

A photograph of a woman with dark curly hair, wearing a bright green t-shirt and light blue jeans, sitting on a wooden pier. She is holding a young child with curly hair, who is also wearing a green shirt. They are both looking out at the ocean. The pier is made of wooden planks, and the water is blue with some white foam from waves. The sky is not visible.

Commissioning for Families with Complex Needs

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1. Introduction

This guide for commissioning for families with complex needs has been developed on behalf of the Children's Improvement Board (CIB) in response to feedback from commissioners of children's services, who identified this as an area of challenge. It is intended to help commissioners from a range of agencies to take a good practice approach to re-shaping delivery in this important area of public service.

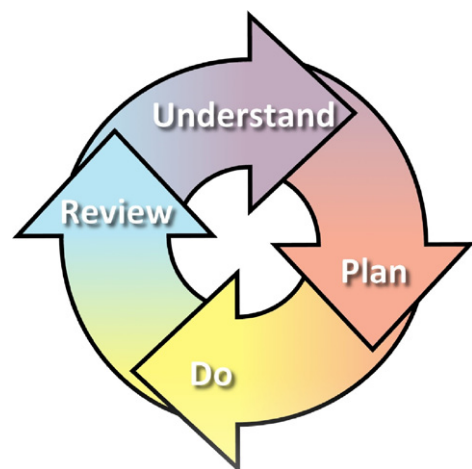
The Commissioning Support Programme (CSP) published the following definition of commissioning as part of the national support programme:

“Commissioning is the process for deciding how to use the total resource available for children, young people and parents and carers in order to improve outcomes in the most efficient, effective, equitable and sustainable way.”¹

The definition is helpful in that it directs organisations tasked with using public money to consider the total resource and so to work collaboratively and creatively to make best of use of it. Commissioning using the total resource is vital given agencies' overlapping investment and interest in improving outcomes for families who have complex needs.

This guide takes as a starting point for thinking about effective commissioning the CSP description of a four stage commissioning cycle – Understand, Plan, Do and Review:

- **Understand** – assessing needs, resources and priorities and agreeing the outcomes you want to achieve
- **Plan** – analysing the information and developing evidence based proposals for change
- **Do** – securing services to meet the desired outcomes, whether through direct provision, procurement, change management or market facilitation activities
- **Review** – monitoring and reviewing the effectiveness of service provision against expected outcomes.



This guide does not provide a detailed guide to all aspects of commissioning. It suggests areas of particular focus or significance in relation to each of the four stages of the commissioning cycle, and illustrates these with good practice examples.

Further CSP materials that explore aspects of commissioning in more detail are available on the [LGA Knowledge Hub group Better Commissioning and Productivity in Children's Services](#). This online group contains an extensive online library on commissioning.

¹ Commissioning Support Programme (2010) *Good commissioning: principles and practice*

1.1 Context

Public sector organisations have been arranging, commissioning and delivering services for families with complex needs for some time. However, a range of recent national and local innovation programmes have helped to stimulate interest in and develop new ways of intervening with families who have complex needs. Examples include:

- Family Intervention Project (FIP) Pilots²
- the national Think Family Programme³
- trials of Multi-Systemic Therapy (MST)⁴.

In addition, the nationally promoted Common Assessment Framework/Team Around the Family approach to identifying and wrapping support around families with additional needs has benefited families with more complex and entrenched needs⁵ although these systems have aimed to contribute to the full range of early intervention and prevention activity.

The focus on this area remains high. The agenda for and nature of commissioning services for families with complex needs is currently being shaped by a number of overlapping national initiatives including those shown in the diagram.

Appendix A explores each of these national initiatives in more detail, including a description of their target population(s) and main objectives/characteristics. With the exception of the Big Lottery, these national programmes are now directly linked through government guidance and policy, and will need to be well coordinated at a local level.

Although not represented above as a national programme, an important part of the national context and a concern for many local authority commissioners is how to safely limit or reduce the demand for care. In almost all cases where children or young people are on the edge of care, the family problems are likely to be multiple and complex.

In keeping with a broader shift for councils to focus more on arranging, brokering, buying and supporting services rather than being primarily concerned with direct delivery, all of these agendas are strongly suggestive of a central role for local authorities working in partnership with others, but taking primary responsibility for the coordination and shaping of local services for families with complex needs. The emerging arrangements for shaping health and social care services, including health and wellbeing boards and clinical commissioning groups, will also undoubtedly play a part in how services are commissioned in the future.

Within this context, there are number of opportunities to use the total resource wisely and to re-shape not just services but the whole system to meet the needs of families at a local authority level. There are also a number of risks, notably that pressure to meet the needs of families with complex or entrenched problems and difficulties will increase, and that earlier intervention with families who have emerging additional needs becomes less of a focus and priority in the short to medium term.



2 National pilot programme evaluated by the National Centre for Social Research in 2008, *Family Intervention Projects: an evaluation of their design, set up and early outcomes*

3 Social Exclusion Task Force, Cabinet Office (2007) *Reaching Out: Think Family*

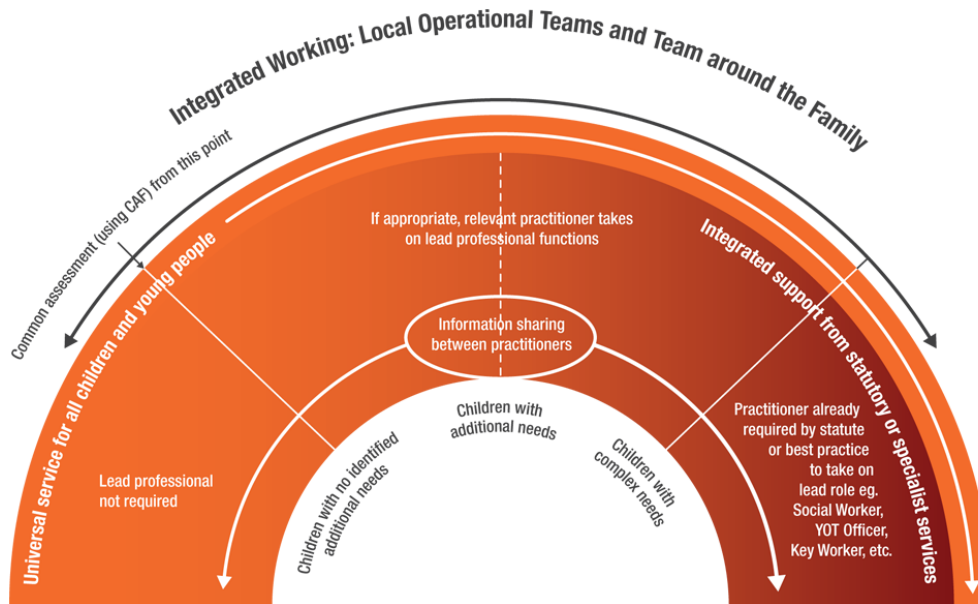
4 Graham Allen MP (2011) *Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government*

5 Easton C, Gee G, Durbin B and Teeman D (2011) *LARC3: Early Intervention, using the CAF process, and its cost effectiveness* (2011) Local Authority Research Consortium

1.2 How to define ‘families with complex needs’

As always, it is difficult with just a phrase to define a population accurately for commissioning purposes.

