreasing isolation, improving family relationships, and improving children and young people's behaviour through a holistic, whole-family approach. These improvements lay important foundations for parents and children alike, to help them become more resilient to future challenges. Indeed, the evaluation indicates that positive changes are sustained at least 6-12 months after the support, with potential to be sustained in the longer term.

One in five (21%) of a sample of 179 tracked FIF service users<sup>35</sup> went on to use specialist or statutory services following FIF Early Help. It was not possible to determine what proportion of FIF service users would have gone on to access specialist and statutory services in the absence of Early Help, due to the early nature of the support being provided and the difficulty in identifying a suitable control group.



<sup>35</sup> This tracked cohort received FIF support early in the programme. The proportion that goes on to use statutory or specialist services could be lower for those who received FIF support in year two of the programme once the criteria for acceptance were more consistently applied.



# Conclusions

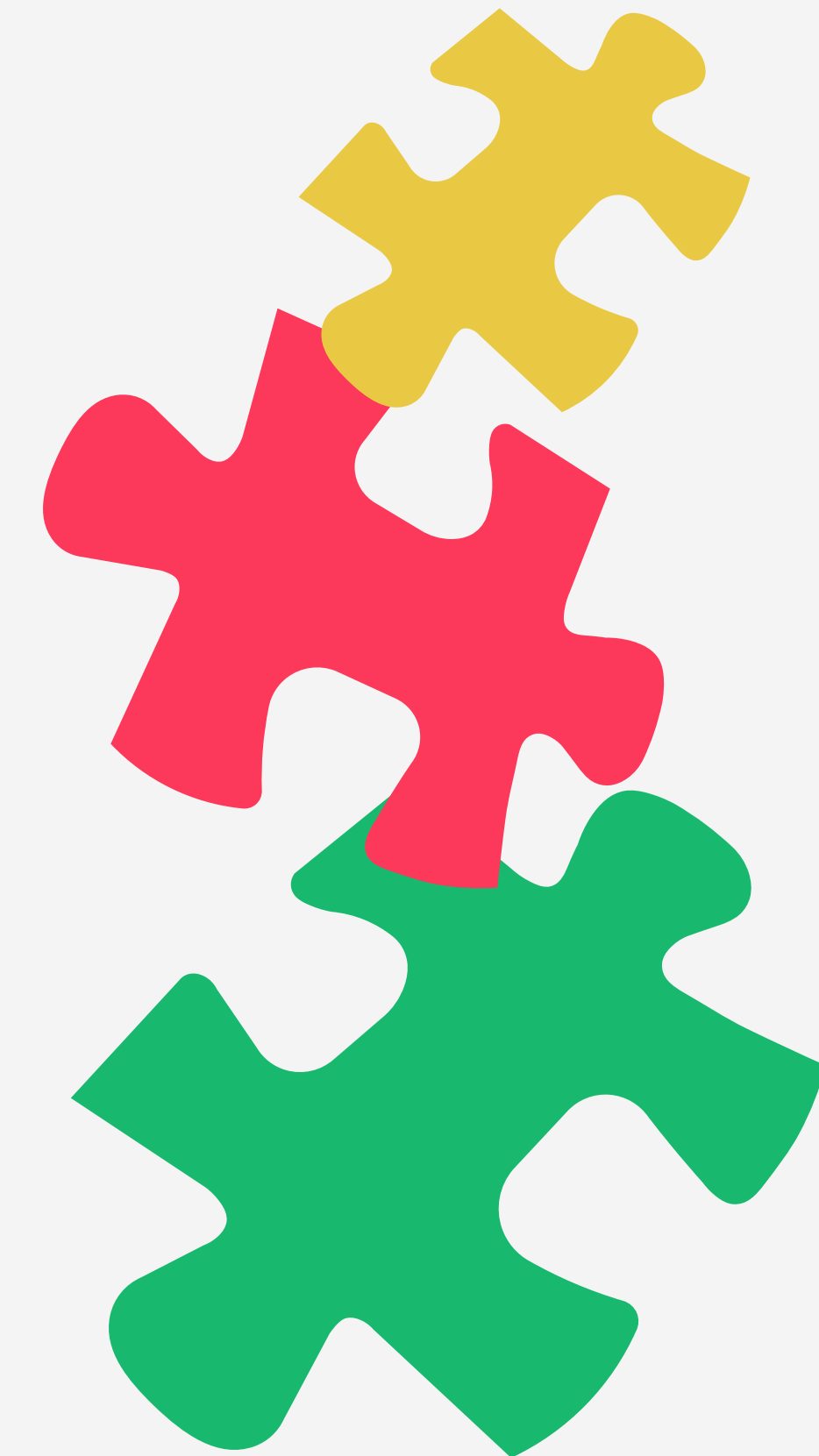
The average cost per FIF service user is £240, which is significantly lower than the cost of the statutory and specialist services from which service users could be diverted.

