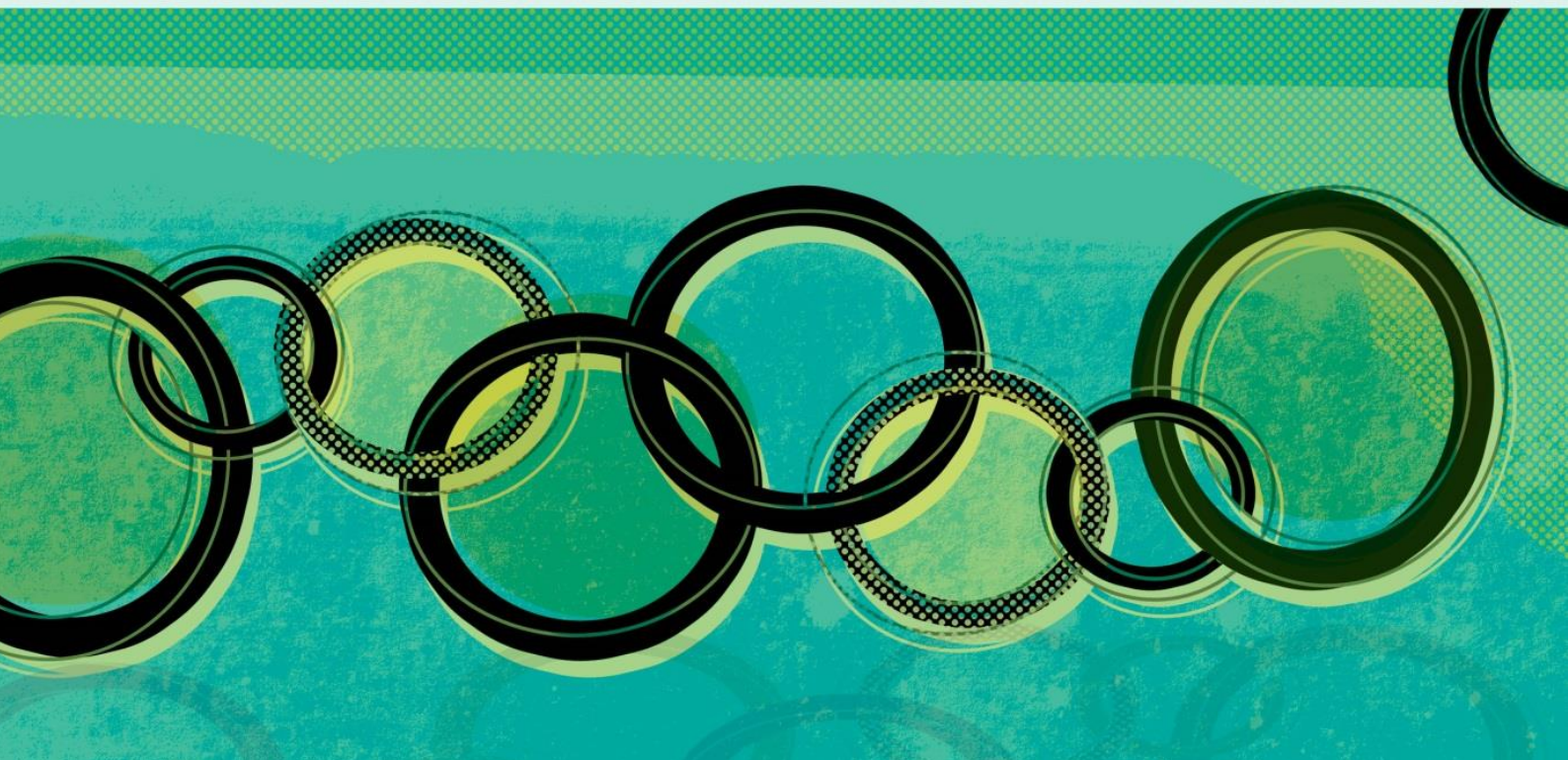


**Early Action
Neighbourhood Fund:
*Year Two Programme
Report***

December 2017



Early Action Neighbourhood Fund: Learning and Evaluation

Year Two Programme Report

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Acknowledgements

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Introduction

This is the second programme-level report from the Early Action Neighbourhood Fund (EANF) learning and evaluation contract. This report builds on the Year 1 programme evaluation report, and a series of learning and insight reports¹.

1.1. The Early Action Neighbourhood Fund

The Early Action Neighbourhood Fund (EANF) is a joint funding initiative emerging from the Early Action Funders Alliance, a collaboration of funders from different sectors with an interest in supporting early action approaches. The Big Lottery Fund, Comic Relief and the Esmée Fairbairn Foundation have invested collectively £5.25m to support three pilot projects which are testing early and preventative action approaches in different areas of public services². The Fund is overseen by a steering group which comprises representatives of the three funding organisations, alongside the Legal Education Foundation and the Barrow Cadbury Trust.

Further information on the EANF can be found at <http://www.earlyactionfund.org/>

1.2. Learning and Evaluation

The learning and evaluation contract is being delivered by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University. The evaluation is designed to help grant holders and the EANF steering group members identify what has worked well and why in local approaches to early action and preventative services, so that successful approaches can be scaled or replicated. Over the longer term, the EANF's primary aims are to catalyse change and to influence the way that local statutory funders allocate resources towards, and delivery services to promote early action. This involves collecting and analysing quantitative and qualitative data to:

- Understand the **effectiveness** of EANF pilot projects, why they worked and under what circumstances, identifying key factors within the projects' Theory of Change models that facilitate a shift toward early action.

¹ Bennet, E. et al, (2016) Early Action Neighbourhood Fund Learning and Evaluation: Year 1 Programme Report, CRESR, Sheffield Hallam University

Bennett, E. et al, (2016) EANF Learning Report 1: Evidence and Data, CRESR, Sheffield Hallam University

Bennet, E. et al, (2016) EANF Learning Report 2: Building Alliances, CRESR, Sheffield Hallam University

Dayson, C. (2017) EANF Insight Report: Exploring Small N Approaches to Attributing Impact, CRESR, Sheffield Hallam University

² The pilot projects are the Healthy Relationships Project in Hartlepool; the Early Action Mental Health project in Norwich; and the Ignite project in Coventry. Full details of the pilot projects were included in the Year One evaluation report.

- Understand the **impact** the projects have, why they worked, and under what circumstances, both in terms of improved outcomes for service users, and in cost savings or efficiencies.
- Generate **robust evidence** that will help grant holders to deliver successful projects, and to demonstrate the case for early action as well as the transformation in service delivery required to achieve it.
- Understand what has and has not worked in the **design and delivery of the EANF** programme, and the **conditions of funding** that are most supportive and conducive to this type of transformation in service delivery.