‘Complex needs’ has been applied to children and young people with chronic or profound disabilities requiring additional support from more than one agency. In the context of family intervention work, the phrase is often used to describe those families who are beyond the realm of early intervention and are on the brink of statutory or other specialist intervention such as child protection or youth court proceedings, as demonstrated in the diagram below.⁶



These families are often characterised by:

- domestic violence in the home
- parental mental health problems
- parental substance misuse problems
- housing or debt problems
- **offending or anti-social behaviour**
- **child not attending or excluded from school**
- **a cycle of worklessness in the family**
- poor or inconsistent parenting
- child not meeting their developmental milestones
- parental learning disability.

The national Troubled Families programme is concerned in particular with families that have the characteristics shown in bold in this list, although the guidance acknowledges that families with these three characteristics are likely to have other problems too⁷, and also that there will be families that do not specifically meet all of the primary Troubled Families criteria but who are a cause for concern and should

6 Northamptonshire Children and Young People's Partnership: 'Windscreen' Model to illustrate levels of child and family need: www.proceduresonline.com/integratedworking/three_integ.html#wind

7 For example, the *Troubled Families Programme Financial Framework* (March 2012) estimates that approximately one in three of troubled families are likely to have child protection problems.

be included in the programme.⁸ It is likely, then, that Troubled Families will make up a significant part of any cohort of families with complex needs.

Whilst naming the commissioning cohort or programme may have a symbolic importance, taking time with partners to scope the target cohort in more detail, and identify what activity and intended outcomes can or should be aligned, is likely to prove far more significant.

Given the breadth of poor child outcomes and contributing factors, key partners are likely to include:

- commissioners of health including mental health services and relevant adults services – now clinical commissioning groups
- commissioners of children’s social care services
- commissioners of adult social care services, e.g. in relation to disability or mental health services
- commissioners of substance misuse services
- commissioners of community safety services
- schools and colleges
- ESF worklessness delivery partners
- commissioners of social housing services
- commissioners of regeneration services.

Key scoping questions to consider at an early stage with partners include the following:

- Is there, or can there be, a shared vision or set of overlapping outcome objectives, for example: to safely reduce the need for specialist interventions or (more detailed) to safely reduce the need for care services, to reduce youth offending or antisocial behaviour, to reduce school exclusions and improve attendance and attainment for vulnerable pupils, to increase family functioning and resilience, to reduce domestic abuse and its impact on children, or to reduce the demand for specialist CAMHS?
- Are the outcomes realistically achievable via one style of intervention or approach, or is more than one approach or option likely to be required? For example, is there a need to distinguish between approaches seeking to have an impact on families with younger children (particularly pre-school) and those directed towards families with older children and young people?
- Do partners intend that the cohort may include – or that it should specifically exclude – children in need or other children and young people actually receiving statutory or specialist services?

In these early stages, it is always helpful to share ‘headline’ information with a wide range of stakeholders to ignite their interest in the agenda, to signal an intention to embark on a change process, and to develop a shared responsibility for the commissioning process overall, including its outputs.

“Ensure the highest possible level of support for the work from the outset. You will need it”⁹

8 This is called the ‘local discretion filter’ and can be used to add other families who meet any two of the three primary criteria and are a cause for concern (*Troubled Families Financial Framework* March 2012).

9 Interface Associates (2011) *Troubled Families ‘What Works’* – the quote is from a Community Budget Pilot area

2. Commissioning for families with complex needs

Families with complex needs is an area of significant spend and investment nationally.

Recent research has produced a relatively conservative estimate of savings in the region of £450,000 per family per year, from effective intervention with families who have complex needs.¹⁰

For troubled families, the cost of not working together to intervene in an effective way has been estimated at around £200,000 per family per year.¹¹ This includes contributions from agencies such as the police, health services, social landlords, and local authorities providing higher tier interventions such as children in care, or specialist health services.

2.1. Understand

The understand phase of the commissioning process is frequently under-appreciated and over-simplified, sometimes described, for example, as a 'needs analysis'. This masks the number of factors or areas that must be analysed and understood in order to develop an effective commissioning plan, including:

- the need and demand for services and interventions at a particular level or for a particular cohort
- key findings from the research about 'what works' in relation to systems and services for the target cohort, including the extent to which Common Assessment Framework/Team Around the Family systems work well for families with more complex or entrenched needs
- the state of the market or service provision, for example the number and geographical reach of services or the quality and cost of provision
- the views of local stakeholders including managers, practitioners and families about all of the above.

In many cases, information relating to these areas is relatively easily available. What often needs to be done is to triangulate it and to share and agree an analysis of the information with key stakeholders.

Analysis of need

Typical approaches to needs analysis for vulnerable populations include first looking at overall population trends, narrowing then to trends in relation to smaller geographical units such as wards or localities, and finally looking at both in relation to specific indicators of child or adolescent vulnerability, for example poverty and deprivation, offending, school exclusion, being subject to a child protection plan, becoming looked after, needing CAMH services and being pregnant under 18. This kind of analysis usually draws on both prevalence and incidence data relating to environmental, family or child factors known to contribute to poor child development and outcomes.¹²

10 Local Authority Research Consortium (2012) *Supporting Families with Complex Needs: Findings from LARC 4*

11 Interface Associates (2011) *Troubled Families: 'What Works?'*

12 See Herefordshire's *Vulnerability Matrix* (2010) for an example of how this kind of needs analysis can be undertaken in practice: www.herefordshire.gov.uk/community_and_living/young_people/46982.asp

The Troubled Families programme implies a need for local authorities and their partners to ‘drill down’ even further by identifying a snapshot of actual target families with whom to engage. Traditionally, commissioners and service managers have relied on other processes for identifying families with whom to engage in more intensive support services, including through:

- ‘step down’ referrals from statutory services such as social care or CAMHS
- Common Assessment Framework/Team Around the Family systems.

The relative strengths and limitations both of identifying target populations in advance and of identifying them over time are described in Appendix B. In summary, whilst ‘snapshot’ approaches can be helpful in pro-actively identifying families before they present to specialist services, partnerships are likely also to require systems such as Common Assessment Framework/Team Around the Family to facilitate timely responses to other families, for example those with younger children or with complex needs that ‘bubble up’ and present to agencies over time.

The information generated by all these approaches can and should be fed into the commissioning process on a regular basis to add greater depth to the overall population analyses.

Analysis of research

There are a number of summaries of research into ‘what works’¹³ when intervening successfully with families with complex needs; each approach has its own particular focus, and we do not propose to add to that body of evidence in this document.

However, we believe that commissioners in this area do need to understand and apply at least three things:

1. What are the key messages from research about undertaking effective early intervention and prevention with families? For example:

- For maximum impact, attention should be paid to developing both effective services or interventions and effective systems for identifying and wrapping support around families with additional needs.
- Successful programmes of intervention draw upon and are informed by a strong theoretical base.
- Multi-component programmes – for example group parenting programmes and direct work with the family – are more likely to succeed than single agency or single issue interventions.
- Programmes that build on family strengths and address the needs of all key family members are more effective.
- Families experiencing hardship are less likely to access services (both targeted and open access) than other families and so barriers need to be addressed.
- The quality of staff, and high quality training, together with good support and supervision, are essential – particularly in relation to the task of building good and effective working relationships with parents.