Based on our modelling, Early Help would need to enable at least 15.6% of service users (1,685 of the 10,834 that accessed FIF) to avoid use of statutory and specialist services in order to have a small positive net budget impact. Based on the other evidence from this evaluation, this should be an achievable target for a programme such as FIF.

If 15.6% of service users avoid use of statutory and specialist services as a result of FIF, this would have a net budget impact of £712k, with a 128% return on investment over a period of 10 years, and a payback period of 8 years<sup>36</sup>. If in fact a higher proportion of service users avoid using statutory and specialist services as a result of FIF, then the programme would deliver a positive return more quickly.

These figures represent a conservative estimate of the budget impact that the FIF programme may have, as several qualitative benefits to service users as well as the benefits to their family members were not monetisable in this evaluation but are likely to extend the positive impacts much further.

The evaluation has put forward several recommendations for the future development of the FIF programme and for other Councils who may decide to implement a similar programme in the future. In addition, there are several areas that warrant further research in order to fully understand and demonstrate the impact of delivering Early Help at the right time.



<sup>36</sup> Without a correction for optimism bias being applied

# Annex: Additional methodological information

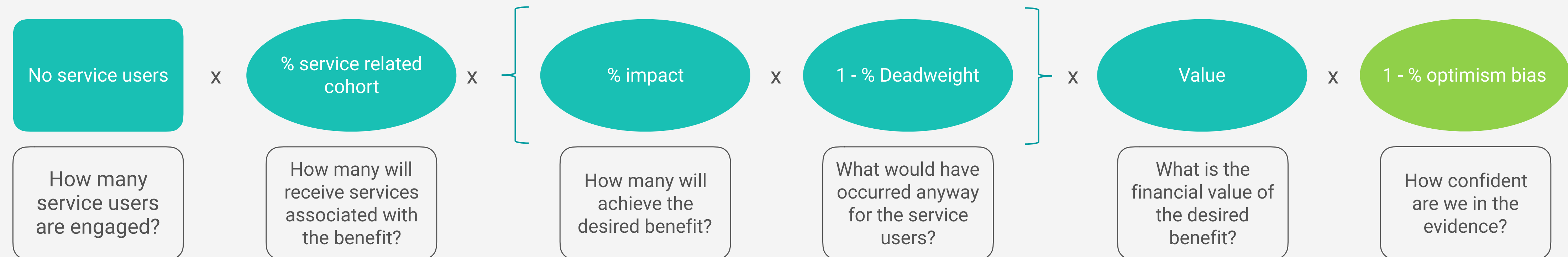
A series of tools (in Microsoft Excel format) were developed to support the economic assessment work and they underpin the economic assessment information presented in this report. The approach brings together:

- Costs associated with the programme over the two-year period:
  - Service provider contract costs
  - Council costs of supporting the programme
- Service user data:
  - The number of referrals accepted by providers of the specifications minus those referrals not completing an intervention
  - The age profile of the service users
  - The Outcomes Star assessment scores
  - Tracking data on a small cohort of service users against statutory and specialist service use
- Value of the benefits associated with the programme:
  - Estimated costs of statutory and specialist services avoided
  - Estimated cost of reducing truancy

This data was used in the tools to explore the economic impact of the different service specifications and the programme overall. The costs were modelled for two years and the benefits over a ten-year period.

# Annex: Additional methodological information

The calculation shown in figure 20 forms the basis of the economic assessment.



The “desired benefit” for the purpose of the economic assessment is reduced use of statutory and specialist services following FIF support.

“Optimism bias” in the calculation above provides a correction for any uncertainty around the available evidence. This results in a decrease in the financial value of identified benefits to adjust for this bias.

The economic assessment used three elements to assess an intervention’s ability to provide benefits which outweigh the costs, two of which are calculated using discounted cash flows<sup>37</sup>:

- Net present budget impact = Net present value of the benefits – Net present value of the costs
- Return on investment = Net present value of the benefits / Net present value of the costs
- Payback period = Calculates the point at which the costs of the intervention have been recouped

<sup>37</sup> **Net present value:** The costs are discounted under the principle that cash available today is worth more as the same amount of cash available in the future. This is discounted using a net present value (NPV) of 3.5%, so £1 in one years’ time is worth £1/(1+NPV) which at 3.5% equals £0.97 and similarly £1 in two years’ time is worth £1/(1+NPV)<sup>2</sup> which at 3.5% equals £0.93.



# Acknowledgements and contact details

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