Summary of the evaluation findings in Year 1

The evaluation in Year 1 explored issues around the set-up and early implementation of the EANF projects, with specific focus on the benefits and challenges of building partnerships and alliances for early action, and questions around the availability and suitability of measures and data to capture the progress and impact of early action work. Learning from Year 1 included

- The significant size of the EANF grants has been important in enabling the pilot projects to engage with public sector services.
- The EANF pilots are working in a context of rapid change in both national policy, and local services. Flexible and responsive grant management has enabled the pilots to adapt, and respond to, changing local circumstances.
- Building effective partnerships takes a lot of time and effort. This has been a key focus of early work, and has meant that other activities which focus on changing systems and practice have taken place later than might have originally been planned. Projects have re-profiled their delivery plans accordingly.
- The pilot projects have worked hard to maintain the engagement and focus of stakeholders. Ongoing resources for engagement have been required to ensure that external priorities do not overwhelm the early action approach.
- Consistent communication has been vital to reiterate key messages to stakeholders about what the early action projects are aiming to achieve. This has been challenging in the early stages of the pilots when there weren't too many project 'tangibles', but is important, particularly when working to support change in very large systems.
- Early action is ambitious and complex and requires action at multiple levels. Leadership has been crucial but the pilots have also had to support practitioners to link the abstract idea of early action to the operational context.
- There are significant data challenges for the early action pilots: knowing what to measure and how; collecting and analysing primary data; accessing secondary data; understanding cause and effect. These questions are being addressed by the pilots working with the evaluation team, and an assessment of the pilot's approaches to local evaluation is included at Section 3.

Evaluation focus for Year 2

At the end of the first year of the programme, the objectives of the evaluation were reviewed by the EANF pilot and steering group working with the evaluation team, and it was agreed that a key focus of the evaluation in Year 2 would be to support shared learning between the partnerships, particularly in relation to evaluation and the pilots' impact on local systems change. A number of research activities have taken place over 2017:

- Working with the three pilot partnerships to review their Theories of Change and to support the collection of local data.
- Working with the pilots to analyse data which the partnerships have gathered to assess the local impacts and value of the three projects.
- Undertaking interviews with representatives of grant holder and partner organisations to understand how and why the pilot projects are effecting change at the local level.
- Undertaking interviews with EANF steering group members to assess the degree to which project governance arrangements facilitate transformative change in the pilot project areas.
- Regular reporting to the EANF steering group and pilot projects to inform ongoing delivery.
- Learning events, reviewing findings emerging from the evaluation and supporting the projects to share practice and insights.

One of the key challenges for this evaluation is drawing out learning in relation to 'what works' across three very different pilot projects working in very different local contexts. A 'classic' evaluation design would suggest that the performance of the same (or similar) intervention delivered in three different contexts could be compared against each other and/or the performance of different interventions could be compared to the situation in a similar context (in which the intervention has not occurred). Neither of these is possible here, where both the intervention and the context are different and there are ethical and practical barriers to the random assignment of participants to an intervention or control group. The outstanding question then is, - how do we know that changes we see in the EANF pilot areas wouldn't have happened anyway?

The evaluation model used to help answer this question is to take a Theory of Change-based approach, Drawing on Connell and Kubisch (1998),³ in essence, a Theory of Change approach aims to follow the process as laid out in Box 1.1 below.

Box 1.1: Theory of Change Approach

1. Agree vision and endpoints/impacts: developing an agreed statement [or set of statements] of "where we want to be"
2. Then move on to starting points: do we have a good picture of where we are now in relation to these end points? If not what information do we need to gather?
3. Review activities: what activities are being put in place to move from the starting point to the agreed end point?
4. Check the expected intermediate outcomes that are going to be needed along the way e.g. after six months; after a year; etc.
5. Check: how will these activities lead to these outcomes?
6. Check context: what personal, organisational, systemic factors may support or hinder the mechanisms by which the activities will lead to positive change?
7. Subsequent stages follow: review of existing evidence behind the processes and mechanisms sitting behind the theory of change, and develop evaluation issues:
 - appropriate data sources
 - possible methodologies (exploring mixed methods; secondary analysis of sources; new primary and secondary data collection)
 - options for timings and relationships between different data methods

³ Connell, J. P., & Kubisch, A. C. (1998). Applying a theory of change approach to the evaluation of comprehensive community initiatives: progress, prospects, and problems. *New approaches to evaluating community initiatives*, 2(15-44), 1-16.

An initial Theory of Change for the EANF was developed by the steering group and NPC and is outlined at Chapter two. It is important to note that the EANF Theory of Change characterises what we might refer to as an *open problem-based* approach. This contrasts with what might be termed a more typical *closed programme-based* approach, which begins with a problem, and then selects an intervention to help overcome it, working through the steps from intervention via intermediate outcomes to final outcomes using a step by step logic model. Such closed, programme-based approaches are suited to bounded, well specified problems , such as improving outcomes in relation to a particular element of mathematics learning; they are unsuited to open, complex area-based, interventions with multiple aims.

A Theory of Change is a useful tool for project planning. It also provides a framework against which to check the progress of interventions and to revisit, and revise, some of the assumptions which were included in the early development of the programme. A focus for learning at the end of the second year of evaluation, therefore, is to review evidence emerging from the pilot projects to assess the extent to which the existing Theory of Change provides an adequate tool for understanding the progress and impact of the programme. This report thus reviews the three EANF pilots in the context of the programme's overarching Theory of Change with a view to exploring the degree to which there is evidence available from the implementation of the pilot projects to support (or query) the programme's assumptions. Each pilot project has also developed and reviewed its own Theory of Change, which has informed both learning and delivery at the local level.

1.3. About this Report

This report reviews evidence from the three EANF pilots up to December 2017. It is based on conversations and meetings with pilot project leads and members of the evaluation steering group, and semi-structured interviews with stakeholders in the three pilot areas. The remainder of the report is structured as follows:

- Chapter 2 sets the context for the analysis by outlining the programme's Theory of Change and the assumptions underlying the Theory. It also maps the Theory of Change to key evaluation questions informing data collection.
- Chapter 3 discusses evidence emerging from of each of the pilots in relation to the programme's Theory of Change and the objectives of the evaluation.
- Chapter 4 discusses the findings thus draws out key learning points for the programme and the evaluation as it moves forward.