We do not know enough yet about the extent to which integrated delivery of services helps. Co-located and integrated teams of professionals can and do bring benefits (for users and workers). However, some families won’t feel able to cope with these, so a bespoke approach is likely to be required, including effective arrangements for identifying those most in need of support and working with them on an outreach basis.

13 *The Munro Review of Child Protection* (2011); *Allen Review of Early Intervention* (2011); *Interface Associates* (2011) *Troubled Families: ‘What Works?’*; *Ofsted* (2011) *Edging Away from Care*

2. What is different about prevention with families with complex needs?

- **More intensive interventions** that ‘grip’ the family are required, but whilst still enabling access for family members to a broader base of support from a range of services including universally available provision.
- **A longer period of intervention** is usually required, in comparison with early intervention. Research suggests that 12–18 months may be realistic for some families.
- **Key workers need to be assertive and persistent** and are likely to require lower case loads than those working at tier 2.
- Using robust family agreements that are clear about what needs to change and why seems to help.

3. What specific interventions or methodologies are proven to work well with families with complex needs? For example:

- Functional Family Therapy (FFT)
- Multi-Systemic Therapy (for young people aged 11–17 years and their families)
- specific parenting programmes such as Triple P Parenting (for 0–16 years) or Incredible Years Parenting (for 0–12 years)
- Family Nurse Partnership (for children 0–2 and vulnerable first time mothers).

It will be important to understand the relative strengths and limitations of each specific methodology or style of intervention as well as to clarify what the target population is for each style of intervention. For example:

- families on the brink of statutory intervention because of abuse or neglect
- families where there is a history of anti-social behaviour
- first time, very vulnerable parents.

In applying this evidence and attempting to determine which types of intervention may fit the needs of the local target cohort, commissioners are likely to experience:

- uncertainty about the choice of intervention(s) that will be central to the programme.
- a tension between wanting to draw on ‘proven’ approaches and also wishing to stimulate local innovation built on existing local strengths.

A recent Ofsted report suggests that what matters more than the actual choice of model for intervention seems to be clarity about and application of the model in practice.¹⁴ In other words, a range of evidence-based models may work well, but their impact will depend on fidelity to the model and clarity about the basis for and application of their techniques. This is important both for professionals and families.

Finally, in thinking about commissioning a sustainable system of support and challenge for families in this arena, it will usually be worth thinking about the interface with both specialist services (such as children’s social care or youth offending services) and earlier intervention and prevention services. It is likely to be useful for local areas to commission a continuum of intervention – from early to late prevention – rather than taking a ‘stand alone’ approach to intervening with families who have complex needs.

14 Ofsted (2011) *Edging Away from Care – how services successfully prevent young people entering care*

Involving children, young people and families

Involving children, young people and families in understanding local needs and services is likely to greatly enhance the effective commissioning of services to meet needs and objectives.

The Commissioning Support Programme training materials, available on the [LGA Knowledge Hub group Better Commissioning and Productivity in Children's Services](#), reference the Institute of Public Care's *Commissioning Engagement Matrix* which identifies four levels of user engagement in commissioning:

| | |
|--------------------|--|
| <i>Level One</i> | <i>Communication: providing information</i> |
| <i>Level Two</i> | <i>Consultation: ideas, suggestions and feedback</i> |
| <i>Level Three</i> | <i>Negotiation: securing agreement</i> |
| <i>Level Four</i> | <i>Participation: working together</i> |

The matrix is a helpful starting point for commissioners to design appropriate activities and arrangements at different stages of the commissioning cycle.

Even where families are only involved at the first two levels, they can contribute significantly to the effective commissioning of services in this area. For example, consultation can usefully be undertaken at various stages of the 'Analyse – Plan' part of the commissioning cycle, with large groups or with individual families, particularly those who either have benefited or might have benefited from interventions at this level of need. Case studies developed from interviews with individual families can be particularly useful in generating a platform for change amongst partner agencies and more broadly with professionals working with families.

Staffordshire has developed an online parent and carer engagement toolkit specifically for early intervention and prevention services. It includes:

- key methods of parental or carer engagement in the shaping and delivery of services, including commissioning
- tips for better quality engagement, including engagement with specific groups
- a set of good practice case studies
- a self assessment tool.

See: www.parentandcarerengagement.org.uk

Other sources of information relating to the involvement and engagement of children and young people include:

- Participation Works: www.participationworks.org.uk
- Hear By Right: www.nya.org.uk/quality/hear-by-right

2.2 Plan

Commissioners will wish to develop a plan that makes evidence-based proposals for how best to use the total resource to improve outcomes for families with complex needs in an effective, efficient, equitable and sustainable way.

Three linked examples of how local areas are approaching the 'plan' stage of the commissioning cycle are outlined below:

Planning with Community Budgets

The Community Budgets Programme is being rolled out nationally. It encourages local agencies to consider together how best to use the total resource to improve outcomes, including in particular outcomes for families with complex needs or troubled families. The national programme is a spur and incentive for local partnerships to work together in this way, in particular by committing resources and re-designing services.

The development of a jointly agreed plan for change, including details of how resources will be pooled or aligned, is likely to be key. An example 'Community Budget Plan for Families with Multiple and Complex Needs' can be seen on the Sheffield City Council website (<https://www.sheffield.gov.uk/your-city-council/policy--performance/what-we-want-to-achieve/corporate-plan/tackling-poverty-and-increasing-social-justice.html>)

A recent report for the Troubled Families Unit¹⁵ includes more information about and examples from pilot Community Budget areas linked to the Troubled Families agenda. The report includes findings of particular interest to commissioners at this stage of the commissioning cycle, including:

- plans need to be simple and have clear aims and objectives
- plans should outline how intensive family support will be incorporated into a spectrum or continuum of need
- plans should include reference to how the workforce will be developed to fulfil the objectives
- plans should build on good practice locally as well as nationally
- commissioners should include reference to a communications strategy as a priority.

15 Interface Associates (2011) *Troubled Families: 'What Works?'*

Planning the development of a Team Around the Family system

In one local area, the absence of effective whole systems for identifying and wrapping support around families with additional needs was noted as having significantly reduced the impact of interventions with families with complex needs.

Based on the research into good practice in this area and local stakeholder feedback, the partnership developed a joint specification for multi-agency Team Around the Family arrangements, including a local vision, criteria for and a description of key elements of the model, indicators of success, and implications for local resources. These arrangements were scoped in such a way as to support more sensitive identification of packages of support for families depending on their level of overall need and risk.

Once the over-arching strategic direction had been agreed, the partnership worked with stakeholders to develop a detailed guide and toolkit for the Team Around the Family. This helped to build a broad understanding and ownership of the plans for change and included, in addition to an overall guidance document:

- a tool to support the effective identification of families with additional including complex needs – to be used by a range of practitioners in contact with families
- a whole-family assessment tool based on the Common Assessment Framework¹⁶
- questionnaires for family members to support initial assessment-related conversations
- guidance and prompts for practitioners to help them assess need levels more accurately
- a step up/step down protocol for interventions with families on the brink of specialist services
- a guide for managers contributing to the multi-agency panel undertaking case discussions for individual families with complex needs. The panel will assist in identifying the family's presenting level and nature of need and in agreeing key elements of the intervention package.

The partnership also produced a linked workforce development plan for likely 'key players' as well as a range of other practitioners who might become involved in Team Around the Family arrangements, incorporating in particular a core skill set for identifying and engaging with families who have additional needs including complex needs.

16 The publication *The Use of Whole Family Assessment to identify the needs of families with multiple problems* by Kendall S, Rodger J and Palmer H (2011) for The Department for Education was a useful starting point for developing a local whole family assessment.

Planning the development of services or interventions

In one local area, the strategic partnership has agreed an investment plan aiming to reduce demand for specialist services and thereby to release resources for reinvestment in earlier intervention with families.

In addition to the development of effective Team Around the Family arrangements, the partnership has planned to jointly commission a range of services and interventions designed to support families with more complex needs. In some cases, these interventions have been designed for both tier 2 and tier 3 interventions, whilst others are specific to families with complex needs. Examples of these services include:

- a family intervention project
- multi-systemic therapy
- a programme to address worklessness for vulnerable parents.

In many cases, these tier 3 intervention models incorporate dedicated key workers to work intensively with the family and to coordinate others. The partnership needed to be careful not to commission additional overlapping key worker resources, but also to ensure that appropriate key working is available to families beyond an initial intensive intervention period.

A number of the interventions were already being delivered locally, by the voluntary sector, youth offending service or other parts of the council. Because the investment plan seeks to make changes to the accessibility, nature or volume of service provision, the partnership will develop a market position statement. By sharing the market position statement with local providers at this early stage of the commissioning cycle, commissioners hope to publish their commissioning intentions and support providers to respond to these and prepare for change. Providers of other more outlying services, such as adult mental health services, domestic violence services and adult substance misuse services can also see how they may be asked to contribute and why.

2.3 Do

‘Do’, in commissioning terms, involves implementing the planned change, for example through:

- procurement and contracting activities
- change management activities relating to other services not directly procured, such as in-house services
- broader market facilitation activities.

Examples of how local authorities are approaching these activities and how they might be relevant and useful are outlined below.

Procuring services for families with complex needs – use of service specifications

A number of providers may be required to deliver aspects of the commissioning plan for families with complex needs, or a sub-cohort of this target population. Often, the voluntary and community sector is well placed to deliver at least some of these services, as families are likely to perceive them as being less stigmatising than other services, particularly statutory services.

The specification is a document which informs prospective providers about what will be expected of them. It forms part of an invitation to tender or service level agreement. A specification should provide as much helpful background and baseline information as possible, as well as a clear definition of the desired outcomes to be achieved. However, where possible, it should also allow providers to propose the evidence-based inputs, processes and outputs they believe will best achieve the specified outcomes.

Good practice tips for developing service specifications for this service area include the following:

- Take as your starting point for developing a specification the outcomes you and partners wish to achieve.
- Involve a range of providers early in developing the specification as it can lead to greater innovation, and providers usually value being involved at this stage. It is unlikely there will be a conflict of interest so long as the rules of engagement and roles are clear from the start.
- It is highly likely that elements of successful intervention with families with complex needs will be delivered by different providers, and therefore some degree of coordination will be necessary. Reference to the need for service connectivity and working together can be included in the service specification.
- Consider all the roles that you will wish the provider to play in relation to supporting families and include these in the specification. For example, you might specify ‘primarily undertaking direct work with the family but also acting as the lead professional or key worker and participating in Team Around the Family arrangements more broadly as required’.

An example specification for a service relevant to families with complex needs is provided at Appendix C.

Payment by Results

Payment by Results (PbR) is one form of outcome-based procurement.¹⁷ This is where a commissioning body (for example central government) agrees to fund a provider (for example a council) on the basis that it will achieve particular agreed outcomes rather than just deliver outputs. Often, there is some up-front funding called a 'core payment' or an 'attachment fee' to get things started. Thereafter, a proportion of the payment will be withheld until the outcomes are achieved.

PbR is intended to provide the incentive for improved performance from providers and to ensure that commissioners use resources more efficiently. As with other forms of outcome-based commissioning, there is no 'one size fits all'.

As the Troubled Families' agenda unfolds, it may be that councils and their partners wish to consider applying this kind of methodology to their procurement of services for families with complex needs. However, careful consideration of both the pros and cons of the approach, as well as how to incentivise without merely transferring all the risk to providers, should be undertaken at an early stage. Other important factors to take into consideration may include:

- the local appetite for innovation. PbR seems to be most transformative when providers are given the freedom to innovate
- the risk of encouraging perverse incentives for example to work with less challenging families or to 'cherry pick' families in other ways
- whether there is a need to generate additional funding to ensure the project or intervention gets going, for example through social investment including Social Impact Bonds (SIBs)¹⁸ which can lever in significant levels of new finance to fund social outcomes and allow, in particular, voluntary and community sector organisations to compete for PbR contracts
- the extent to which the size of the contract is big enough to justify the fixed costs (e.g. legal, monitoring) of establishing a PbR contract, in particular where combined with a SIB¹⁹
- the likelihood of this kind of incentive stimulating improved provider performance
- the appetite for this style of procurement amongst providers, including their ability to manage associated cash flow issues²⁰
- the extent to which local systems (in particular for sharing information and measuring outcomes) are sufficiently sophisticated to handle a PbR approach²¹
- the number of outcomes the provider would be asked to achieve.²²

17 More information about PbR and its application at a local level can be found in the Audit Commission's recent *Local Payment by Results Briefing* (April 2012).

18 More information about SIBs can be found on the social finance website (www.socialfinance.org.uk/). SIBs rely mainly on an underlying PbR approach whereby the commissioner transfers the risks of delivery to a 3rd Party (the investor) and the provider receives up front capital to make it happen. Areas beginning to use this financing mechanism for families with complex needs are Essex, Birmingham (for children at risk of entering care) and Westminster, Hammersmith and Fulham, and Leicester (for troubled families).

19 There is some evidence that the combination of PbR plus a SIB is a cost effective approach to procurement only for relatively substantial contracts (in the region of £5m).

20 Most PbR schemes to date have not included provision for a large part of the payment to be dependent on the outcomes. These kinds of schemes are for the most part untested and their effectiveness unproven.

21 Many local schemes have required a substantial corporate overhead to get going and thereafter to monitor progress. Information sharing, particularly across health and the local authority, has proved problematic in other national pilots, for example PbR for children's centres.