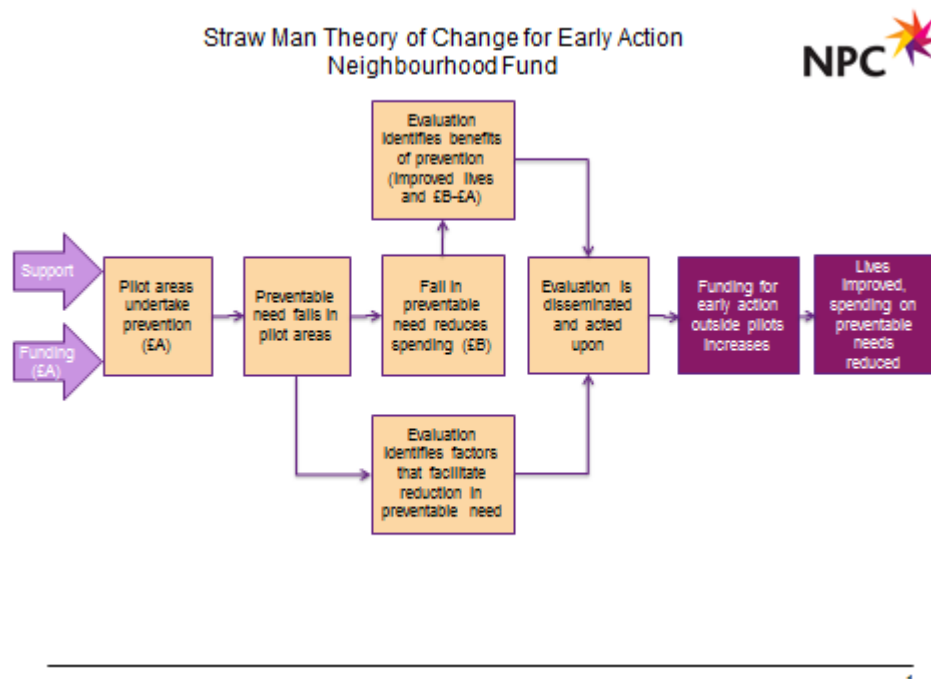
The EANF Theory of Change

2

This section provides an overview of an original 'straw man' Theory of Change (ToC) for the EANF Programme. It then goes on to outline some of the assumptions and evaluation questions associated with this ToC with a view to framing the discussion of emerging evidence contained in the remainder of the report.

Figure 2.1 outlines a 'Straw Man' Theory of Change for the EANF programme, developed by the programme steering group and NPC in the development phase of the programme.

Figure 2.1: EANF Theory of Change



There are a number of assumptions contained in this Theory of Change:

1) That the pilot projects will undertake 'prevention' (or early action). A review of the theory and practice of early action undertaken in year one of the evaluation (and summarised in the Year 1 evaluation report) identified a lack of consensus and clarity on what constitutes early action, and argued that prevention can include a range of responses: from universal approaches which aim to prevent problems occurring in the first place (upstream); through those which target high risk groups or individuals with a view to preventing problems intensifying or increasing (midstream) to those which intervene once a problem has occurred to stop it getting worse or to redress a situation (downstream). A broad definition of early action, drawing on the

work of the Early Action Task Force and others suggests that preventative interventions are fundamentally different to other public services (which are essentially reactive) and that early action will contribute to improved outcomes for individuals, and less demand on the resources of the state. In terms of practice, whilst there is again no single delivery model for early action (meaning that fidelity evaluation is not possible) it may be appropriate to draw on lessons from the Early Action Commission in Southwark and Lambeth to identify a number of 'step's which characterise effective approaches. These include preparing the ground, finding resources, changing systems and changing practices.

A key question for the evaluation here, then, is **to what extent are the EANF Pilot projects undertaking early action, and what features characterise the approach?**

2) That prevention leads to a fall in need in the pilot areas, which is both identifiable and measurable. Again, we have highlighted in earlier reporting some of the complexities associated with identifying 'need' (which may be universal or targeted, and occur to different degrees at single or multiple points in time). This leads to challenges for the EANF pilots in identifying need in the context of their interventions - as we outline later in this report two of the EANF pilots have altered their measures of impact as they have developed further understanding around the possibilities and limitations of measuring outcomes at individual and population levels. Challenges around the availability of data are an important factor here.

A second set of questions then includes: **How is need identified in the EANF pilots? How can changes in need be captured? What evidence is there that need has fallen?**

3) That a reduction in need leads to a reduction in spending, and that there will be monetisable benefits attributable to the EANF pilots, in the form of improved outcomes for individuals and savings to the public purse. Clearly, the degree to which the EANF pilots will be able to demonstrate the monetisable benefits of their interventions depends on the outcome measures identified at step 2, above and the existence of (positive) change in these measures which can plausibly be assumed to be a result of the pilot projects. For some measures (such as reductions in numbers of looked after children, or reductions in numbers of voids in social rented properties) there may be clear monetisable benefits if positive change occurs over the period of the evaluation. However, it may not be possible to monetise the more 'intangible' impacts of the EANF pilots in terms of changing the culture and practice of public services (which, as discussed later in this report, may well be where the medium term impacts of the pilots lie).

This leads to questions around **Are the benefits of the EANF pilots monetisable? Is there evidence that these benefits have led to a reduction in public spending?**

4) Evaluation will identify the mechanisms through which the EANF pilots lead to a reduction in preventable need. This will involve gathering evidence on the ways in which the EANF pilots work with others to influence changes in services leading to reductions in need. Key factors will include changes to cultures, systems and practices in services and, as discussed further in the next chapter, this has been the focus of much of the early activity in the EANF pilots. These changes may be characterised as working towards systems change, although there are differences between the pilots in terms of the conceptualisation and operation of systems at the local level. It is also not yet clear how (or indeed if) these changes will lead to reductions in demand, or over what timescales we would expect changes to occur.

There are then questions around **How have the EANF pilots been changing cultures, systems and practices in local services? At what level (spatial or**

organisational) are these changes happening? What is the impact of these changes? Is there evidence that these changes lead to a reduction in preventable need? What are the timescales for change?

5) Finally, the Theory of Change contains a set of assumptions around the dissemination and impact of evaluation evidence. The boxes at the right hand side of the diagram assume that **evaluation evidence will be acted upon, and that this will result in increased funding for early action (beyond the project funding) and a reduction in spending on preventable need.** An early task for the evaluation was to explore the evidence needs of various stakeholders (see Year 1 programme evaluation and learning reports). Key messages were that although stakeholders (who included EANF partners as well as grant holders) hope that the pilots would generate evidence around measurable outcomes and reductions in spending, there is also recognition of the value of qualitative data, an in particular of 'stories' of change at both individual and organisational levels which illustrate how the positive benefits of the EANF pilots have been achieved.