22 A multiplicity of outcomes seem to make PbR more complicated and difficult to apply in practice.

Most locally-commissioned PbR schemes are in the early stages. The Audit Commission has suggested in its recent briefing on this area that there are five elements of successful PbR schemes as follows:

- a clear purpose
- a full understanding of the risks
- a well-designed payment and reward structure
- sound financing
- effective management and evaluation.²³

Change management and market facilitation

One local area engaged in implementing their Troubled Families programme has not only procured new services but is also pro-actively promoting factors known to contribute to successful implementation across a whole system, such as senior level commitment to integrated ways of working, ownership and enthusiasm across the partnership at all levels, reliable and efficient IT services and good information sharing arrangements.

Change management/market facilitation activities have included:

- regularly celebrating implementation milestones and successes amongst the wider stakeholder community
- commissioning high quality training and supervision for key practitioners²⁴
- providing opportunities for a broader spectrum of practitioners involved in the whole system to network and learn together
- commissioning or promoting 'system minders' such as local coordinators or champions in each agency
- provision of a change management team to drive change in the short to medium term
- delegation of budgets to lead professionals or key workers or multi-agency panels engaged with families who have complex needs.

In another local area, commissioners are also in the process of influencing the nature and delivery of services to families with complex needs via a service level agreement (SLA) with in-house provider services. The SLA will set out:

- the intended outcomes, outputs and inputs
- information about specific methodologies to be applied
- expected levels of access for families
- quality standards for service delivery
- measures and review arrangements.

23 Audit Commission (April 2012) *Local Payment by Results Briefing*

24 Note the Children's Workforce Development Council learner resource *Providing intense support for families with multiple and complex needs* (2011)

2.4 Review

It might be argued that the greater the investment or interest in public investment, the greater the need to review the services and systems that have been commissioned.

In recent years, there has been a high level of interest in ways of measuring the cost and cost savings of interventions with families who have additional needs, including complex needs.

However, there is often a more basic imperative for commissioners to be able to identify clearly the costs and outcomes of intervening with these families. Review activity should be capable of achieving two things in particular:

- demonstrating the impact and cost effectiveness of intervention(s) or a programme of interventions
- driving continual improvement in the programme (including justifying changes to services and contracts).

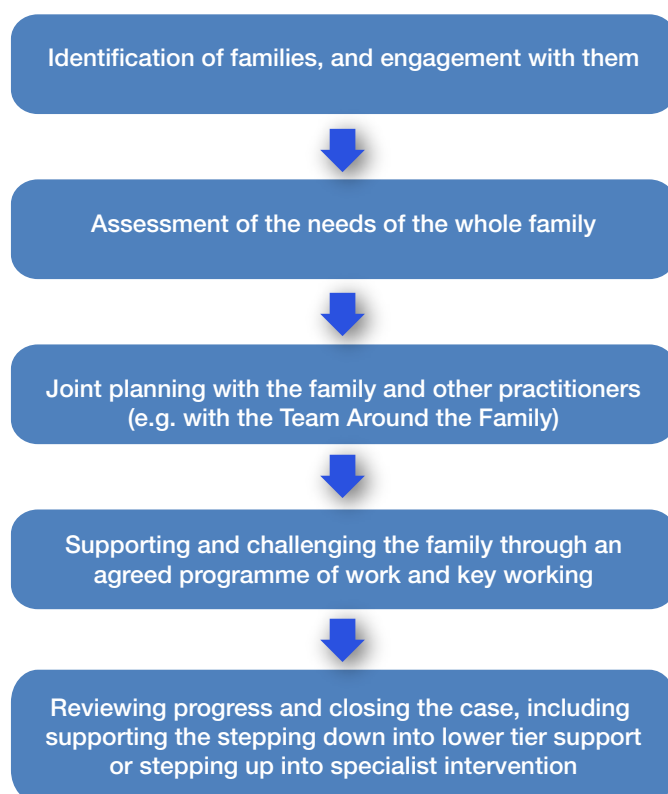
In many cases, it will be helpful for local commissioners to develop an overall evaluation or review framework for the target cohort, including a clear relationship between outcomes, measures of success, and data collection methods, as demonstrated below:

| Outcome | Measures of success | Data collection methods |
|--|---|---|
| <p>The desired impact or result of interventions, or parts of the intervention pathway.</p> <p>These can be expressed as both short to medium term and longer term outcomes, and should relate to the impact of a 'whole episode' of intervention as well as its key stages.</p> | <p>These are indicators of the extent to which the outcomes have been achieved.</p> <p>They can be direct or proxy measures.²⁵</p> | <ul style="list-style-type: none">• A range of data will need to be collected, using different methods such as:<ul style="list-style-type: none">– regularly collected performance management information, including 'distance travelled' information– irregular – e.g. 6 or 12 monthly – case sampling and interviews with key 'players' in the whole system– longer term follow up studies with a sample of individual families• Data and data collection methods are likely to be similar for many of the measures. |

²⁵ A proxy measure is one that indicates approximately whether the outcome is being achieved, in the absence of a direct measure.

Developing an evaluation framework is only a starting point in the review process: its value is in acting as a source document to guide review activities.

For families with complex needs, it will be important to review the impact of both systems and individual services or interventions that contribute to intervening effectively. Most programmes working with families who have complex needs can be broken down into and include the following key elements or pathway stages:



Review activity can helpfully focus on both the impact of this whole pathway and also its stages. For example, a pathways-focused review may demonstrate that practitioners are identifying families and assessing their needs well, but the weak point is the actual delivery of interventions. Alternatively, it might show that interventions are evidence-based, of good quality, and capable of working well with families but the 'right' families are not being identified over time: services are not targeted at those with the highest problems and difficulties.

Measuring and reporting distance travelled

A significant element of the review process should involve evaluating the impact of interventions or 'distance travelled' for families. A variety of approaches have been developed to support this activity in local areas. Family progress invariably needs to be evidenced in relation to a baseline that covers a range of domains of need. Therefore, the following linked tools will need to be carefully designed and coordinated:

- tools to support whole family assessment (including strengths and needs)
- tools to support planning with families
- tools to support the review of plans and overall family progress.

It will be important to monitor progress of both the plan itself (the key areas identified for change by the family and practitioners) and all significant domains outlined in the assessment documentation. Failing to monitor the latter will mean losing important information about some of the unexpected or additional areas of progress (or regression) for families over time. Visually accessible tools can be very helpful, such as [Triangle Consulting's Outcomes Star™](#) which can measure progress in up to 10 areas of a family's life.

Documenting family progress in relation to all domains outlined in the assessment documentation may require a slightly different approach, given that many whole-family assessments have over 20 domains. An example paper based tool for recording and demonstrating progress is provided at Appendix D.

Tips for undertaking this activity include:

- Consider how the tool(s) can achieve both effective recording of progress and demonstration of the progress to families in a visually accessible format.
- Measure progress more than once, for example after an initial period of intervention and at least once more (in particular at the end of a period of intervention). Sometimes services and individuals working with families in this way discover a greater level of need after an initial period of engagement and therefore scores of need may in fact go up initially.
- Reach agreement about who will evaluate the extent of progress over time, for example: key worker, family members, all?
- Develop electronic collation of the information and analysis of impact across a cohort of families.²⁶

²⁶ Local areas that have established electronic systems include Bristol and Swindon.