This leads to questions including **What evidence have EANF pilots shared? How have EANF pilots shared evidence? How has it been used or acted upon by stakeholders? Has evidence influenced decisions around service delivery or resourcing? Has evidence contributed to an increase in spending on prevention and a reduction in spending on preventable need?**

This chapter has outlined the programme Theory of Change for the EANF and explored some of the assumptions and evaluation questions emerging from the theory. This provides a framework for a brief review of the evidence emerging from each of the EANF pilots which is contained in the next chapter.

The EANF Pilots: Evidence in the context of the Theory of Change

3.1. Introduction

This section discusses the evidence available thus far for each EANF funded projects in the context of the original 'straw man' Theory of Change for the programme. It provides a brief summary of key activities in each of the pilots over the last 12 months (full updates on progress are provided in the end of year reports to Comic Relief and are not repeated here). It discusses the nature of the 'interventions' being delivered, it discusses the nature of the 'interventions' being delivered and what can be inferred about the theory change, including the impact of the programme on preventable need, from the evaluation evidence collected by the projects to date. It is based on in-depth conversations with each project and a review of their data, evidence and learning after about two and half years of delivery

3.2. Norwich: MAP Early Action Programme

Summary

The programme of work in Norwich is progressing well. The three schools have continued to engage in the pilot, and the MAP team is receiving positive feedback from school staff and from individual pupils who are benefitting from the mental health and wellbeing services provided.

In two schools the work is progressing very well. The model of self-referral is working well, and having designated spaces within the schools that young people can come to in order to speak to MAP staff is also working very well. The work within schools includes advice work, counselling, youth work and mediation. The positive impact of the Lifespace has been recognised by schools and has also acted as a platform for wider engagement by MAP, including CPD and supervision for teaching and pastoral staff, PHSE provision, and targeted interventions to support vulnerable and socially isolated pupils who would not self-refer. In one school, a pilot to support socially isolated pupils has attracted funding from the school budget. According to one interviewee in the school, the impact of positive stories of improved pupil well-being as a result of the Lifespace provision (and MAP's wider influence in the school) has been vital in convincing governors to allocate resources to the project (and thus divert them from other school activity). The interviewee also commented that the project was changing the wider culture within the school in relation to mental health and well-being: stigma has been reduced, pupils and staff are much more willing to discuss issues, and as a result pupils feel more comfortable in seeking help earlier. Anecdotally, there is some evidence that this has contributed to a reduction in the

numbers of pupils needing support for episodes of crisis: 1 pupil escorted to A&E in the past twelve months (for episodes of crisis associated with mental ill-health), compared to an average of 4 to 5 in previous years.

The data flow from two schools is going well, and working relationships are very positive. MAP has identified the importance of the key contacts within the schools, and the difference it makes for the key contact to understand the youth work ethos. In one school in particular, they have provided additional funding to supplement the work. It has also been important that key contacts have remained consistent within the schools.

Two schools have provided very positive feedback on MAPs work, and the impact it is having on the young people engaged.

From two schools, MAP continues to be successful in accessing and collating:

- The well-being outcomes (WEMHWeB).
- Attendance / attainment data.
- Soft outcomes - (e.g. improvements in eye contact, friendship groups, social activity).

There remain problems with appropriate referrals within one school. The number of referrals has dropped-off when compared to last year. This is largely due to the large number of changes within the school, including changes in personnel (including the school's Head teacher). There is also a new pastoral team, which now requires new relationship-building, and the new team needs to learn about the MAP programme. The school's status has recently changed as a new Academy Trust has taken on the management of the school, which is another significant change which could be impacting on staff security.

Channels of communication are problematic within this school. Decisions within this school are being made very quickly and without consultation with MAP, which makes the work very challenging. There are also some barriers accessing some data with this school. The MAP team is working on improving regular communications with the school to try to tackle this.

Aside from this, the work surrounding the broader Early Action Network of professionals is also developing and is providing a new mechanism for practitioners within the locality to share and develop practice.

In terms of numbers of referrals, MAP is exceeding its target so far this year.

3.3. Mapping the project to the Theory of Change

Pilot projects undertake prevention

What is the work being undertaken by the project?

The MAP project is aiming to reduce poor/low social and emotional well-being amongst children and young people in three secondary schools with a view that affecting 'hard' measures such as school behaviour and exclusion, educational attainment, NEET, and referrals to tier three mental health services is of importance to schools and local statutory bodies. The core assumption underpinning the theory of change for the whole project is that positive social and emotional well-being is necessary for a reduction in preventable need in the areas described.

The project distinguishes between three levels of preventative activity:

- **Primary:** referring to universal services within schools such as social participation activities and PHSE provision, and workforce development opportunities for school staff associated with social and emotional well-being.
- **Secondary:** referring to more targeted support for young people within schools focussed on improving social and emotional well-being.
- **Tertiary:** referring to counselling and advice provide to young people in need of more intensive support.

To what extent can this be described as prevention?

MAP is clearly delivering a series of identifiable preventative interventions within their partner schools. These interventions are occurring along different parts of the 'stream'. The 'primary' activities are furthest 'upstream' in that they are available universally and aim to prevent deterioration in social and emotional well-being in the first place. This primary activity is also trying to affect change within the school 'system' to make in more focussed on preventing and addressing poor social and emotional well-being. The secondary and tertiary activities occur further 'downstream' in that they are more targeted, focussing on young people who are already presenting with poor or deteriorating social and emotional well-being. However, it should be recognised that the three strands of activity are inter-linked: the secondary and tertiary activities are necessary to demonstrate the importance of primary prevention in the longer term.

What evidence is there that preventable need has fallen?

To what extent is local evaluation capturing evidence about reductions in preventable need?

An outcomes framework has been put in place to measure progress towards meeting key outcomes associated with preventable need. MAP has produced a report outlining the progress toward these outcomes made during year two of the programme. This report highlights the emerging evidence base for the outcomes and impacts of their interventions:

- **Improved emotional well-being:** using the Warwick Edinburgh Mental Well-being Scale (WEMWeBS) the project have been able to identify overall improvements in emotional well-being immediately following advice and counselling sessions.
- **Attendance, behaviour and attainment:** the project has begun receiving data from schools about the students in receipt of direct support from MAP. Although the numbers are relatively low the initial signs from this data are positive: on average students receive fewer behavioural interventions ('warning marks' and 'exit rooms') and fewer exclusions in the two terms following support than in the two previous terms.

This quantitative evidence about improvements in outcomes is reinforced by qualitative evidence from young people and staff within the schools.

What are the challenges associated with evidencing reductions in preventable need?

To date MAP has been unable to secure data on wider outcomes such as educational attainment, NEET, and referrals to tier three mental health services. Without this data it will be difficult to measure the impact of the programme on the

'hard' measures that are most likely to be of interest to commissioners beyond the three schools.

What are the financial benefits of EANF funded activity?

How is EANF funded activity expected to reduce spending?

MAP has identified a number of areas in which spending by statutory bodies could reduce as a result of their EANF funded interventions and identified what the unit costs of these reductions would be:

- Cost of hospital admission for self-harm: £429 per bed day
- Cost of a Tier 3 Mental Health Services referral: £2,710 per client per year
- Cost of NEET: £4,637 per year
- Cost of Pupil Exclusion: between £12,000 and £18,000 per pupil per year
- Average cost of a crime incident: £693

Whilst it might not be possible to evidence direct impact on these costs, even if data becomes available and even if measured in the longer term, MAP aim to present these costs in contrast to their (comparably low) intervention costs as part of a wider business case for their approach.

To what extent have EANF funded interventions reduced spending?

It is still too soon to estimate the extent to which MAP's work has impacted directly or indirectly on spending. As the evidence from schools about behaviour and exclusion builds it may be possible to begin estimating some of the notional marginal cost reductions associated with positive outcomes. However, a robust estimate of fixed cost reductions will be harder to evidence, as will the impact on broader indicators of spending on preventable need such as tier three mental health referrals and NEET figures.

It is also important to note in this context that MAP argue that secondary and tertiary interventions will always be needed for some young people in addition to primary prevention. However, their hope is that as the importance of addressing young people's social and emotional well-being is better understood within schools, and primary prevention becomes more embedded in everyday practice, the need for (more costly) secondary and tertiary preventative interventions will reduce.

What are the factors associated with a reduction in preventable need?

MAP project staff felt that being embedded physically within schools was crucial to their ability to embed a broader understanding of their work (and its importance) within the school 'system'. Providing support and development for the school workforce associated with social and emotional well-being alongside a suite of interventions within the school was also seen as important: it gave staff an insight into why it was important in principle and how it benefitted young people in practice. Also important was having an advocate or champion for the work and the broader importance of social and emotional well-being within each school, and that that individual was empowered by the school leadership to affect change.

What evidence is there that funding for early action has increased?

There is some evidence from Norwich that individual schools have redirected funding from mainstream provision to provide additional funding for MAP services. This

involved the school redirecting the Alternative Education Provision funding from Year 10/11 students to Year 7/8. There has also been some discussion with statutory mental health services in Norwich about whether a small amount resource can be reallocated from tier three to tier two. The extent to which this change could be attributed to MAP's work, or how much of this re-allocated funding would be for young people, was unclear, but the move was viewed as a positive sign about how debates about early action within Norwich were progressing.

3.4. Hartlepool - Healthy Relationships Project

Summary

The partnership in Hartlepool remains in development, and there is a sense that it is maturing as the programme progresses. The introduction of an independent chair has been positive particularly as all members of CFNE staff can now participate fully in the meetings. Recently, meetings of the Healthy Relationships Board have been scheduled alongside other strategic meetings in the borough, in order to encourage attendance and maximise opportunities for linkages between the work of the EANF pilot and the broader work of children's services. Although it is early days for this new approach, initial signs are that it is having a positive impact.

The EANF programme of work in Hartlepool is broadly on-track, though there is a sense that the work in Hartlepool to date has been fairly pre-occupied with organisational and service reorganisation, particularly within the Council. A focus this year has been workforce development. Four workforce development sessions have been delivered by CFNE to Council Locality Teams, the focus of which has been to encourage staff to think about relationships within their work.

A current piece of developmental work is the Integrated Workforce Development Strategy for the Borough. This will be a shared strategy which has been instigated by the Children's Board, and CFNE is leading on this. The focus of this strategy is focused on the skills/ competencies which are required within an Early Help 'offer'. The work will also involve mapping the pathways into Early Action.

Alongside the work with the Council, CFNE has progressed with its direct work with the public. This includes ongoing delivery of relationship support activities, an outward facing campaign (starting in February); a conference; training and supporting a small group of volunteer 'advisors' who will be based within voluntary organisations; and the development of a family relationships network, which organisations become part of and then work through a framework in order to achieve different levels (bronze; silver).

An ongoing challenge for the programme in Hartlepool is the efficacy of the partnership. In particular, a central challenge is that different 'layers' within the Council's structure not actively enabling the early action message to filter down/out to colleagues. There are positive relationships with operational managers, based on positive individual relationships and 'exchange of favours', but there isn't a message from further up the Council hierarchy to empower wider staff teams to engage.

Linked to this is the issue of the position of CFNE as an 'outsider' to the Council. One issue which arose within the workforce development sessions was the role of an 'external' agency (CFNE) running the training. Some staff felt challenged by the suggestion that the training was compulsory. A further issue with these sessions is that they were delivered in isolation, rather than as part of a wider change programme in Hartlepool.

A related challenge is that it's going to be important for CFNE to progress pieces of work, such as the Strategy, as a facilitator rather than taking on full responsibility. This is part of the process of negotiating the relationship with the Council, in terms of a partnership.

CFNE are collecting a lot of data, ranging from Council data to qualitative data exploring the experience of families using services. There is an acknowledgement that some of the original indicators such as looked after children figures are in fact too abstract, and may be affected by factors out with the focus of the Healthy Relationships project. The pilot is now turning its attention to looking at the boundary between early help and specialist services (e.g. number or referrals), and are planning to have a revised outcome framework early in 2018.

3.5. Mapping the project to the Theory of Change

Pilot projects undertake prevention

What is the work being undertaken by the project?

The Healthy Relationships, Better Childhood project being delivered by CFNE aims to embed a focus on relationships across services for families with children throughout Hartlepool. The focus is twofold: to ensure that statutory services for families and children, in particular within Children's Social Care (Early Help and statutory services associated with child protection and children in need), include an *understanding of and support for* the couple relationship within their services for children and families; and to raise awareness of and improve professional relationships within teams that provide support for children and families. Within this focus the project is providing a specific intervention for families that focusses on the parental relationship (Parents as Partners) alongside support for services to embed a more relational approach to their working practices (both intra-team working and support provision). Key activities to date have included the establishment of the Healthy Relationships Partnership Board, rollout to partners of a new Early Help Assessment (formerly the Common Assessment Framework - CASF) that includes a relationship focus, training in relational approaches and intervention tools to use with families, and support to teams and services in external partners to develop more relational ways of working with families.