Reporting and taking action

Finally, when analysing and presenting information it is important that key messages stand out and are compelling. Some local areas use a Results Based Accountability (RBA) style²⁷ report card to present information.

An example of this approach is given in Appendix E.

It is likely to be useful to jointly explore the ‘story behind’ review findings with partners. It is also likely that the action required to be taken, based on the results of review activity, will be multi-disciplinary. Therefore, good multi-agency governance arrangements that are clearly set out in advance and that operate effectively are critical.

An early Community Budget pilot site has contributed the following learning from the recent development of a Community Budget involving the police, housing, local authority children’s and adults’ services, and health:

“The Community Budget has been helpful in developing the core elements of our approach locally. However, you still need to get broader stakeholder commitment and involvement, for example from a much wider children’s workforce. This is a major undertaking, for example ensuring that individuals and organisations can contribute to a strengths based model.

“Having the chief executive and leader of the council holding this within their portfolios is extremely helpful. It raises the profile locally and provides really clear high level leadership.

“Be prepared for these systems and services to uncover some families with very high level needs, for example relating to child protection. Ensure that the success of your programme or approach doesn’t stand or fall by reducing referrals to specialist services. Ensure that you have or develop mature fora and mechanisms for analysing review information.”

Findings, stories, and successes should be shared as broadly as possible, using a variety of methods including anonymised case studies. This information should also feed into ongoing training and development activity for the relevant workforce and, of course, into subsequent service design or re-design, thereby completing the commissioning cycle.

27 Results Based Accountability (RBA) developed by Mark Friedman and reported in materials including *Trying Hard is Not Good Enough* and *Turning the Curve*

Further resources

Audit Commission (2012) *Local Payment by Results – Briefing*

Big Lottery Fund (2012) *Improving Futures: New Projects to Transform the Lives of Children*

Children's Workforce Development Council (2011) *Providing Intense Support for Families with Multiple and Complex Needs*

Children's Society and Family and Parenting Institute (2011) *Briefing Paper: Payment by Results for the Family Sector*

Department for Communities and Local Government (March 2012) *Troubled Families Programme Financial Framework*

Easton, Gee, Durbin, and Teeman (2011). *Early intervention, using the CAF process, and its cost effectiveness. Findings from LARC3*. Slough: NFER

Easton, Featherstone, Poet et al (2012) *Supporting Families with Complex Needs: Findings from LARC4*. Slough: NFER

Graham Allen MP (2011) *Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government*

Interface Associates (2011) *Troubled Families 'What Works?'*

Kendall, Rodger and Palmer (2011) *The Use of Whole Family Assessment to Identify the Needs of Families with Multiple Problems*. Department for Education, Research Report DFE-RR045.

KPMG (2010) *Payment for Success – How to shift power from Whitehall to public service customers*

Munro Review of Child Protection (2011)

Ofsted (2011) *Edging Away from Care – How Services Successfully Prevent Young People Entering Care*

Appendices

Appendix A: Relevant national initiatives

| Name of Programme | Target Population Description | Main Objective(s) and Characteristics |
|-----------------------------|---|--|
| Troubled Families Programme | Families characterised by there being no adult in the family working, children not being in school and family members being involved in crime and antisocial behaviour. ²⁸ | <ul style="list-style-type: none"> • Whole England Programme part-funded by central government • Relevant mostly to families with older children and young people • Focus on new ways of working with families, and achieving lasting change • Families to be identified pro-actively using locally available data • Criteria for the scheme determined centrally, but with some discretion for local authorities to identify other families of concern • Payment by results element to the scheme will be applied gradually over three years. |
| Community Budget Pilots | Families with multiple problems | <ul style="list-style-type: none"> • One way to pool or align budgets across agencies to tackle areas of mutual interest • Pilot programme launched in April 2011 and being rolled out across most of England in 2012–13 • Local flexibility to define specific objectives and characteristics • However, a clear direction in recent guidance is for many of these budgets now to be linked with the Troubled Families programme • Other forms of nationally promoted community budget are: neighbourhood-level community budgets; and whole-city community budgets. |

²⁸ The Troubled Families Programme (March 2012) *Financial Framework for the Troubled Families Programme's Payment by Results Scheme for Local Authorities* (DCLG)

| Name of Programme | Target Population Description | Main Objective(s) and Characteristics |
|---|---|---|
| <p>European Social Fund Families and Households Workstream</p> <p>See: www.esf-works.com/themes/families-and-households/families-and-households</p> | <p>Workless families with multiple problems</p> | <ul style="list-style-type: none"> • National programme funded by ESF but contracts let via the Department for Work and Pensions • Aims to support families with multiple problems into work • Guidance directs providers to work together with local authorities to identify and engage with troubled families. |
| <p>Big Lottery Improving Futures Programme</p> | <p>Families with multiple and complex needs</p> | <ul style="list-style-type: none"> • Third sector driven programmes funded directly from The Big Lottery • Trialling new approaches to delivering effective, tailored and joined up support in 17 areas (wave one) • Aiming to attain a range of better outcomes for children specifically, but recognising the importance of addressing carer and wider environmental factors • Second wave projects to be announced later in 2012 • Not linked directly to the Troubled Families agenda. |

Appendix B: Approaches to identifying target populations

| Description | Strength(s) | Limitation(s) |
|---|--|---|
| <p>Use of Family Indicators – including the Troubled Families indicators or Vulnerable Families Indicators – to identify actual populations at a given time.</p> | <ul style="list-style-type: none"> • Where informed by research evidence, these are helpful as an in-depth starting point for identifying ‘actual families’ who don’t always present themselves to, or who may be invisible to, professionals and services. • Can provide useful up front information to inform commissioning on a local basis. | <ul style="list-style-type: none"> • Sometimes these indicator-based systems don’t discriminate between levels of vulnerability and, therefore, the risk is that they don’t actually identify the most complex families. • This is essentially a static system unless partners can agree how they will build on these indicators to identify vulnerable or complex families over time. • If families are identified at arms’ length, there is a risk they won’t wish to participate. |
| <p>Referrals ‘down’ from statutory specialist services, for example children in need services. This approach relies on families with complex needs who don’t quite meet statutory thresholds for intervention being identified by referral down into a multi-disciplinary system of support.</p> | <ul style="list-style-type: none"> • Can effectively identify families on the cusp of care or the brink of other statutory interventions. • Prevents these families from disappearing from view and also provides support to prevent escalation of problems. • This is a less static system than the above – it enables families to be identified over time. | <ul style="list-style-type: none"> • If this is the only mechanism for identifying families, it is likely to be addressing issues and problems too late. • Relies on effective handling of referrals down from specialist services into something else (for example an effective Team Around the Family system). • May not identify all the target families, in particular those who for whatever reason aren’t referred to specialist services in the first instance. |
| <p>Common Assessment Framework or Team Around the Family systems. These systems attempt to identify families and assess their needs or wrap support around them at the right level on an ongoing basis.</p> | <ul style="list-style-type: none"> • Flexible system that can be used to identify families over time. • Enables family need/strengths to be assessed irrespective of the number of indicators (can usually handle a spectrum of need and allow for movement in between levels of need). • Can include an element of step down from specialist services as above, particularly where panels are used effectively within the system. • May be less stigmatising. | <ul style="list-style-type: none"> • Mostly relies on families coming to the attention of professionals and being referred into the system. • Also relies on effective systems to manage the step down from specialist services and interventions. • Systems need to be fairly sophisticated to identify and handle families with complex as well as early intervention needs and to differentiate responses accordingly. |

Appendix C: Example specification: Higher Level 2 Family and Parenting Support Service

1. Background

- The need for this new service and the broad scope of the service is set out in the Council's Family and Parenting Support Commissioning Strategy approved by Cabinet in November 2010.
- The council is looking for flexible providers who will work with us to develop the service.