To what extent can this be described as prevention?

The Parents as Partners intervention is certainly preventative in that it aims to support families in which the parental relationship has been identified as problematic for their child/children's well-being to the extent that it could require intervention from Children's Social Care at some point. However, most parents receiving this support are already a fair way down the 'stream' and the wider theory of change for the project is that embedding a focus on relationships throughout the system will have preventative benefits in the longer term.

What evidence is there that preventable need has fallen?

To what extent is local evaluation capturing evidence about reductions in preventable need?

CFNE have an extensive programme of research, evaluation and data analysis linked to their EANF project. This involves a number of key elements:

- A qualitative 'family experience' study, which captures in-depth insights into families' experiences of Early Help services in Hartlepool. This research has

provided a number of valuable insights about the factors associated with positive and negative experiences of early help.

- Measuring the outcomes of the Parents as Partners intervention, which has shown more than half of parents experienced reductions in: distress; avoidant problem solving; power struggle; violent problem solving; conflict; conflict about the kids; and child difficulties. In addition, an increase in relationship quality was identified by 72 per cent of participants
- Evaluating the effectiveness of the team development support being delivered to teams within Children's Social Care and CFNE's own team development.
- A community research project in partnership with the Joseph Rowntree Foundation which seeks to understand family relationships and attitudes and approaches to help seeking behaviour.

Although CFNE have collected a considerable amount of evidence throughout the project, to date this has focussed on capturing short term outcomes for parents and understanding how a focus on relationships can be embedded within Children's Social Care, rather than the longer term impacts on preventable need.

What are the challenges associated with evidencing reductions in preventable need?

When considering how reductions in preventable need could be evidenced in the longer term CFNE have revised their understanding about what it will be realistic to measure. Initially, they had identified Hartlepool's comparably high Looked After Children (LAC) numbers as the area of preventable need they could ultimately have an impact on. However, as the project has progressed they have realised that this is an ambitious aim, particularly in the short term and in light of the complex factors associated with LAC numbers. As a result they have revised their thinking about how preventable need could be measured during the lifetime of the project and are proposing to focus on the threshold between Early Help and Children's Social Care as a tipping point, and that preventing Early Help cases from progressing to Social Care cases might be a more realistic measure of preventable need. As a next step in this process CFNE are exploring what data on this is available from the local authority and how it could be analysed.

What are the financial benefits of EANF funded activity?

How is EANF funded activity expected to reduce spending?

LAC numbers were initially identified as they represent one of the highest 'unit costs' for Children's Social Care (£52,676 per child per year). Similarly, the threshold between Early Help and Children's Social Care has been identified as it is the point at which cases become more complex for local authorities to manage and therefore more costly: the average cost of a Children in Need case is £1,626 over a six month period; similarly, the average cost of a Common Assessment Framework (CAF) over six months is £1,650.

To what extent have EANF funded interventions reduced spending?

It is too soon estimate the extent to which CFNE's work has impacted directly or indirectly on spending. If evidence from the Local Authority on the threshold between Early Help and Social Care can be built it may be possible to begin estimating some of the notional marginal cost reductions associated with any reductions in social care cases. However, a robust estimate of fixed cost reductions will be harder to evidence, as will the impact on broader indicators of spending on preventable need such as mental health referrals and criminal justice proceedings.

What are the factors associated with a reduction in preventable need?

The learning from CFNE's work suggests that the Children's Social Care system, as it is currently configured, does not enable critical reflection by leaders or operational staff about how preventable need could be reduced. An important benefit of the EANF project is that it has created time and space outside of mainstream service delivery to enable reflective discussion and decisions.

The learning also suggests that inter-agency working - between the local authority and voluntary and community sector, but also including schools and the general public/wider community - through universal services is probably the most appropriate place where need can be prevented, including through the promotion of help seeking behaviour.

What evidence is there that funding for early action has increased?

To date no additional local funding for early action has been made available for early action. However, CFNE did report that a proposed £1m+ reduction in the Council's Early Help budget had been postponed for the short term at least, and this was viewed as a positive development, particularly when compared to cuts to Early Help in other (non-EANF) areas (including a number of high profile pilot transformation initiatives). CFNE believe that key people in the local authority understand the importance of early action but had to weigh this against their statutory obligations and the need to continue to provide reactive services that respond to crisis. Given the scale of the cuts facing the local authority this proposed reduction may be revisited at some point.

3.6. Ignite Coventry

Summary

The original aspiration of Ignite was to test the benefits of a locality-focused team in Willenhall that included a full 'slice' of Children's Services to demonstrate the opportunity to create system change by working alongside staff to build capacity within a locality to be part of the solution in achieving outcomes for families.

Ignite is working within a Children's Services locality Hub context with a view to uncovering system challenges and strengths which detract from or contribute to Willenhall being a place where children thrive. The projects is also seeking to understand what changes would be needed inside the services that are co-located in the Hub to allow it to be effective.

Ignite has continued to track wider developments in Children's services which seek to achieve better outcomes for families. A link to social care services has been maintained, with the objective of understanding the whole system and opportunities for change beyond the Hub. This has also and identified new strands of activity in practice development which will seek to transform the approach that Coventry Children's Services takes in offering any help.

In the housing pathfinder the close up observation of business areas and support of senior leaders allowed Ignite to see number of structural changes that it might be possible to effect in order to improve the ability of the business and tenants to more effectively maintain tenancies. The main focus of initial work was pre-lettings. Recent work has been developed using the PDSA methodology and targeting Warn of Court / Notice of Eviction and the provision and success of Money advice in helping people quickly and effectively.

The Ignite programme is an important site for EANF learning in terms of the story of an early action pilot. There is a great deal of programme-level learning, which the evaluation team will be working with the Ignite team to explore and understand. Due to the way that the Coventry Programme has evolved through the PDSA approach, there isn't a set of measures that the programme has been following through from the outset. The focus is on influencing strategies, systems, skills, and structures, and cultural change, and using stories and case studies to illustrate the processes of change. The importance of case studies was raised by a programme partner, and the importance of hearing how people's stories/journeys have been affected by this overarching work will be powerful evidence for decision-makers and service managers.

However there is consensus between partners that it will be incredibly difficult to attribute anything directly to a particular piece of work. The development of indicators through which to capture the impact of these changes is an ongoing area of work for the Ignite pilot (in common with the other two EANF pilots), and ongoing work with the evaluation team will seek to address each area of activity, and identify what the work/intervention has been/will be, consider what the pilot is seeking to impact, what a measure might be which would indicate the degree of success and what the 'data points' are for these measures.

Strategic-level buy-in within the Council has been secured for Children's services, and at Whitefriars strategic-level support has remained high. The pilot has faced challenges in terms of staff at other levels fully supporting the intervention and a key indicator of success will be the consistency with which staff across the multi-agency partnerships 'carry' the message and shift working outlook/practices in-line with the Ignite ethos.

There is further work to be done with the evaluation team around assessing the values and attitudes of staff across services and how changes in these can be tracked over time. A significant piece of learning for Ignite in attempting to shift services to earlier action has been that obtaining senior authorisation to trial new methodology then filtering it down to the frontline is complex. It requires staff to think and behave differently within new and changing contexts in order to do this they must feel both authorised and mutually supported and in reality it takes many iterations to accomplish.

3.7. Mapping the project to the Theory of Change

Pilot projects undertake prevention

What is the work being undertaken by the project?

Ignite in Coventry does not provide an intervention in the traditional sense. Rather, it is focussing on modelling and understanding a much more loosely bounded local 'system' within which prevention and early action occurs to identify what is necessary to achieve a step-change in favour of holistic early action in the longer term. The focus is on two pathfinder service areas in the area of Willenhall: Children's Services, including a newly established 'Family Hub' (former Children's Centre); and the Whitefriars Housing Association. The project involves Ignite staff working alongside service provider staff in each pathfinder (i.e. social workers and housing and advice workers) using a 'Plan, Do, Study, Act' (PDSA) methodology to understand how they currently support some of their most complex cases and what might have been done sooner (through e.g. early help) to prevent some of their most intractable problems from developing in the first place ("turning off demand").

Ignite's focus is on working alongside front line staff to develop a cultural change within services that embraces relational working and the importance of human relationships to make change in people's lives; as well as a recognition that the local community has a critical role to play in preventing need and providing support when people are struggling – and that services have a role in unlocking and nurturing that capacity in communities. Its activities. It is also concentrated on systems change with the goal of understanding how to change processes to enable people to get the right help at the earliest point.

Within the Children's Services pathfinder the ultimate aim is to identify what needs to happen to reduce the number of Looked After Children (LAC), Child Protection and Child in Need (CIN) cases in the longer term. Within Whitefriars it is to reduce the number of tenancy failures associated with problematic debt and associated legal problems. A key focus of the intervention is to better understand how support could have been provided earlier and been better received by people in need. This means getting to the bottom of whether the presenting problem is the real issue or masking a more entrenched problem or need, and whether the help provided is appropriate, as well as identifying the values and behaviours of effective practice. There is also an emphasis in the agency of the individuals and their ability to engage in 'help seeking behaviour'.

To what extent can this be described as prevention?

Ignite are not intervening at a particular point in the 'stream' in the same way as the other two projects. Instead, they aim to understand why it is that so many people 'fall in' to the stream in the first place by understanding their past engagement with the 'system' and why this has not helped them to date. The work to understand the system aims to identify what needs to change in order for services to act earlier and more preventatively. Work to develop a family Hub as a place where families feel that they can access help that will be timely, appropriate and supportive is an attempt to unlock preventative practice so families feel confident in going for help at the start of a problem, and thereby reducing later need. Focused attention on the Pre lettings process at Whitefriars is designed to improve how it identifies difficulties tenants are likely to face in starting their tenancy, targeting help earlier and more effectively to improve the likely success of a tenancy.

What evidence is there that preventable need has fallen?

To what extent is local evaluation capturing evidence about reductions in preventable need?

To date Ignite's local evaluation activity has not focussed on measuring reductions in preventable need. The initial focus has been on understanding the reasons that people keep requiring services. Through case working alongside service interventions Ignite has been able to identify key places in the client journey where help could have been offered differently or the approach taken could have been adjusted to improve the acceptance of help that might reduce need. In some cases adjustments have been trialled in an attempt to demonstrate how services might help people earlier and more effectively. Examples include case working at Family Hub and work on the Pre Lettings process at Whitefriars.

What are the challenges associated with evidencing reductions in preventable need?

The local authority have provided service level data on the Willenhall area including LAC figures but Ignite have concluded that these are not particularly useful in isolation and that at this stage it would not be credible to claim that their intervention is affecting these. Whitefriars have worked alongside Ignite to describe on key pieces

of work what success would look like using the Revaluation Technique- this work is in its early stages on initiatives running Nov 17- March 18. The challenge remains, therefore, to identify an effective measure of preventable need and an appropriate timeframe over which to measure it.

What are the financial benefits of EANF funded activity?

How is EANF funded activity expected to reduce spending?

There are two core areas of spending that the Ignite project aims to affect: Children's Social Care, in particular the costs associated with excessive Looked After Children (LAC), Child Protection and Child in Need (CIN) cases; and housing, notably the costs associated with tenancy failure, problematic debt and associated legal problems.

To what extent have EANF funded interventions reduced spending?

To date there is no evidence that the Ignite interventions have affected spending in this way and it is not clear over what timeframe any reductions might occur.

What are the factors associated with a reduction in preventable need?

The learning from the Ignite work suggests that professional practices (values, attitudes and behaviours) can prevent people from accessing help or developing health seeking behaviours.

What evidence is there that funding for early action has increased?

Emerging changes to practices are focused on embedding early action approaches: At Whitefriars there have been two significant changes. The Pre lettings work has highlighted the need for a more in depth, face to face assessment before tenants are signed up to properties. Work to establish a trial Under 35's team where one worker supports the tenant through the lifetime of their tenancy is underway, with a view to understanding if this makes a difference to the success of tenancies.

In Children's Services, a focused Academy for Newly Qualified Social workers reflects the need to invest in the professional development of frontline staff in order to enhance their relatability to families and communities with the ultimate aim of improving the interventions they deliver. Work to shift Family Hubs to be more preventative is well under way, in Willenhall this work as influenced by Ignite seeks to support families below existing thresholds to prevent problems from escalating.

This chapter has provided a brief update on the progress of each of the EANF pilots and reviewed their current position in the context of the programme-wide theory of change. The implications of this, in terms of overall learning, and the evaluation, are discussed in the final chapter of this report.

Discussion

The evidence outlined in the previous chapter demonstrates that there has been considerable progress across all three EANF pilots in the past twelve months. There have been some common themes:

- the continued impact of change and flux within partner organisations, which affects what the partnerships can achieve (and when) and the importance of a flexible and responsive approach
- the relentless focus on communication - and the importance of relationships with individuals
- locating early action within the context and priorities of partner organisations
- a focus on changing local systems (although in different ways)
- Ongoing challenges around impact measurement and the availability of data.