2. Aims of the service

- **Primary aim of the service**
 - To work in partnership with families and professionals to provide intensive intervention which aims to avoid or reduce the need for specialist services such as social care and the Youth Offending Service
- **Secondary aims of the service**
 - To keep children and young people safe from harm
 - To respond to the requirements of parenting orders issued under the Anti-Social Behaviour Act 2003
 - To respond to the parenting support requirements of the Crime and Disorder Act 1989
 - To promote family cohesion where possible, always in the best interests of children and young people.

3. Who the service is for

- The service is for families and parents of children and young people who do not meet the social care threshold and with needs which cannot be met by support offered by children's centres and parenting support advisers.
- Parents subject to parenting orders and parents agreeing to enter into parenting contracts.
- The service is for families and parents where the family situation is complex and where parents have complex difficulties and/or who are living chaotic lifestyle which might be due to:
 - ongoing and problematic substance misuse by parents
 - mental health needs of parents
 - domestic violence
 - learning difficulties of parents and/or children
 - offending or risk of offending or anti-social behaviour of children
 - parents in receipt of statutory parenting orders.
- The primary carer must live in the county.
- Families are likely to be difficult to engage and resistant to using services.
- The service is not for families who have children with child protection plans or children in care unless part of a planned 'step-down' into targeted services. The service will be available at the point of the 'step down'.

4. Values which will underpin the service

The service provider shall:

- be flexible so that parents and families can access the service when they need it
- work in partnership with other agencies
- focus on finding creative solutions
- take a family based approach
- empower parents and families
- build resilience within families
- recognise that poverty is an important factor in causing stress within families
- take account of equalities and diversity issues.

5. Participation and involvement of parents and families

The service provider shall ensure:

- families and parents will be involved in developing the service
- feedback from families and parents is collected routinely
- good feedback loops are established so that families and parents are aware of the impact of their feedback and ideas and how this leads to changes in service delivery.

6. Access and referral arrangements

- Access to the service shall be limited to the following methods of referral:
 - a Common Assessment (CAF)
 - an initial assessment from social care which has resulted in NFA (no further action from social care)
 - an ASSET assessment (YOT)
 - as part of a planned ‘step down’ following a Child Protection Plan or as part of a planned return home after a period in care. The service will be available at the point of the ‘step down’.
- Referrals using a Common Assessment (CAF) will come via either:
 - a multi-agency risk assessment conference (MARAC)
 - services such as schools, health and CAMHS.

The service provider shall:

- ensure that for each accepted referral there is a demonstrated need for a higher level 2 service and be the gatekeeper of this process. It will be important to get this right. For the first three months a multi-agency group will meet bi-weekly to monitor referrals and ensure the higher level 2 threshold is appropriate
- operate an effective duty/referral management process and protocols and refer cases to social care or to children’s centres where appropriate
- hold onto cases until suitable arrangements are made. (No ‘dropping the baton’)
- effectively manage systems for prioritising cases and managing waiting lists – including solutions for end users waiting to access the service.

7. Case management

The service provider shall:

- decide on the appropriate type of response and will liaise with the referring agency as appropriate. If the referral is from the Youth Offending Service, who has statutory responsibilities to enforce a parenting order as defined in the Crime and Disorder Act 1989, the service provider shall liaise with the Youth Offending Service Responsible Officer to ensure the type of response is appropriate and attendance expectations are adhered to
- provide a key worker who will develop and coordinate family care plans
- employ workers with a case load and operate a case management system which is not overly bureaucratic
- participate in a review process after one month and then quarterly. Reviews will involve other agencies as appropriate
- develop case closure policy
- work closely and share information with other services and agencies
- enable YOT to monitor compliance with national standards and Youth Justice Board guidance for parenting orders.

8. When will the service be provided?

The service provider shall:

- provide a flexible service, with the frequency of contact time varying in response to family and parents needs
- provide an intensive service for periods if required. During this time the service provider shall support families to use universal and lower level 2 services that will be able to offer support in maintaining the changes which will have been made
- not provide a befriending service which continues indefinitely
- provide longer term support and monitoring if required to embed changes and prevent crises. The service provider shall manage the case closure process to avoid families and parents becoming dependent on the service but also not closing cases too early
- provide a flexible service – work is likely to take place early morning, evenings and weekends as required.

9. Approach and what will be provided

The service provider shall:

- take an empowerment/strengths based approach which will include developing written care plans and agreements with parents which outline the planned changes which you aim to achieve with the family
- work in the home with (but not for) the family. For example work might involve assisting with going to school, shopping or meal preparation. This might involve role modelling. (The service will not be a standard home help service)
- provide advice or signpost parent and family to appropriate agency for advice
- accompany parents to attend another service
- use approaches which encourage and bring families together to solve problems and find solutions such as mediation or restorative work in families.

- use group work when working with families including meeting the requirements of parenting orders issued under the Anti-Social Behaviour Act 2003
- provide the parenting programme as identified in the parenting order. YOT will retain the role of responsible officer and enforcement of the parenting order, so a close relationship between the service provider and YOT will be essential.

10. Where the service will be provided

The service provider shall:

- provide a county-wide service
- anticipate more demand for the service from areas of higher deprivation/child poverty
- ensure suitable and accessible locations are used for providing the service e.g. children's centres and local community facilities. (The service provider is not required to have a centre for delivering the service.)

11. Safeguarding

The service provider shall:

- operate recruitment and training policies and procedures having regard to the need to safeguard and promote the welfare of children and vulnerable adults
- operate a child protection policy that is compliant with the council's 'Multi-Agency and Single Agency Child Protection Procedures'
- comply at all times with the provisions of the Safeguarding Vulnerable Groups Act 2006
- where the delivery of the service results in contact with vulnerable adults, have regard to the 'No Secrets' guidelines and the 'Policy and Procedures for Safeguarding Vulnerable Adults'.

12. Relationship with other services

The service provider shall:

- have close working relationships with other services including children centres, parenting support advisers, Youth Offending Service, Social Care Family Support Service, Social Care Crisis Intervention Service, Social Care social work teams and others such as substance misuse providers
- develop protocols with other services and agencies as required to effectively run the service
- work in partnership and be creative in negotiating and developing relationships with other providers
- take a positive, problem solving approach.

13. Performance management

13.1 Indicators

Direct impact indicators

The service provider shall set up systems to collect the following monitoring information:

- How much do you do? *Activity information*
 - number of hours of service
 - number of referrals by area, referring agency and presenting issues
 - percentage of re-referrals
 - presenting issues

- number of cases allocated
- number of cases closed by final destination
- number of inappropriate referrals and their final destination.
- How well do you do it? *Quality*
 - timescale for responding to referrals
 - percentage of engagement
 - effective working with other agencies.
- Is anyone better off? *Outcomes*
 - % of goals outlined in individual agreements with families achieved
 - whether parents feel more able to cope, as measured by a validated evaluation tool
 - whether children feel safer/happier at home, or more resilient, as measured by a validated evaluation tool.
- Is it cost effective?
 - unit cost per hour of service (fully inclusive e.g. no separate management costs).

Performance targets will be jointly agreed between the service provider and the council within the first 6 months of the contract (after it has been possible to set a baseline).

Indirect impact indicators

The service provider is not required to collect the following information; however the council is likely to collect this data. It should be noted that this list is likely to change. For example the government is due to publish a final Public Health Outcomes Framework and when new policy documents are published these may include specific indicators.

- Improving attendance at school
- Reducing permanent and fixed term exclusions
- Reducing number of children going into care
- Reducing number of young people being put into custody
- Reducing number of children with child protection plans
- Reducing incidence of domestic violence
- Reducing incidence of alcohol and substance misuse related harm
- Reducing in CAMHS referrals
- Reducing youth offending
- Reducing antisocial behaviour
- Reducing level of referrals to social care
- Reducing domestic violence incidents
- Reducing childhood obesity
- Reducing hospital admissions caused by unintentional and deliberate injuries to 5 to 18s
- Reducing children living in poverty
- Reducing homelessness of young people
- Reducing attainment gaps between children receiving free school meals and the rest at Key Stage 2 in English and maths, in achieving the basics at Key Stage 4.

13.2 Quality assurance

- The service provider shall have a quality assurance policy and procedures including case file audits appropriate for this service.

13.3 Contract monitoring arrangements

- The service provider shall submit a quarterly service review report – see the annexe below for more information.
- The service provider shall attend quarterly review meetings arranged by the authorised representative of the council.
- The service provider shall support visits to the service by representatives of the council to be mutually agreed.

13.4 Initial support arrangements

- For the first three months a multi-agency group will meet fortnightly to monitor referrals and ensure the higher level 2 threshold is right.

14. Staffing and management issues

The service provider shall:

- provide workers with supervision from professionally qualified managers
- ensure workers have relevant skills and experience for working with families and parents who have complex needs
- meet any TUPE requirements.

Annexe – Information requirements for each Service Review Report

1. A chart detailing the agreed monitoring data
2. What progress has been made against the aims of the service
3. What is working well
4. What difficulties have been faced and what has been done, or needs to be done, to resolve these issues
5. A summary of service user and stakeholder feedback and how it has been used to influence service development
6. Any good news stories
7. Details of any complaints or concerns and resolutions
8. Planned service improvements
9. Details of any staff training undertaken
10. How the organisation benchmarks the service against those provided by others to ensure best value.

Appendix D: Extract from a Team Around the Family Distance Travelled Tool

| | | | | | |
|--|---------------|----------------|-------------------|----------------------|-------------------------------|
| These scores to be shown in the table as: B = Baseline, R1 = Review 1 R2 = Review 2 | None 1 | Minor 2 | Moderate 3 | Significant 4 | Critical/ Complex 5 |
| 1. Family Profile | | | | | |
| • Housing | | | | | |
| • Income, employment and finance | | | | | |
| • Family history, relationships and well-being | | | | | |
| • Social and community links/supports | | | | | |
| 2. Child and Young Person Profile | | | | | |
| • Health | | | | | |
| • General health | | | | | |
| • Physical development | | | | | |
| • Speech, language and communication | | | | | |
| • Emotional and social development | | | | | |
| • Behavioural development | | | | | |
| • Self esteem and self image | | | | | |
| • Family and social relationships | | | | | |
| • Self care skills and independence | | | | | |
| • Learning | | | | | |
| • Reasoning and problem solving | | | | | |
| • Participation in learning, education or work | | | | | |
| • Progress and achievement | | | | | |
| • Aspirations | | | | | |
| 3. Parent or Carer Profile | | | | | |
| • Basic care, ensuring safety and protection | | | | | |
| • Setting routines and boundaries | | | | | |
| • Emotional warmth and stability | | | | | |
| • Physical health | | | | | |
| • Mental health and emotional well-being | | | | | |
| • Drug or alcohol use | | | | | |

Appendix E: Team Around the Family report cards

1. Whole pathway

| | |
|---|---|
| How much did we do? <ul style="list-style-type: none">• Number of Team Around the Family families: by geographical area, age group, target group (tier of need), family characteristics, professional instigating the process• Number of activities: including number of assessments, number of panel referrals, number of families receiving a multi-agency package of support, number of re-referrals to the Team Around the Family. | How well did we do it? <ul style="list-style-type: none">• Regular feedback from families including satisfaction and perceptions of value of the process, progress (questionnaires)• Regular feedback from other key players e.g. key workers, panel members (questionnaires and other)• Irregular (e.g. 12 monthly) sampling of a proportion of closed cases to ascertain the extent and quality of:<ul style="list-style-type: none">– engagement with families– multi-agency support for families (including any gaps)– innovation and creativity in identifying outcomes focused solutions for families. |
| Is anyone better off? <ul style="list-style-type: none">• Aggregated Distance Travelled information overall and by tier of need (e.g. low tier 2, tier 2-3, tier 3 families), age group, geographical area• Aggregated progress against family support plans by tier of need and other characteristics, as above. For example: plans wholly achieved, partially achieved, not achieved at all, family dropped out• Data on referral(s) to specialist services and trends in this over time, by age group, geographical area. | |

2. Key worker element of the pathway

| | |
|--|--|
| <p>How much did we do?</p> <ul style="list-style-type: none"> • Number of families with key workers: by geographical area, age group, child disability, family characteristics and tier of need, professional background of key worker • Key worker activity: including by tier of need and whether key worker is dedicated: • Time working with families (e.g. less than 1 month, 1-3 months, 3-6 months, 6 months plus) • Nature of activity (e.g. mainly coordination, coordination plus direct work with family). | <p>How well did we do it?</p> <ul style="list-style-type: none"> • Regular feedback from families including satisfaction and perceptions of value of the pathway overall as well as the key worker input and impact (questionnaires) • Regular feedback from other key players e.g. key workers themselves, Panel Members (questionnaires and other) • Irregular (e.g. 12 monthly) sampling of a proportion of closed cases to ascertain the extent and quality of: <ul style="list-style-type: none"> – engagement with families – multi-agency support for families (including any gaps) – innovation and creativity in identifying outcomes focused solutions for families. |
| <p>Is anyone better off?</p> <ul style="list-style-type: none"> • Aggregated Distance Travelled information overall and by tier of need (e.g. low tier 2, tier 2-3, tier 3 families), age group, geographical area and type of key worker. • Aggregated progress against Team Around the Family plans by tier of need and other characteristics, as above. For example: plans wholly achieved, partially achieved, not achieved at all, family dropped out. | |