However, there are also important differences. These are discussed further below, using the assumptions outline in the Theory of Change that have formed the framework for analysis in previous chapters.

4.1. Pilot projects undertake prevention

The EANF programme encompasses three very different projects with very different approaches to delivering against the EANF brief:

- The Norwich project is delivering a series of clearly identifiable preventative interventions along different parts of the 'stream', whilst seeking to enable a gradual step-change within the school 'system' so that it focusses more on the social and emotional well-being of young people.
- The Coventry project is focussing on modelling and understanding two more loosely bounded local 'systems' of public services within which prevention and early action occurs to identify what is necessary to achieve a step-change in favour of holistic early action in the longer term, and to catalyse the trialling of different approaches to service delivery.
- The Hartlepool project is delivering a series of identifiable preventative interventions to support couple relationships within families, it is also undertaking considerable work within and alongside the Children's Social Care system to embed a focus on relationships (within families/households and within Social Care itself) in the longer term.

4.2. What evidence is there that preventable need has fallen?

At this stage, there is emerging evidence from at least two of the projects - Norwich and Hartlepool - of positive outcomes for beneficiaries from the interventions they are delivering. Whether this translates into sustained reductions in preventable need will be harder to demonstrate and the evidence in support of this will take longer to emerge. It may not be possible to produce firm and compelling evidence of these reductions within the lifetime of the programme.

Interestingly, two of the projects - Coventry and Hartlepool - have revised their expectations of what might be possible in terms of reducing preventable need. Initially, both have identified reducing problematic looked after children (LAC) numbers in their area as a potential impact of their work but have since reflected that this may be beyond their reach, particularly in the short term, and revised their expectations accordingly. Outcome measures which focus on changes to cultures, values and practices within local services may be more relevant indicators of change in the short to medium term, not least because these are directly responsive to the work of the pilot projects. Exploring the relationships between these 'systemic' changes, and those which improve outcomes for beneficiaries is an important focus for the remainder of the evaluation.

4.3. What are the financial benefits of EANF funded activity?

All three projects have a clear idea of what the long term financial benefits of their work could be, including the identification of the 'unit costs' associated with those benefits. However, this evidence has yet to emerge and there is an acknowledgement that these will be difficult to evidence and attribute to their work due to the complex nature of the systems in which they are operating. The projects have also been keen to highlight that there will be a time lag between the interventions they are delivering, outcomes occurring, and the benefits of these being realised. It should also be acknowledged that in the climate of Austerity it may not be realistic to expect that early action approaches will result in savings to the public purse.

4.4. What are the factors associated with a reduction in preventable need?

One of the aims of the EANF programme is to contribute to the evidence base about what works, why, and in what circumstances. However, when asked to explain the factors they thought most important for achieving a reduction in preventable need, all three projects identified what are best described as 'system' factors, rather than factors associated with the individuals or families they are working with. These included, for example being embedded within the system they are trying to change in way that creates time and space to for key actors make reflective decisions: it was acknowledged that most service delivery systems aren't configured in a way that enables decision makers to think about reductions in preventable need and EANF funding had enabled this to happen. Linked to this embeddedness, inter-agency working - between the voluntary and community sector, local authority, schools, and wider public sector (plus the public/community) - through universal services to promote help seeking behaviour was seen as vital as this is where need can ultimately be prevented.

The projects also reflected that in some circumstances their work was uncovering unmet need that required additional reactive interventions by statutory services. In these examples, it is highly likely that there will be an increase of the costs incurred by statutory services, not a reduction, but this would be acceptable and appropriate

in the context of people who had not previously accessed the support to which they were entitled. This links to another issue uncovered by the Hartlepool and Coventry projects about the importance of understanding and promoting 'help seeking behaviour' as part of properly understanding the systems in which early action can and should operate.

4.5. How is learning from EANF funded projects being disseminated?

At this stage learning has mainly been shared at an area level but there was an acknowledgement amongst the projects of the need to share this more widely. Although the three projects are very different some common learning points are emerging, in particular around the evidence base and associated challenges, systems change and system mapping, and promoting help seeking behaviour.

4.6. What evidence is there that funding for early action has increased?

There is some evidence from Norwich of individual schools having redirected funding from mainstream provision to provide additional funding for MAP services. This involved the school redirecting the Alternative Education Provision from Year 10/11 students to Year 7/8 in order to enable interventions to occur earlier. There has also been some discussion with statutory mental health services in Norwich about whether a small amount resource can be reallocated from tier three to tier two. Although this has not happened in the other two areas they were keen to reflect on the likelihood that an increase in funding for early action might be unrealistic in the context of public sector cuts. In Hartlepool for example, a mooted £1m+ reduction in the Council's Early Help budget had been postponed for the short term at least, and this was viewed as a positive development, particularly when compared to cuts to Early Help in other (non-EANF) areas (including a number of high profile pilot transformation initiatives).

These findings raise a number of challenges for the evaluation of the programme as a whole. In particular, developing a common understanding of what 'success' looks like might not be possible. For Norwich, it might possible to demonstrate real progress towards improving the social and emotional well-being of young people by the end of the project and that partner schools are prioritising this through their wider work. Similarly, in Hartlepool it may be possible to evidence improvements within the couple relationships of families in receipt of support and that Children's Social Care are focussing more on relationships across their practice. By contrast, for Coventry identifying what 'success' would look like in practice is more of a challenge: is it realistic to expect wholesale change within the systems in which they are working after five years?

For all three of the projects there is a real challenge associated with being able to attribute short term outcome improvements to more substantive reductions in preventable need by the end of the project. This includes any financial benefits (cashable or otherwise) within those systems that can be attributed to their work. The challenge here is twofold:

- Evidencing a causal link between the intervention and wider work being undertaken and a reduction in preventable need: all three projects are work within incredibly complex systems in which people have access to a whole range of interventions and outcomes can be affected by a whole range of wider factors. None of the projects are being delivered under randomised or controlled conditions (nor could/should they be) so it will be very difficult to isolate any EANF 'effects' in these contexts.

- Demonstrating financial benefits or cashable savings, and redirecting public expenditure in favour of early action: it is increasingly accepted that financial benefits cannot be 'cashed' when public sector budgets are reducing. In this context diverting any significant funding toward early action and prevention is increasingly unlikely. In fact, many local areas are seeking to reduce spending on non-statutory early action interventions and as such, a 'success' of EANF might well be that early action budgets are protected from large scale cuts, at least in the short term.